

VERSION 2.01
Provider Agency and RSN Trading Partner Agreement for 837I
Effective May 8, 2010, or P1 go-live, whichever is first
(Unless otherwise noted)

~~The~~ Health Insurance Portability and Accountability Act (HIPAA) requires that DSHS, and all other covered entities in the United States, comply with Electronic Data Interchange (EDI) standards for health care transactions as established by the Secretary of Health and Human Services (HHS). The ANSI X12N Implementation Guides have been established as the standards of compliance for health care transactions. The implementation guides for each transaction are available electronically at www.wpc-edi.com.

The following information is intended to serve only as a companion document to the HIPAA ANSI X12N Implementation Guides. The use of this document is for the purpose of clarification only, and does not contradict any requirements in the X12N Implementation Guides ~~with the exception of the allowed length of loop 2300 CLM01 Claim Submit Identifier.~~ Specifically, where the implementation guides allow the Trading Partners to make a choice, this document specifies the data elements and values to use in a standard HIPAA transaction. ~~The one exception is to allow Greater Columbia Behavioral Health Regional Support Network (RSN) to meet the State's data reporting requirements of uniqueness.~~ In terms of optional data elements as identified by the implementation guides, Greater Columbia Behavioral Health Regional Support Network (RSN) will only accept those optional elements identified below. The page numbers reference the first page of each referenced section from the standard Combined 004010X096 & 004010X096A1 Washington Publishing Company implementation guide.

NOTE: Only one of the HIPAA ANSI X12N Transactions is necessary for Agencies to report Inpatient Mental Health Service utilization to the RSN. This is the 837I used to report Inpatient Services. Transactions between other trading partners or covered entities are not covered by this trading partner agreement. ~~For example the Eligibility Inquiry 270 would be a transaction between the RSN or Providers and DSHS' Medical Assistance Administration (Medicaid) and not part of this agreement.~~

General Requirements

Item No.	Loop Id – Description	Data Element – Description	IG Page #	RSN Requirements
1	General – Compression	General	NA	Compression of files using zip compression software is not supported for transmissions between the submitter and the RSN.
2	General – Delimiters Allowed	Data Element Separator	A.4	The data Element Separator is byte 4 of the ISA. Recommended use is the Asterisk '*'.
		ISA16 – Component Element Separator	A.4	Sub Element Separator required use is the colon ':'.
		Segment Terminator	A.4	Recommended to use Line feed character as Segment Terminator. This character is defined in the ISA segment as the character following the Data Element Separator (ISA16). For display purposes only, throughout this Trading Partner Agreement, the tilde character '~' has been used.
3	General – Files Invalid in Syntax and Structure	All Segments and Elements	NA	Only loops, segments, and data elements specified in this trading partner agreement (TPA) are allowed. Non-specified

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Item No.	Loop Id – Description	Data Element – Description	IG Page #	RSN Requirements
				data and/or loops will be dropped, will not be considered in processing, may cause inaccurate data to be recorded and reported, and may cause the file to fail.

Health Care Eligibility Inquiry (270) Requirements - NOT REQUIRED as part of this agreement

Health Care Eligibility Response (271) Requirements - NOT REQUIRED as part of this agreement

Claim Status Inquiry (276) Requirements - NOT REQUIRED as part of this agreement

Claim Status Response (277) Requirements - NOT REQUIRED as part of this agreement

Referral Inquiry (278) Requirements - NOT REQUIRED as part of this agreement

Referral Response (278) Requirements - NOT REQUIRED as part of this agreement

Health Plan Premium Payment (820) Requirements - NOT REQUIRED as part of this agreement

Health Plan Enrollment (834) Requirements - NOT REQUIRED as part of this agreement

Remittance Advice (835) Requirements - NOT REQUIRED as part of this agreement

Health Care Claim – Professional (837 - P) Requirements - NOT REQUIRED as part of this agreement

Health Care Claim – Dental (837 - D) Requirements - NOT REQUIRED as part of this agreement

Error Response (997) Requirements - NOT REQUIRED as part of this agreement

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Health Care Claim – Institutional (837 - I) Requirements

Documentation Conventions:

Periods are used to fill spaces in fixed-width data

Underlined text indicates hard-coded entries/values that do not change where there is only one choice per the implementation.

Items in {} are suggested mutually agreed to default values between Agencies and the RSN.

{{}}Indicate default values for the Agency to RSN transmission

<1234> indicates Implementation Loop.

[xxx] Indicates an ID field

Item No.	Loop Id – Description	Data Element – Description	IG Page #	RSN Requirement Notes
1	Interchange Control Header	<u>ISA*00*.....*00*.....*ZZ*{E&T RUID}.....*ZZ *{{413.2021}}.....*YYMMDD*HHMM *U*00401*[ID1]*0*ProductionOrTest*::~</u>	B.3	For production data, use “P”, for test data, use “T” The ISA segment is a 105 byte fixed length record. <u>ISA08 reflects the TPA format used</u>
2	Functional Group Header	<u>GS*HC*{E&T RUID}*{{413}}*CCYYMMDD*HHMM*[ID 2]*X*004010X096A1~</u>	B.8	
3	Transaction Set Header	<u>ST*837*[ID3]~</u>	56	The Transaction Set Control Numbers [ID3] in ST02 and SE02 must be identical.
4	Beginning of Hierarchical Transaction	<u>BHT*0019*00*[ID4]*CCYYMMDD*HHM M*{RP}~</u>	57	
5	Transmission Type Identification	<u>REF*87*TransmissionTypeCode~</u>	60	If ISA15 = T, REF02 is 00401X096DA1 If ISA15 = P, REF02 is 00401X096A1
6	Submitter Name <1000A>	<u>NM1*41*2*{Submitter Organization Name}*46*{E&T RUID}~</u>	61	
7	Submitter EDI Contact Information <1000A>	<u>PER*IC*{IT Contact Person at Agency}*{TE}*PhoneNumber~</u>	64	MHD requests IT Contact & Phone Start with area code (don't use 1)
8	Receiver Name <1000B>	<u>NM1*40*2*{{RSN}}*46*{{413}}~</u>	67	
9	Billing/Pay-To Provider Hierarchical Level <2000A>	<u>HL*HierarchicalID*20*1~</u>	69	The hierarchical ID should begin with one (1) and increment by one for each HL segment in the file

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Item No.	Loop Id – Description	Data Element – Description	IG Page #	RSN Requirement Notes
10	Billing Provider Name <2010AA>	NM1*85*2*{E&TName}*24*{EIN of E&T}~	76	
11	Billing Provider Address <2010AA>	N3*AddressLine1*AddressLine2~	79	
12	Billing Provider City/State/ZIP <2010AA>	N4*City*State*ZIP~	80	
13	Billing Provider Secondary Identification <2010AA>	REF*1J*{E&T RUID}~	82	
14	Billing Provider Secondary Identification <2010AA>	REF*{EI}*{EIN of E&T}~ and optionally REF*{SY}*{SSN of E&T}~	82	Required if NM109 of the Billing Provider Name contains the E&T's NPI. The EI REF is required, the SY is optional.
15	Billing Provider Contact Information <2010AA>	PER*IC*{Billing E&T IS Contact Name}*TE*PhoneNumber~	87	Start with area code (don't use 1)
16	Subscriber Hierarchical Level <2000B>	HL*HierarchicalID*ParentHierarchicalID*22*{0}*~	99	Hierarchical ID increments from 1 Parent is HL segment to which the current HL segment is subordinate.
17	Subscriber Information <2000B>	SBR*{{P}}*18*{Agency's Unique Consumer ID}*{{MC}}~	101	Use "P" for SBR01. SBR03 contains CID (max. 7 characters). Do not use SBR04.
18	Subscriber Name <2010BA>	NM1*IL*1*LastName*FirstName*MiddleNameIfKnown**MI*{ProviderOne ID if Medicaid, Agency's Unique Consumer ID if not Medicaid}~	106	ProviderOne IDs must be 11 digits, comprised of 9 numbers followed by "WA", for example "123456789WA"
19	Subscriber Address <2010BA>	N3*Address1*Address2IfNecessary~	109	If client is homeless or address is unknown, use "Unknown" in N301
20	Subscriber City/State/ZIP Code <2010BA>	N4*City*StateProvinceCd*ZIP~	110	If 2010BA N301 is "Unknown", use City, State & ZIP of service provider or client
21	Subscriber Demographic Information <2010BA>	DMG*D8*DOB*Gender~	112	If DOB is unknown, enter CCYY0101 (January 1st for month & day and best guess for year.) Use "F", "M", or "U" for male, female, or unknown respectively.
22	Subscriber Secondary Identification <2010BA>	REF*SY*SSN~	126-127	Only a social security number is allowed.

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Item No.	Loop Id – Description	Data Element – Description	IG Page #	RSN Requirement Notes
23	Payer Name <2010BB>	<u>NM1*PR*2*{{MHD}}****PI*{{400}}~</u>	123	
24	Claim Information <2300>	<u>CLM*ClaimSubmitIdentifier*MonetaryAmount***11:A:ClaimFrequencyTypeCode*{{Y}}*{{A}}*{{Y}}*ROICode***** Yes/NoRespCode~{{N}}~</u>	154	<ul style="list-style-type: none"> This ID must be globally unique per RUID and may contain multiple services per claim Valid Facility Codes are listed in the Service Location (SLOC) table in Section II of the GCBH Data Dictionary Claim Frequency Type Code 1-Original = Add 7-ReplacementReplace = Change 8-Void = Delete To adjust a previously transmitted encounterclaim, use "7". If Voiding a previously transmitted encounterclaim, use "8" in the claim frequency code. See also Claims must be submitted or modified in their entirety. When modifying a claim, you must submit all daily services inside the REF02 segment in the 2300 loop for further information regarding transmission of adjustments or voids. EPSDT Referral-- Applicable claim, not only those which have changed. Deleting a claim deletes all daily services related to medical physicians ordering EPSDT referrals to Mental Health. EPSDT Services are at the <2400> level that claim. If informed consent obtained, recommended to use 'I' on CLM09 and 'B' on CLM10, otherwise use appropriate code in CLM09 and CLM10.
25	Discharge Hour <2300> (situational)	<u>DTP*096*TM*HHMM~</u>	160	
26	Statement Dates <2300>	<u>DTP*434*DateTimePeriodFormatQualifier*DateTimePeriod~</u>	162	Use Date Time Period Format Qualifier "D8" for single date in CCYYMMDD format. Use "RD8" for range of from – to date in CCYYMMDD-CCYYMMDD. The first 8 characters should match the Admission Date. Characters 10-17 are the Discharge Date.
27	Admission Date/Hour <2300>	<u>DTP*435*DT*AdmissionDateAndHour~</u>	164	Use CCYYMMDDHHMM format

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Item No.	Loop Id – Description	Data Element – Description	IG Page #	RSN Requirement Notes
				SV203 – If day is not to be paid by RSN, report 0 for daily rate.
36	Service Line Date <2400>	<u>DTP*472*D8*CCYYMMDD~</u>	445	
37	Transaction Set Trailer	<u>SE*[#ofIncSegments]*ID3~</u>	592	The Transaction Set Control Numbers [ID3] in ST02 and SE02 must be identical.
38	Functional Group Trailer	<u>GE*[#ofTSIncluded]*ID2~</u>	B.10	The data interchange control number GS06 [ID2] in this header must be identical to the same data element in the associated functional group trailer, GE02 [ID2].
39	Interchange Control Trailer	<u>IEA*[#ofFuncGroups]*ID1~</u>	B.7	The Interchange Control Number, ISA13 [ID1], must be identical to the associated Interchange Trailer IEA02 [ID1].

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Code	Credential/Provider Type
10	RN
11	LPN
20	ARNP
21	PA (PHYSICIAN'S ASSISTANT)
30	MD/DO PSYCH
31	MD/DO OTHER
40	MA/MS (and Masters not Mental Health field i.e. MEd)
41	PHD-LICENSED CLINICAL
42	PHD-OTHER
43	LCSW
44	MSW
45	MFT

Code	Credential/Provider Type
50	BA/BS
51	AA/AS
52	BELOW AA (INC HS DIPLOMA/GED)
53	CERTIFIED MEDICAL ASSISTANT
60	PEER COUNSELOR
70	MENTAL HEALTH SPECIALIST
71	Bachelor Level with Exception/Waiver (RSN approval only)
72	Master Level with Exception/Waiver (RSN approval only)
73	Designated Mental Health Professional
74	Other (RSN approval only)
75	CD Specialist
80	NOT APPLICABLE (i.e. per diem codes)

GCBH Native and Encounter Data Submissions

GCBH will support a method by which agencies may submit data files containing each of the transactions described in the Data Dictionary and Trading Partner Agreement.

PROCESSING: Files are processed first by provider, then in the order received.

FILE NAMES: File names must follow a specific naming scheme. The first segment of a file name can be anything the provider desires that is supported by Microsoft Windows operating systems. The file extension must be the RUID of the submitting provider. If another entity is submitting on behalf of the provider, this extension must be the RUID of the provider. Files submitted with an extension other than the RUID found in the data within the file will be rejected.

SECURITY/ENCRYPTION: GCBH uses Microsoft SQL to store and manage data. Data and report transfers between GCBH and the provider network are encrypted.

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TESTING AND ACCEPTANCE: Each provider must successfully submit a test file before submitting production data. GCBH maintains a testing environment that is available to providers for this purpose. A successful test is defined as the submission of at least one data file with a minimum of 100 claims being processed through completion by the system resulting in normal reporting with no data errors returned.

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Change Summary

Changes Summary

2.1

General narrative changes on page 1

Claim Information <2300> - CLM18 set to No (paper EOB request) and notes updated to clarify general usage

2.0

Numerous changes have been made throughout the entire document to verbiage including comments and field names. Major changes are listed below. Other changes to the TPA may result in a change for some providers and not for others. It is strongly recommended that every provider familiarize themselves with the document to determine which changes will impact their processes and/or system.

Significant Changes

Only loops explicitly defined in this document will be accepted.

Subscriber Information <2000B> - requires ProviderOne ID instead of PIC or CID for non-Medicaid consumer (effective only when ProviderOne goes live)

The narrative at the end of the document regarding testing has been added

~~The one portion of text highlighted in yellow may still change pending feedback from the State~~

Segments Added

Subscriber Secondary Identification <2010BA> - line 18

Claim Note <2300> - line 29

Principal Procedure – line 32

Segments Removed

None

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1.9

Claim Information <2300> - Monetary amount from static "0" to "MonetaryAmount" to reflect actual billed amount. Notes changed significantly regarding changes and deletes.

Service Line Number <2400> - Notes and field name for counter

Institutional Service Line <2400> - Elements and notes, including removing UnitRate element.

Service Line Date <2400> - Added