



Preferred Care

HIPAA EDI Transaction

Companion Guide For:

EMPLOYER GROUPS

Addresses 834 Transactions



EDITOR'S NOTE:

This page is blank because major sections of a book should begin on a right hand page.



1 Introduction

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 carries provisions for Administrative Simplification. These require the Secretary of the Department of Health and Human Services (HHS) to adopt standards to support the electronic exchange of administrative and financial health care transactions primarily between covered entities. HIPAA directs the Secretary to adopt standards for translations to enable health information to be exchanged electronically and to adopt specifications for implementing each standard.

As a covered entity, Preferred Care is required to comply with the HIPAA regulations by stated compliance dates. This compliance requires Preferred Care to be able to process all HIPAA specified electronic transactions by October 16, 2003.

The regulations also require other covered entities that will be submitting electronic transactions to, or receiving electronic transactions from Preferred Care to utilize the new standard transactions after October 16, 2003. Such covered entities are defined in the regulation as **Trading Partners**.

Purpose of the Companion Guide

The HIPAA EDI Transaction Companion Guide explains the procedures necessary for Trading Partners of Preferred Care to transmit Electronic Data Interchange (EDI) standard transactions. These transactions could include:

Health Care Benefit Enrollment and Maintenance	ASC X12N 834
--	--------------

Preferred Care will be accepting each of the transactions in Batch mode by 10/16/03.

Disclaimer:

This Companion Guide and Trading Partner Agreements are not intended to replace the X12N Implementation Guides; rather they are intended to be used in conjunction with them. Additionally, the Companion Guide and Trading Partner Agreements are intended to convey information that is within the framework and structure of the X12N Implementation Guides and not to contradict or exceed them.



1.1 Scope

This Companion Guide to the ASC X12N Implementation Guides adopted under HIPAA **clarifies and specifies the data content being requested** when data is transmitted electronically to Preferred Care. This Companion Guide is intended to **convey information that is within the framework of the ASC X12N Implementation Guides**, not to in any way exceed the requirements or uses of data expressed in the Implementation Guides.

1.2 User Information

This document provides information which when applied correctly will enable the user to communicate with Preferred Care to exchange electronic transactions.

The intended audience for this document includes Software Vendor companies or software programmers supporting software in place at employer sites, or a Third Party Administrator representing an employer group. It is assumed that the reader of this document will be minimally familiar with HIPAA requirements and have access to the implementation guides referenced in this document.

1.3 References

Washington Publishing Company ASC X12N Implementation Guides. For a copy of the X12N Implementation Guides, go to: www.wpc-edi.com/hipaa/hipaa_40.asp .

2 Getting Started

2.1 Trading Partner Registration

To register as a Trading Partner with Preferred Care, please contact the PC Supplier Automation department at (585) 327- 2239.

Once the appropriate method of electronic submission is determined for your situation, you should review this Companion Document, which includes:

Trading Partner Transmission Requirements
Trading Partner Agreement for the 834 **{Attachments 1}**.

If not yet completed, each Trading Partner will be asked to sign a Preferred Care EDI Use Agreement prior to initiating transactions.



Any additional information necessary to initiate transactions will be discussed with you by the PC Supplier Automation representative.

Each Trading Partner will be assigned a SENDER ID and password, which will allow you to begin the testing process.

2.2 Working with Preferred Care

Transactions may be sent seven days a week, twenty-four hours a day.

For any transmission problems, you can contact PC's Supplier Automation representatives. They are available for support:

Monday – Friday from 8:00 A.M. until 5:00 P.M (EST).

At: Support Line (585) 327-2239, or at pceasy@preferredcare.org.

You are responsible for the timely retrieval of all reports in your mailbox.

3 Testing with Preferred Care

- Contact Supplier Automation at (585) 327-2239 to schedule a test submission.
- The testing process will generally require submission of 3-4 test files.
- Preferred Care's expectation is that you have already internally tested your file for HIPAA compliance. Outside Certification of HIPAA compliance is not required by Preferred Care, but is encouraged.
- Test Files will be evaluated for HIPAA format compliance and then for Standard Coding compliance. Files that pass these edits will move onto evaluation against Preferred Care's business edits.
- Test Files that are found to have significant HIPAA compliance errors will be returned to you with the expectation that you will re-work the file into a HIPAA compliant format before re-submitting.
- Preferred Care will process the test file submitted and Supplier Automation will notify you of your test results.
- Test files should be sent for each Test Situation that meets you or your client's enrollment/payment scenarios. Please see Test File Specifications, **Attachment 3**.



4 Connectivity/ Communications with Preferred Care

4.1 Transmission and Re-transmission Administrative Procedures

Preferred Care currently supports these types of electronic submission:

- SFTP/FTP

Preferred Care's EDI process operates as follows:

- The Trading Partner prepares transaction using HIPAA standards, required fields and format.
- The Trading Partner submits the data file to Preferred Care using the designated transmission mode.
- Clean records will be processed and posted to Preferred Care's system within 48-72 hours of receipt.
- A 997 file will be sent to your PC EASy mailbox as an acknowledgement of receipt and pass/fail status against the HIPAA Compliance edits.
- A transmission calendar, specific to you, will be jointly established.

4.2 Communication protocol specifications

SFTP/FTP transfer requirements:

Documentation in development, sending under separate cover.



5 Contact information

5.1 EDI Transmission & Testing

Contact Supplier Automation at:
the Support Line (585) 327-2239 or at
email address pceasy@preferredcare.org.

There are representatives at the Supplier Automation Support line Monday – Friday from 8:00 A.M. until 5:00 P.M {EST}.

5.2 Service Number

For questions regarding the enrollment/dis-enrollment of members, contact your Sales Support representative. If you do not have that information, contact Preferred Care at (585) 325-3920 and ask for the Sales Department. PLEASE DO NOT CALL THIS NUMBER FOR TESTING.

5.3 Applicable websites / e-mail

Preferred Care's web site is www.preferredcare.org.
Supplier Automation's email address is pceasy@preferredcare.org.



6 Acknowledgements and Reports

6.1 834 Enrollment Transaction Reports

- The **997 transaction** will be routed to the Trading Partner's mailbox on PC-EASy as a confirmation of receipt and pass/fail against HIPAA compliance edits.
- Please refer to your 834 Implementation Guide with any questions on the 997.
- A **Statistical Control report** will be routed to the Trading Partner's mailbox on PC-EASy confirming the number of records that were received and processed.
- A **Critical Error report** may be sent to your mailbox detailing critical data errors in the file.
- A **Batch Error report** will also be available to denote records that contain PC business rule errors.

7 PC Trading Partner Agreements

Attachments 1 & 2 are Preferred Care's Trading Partner Agreements for the following transactions:

7.1 Health Care Benefit Enrollment and Maintenance

ASC X12N 834

8 Forms & Additional Info

Attachments 3 & 4 are additional information for testing:

8.3 Test File Specification

8.4 Preferred Care Data Entry Standards



Test File Specifications Common Enrollment Eligibility Cases

Test Case	Purpose	Notes
1	Initial Enrollment Single	
2	Initial Enrollment Two Person	
3	Initial Enrollment Family (one child)	
4	Initial Enrollment Family (multiple children)	
5	Initial Enrollment Medicare	
6	Initial Enrollment Medicare + Two Person	Also known as a split contract
7	Division Change	
8	PCP Change	
9	OB/GYN Change	
10	Coverage change from Two Person to Family	
11	Coverage change from Family to Two Person	
12	Add child to Family	
13	Remove child from Family without changing coverage	
14	Birth Date change on a contract member	
15	Address change on an employee	
16	Product switch from product A to product B for a Two Person	
17	Product switch from high option Medicare to Low Option Medicare	
18	Change a student status flag from active student to non-active student	
19	Change a student status flag from non-active student to active student	
20	Name change for a member on a contract	
21	Terminate Single	
22	Terminate Two Person	
23	Terminate Family	
24	Terminate Medicare	
25	Terminate due to Death	
26	Reinstate Single contract	
27	Reinstate Two Person contract	
28	Reinstate Family contract	

Key :
 Employee = Single
 Employee + Spouse / Domestic Partner = Two Person
 Employee + Spouse + Child(ren) = Family



Employer HIPAA Companion Guide Attachment 4

DATA ENTRY STANDARDS – QUICK REFERENCE GUIDE

Individual Name Standards

Includes First Name, Last Name and Full Name fields of individuals – members, providers, etc.

Abbreviation Standards.

- Middle Names. A middle initial will always be entered instead of the full middle name, even if the full middle name is present on the enrollment or application form. EXCEPTION: if the enrollment or application form has a first name initial , but a full middle name, then the full middle name will be entered
- Suffixes (JR, SR, II, III, IV) will always be abbreviated using the standard abbreviations for Name Suffixes
- Prefixes (MR, MRS, DR) and Professional Titles (MD, PHD) should be excluded from the name

Punctuation Standards.

- Periods will not be used after any abbreviation i.e. Middle Initials, First Name Initials, Suffixes (e.g. 'SMITH JR, JOHN E')
- Commas will not be used between the Last Name and the Suffix (e.g. 'SMITH JR')
- Commas between the First Name and the Last Name in a Full Name field will be used (e.g. 'SMITH JR, JOHN')
- Hyphens and Apostrophes will be allowed (e.g. 'KENT-STANLEY', 'O'NIELL')
- Spaces will be removed from names such as MC LEAN, MC MAHON etc. (e.g. 'MCLEAN', 'MCMAHON')

General Formatting Standards.

- Names will be in UPPERCASE
- Full Name Format: (1) '<last name> <suffix> , <first name or initial> <middle initial>' OR (2) '<last name> <suffix> , <first initial> <middle name>'
- Last Name Format: '<last name> <suffix>'
- First Name Format: (1) '<first name or initial> <middle name or initial>' OR (2) '<first initial> <middle name>'
- Professional Titles (PC, PT, MD, PHD) and Prefixes (DR, REV, MR, MRS) will be excluded from the name field.
- Suffixes (JR, SR, II, III, IV) will always follow the last name with no comma (e.g. 'SHEEAN III, ANTHONY')



DATA ENTRY STANDARDS – QUICK REFERENCE GUIDE

Page 2

Truncation Guidelines.

Names will only be truncated due to field lengths limitations. In Amisys, first and last names are 14 characters.

- **Last Names will be truncated to the maximum number of characters possible (e.g. BORGHI-CAVALLARO, CHRISTINE ⇒ CHRISTINE, BORGHI-CAVALLA)**
- First and Middle Names. If there is a middle name this will be shorten to an initial, otherwise the name will be truncated to the maximum characters possible (e.g. ELIZABETH WOODCOME, HOWARD ⇒ HOWARD, ELIZABETH W)

Organization Name Standards

Includes service and billing group names, group practice names, facility names, employer groups, etc.

Abbreviation Standards.

- When abbreviating, follow the Standard Abbreviations for Healthcare Terms and Common Words in Appendices B & C
- If abbreviating to fit the field size, follow the *Truncation Guidelines* below.
- Names that contain a saint's name: always abbreviate 'SAINT' to 'ST' (e.g. 'ST JOHN FISHER COLLEGE')

Punctuation Standards.

- NO apostrophes, commas or hyphens UNLESS it is part of a person's name. EXCEPTIONS: Commas will be used to separate last name from first name or multiple names. Hyphens may be used to separate numbers. (e.g. 'ST MARYS HOSPITAL', 'D'ANGELO MEDICAL CTR', 'BOETTRICH, HIRSH & NOVAK MDS', 'ADC & HR 1-20 M')
- NO periods after abbreviations, initials, etc. (e.g. 'A L JORDAN HEALTH CTR')
- Use '&' instead of 'AND' (e.g. 'SMITH & ASSOC')
- ATTN: - not ATTN , ATTENTION: , etc.
- Minimize the use of all other punctuation – slashes, semi-colons, colons, #, (), etc.

DATA ENTRY STANDARDS – QUICK REFERENCE GUIDE

Page 3

General Formatting Standards.

- The entire field will always be in UPPERCASE
- Two or more occurrences of the same group name should be consistent with each other (e.g. GENESEE VALLEY MEDICAL CENTER, GENESEE VALLEY MEDICAL CTR ⇒ GENESEE VALLEY MEDICAL CTR)

Truncation Guidelines.

The following guidelines will be used to truncate names because of field length restrictions:

- Follow the Standard Abbreviations for Healthcare Terms and Common Words in Appendices B & C when abbreviating words.
- Abbreviate words more commonly abbreviated before abbreviating words that are less commonly abbreviated (e.g. ASSOC, CTR, SVS, GRP)
- Try to avoid abbreviating the “body” of the group name (e.g. UNIVERSITY ORTHOPAEDIC ASSOCIATION ⇒ UNIV ORTHOPAEDIC ASSOC)
- Truncate from the last word in
- Remove extraneous words such as: AND, THE, OF
- TAX NAMES (i.e. names that will be used on a 1099). Keep the first four characters of the first word in the field. Keep first four characters of a person's first and last names

Street Address Standards

Abbreviation Standards.

- Refer to the Standard Abbreviations for Street Addresses in Appendix D
- Street suffixes will always be abbreviated. (e.g. 'ELMWOOD AVE', 'MAIN ST', 'BUFFALO RD')
- Secondary unit designators will always be abbreviated. (e.g. 'OFF PK', 'BLDG', 'PO BOX', 'APT')
- Street directions will always be abbreviated (e.g. 'N GOODMAN ST', 'W MAIN ST', 'S CLINTON AVE')
- Streets which contain a saint's name will always abbreviate 'SAINT' to 'ST' (e.g. 'ST PAUL BLVD')
- The street *name* itself should never be abbreviated (e.g. 'N CENTER ST', 'COURT ST', 'EAST AVE')

DATA ENTRY STANDARDS – QUICK REFERENCE GUIDE

Page 4

Punctuation Standards.

- As a general rule, apostrophes, periods, commas, hyphens will not be used.
- Apostrophes will be removed (e.g. 'ALLENS CREEK')
- No periods after abbreviations (e.g. 'PO BOX', 'AVE', 'N')
- Hyphens will be removed between double street names (e.g. 'PITTSFORD PALMYRA RD')
- Commas will be removed (e.g. 'ROUTE 88 PO BOX 111')

General Formatting Standards.

- The entire field will be in UPPERCASE
- Common street names should be consistently spelled and formatted. (*Refer to Appendix E*)
- Street Directions (N, S, E, W, SW, NE, SE, NW) will always be written BEFORE the street name with no period (e.g. '432 S CLINTON AVE')
- Building Numbers will appear after the street address and before the Suite/Room or Apartment Number. It will be of the format: 'BLDG' <number>. (e.g. '15 MAIN ST BLDG 30 # 210')
- Apartment Numbers will appear after the street address. It will be of the format: 'APT' <number>. (e.g. '30 PARK AVE APT C')
- Suite/Room Numbers . The # sign will be used for suite and room numbers only. It will appear after the street address with a space between the # sign and the number. (e.g. '601 ELMWOOD AVE # 242')
- Post Office Box will always be in the format: 'PO BOX' <number> AND will always be last in the address field (e.g. 'DRIVING PARK AVE PO BOX 111')
- Routes. When used as the street name it will not be abbreviated (e.g. 1345 ROUTE 35) Otherwise it will be abbreviated as RTE, with no comma (e.g. '525 E MAIN ST RTE 20A')
- Personal Mail Box will always be in the format: 'PMB' <number>. It will follow the street address with no comma (e.g. '3400 RIDGE RD PMB 281')
- Street Numbers. The number will NOT be spelled out (e.g. '1 FRANKLIN SQ' – not 'ONE FRANKLIN SQ')



DATA ENTRY STANDARDS – QUICK REFERENCE GUIDE
Page 5

Telephone Number Standards

Includes member, employer groups, provider Telephone Numbers.

General Formatting Standards.

- All Telephone Numbers must be entered in this format: '###-###-####'
- Telephone number field(s) will ONLY contain the telephone number.
- If the telephone number is unknown, then the telephone field will be left blank.
- If the area code is missing then tab over 3 SPACES, before entering the rest of the phone number
- If a phone number is specified as being Unlisted, then '***-***-****' will be entered in the telephone field. The unlisted phone number itself will be entered in the Remarks field along with the "UNLISTED" characteristic. e.g. 'Phone1: 716-453-4876 UNLISTED'
- Telephone extension numbers will NOT be entered in the telephone field. The extension number will be entered in the Remarks field along with the "EXT" characteristic.
- The Telephone Designation must be entered in the "telephone designator" field (PI field): Each phone number will be designated as either 'primary' or 'secondary' using the standard code set
- Characteristics of a telephone number (TTY, CELL, HOME, WORK, UNLISTED, EXT), if specified, will be entered in the Remarks field. The ONLY time the phone number itself will appear in the remarks field if it is "Unlisted" or a third phone number is identified.
- The format for entering phone characteristics in the Remarks field: '<phone designator> <unlisted or 3rd phone number or extension> <characteristic>'
e.g. 'Phone2: WORK', 'Phone3: 722-5411 CELL'