



Companion Guide – General Introduction

Library Reference Number: CLEL10008

Document Management System Reference: Companion Guide – General Introduction (17840)

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Revision History

Document Version Number	CO	Revision Date	Revision Page Number(s)	Reason for Revisions	Revisions Completed By
Version 1.0		August 2004	All	New document. Formerly Section 1 of Companion Guides.	Systems/HIPAA Publications
Version 1.1		August 2005	All	Formatting and editing	Publications

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Section 1: Introduction

Overview

The *Health Insurance Portability and Accountability Act of 1996* (HIPAA) legislation mandates that many of the major health care electronic data exchanges, such as electronic claims and remittance advices, be standardized into the same national format for all payers, providers, and clearinghouses. All providers who submit governed data electronically to the Indiana Health Coverage Program (IHCP) must submit in the mandated HIPAA formats by October 16, 2003.

This introduction document includes general information to assist IHCP providers and software developers in becoming HIPAA compliant.

Section 2: Electronic Standards

Health Insurance Portability and Accountability Act (HIPAA) specifically names several electronic standards that must be followed when certain health care information is exchanged. These standards are published as *National Electronic Data Interchange Transaction Set Implementation Guides*. They are commonly called *Implementation Guides (IGs)* and are referred to as *IGs* throughout this document. An addenda to most *IGs* has been published and must be used to properly implement each transaction. Table 2.1 – Standards and Business Categories lists the adopted standards, the related IHCP business category, the related Indiana Health Coverage Programs (IHCP) *Companion Guide*, and the associated *National Electronic Data Interchange Transaction Set Implementation Guide*.

The *IGs* are available for download through the Washington Publishing Company Web site at <http://hipaa.wpc-edi.com>. Developers should have copies of the respective *IGs* prior to beginning the development process.

Table 2.1 – Standards and Business Categories

Business Category	Transaction Name	Implementation Guide	Companion Guide	Description
Claims Processing	ASC X12N 837 (004010X098) and 004010X098A1 Addenda	<i>National Electronic Data Interchange Transaction Set Implementation Guide: Health Care Claim: Professional: 837: ASC X12N 837 (004010X098) and (004010X098A1) Addenda</i>	<i>Companion Guide – 837 Professional Claims and Encounters Transactions</i>	Health Care Claim: Professional
Claims Processing	ASC X12N 837 (004010X097) and 004010X097A1 Addenda	<i>National Electronic Data Interchange Transaction Set Implementation Guide: Health Care Claim: Dental: 837: ASC X12N 837 (004010X097) and (004010X097A1) Addenda</i>	<i>Companion Guide – 837 Dental Claims Transaction</i>	Health Care Claim: Dental
Claims Processing	ASC X12N 837 (004010X096) and 004010X096A1 Addenda	<i>National Electronic Data Interchange Transaction Set Implementation Guide: Health Care Claim: Institutional: 837: ASC X12N 837 (004010X096) and (004010X096A1) Addenda</i>	<i>Companion Guide – 837 Institutional Claims and Encounters Transactions</i>	Health Care Claim: Institutional
Explanation of Payment/Remittance Advice	ASC X12N 835 (004010X091) and 004010X091A1 Addenda	<i>National Electronic Data Interchange Transaction Set Implementation Guide: Health Care Claim Payment/Advice: 835: ASC X12N 835 (004010X091) and (004010X091A1) Addenda</i>	<i>Companion Guide – 835 Remittance Advice Transaction</i>	Health Care Claim: Payment/Advice
Eligibility Verification	ASC X12N 270/271 (004010X092) and 004010X092A1 Addenda	<i>National Electronic Data Interchange Transaction Set Implementation Guide: Health Care Eligibility Benefit Inquiry and Response: 270/271: ASC X12N 270/271 (004010X092) and (004010X092A1) Addenda</i>	<i>Companion Guide – 270/271 Eligibility Benefit Transaction</i>	Health Care Eligibility Benefit Inquiry and Response
Claim Status	ASC X12N 276/277 (004010X093) and 004010X093A1 Addenda	<i>National Electronic Data Interchange Transaction Set Implementation Guide: Health Care Claim Status Request and Response: 276/277: ASC X12N 276/277 (004010X093) and (004010X093A1) Addenda</i>	<i>Companion Guide – 276/277 Claim Status Request and Response Transaction</i>	Health Care Claims Status Request and Response
Prior Authorization	ASC X12N 278 (004010X094) and 004010X094A1 Addenda	<i>National Electronic Data Interchange Transaction Set Implementation Guide: Health Care Services Review—Request for Review and Response: 278: ASC X12N 278 (004010X094) and (004010X094A1) Addenda</i>	<i>Companion Guide – 278 Prior Authorization Review Request and Response Transaction</i>	Health Care Services Review – Request for Review and Response

Table 2.1 – Standards and Business Categories

Business Category	Transaction Name	Implementation Guide	Companion Guide	Description
MCO Member Enrollment Roster	ASC X12N 834 (004010X095) and 004010X095A1 Addenda	<i>National Electronic Data Interchange Transaction Set Implementation Guide: Benefit Enrollment Maintenance: 834: ASC X12N 834 (004010X095) and (004010X095A1) Addenda</i>	<i>Companion Guide – 834 Benefit Enrollment and Maintenance Transaction</i>	Member Benefit Enrollment and Maintenance
MCO Administrative Fee Listing	ASC X12N 820 (004010X061) and 004010X61A1 Addenda	<i>National Electronic Data Interchange Transaction Set Implementation Guide: Payroll Deducted and Other Group Premium Payment for Insurance Products: 820: ASC X12N 820 (004010X061) and (004010X061A1) Addenda</i>	<i>Companion Guide – 820 MCO Capitation Payment Transaction</i>	Administrative Payment Listing for enrolled members.
Electronic Transaction Communication Options	N/A	<i>Privacy and Security HIPAA rules: 45 CFR Parts 160 and 164, Standards for Privacy of Individually Identifiable Health Information; Final Rule and 45 CFR Parts 160, 162, and 164 Health Insurance Reform: Security Standards; Final Rule</i>	<i>Companion Guide - Electronic Data Interchange Communications</i>	Electronic Communication Options available for transmitting data to the IHCP
Transaction Acknowledgement and the IHCP Pre-Process Business Edits Reporting	N/A	Standard 997 Functional Acknowledgment Transaction Set (004010) All other reports are IHCP business rules edits.	<i>Companion Guide - Electronic Data Interchange Reports and Acknowledgements</i>	Acknowledgments and Reports returned to the original sender

Section 3: Companion Guides

The Indiana Health Coverage Programs (IHCP) has developed technical companion guides to assist application developers during the implementation process. Information contained in the *IHCP Companion Guides* is only intended to supplement the adopted *National Electronic Data Interchange Transaction Set Implementation Guide (IGs)* and provide guidance and clarification as it applies to the IHCP. *IHCP Companion Guides* are never intended to modify, contradict, or reinterpret the rules established by the *IGs*.

The *Companion Guides* available from the IHCP are:

1. *Electronic Data Interchange Communications*
2. Transaction-specific *Companion Guides* (Refer to Table 2.1 for specific titles)
3. *Electronic Data Interchange Reports and Acknowledgements*

The *Companion Guide - Electronic Data Interchange Communications* document describes all communication options available for transmitting data electronically to the IHCP. The transaction-specific *Companion Guides* describe data exchange options, inbound and outbound interchange control structures, and transaction-specific documentation, including segment usage. The *Companion Guide - Electronic Data Interchange Reports and Acknowledgements* lists any acknowledgments and reports returned to the original sender.

The *Companion Guides* are available on the IHCP Web site at www.indianamedicaid.com.

Section 4: Trading Partner Information and Testing

Trading Partner Profiles, Trading Partner Agreements, and Testing

There are three levels of transaction testing required before an application is considered approved. These testing levels include the following:

- Compliance Testing
- Indiana Health Coverage Programs (IHCP) Specification Validation Testing
- End-to-End Testing

Prior to testing, any entity wishing to exchange information electronically with the IHCP must complete and submit a trading partner profile. A signed trading partner agreement must be received before a production ID is assigned. A trading partner is an entity with whom an organization exchanges data electronically. The trading partner may send or receive information electronically. For additional information about trading partner profiles, trading partner agreements, and the testing process or to obtain copies of these documents, refer to the Electronic Data Interchange (EDI) Solutions section of the IHCP Web site at www.indianamedicaid.com or contact the EDI Solutions Help Desk by e-mail at INXIXtradingpartner@eds.com or by telephone at (317) 488-5160 or 877-877-5182 (toll free).

Data Flow

The IHCP has secure options available for electronically exchanging data. All transactions can be submitted in a batch mode. Some transactions can be submitted in an interactive mode. The *Companion Guide – Electronic Data Interchange Communications* provides communication specifications for data exchange.

997 – Functional Acknowledgement

For each batch transaction received, the IHCP returns a 997 – *Functional Acknowledgement*. The 997 transaction acknowledges the receipt of the batch transaction and reports any data compliance issues. The IHCP only creates a 997 – *Functional Acknowledgement* for an interactive request transaction if it fails the compliance check. Otherwise, the appropriate response transaction acknowledges receipt of the transaction. The IHCP expects a 997 – *Functional Acknowledgement* transaction when the trading partner receives any outbound batch transaction. The IHCP does not expect a 997 for a compliant interactive response transaction but reviews and follows up on any 997 received for a non-compliant interactive response transaction. For additional information about the use of the 997 transaction, refer to the *Companion Guide – Electronic Data Interchange Reports and Acknowledgements*.

Billor Summary Report

The IHCP creates a *Billor Summary Report* for any health care claim transaction (837I, 837P, and 837D) received. This is not a Health Information Portability and Accountability Act (HIPAA)-

mandated report, but it is provided by the IHCP to summarize the number of claims received, claims accepted for adjudication, and the claims rejected prior to adjudication. Rejected claims include any claims rejected for HIPAA compliance or IHCP-specific data validity related reasons. Complete information about the *Biller Summary Report*, including a list of error codes, is available in the *Companion Guide – Electronic Data Interchange Reports and Acknowledgements*.

Batch Request or Inquiry Transaction

A batch request or inquiry transaction 270, 276, or 278 results in the creation of the response transaction, 271, 277, or 278 respectively. The IHCP posts the responses within two hours for the requestor to retrieve

Posting Times

Reports for transactions and response transactions received after 5 p.m. on Monday through Friday are posted after 7 a.m. the next day. Reports for transactions and response transactions received after 5 p.m. on Friday or on the weekend are posted after 7 a.m. on Monday.

Processing Assumptions

Some transactions are created and generated by, or on behalf of, a provider. Others are created by the IHCP either in response to a request received from a provider or as a means to provide pertinent information to providers or managed care organizations (MCOs). Several processing assumptions must be stated that could include inbound transactions (to the IHCP) or outbound transactions (from the IHCP). Inbound and outbound transactions are identified below:

Inbound

- 270 – Eligibility Benefit Inquiry
- 276 – Claim Status Request
- 278 – Referral Certification and Authorization Request
- 837D – Dental Claims and Encounters
- 837I – Institutional Claims and Encounters
- 837P – Professional Claims and Encounters
- 997 – Acknowledgement

Outbound

- 271 – Eligibility Response
- 277 – Claim Status Response
- 278 – Referral Certification and Authorization Response
- 820 – Premium Payments
- 834 – Enrollment
- 835 – Remittance Advice

- 997 – Acknowledgement

Basic Technical Information

The following list includes basic technical information for each transaction:

- The lower case characters on inbound transactions are converted to uppercase on outbound transactions.
- The following delimiters are used for all outbound transactions:
 - * (Asterisk) = Data element separator
 - : (Colon) = Sub element separator
 - ~ (Tilde) = Segment terminator
- An interactive transaction must contain only one request.
- All monetary amounts and quantity fields have explicit decimals. The decimal point always appears in the character stream if the decimal point is at any place other than the right end. If the value is an integer, with the decimal point at the right end, the decimal point should be omitted. See the *IG* for additional clarification. The IHCP is referred to as *IHCP* in applicable Submitter and Receiver segments.
- The *TAI – Interchange Acknowledgment*, is not used.
- The *997 – Functional Acknowledgment*, is generated in response to all inbound batch transactions.
- The *997 – Functional Acknowledgment*, is expected in response to all outbound batch transactions created by the IHCP.
- The required data elements that are not critical to the IHCP processing and must be returned on outbound transactions, such as a member's birth date, are returned as they appear in the IHCP files.
- If any one item within a transaction group is noncompliant, the entire transaction, ST-SE, is rejected.
- The data elements required by the *IG*, but not used by the IHCP, can be gap-filled with any valid value to avoid compliance errors.

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