DESERET MUTUAL BENEFIT ADMINISTRATORS

HIPAA Transaction Standard
Companion Guide

Refers to the Implementation Guides Based on ASC X12 version 005010

HPAGUI1MSN0918

Table of Contents

1. Introduction

The Health Insurance Portability and Accountability Act of 1996 (HIPAA, Title II) requires the federal Department of Health and Human Services to establish national standards for electronic healthcare transactions and national identifiers for providers, health plans, and employers. The ASC X12N implementation guide has been established as the standards of compliance for electronic transactions.

This section describes how the Technical Report (TR3) will be detailed with the use of a table. The tables contain a Notes/Comments column for each segment that DMBA has information additional to the TR3. That information can:

- Specify a subset of the implementation guide's internal code listings
- Clarify the use of loops, segments, as well as composite and simple data elements
- Provide any other information tied directly to loop, segment, composite, or simple data element pertinent to trading electronically with DMBA

Notes and comments should be placed at the deepest level of detail. For example, a note about a code value should be placed on a row specifically for that code value, not in a general note about the segment. The following is simply an example of the level of detail included in *Section 8: Transaction-Specific Information*.

Page#	Loop ID	Reference	Name	Codes	Length	Notes / Comments
193	2100C	NM1	Subscriber Name			This type of row always exists to indicate that a new segment has begun. It is always shaded and notes or comments about the segment itself go in this cell.
195	2100C	NM109	Subscriber Primary ID		15	This type of row exists to limit the length of the specified data element or reflect the codes accepted by DMBA

1.1 Scope

This Companion Guide provides DMBA trading partners with guidelines for submitting 5010 versions of electronic batch and real-time transactions. This document does NOT replace the HIPAA ASC X12N Technical Report (TR3) for electronic transactions, nor does it attempt to amend any of the rules therein or impose any mandates on any trading partner of DMBA.

The information contained in this companion guide applies to all Health Benefit Programs administered by DMBA.

DMBA will accept any HIPAA-compliant transaction; however, only the following transactions are supported with full automation.

Inbound Transactions Supported:

- 837 Professional Healthcare Claim–ASC X12N/005010X222A1
- 837 Institutional Healthcare Claim–ASC X12N/005010X223A1
- 837 Dental Healthcare Claim–ASC X12N/005010X224A1
- 270 Healthcare Eligibility Benefit Inquiry–ASC X12N/005010X279A1
- 276 Healthcare Claim Status Request–ASC X12N/005010X212

Response Transactions Supported:

- 999 Implementation Acknowledgment–ASC X12C/005010X231
- 835 Healthcare Claim Payment/Advice–ASC X12N/005010X221A1
- 271 Healthcare Eligibility Benefit Response–ASC X12N/005010X279A1
- 277 Healthcare Claim Status Response–ASC X12N/005010X212

1.2 References

For more information regarding the ASC X12 Standards for Electronic Data Interchange Transactions (version 005010) and to purchase copies of the TR3 documents, consult the Washington Publishing Company website at http://www.wpc-edi.com.

The implementation guide specifies in detail the required formats for transactions exchanged electronically with an insurance company or healthcare payer. The implementation guide contains requirements for the use of specific segments and specific data elements within those segments and applies to all healthcare providers and their trading partners. It is critical that the provider's information technology (IT) staff or software vendor reviews this document in its entirety and follows the stated requirements to exchange HIPAA-compliant files with DMBA.

1.3 Additional Information

The American National Standards Institute (ANSI) is the coordinator for information on national and international standards. In 1979, ANSI chartered the Accredited Standards Committee (ASC) X12 to develop uniform standards for electronic interchange of business transactions and eliminate the problem of non-standard electronic data communication. The objective of the ASC X12 committee is to develop standards to facilitate electronic interchange relating to all types of business transactions.

National Provider Identifier

As a result of HIPAA, Health and Human Services (HHS) adopted a standard identifier for healthcare providers. The Final Rule published by the HHS adopted the National Provider Identifier (NPI) as the standard identifier.

The NPI replaces all payer-specific identification numbers (e.g., DMBA Provider ID, UPIN) on nationally recognized electronic transactions; therefore, all healthcare providers are required to obtain an NPI to identify themselves on these transactions.

If you need more information regarding NPI, visit the dedicated CMS Web page https://www.cms.gov/Regulations-and-Guidance/Administrative-Simplification/NationalProvIdentStand/index.html.

Preferred Delimiter Usages

Description	Separator/Delimiter
Data Element Delimiter	| Pipe or * Asterisk
Component Element Delimiter	< Less Than
Segment Terminator	~ Tilde

Acknowledgements

An accepted 999 Implementation Acknowledgement, rejected 999 Implementation Acknowledgement, or rejected TA1 Interchange Acknowledgement will be generated in response to all submitted files. Trading partners are responsible for retrieving and reviewing acknowledgments from UHIN.

2. Getting Started

All HIPAA-compliant transactions with DMBA must be submitted through the Utah Health Information Network (UHIN). For more information about UHIN and its services, visit www.uhin.org.

2.1 Trading Partner Registration

Before DMBA can process transactions, the submitting trading partner must obtain a trading partner ID and complete enrollment for services through UHIN. Contact can be made by email at customerservice@uhin.com, by calling 801-466-7705, or by following the links below.

> **Step 1: Download and print the UHIN Electronic Commerce Agreement (ECA)**. Click on https://uhin.org/wp-content/uploads/2017/06/ECA-Version4.1-Final.pdf. Please be aware that the ECA is a legal document and it refers to clearinghouse services as "Administrative Messages." If you want to enroll for clearinghouse services, please check the option for Administrative Messages on page 1 of the ECA.
>
> **Step 2: Complete the UHIN Enrollment form**. Click on https://uhin.org/wp-content/uploads/2018/05/UHIN_Combined_Enrollment_Form.pdf. Make sure that you select all transaction types you will be exchanging (837, 835, 270, etc.). UHIN will forward the enrollment information directly to DMBA to complete your set-up connection to bill electronically.

If you or your provider practice is new to EDI, you must register with UHIN and UHIN will then forward the information to DMBA. If you're already registered with UHIN but not with DMBA and you only need to register your trading partner with DMBA, please complete the Electronic Billing Enrollment Form and return it to DMBA by email to edienrollment@dmba.com or fax to 801-578-5901.

2.2 Certification and Testing with UHIN

UHIN requires certification and you will need to submit test files to UHIN before you can send files to DMBA. The User Acceptance Testing (UAT) environment through UHIN serves as an open community-testing platform. For more information regarding UHIN testing go to www.uhin.org.

3. Connectivity/Communication

In compliance with the requirement from Congress to adopt a single set of operating rules for each transaction, HHS designated CAQH-CORE to be the authoring entity for the required rules. Core Rule 270 addresses connectivity requirements. One of the requirements of Core Rule 270 is that health plans and clearinghouses publish a connectivity company guide. Please view the UHIN Connectivity Companion Guide for further instructions.

Some links within the UHIN Connectivity Companion Guide may require a password. On completion of enrollment with UHIN you will be given all necessary passwords.

4. Contact Information

If the trading partner has questions beyond what is explained in this companion guide, refer to the contact information below to reach the appropriate DMBA support personnel.

4.1 Electronic Data Interchange Helpdesk

For all questions pertaining to provider enrollment and testing, call our EDI Helpdesk toll free at 800-777-3622 or 801-578-5600 in the Salt Lake City area. Press options 1, 3, and then 4 for the Provider Maintenance department. Or email us at edienrollment@dmba.com.

4.2 Electronic Data Interchange Technical Assistance

For all questions pertaining to transaction formatting or compliancy, email us at editechsupport@dmba.com.

4.3 Provider Services

For information about the details of applications/credentialing, fee schedules, or specific contract related issues, please contact the Healthcare Systems Department toll free at 800-777-3622 or 801-578-5600 in the Salt Lake City area.

4.4 Applicable Websites

This section contains detailed information about useful websites.

Accredited Standards Committee (ASC X12) develops and maintains standards for inter-industry electronic interchange or business transactions. There are applicable standards for health insurance compliance and X12N develops and maintains EDI and XML standards, standards interpretations and guidelines as they relate to all aspects of insurance and insurance-related business processes. www.x12.org

American Hospital Association (AHA) Central Office is a resource for International Classification of Diseases, Clinical Modification (ICD-9 or ICD-10) codes used in medical transcription and billing, and for Level 1 Healthcare Common Procedure Coding System (HCPCS) procedure codes. www.ahacentraloffice.org

American Medical Association (AMA) is a resource for the Current Procedural Terminology (CPT) procedure codes. The AMA copyrights the CPT codes. www.ama-assn.org

Centers for Medicare & Medicaid Services (CMS) is the unit within Health and Human Services (HHS) that administers the Medicare programs. CMS is the resource for information related to HCPCS procedure codes. www.cms.hhs.gov/HCPCSReleaseCodeSets/

The Committee on Operating Rules for Information Exchange (CORE) is a multi-phase initiative of Council for Affordable Quality Healthcare (ACQH); CORE is a committee of more than 100 industry leaders who help create and promulgate a set of business rules focused on improving physician and hospital access to electronic patient insurance information. www.caqh.org

Designated Standard Maintenance Organization (DSMO) is a resource for information about the standard-setting organizations and transaction change request system. www.hipaa-dsmo.org

National Uniform Billing Committee (NUBC) is affiliated with the AHA and develops standards for institutional claims. www.nubc.org

National Uniform Claim Committee (NUCC) is affiliated with the AMA. It develops and maintains a standardized data set for use by the non-institutional healthcare organizations to transmit claims and encounter information. The NUCC maintains the national provider taxonomy. www.nucc.org

Office of Civil Rights (OCR) is the office within the HHS responsible for enforcing the Privacy Rule under HIPAA. www.hhs.gov/ocr/hipaa

The federal HHS is a resource for the *Notice of Proposed Rule Making*, rules, and other information about HIPAA. www.aspe.hhs.gov/admnsimp

Washington Publishing Company (WPC) is a resource for HIPAA-required transaction implementation guides and code sets. www.wpc-edi.com

Workgroup for Electronic Data Interchange (WEDI) is a workgroup dedicated to improving healthcare through electronic commerce, which includes the Strategic National Implementation Process (SNIP) for complying with the administrative-simplification provisions of HIPAA. www.wedi.org

5. Control Segments/Envelopes

5.1 ISA-IEA

The table below represents only those fields in which DMBA requires a specific value or additional guidance on what the value should be. The TR3 should be reviewed for complete information.

Page#	Loop ID	Reference	Name	Codes	Length	Notes / Comments
	None	ISA	Interchange Control Header			
		ISA01	Authorization Information Qualifier	00, 03	*2/2*	*Use "00" to indicate No Authorization Info Present*
		ISA02	Authorization Information		10/10	Blank spaces
		ISA03	Security Information Qualifier	00, 01	2/2	Use "00" to indicate *No Security Information Present*
		ISA04	Security Information		10/10	Blank spaces
		ISA05	Interchange ID Qualifier	01, 14, 20, 27, 28, 29, 30, 33, ZZ	2	Accepted values: ZZ Mutually Defined
		ISA06	Interchange Sender ID		15	Sender's registered trading partner number
		ISA07	Interchange ID Qualifier	01, 14, 20, 27, 28, 29, 30, 33, ZZ	2	Accepted values: ZZ Mutually Defined
		ISA08	Interchange Receiver ID		15	DMBA specific identifier: HT000006-001
		ISA09	Interchange Date		6/6	
		ISA10	Interchange Time		4/4	
		ISA11	Repetition Separator	^		A caret "^" is recommended.
		ISA13	Interchange Control Number		9/9	The Interchange Control Number, ISA13, must be identical to the value in IEA02 *and* it must be unique. If a duplicate is received the file is rejected as a 'duplicate'.
		ISA14	Acknowledgment Requested	0, 1	1/1	0 = No Acknowledgement Requested
		ISA15	Usage Indicator	P, T	1/1	Accepted value: P Production data. We use internal configuration by trading partner to determine test or production status.
		ISA16	Component Element Separator	<	1/1	A less than "<" is recommended.

5.2 GS-GE

The table below represents only those fields in which DMBA requires a specific value or additional guidance on what the value should be. The TR3 should be reviewed for complete information.

Page#	Loop ID	Reference	Name	Codes	Length	Notes / Comments
	None	GS	Functional Group Header			
		GS02	Application Sender's Code		2/15	Sender's registered trading partner number
		GS03	Application Receiver's Code			DMBA specific identifier: HT000006-001
		GS04	Date		8/8	Must be unique. DMBA will not accept multiple files with the same date/time stamp.
		GS05	Time		4/8	Must be unique. DMBA will not accept multiple files with the same date/time stamp. The time stamp should include the second's detail at a minimum. HHMMSSDD is preferred.
		GS06	Group Control Number		1/9	The Group Control Number, GS06, must be identical to the value in GE02.
		GS08	Version/Release/Industry Identifier Code		1/12	Only 5010 version is accepted.

6. Payer Specific Business Rules and Limitations

Every entity that exchanges transactions with DMBA must follow the standards established by the Utah Health Information Network (UHIN) Standards Committee. The UHIN Standards Committee is comprised of representation from the health industry in Utah—healthcare payers, providers, sponsors (employers) and others participate in the UHIN Standards Committee.

The Utah Insurance Department (UID) is required by state law to adopt standards for healthcare claims and related issues. UID has chosen to adopt UHIN's Standards as state standards. These standards can be reviewed at https://standards.uhin.org/.

UHIN Specifications are practices or standards that only apply to members of UHIN and do not become state rules.

7. Transaction-specific Information

7.1 System Availability

The DMBA system is available 24 hours a day, seven days a week. Any planned downtimes will be communicated to UHIN and trading partners in advance. If there is any difficulty receiving a response from DMBA, please email editechsupport@dmba.com.

Below are the scheduled processing times for following transactions:

- 837 transactions process at 6 a.m., Monday through Friday (except holidays)
- 999 transactions are generated immediately following the 837
- 277CA transactions are generated in the afternoon on the same day the 837 is processed
- 835 transactions process Tuesday and Thursday afternoon

7.2 Batch and Real Time

Inquiries for 270 and 276 are handled in both batch and real-time mode. Batch transmissions can be bundled with up to 99 patient requests per batch. Senders of batch transmissions can expect a response up to one hour of submitting the original inquiry, except Sunday. Real-time should be submitted in batches of one, one request per ST/SE transmission. Real-time processing typically takes no more than 20 seconds. If a response is not returned within 60 seconds, the connection is terminated.

7.3 Error Reporting

The TA1 and 999 transactions are used to indicate Technical Report (TR3) errors. If a transaction is rejected at the Interchange Control (ISA/IEA) level, the batch returns a TA1 Interchange Acknowledgement transaction that identifies the implementation guide error contained in the transmission. Most common TA1s are the result of a duplicate 837 (non-unique ISA13). If a transmission is rejected at the Functional Group (GS/GE) or Transaction Set (ST/SE) level, a 999 Functional Acknowledgement that identifies the TR3 errors is returned.

7.4 005010X279A1–270/271 Healthcare Eligibility Benefit Inquiry and Response

DMBA accepts and responds to any service type code option. However, we do not support inquiries specific to procedure code and/or diagnosis.

AAA Responses

Submitters that provide insufficient or invalid information with the 270 Inquiry are sent a 271 Response with AAA segments identifying the error.

The following table displays the values, and their descriptions, typically sent in the 271 AAA responses.

AAA	AAA Error Code Description
58	Invalid / Missing Date of Birth
65	Invalid / Missing Patient / Insured Name
72	Invalid / Missing Subscriber / Insured ID
73	Invalid / Missing Subscriber / Insured Name
77	Subscriber Found / Patient Not Found

The following table displays the AAA response codes returned for an unsuccessful inquiry.
*Alternate search option is used when no match found.

Step	INPUT				No Match–AAA		Multiple Match–AAA	
	MID	DOB	LN	FN	Sub	Dep	Sub	Dep
1	X	X	X	X	Alternate	77	Alternate	
2	X	X	X		Alternate		Alternate	
3	X	X		X	Alternate	65	Alternate	Alternate
4	X		X	X	Alternate	Alternate	58	Alternate
5		X	X	X	73		72	Alternate
6	X	X				58		Alternate

8. Document Change Summary

There are no changes at this time.