

AULTCARE
835 HIPAA
Companion
Guide

Revision Date: July 28, 2010

INTRODUCTION

The objective of the guide is to define pertinent fields to facilitate 835 Health Care Claim Payment/Advice file processing.

The following sections are contained within the guide.

1. Envelope Data – ISA and GS segments information
2. Payment Data – Important payment segments are summarized.
3. Trading Partner Requirements – Explanation of procedures to be followed by providers and vendors intending to receive 835 file transmissions.
4. Appendix A – 835 Companion Guide revision list
5. Appendix B – List of Payer IDs

Please contact the HIPAA 835 Transaction Coordinator with additional inquiries.

AultCare Information Systems

330-363-7495

AultCare-IS@AultCare.com

1. ENVELOPE DATA REQUIREMENTS

The ISA and GS segments make up the header information for the 835 transaction.. Within the ISA segment is the Test/Production indicator. This indicator must be correctly set. Test files must be sent with a “T” indicator. Production files are sent with a “P” indicator.

ISA – Interchange Control Header

Location	Data Element Description	Expected Value
ISA01	Authorization Information Qualifier	00
ISA02	Authorization Information	Blank
ISA03	Security Information Qualifier	00
ISA04	Security Information	Blank
ISA05	Interchange ID Qualifier	ZZ
ISA06	Interchange Sender ID	AultCare Federal Tax ID: 341488123
ISA07	Interchange ID Qualifier	ZZ
ISA08	Interchange Receiver ID	Client Federal Tax ID
ISA09	Interchange Date	YYMMDD
ISA10	Interchange Time	HHMM
ISA11	Interchange Control Standards Identifier	U
ISA12	Interchange Control Version Number	00401
ISA13	Interchange Control Number	Increment by 1 with each

		submission
ISA14	Acknowledgment Requested	0 or 1
ISA15	Usage Indicator	T or P
ISA16	Component Element Separator	Recommend colon (:)

Note: An asterisk (*) is recommended as the data element separator.

A tilde (~) is recommended as the segment terminator.

GS – Functional Group Header

Location	Data Element Description	Expected Value
GS01	Functional Identifier Code	HC
GS02	Application Sender's Code	AultCare Federal Tax ID: 341488123
GS03	Application Receiver's Code	Client Federal Tax ID
GS04	Date	CCYYMMDD
GS05	Time	HHMM
GS06	Group Control Number	Provider Assigned
GS07	Responsible Agency Code	X
GS08	Version / Release / Industry Identifier Code	004010X091A1

2. Payment Data

The following segments are provided by AultCare. **Only** fields that warrant additional clarification beyond the HIPAA 835 Implementation Guide have been included.

Headers

Transaction Set Header: Consistent with the HIPAA Implementation Guide.

Financial Information

BPR Segment

Data Element	Data Element Description	Data Requirements
BPR01	Transaction Handling Code	I – Remittance information only D – Make payment only
BPR02	Monetary Amount	Total actual provider payment amount
BPR03	Credit/Debit Flag Code	C – Credit to provider’s account and debit to payer’s account.
BPR04	Payment Method Code	BOP – Financial institution option
BPR05	Payment Format Code	N/A – Field not supplied
BPR06	(DFI) ID Number Qualifier	01 – ABA transit routing number
BPR07	(DFI) Identification Number	Sender DFI identifier
BPR08	Account Number Qualifier	DA – Demand deposit
BPR09	Account Number	Sender bank account number
BPR10	Originating Company Identifier	Payer tax id identifier Note: The payer tax id may vary depending on the account tied to a group. See Appendix B for the list of potential payers.
BPR11	Originating Company Supplemental Code	N/A – Field not supplied
BPR12	(DFI) ID Number Qualifier	01 – Depository financial institution (DFI) identification number qualifier.
BPR13	(DFI) Identification Number	Receiver or Provider bank ID number
BPR14	Account Number Qualifier	DA – Demand deposit

AULTCARE 837 COMPANION GUIDE

BPR15	Account Number	Receiver or Provider account number
BPR16	Date	EFT Effective Date

Reassociation Trace Number

TRN Segment

Data Element	Data Element Description	Data Requirements
TRN01	Trace Type Code	1 – Current Transaction Trace Numbers
TRN02	Reference Identification	EFT Trace number
TRN03	Originating Company Identifier	Payer tax id identifier

Version Identification

REF Segment

Data Element	Data Element Description	Data Requirements
REF01	Reference Identification Qualifier	F2 – Version Code, local
REF02	Reference Identification	Version identification code

Production Date

DTM Segment

Data Element	Data Element Description	Data Requirements
DTM01	Date/Time Qualifier	405 – End date for the adjudication production cycle for included claims
DTM02	Date	Production Date in CCYYMMDD format

Payer Identification: Consistent with the HIPAA Implementation Guide.

Payer Address: Consistent with the HIPAA Implementation Guide.

Payer City, State, and Zip Code: Consistent with the HIPAA Implementation Guide.

Payer Contact Information

PER Segment

Data Element	Data Element Description	Data Requirements
PER01	Contact Function Code	CX – Payers claim office
PER02	Name	Payer contact name
PER03	Communication Number Qualifier	EM – Electronic Mail
PER04	Communication Number	Payer email address: AultCare-IS@AultCare.com
PER05	Communication Number Qualifier	TE – Telephone: 330-363-7495

Payer Identification: Consistent with the HIPAA Implementation Guide.

Payer Address: Consistent with the HIPAA Implementation Guide.

Payer City, State, and Zip Code: Consistent with the HIPAA Implementation Guide.

Header Number: Consistent with the HIPAA Implementation Guide.

Claim Payment Information

CLP Segment

Data Element	Data Element Description	Data Requirements
CLP01	Claim Submitter's Identifier	Patient control number
CLP02	Claim Status Code	Claim status code as assigned by AultCare or repricing organization.
CLP03	Monetary Amount	Total claim charge amount
CLP04	Monetary Amount	Claim payment amount
CLP05	Monetary Amount	<p>Patient responsibility amount.</p> <p>Note: This amount is the difference between the total charge and total paid amount. The patient responsibility amount is usually reduced by the amounts supplied in the CAS (Claim Adjustment) and AMT (Service Supplemental Amount) segments.</p> <p>Note: When COB (Coordination Of Benefits) apply to the claim, patient responsibility amount is determined by subtracting: payment, write-off, and adjustment amounts from the total charge.</p>
CLP06	Claim Filing Indicator	<p>Code identifying type of claim:</p> <p>CI - Commercial Insurance</p> <p>MC - Medicaid</p> <p>16 – Medicare</p>
CLP07	Reference Identification	Payer claim control number

N/A	Claim Comments	Note: The 835 HIPAA file does not provide a field to pass claim comments, therefore this information is not supplied.
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Patient Name

NM1 Segment

Data Element	Data Element Description	Data Requirements
NM101	Entity Identifier Code	QC – Patient
NM102	Entity Type Qualifier	1 – Person
NM103	Name Last or Organization Name	Patient last name
NM104	Name First	Patient first name
NM105	Name Middle	Patient middle initial
NM106	Name Prefix	Patient name prefix
NM107	Name Suffix	Patient name suffix
NM108	Identification Code Qualifier	34 – Social security number
NM109	Identification Code	Patient social security number

Insured Name

NM1 Segment

Data Element	Data Element Description	Data Requirements
NM101	Entity Identifier Code	IL – Subscriber
NM102	Entity Type Qualifier	1 – Person
NM103	Name Last or Organization Name	Subscriber last name
NM104	Name First	Subscriber first name
NM105	Name Middle	Subscriber middle initial
NM106	Name Prefix	Subscriber name prefix
NM107	Name Suffix	Subscriber name suffix
NM108	Identification Code Qualifier	34 – Social security number
NM109	Identification Code	Subscriber social security number Note: AultCare will always return social security number in the 835 file. Claims submitted with a member id will be returned to the submitter with a social security number instead of the member id value.

Service Provider Name

NM1 Segment

Data Element	Data Element Description	Data Requirements
NM101	Entity Identifier Code	82 – Rendering provider
NM102	Entity Type Qualifier	1 – Person
NM103	Name Last or Organization Name	Rendering provider last name
NM104	Name First	Rendering provider first name
NM105	Name Middle	Rendering provider middle initial
NM106	Name Prefix	Rendering provider name prefix
NM107	Name Suffix	Rendering provider name suffix
NM108	Identification Code Qualifier	FI – Federal tax identification number
NM109	Identification Code	Rendering provider federal tax id

Other Claim Related Identification

REF Segment

Data Element	Data Element Description	Data Requirements
REF01	Reference Identification Qualifier	1L – Group number
REF02	Reference Identification	Version identification code

Claim Date

DTM Segment

Data Element	Data Element Description	Data Requirements
DTM01	Date/Time Qualifier	232 – Claim statement period start date 233 – Claim statement period end date
DTM02	Date	Date in CCYYMMDD format

Service Payment Information

SVC Segment

Data Element	Data Element Description	Data Requirements
SVC01	Composite Medical Procedure Identifier	HC – HCPCS Codes ID – ICD9 Codes RB – UB04 Codes
SVC02	Monetary Amount	Line item charge amount
SVC03	Monetary Amount	Line item provider payment amount
SVC04	Product/Service ID	N/A – Field not supplied
SVC05	Quantity	Units of service paid count

Service Date

DTM Segment

Data Element	Data Element Description	Data Requirements
DTM01	Date/Time Qualifier	472 – Service Date
DTM02	Date	Date in CCYYMMDD format

Service Adjustment

CAS Segment

Data Element	Data Element Description	Data Requirements
CAS01	Claim Adjustment Group Code	CO – Contractual Obligations CR – Corrections and Reversals OA – Other Adjustments PI – Payor Initiated Reductions PR – Patient Responsibility
CAS02	Claim Adjustment Reason Code	Claim adjustment Reason Code
CAS03	Monetary Amount	Adjustment amount Note: A negative amount increases the payment, and a positive amount decreases the payment contained SVC03 and CLP04. <u>For example:</u> If the total charge is 150.00 and the CAS segment contains 19.16, this amount is subtracted from the 150 charge to

		calculate the payment amount of 130.84 dollars.
CAS04	Quantity	Adjustment quantity supplied as needed.
CAS05 CAS19	– Additional adjustments	Supplied as needed

Service Supplemental Amount

AMT Segment

Data Element	Data Element Description	Data Requirements
AMT01	Amount Qualifier Code	B6 – Allowed Amount
AMT02	Monetary Amount	Allowed Amount

Trailers

Transaction Set Trailer: Consistent with the HIPAA Implementation Guide.

Functional Group Trailer: Consistent with the HIPAA Implementation Guide

Interchange Control Trailer: Consistent with the HIPAA Implementation Guide.

3. Trading Partner Requirements

The information in this chapter explains the procedures required by a provider and/or vendor to establish electronic file transmission with AultCare.

835 Health Care Claim Payment/Advice Procedures for Providers/Vendors:

Account Information:

The account information supplied in the testing process will be used for production 835 processing. It is the provider's responsibility to notify AultCare when bank account information has changed.

Third Party Vendors:

Providers that contract with a vendor to facilitate file transfer and processing are responsible for notifying AultCare of any change in vendor status (e.g. service transferring to a different vendor, vendor system changes, vendor system upgrades, etc.) Providers are responsible for coordinating pick up and delivery of run-out claims when switching vendors.

Vendors new to AultCare are required to complete both 837 and 835 testing.

Test Procedures:

The following test procedures must be completed by providers/vendors prior to implementing the 835 Health Care Claim Payment/Advice file.

Prerequisites:

- The provider/vendor must be successfully sending 837 Electronic Claims production files to be eligible to receive the 835 Health Care Claim Payment/Advice file.
- AultCare will verify that a signed trading partner agreement is on file. The trading partner agreement requirement should be fulfilled from 837 testing.
- The provider/vendor must supply bank account information:

- ABA routing number (bank's nine digit routing number)
- Bank account number of where funds will be deposited
- Depository Financial Institution name
- Interchange ID Qualifier will be 30, US Federal Tax identification number.
- Receiving Provider US Federal Tax ID.
- Receiving Vendor (if applicable) US Federal Tax ID

Note: If a provider is using a vendor, the vendor tax id will be populated in the ISA Receiver ID field. The provider tax id will be populated in the GS Application ID field.

If a provider is not using a vendor, the provider's tax id will be populated in both the ISA Receiver ID field and GS Application ID field.

Testing:

Professional 837 Submitters:

Download the generic test files and testing documentation that has been created and placed on AultCare's website for vendors/providers to review.
www.aultcare.com

This information is located in the following location on the Website:

Provider Section
HIPAA Section
House Bill 1 Section
835 Remit Section

This section will require a password which will be provided to AultCare's contracted providers.

All other providers and vendors will need to contact AultCare for this password prior to beginning the testing process.

Institutional 837 Submitters:

Review the testing documentation that has been created and placed on AultCare's website for vendors/providers to review. www.aultcare.com

This information is located in the following location on the Website:

Provider Section
 HIPAA Section
 House Bill 1 Section
 835 Remit Section

This section will require a password which will be provided to AultCare's contracted providers.

All other providers and vendors will need to contact AultCare for this password prior to beginning the testing process.

Two options are available for creating test 835 files.

Option 1: 837 Test File

- A test 837 file can be provided to AultCare containing claims in your test system. AultCare will process these claims and create the corresponding test 835 file.
- To facilitate testing, please submit test claims using one or more of the following groups:
 - 137
 - 15705M
 - 700-959999
 - E00000-E99999
- **Submit the 837 file with the test file naming convention.** This distinguishes test files from the production files. Company name should not exceed 8 characters.
 - For professional - HCFA.
 - "H837P(-company name-)MMDDCCYY(month, day, year).TXT"
 - For Institutional - (UB92).
 - "H837I (-company name-)MMDDCCYY(month, day, year).TXT"

- For Dental.
 - “H837D (-company name-)MMDDCCYY(month, day, year).TXT”
- Send the test file to the AultCare website at www.AultCare.com.
- AultCare will place the 835 test file on the AultCare website for the provider/vendor to retrieve. AultCare will notify the provider/vendor when the test files are available.

Option 2: 837 Production File

- AultCare will copy a production 837 file to the AultCare test system. Claims will be processed to create the corresponding test 835 file.
- AultCare will place the 835 test file on the AultCare website for the provider/vendor to retrieve. AultCare will notify the provider/vendor when the test files are available.

Contracted providers should contact their AultCare Provider Relations Representative with questions regarding the 835 process utilizing the following email address:

providerrelations@aultcare.com

Non-contracted providers and vendors should contact AultCare Claims Support with questions regarding the 835 process utilizing the following email address:

aultcareclaimssupport@aultcare.com

4. Appendix A: Revision Summary

The information in this chapter lists the date and changes made to the AultCare 835 Companion Guide.

AultCare 835 HIPAA Companion Guide Change Summary:

Refer to the Data Requirements column within the document for details of the updates listed below.

Date	Updated Data Element	Data Requirements
11/08/06	N/A	Updated email from Aultman to AultCare
01/03/06	BPR10	Added payer identification text.
01/03/06	N/A	Added Appendix B Payer ID reference.
01/03/06	NM109	Added social security text to Insured Name segment.
01/03/06	CLP	Added claim notes text.
01/03/06	CLP05	Added COB text.
01/03/06	N/A	Revised testing procedures.
08/04/10	N/A	Testing Process
08/04/10	N/A	Contact Information
08/04/10	N/A	Payer Information

5. Appendix B: List of Payer IDs

The following payer federal tax identification numbers may be returned in the 835 file. The payer tax id correlates to the account paying for the claims and may vary by group.

Name	Tax ID
AultCare	341488123
McKinley Life	341624818
Aultra Administrative Group	341488123
Alliance Community Hospital	340714581
First Merit	341339938
Fresh Mark	340565220
RTI Galt Alloys	310875005
Green Local Schools	346001296