



HIPAA X 12 Transaction Standards

Abbreviated Companion Guide

**837 Professional/ Institutional Health Care Claim Version
004010X098A1 Trading Partner Companion Guide Information and
Considerations 837P/837I**

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Table of Contents

1.	EDI Registration and Trading Partner Agreements	4
1.1	EDI Registration	4
1.2	Trading Partner Agreement.....	4
2.	General Transaction Protocol	5
2.1	What transactions will you be trading?.....	5
2.2	Bundling.....	5
2.3	Delimiters.....	5
2.4	Control Number	5
2.5	Reissue and Retransmission	5
2.6	Sender, Receiver and Payer Identifiers	5
2.7	Acknowledgements.....	6
3.	Connectivity	7
3.1	File Transfer (Select either A or B method).....	7
3.2	Encryption	7
3.3	eMail	7
3.4	Schedule	7
4.	837P/837I Data Content.....	8
4.1	Provider Primary ID Selection Criteria	8
4.2	Provider Secondary ID Selection Criteria.....	9
4.3	Atypical Provider Selection Criteria.....	9
5.	EDI Certification Process Flow.....	10
5.1	Trading Partner Contacts Centene	10
5.2	Establish Connectivity	10
5.3	Send 3 Test Files for Review	10
5.4	Centene will review the files for compatibility.....	10
5.5	Certify for Production transmissions	10
5.6	Submit Production.....	10

Disclosure Statement

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1. EDI Registration and Trading Partner Agreements

1.1 EDI Registration

- There is no EDI Enrollment form to be filled out, however, prior to submitting claims electronically to (*name of plan*), providers are encouraged to contact the Provider Relations Department and verify the appropriate provider number(s) are on file. In order for EDI claims to be accepted into the Claim Processing system, the provider number(s) must be on file.

1.2 Trading Partner Agreement

- Anyone wanting to exchange Health Information electronically directly with (*name of plan*) must obtain plan approval then complete and submit a Trading Partner Agreement

2. General Transaction Protocol

2.1 What transactions will you be trading?

- 837 P (HCFA), 837i (UB), 835 (Remit), EFT (Electronic Funds Transfer).

2.2 Bundling

- One ISA/IEA interchange per file is required.
- One GS/GE functional group per interchange is required.
- Single claim or document/record per ST/SE transaction set is strongly recommended.
- 500 ST/SE transaction set limit per file is requested. If transmission requires more than 500 ST/SE transaction sets, Centene requests that EDI trading partner send multiple files.

2.3 Delimiters

- Asterisks (*) as a data element separator.
- Tilde (~) as the segment terminator.
- Colon (:) as the component element separator.

2.4 Control Number

- ISA interchange control number (ISA13) must be unique across all files sent.
- GS group control number (GS06) must be unique across all files sent (this is numeric field, so no leading zero beyond the min.field size are acceptable. Other than leading zeros, the GS Control# is usually equal to the ISA control #).
- Each ST transaction set control (ST02) must be unique within the GS/GE functional group.
- BHT03 transaction reference identifier must be unique across all files sent.
- Loop 2300, REF "D9" must be present with a unique identifier across all files sent.

2.5 Reissue and Retransmission

- Files failing HIPAA compliancy edits will need corrected and resubmitted using a new Interchange Control Number in element ISA13. If the original Interchange Control Number is used on retransmissions, the file will reject as a duplicate file on the TA1 Interchange Acknowledgment report with note code '025'.

2.6 Sender, Receiver and Payer Identifiers

- Sender ID's are assigned to each trading partner and is mutually agreed upon between trading partner and Centene.
- Receiver ID's are assigned per plan for 837 Inbound to Centene.
- Payer ID's are assigned per plan for 837 Inbound to Centene.

Centene Corporation 837P/837I Abbreviated Companion Guide

The chart below list the assigned Receiver ID and Payer ID for each plan:

Plan	Receiver ID	Payer ID
	ISA08/GS03 837I & 837P	NM109 when NM101 = PR 837I & 837P
AZ - Bridgeway Health Solutions	68054	68054
AZ - Cenpatico Behavioral Health	68048	68048
FL - Sunshine State Health Plan	68057	68057
FL Cenpatico Behavioral Health	68058	68058
GA - Peach State Health Plan	68049	68049
GA Cenpatico Behavioral Health	68050	68050
IN - Managed Health Services	39186	39186
IN Cenpatico Behavioral Health	68052	68052
KS - Cenpatico Behavioral Health	68047	68047
NJ - University Health Plans, Inc	22329	22329
OH - Buckeye Community Health Plan	32004	32004
OH Cenpatico Behavioral Health	68051	68051
SC - Absolute Total Care	68055	68055
SC Cenpatico Behavioral Health	68059	68059
TX - Superior Health Plan	39188	39188
TX Cenpatico Behavioral Health	68053	68053
WI - Managed Health Services	39187	39187
WI Cenpatico Behavioral Health	68046	68046
Medicare Advantage	68056	68056
MA - CelticCare health Plan	68060	68060
MA Cenpatico Behavioral Health	68061	68061
Note: Each Trading Partner uses a unique Sender ID which is mutually agreed upon between Trading Partner and Centene		

- ISA15 must be populated with "T" for Test files and "P" for Production files.

2.7 Acknowledgements

- Centene expects to trade TA1s and 997s in addition to transaction specific responses (Centene proprietary audit reports for 837 Claim transmissions)

3. Connectivity

3.1 File Transfer (Select either A or B method)

- Method A – Centene FTP
 1. Trading Partner will push transaction files to Centene ftp server. Centene will need the Trading Partner IP address.
 2. Centene will push outbound Trading Partner files to Centene's FTP server.
- Method B – Trading Partner/Centene Combination
 1. Trading Partner will push transaction files to Centene's FTP server. Centene will need the Trading Partner IP address.
 2. Centene will push outbound Trading Partner files to Trading Partner's FTP server.

3.2 Encryption

- Available Connection Methods
 1. SSH/SFTP
 2. FTPS (AUTH TLS)
 3. FTP w/PGP
 4. HTTPS – This method only applies when connecting to Centene's Secure FTP. Centene does not support retrieving files automatically via HTTPS from an external source at this time.
- If PGP or SSH Keys are used they will be shared with Trading Partner. These are not required for those connecting via SFTP or HTTPS.

3.3 eMail

- Upon request, Centene can provide automated emails for receipt and delivery of files from and to the secure FTP server.
- Trading Partner email addresses should be tied to a distribution list or a shared email group inbox. Centene asks that the Trading Partner not provide personal email accounts as roles change often and keeping up to date on current addresses proves impossible.

3.4 Schedule

- Centene requests EDI Trading Partner to inform what is the expected schedule and duration of their EDI file transmissions (daily, weekly, monthly)
- Test files can be submitted normally as Production Automation will not be active until requested Go-Live.
- Once response files are posted and retrieved by Trading Partner (if using Method A above), Trading Partner is asked to delete the response files. If necessary in the future, Centene can repost them upon request. This is done to assist Centene in conserving space on the secure FTP server.

4. 837P/837I Data Content

4.1 Provider Primary ID Selection Criteria

- The following criteria will be used to select the appropriate provider for claim processing.
 1. NM109 = Provider NPI
 2. REF01 = Tax ID
 3. PRV03 = Provider Taxonomy
 4. N403 = Provider 9-digit Zip Code (required in loop 2010AA only)
- Loop 2010AA – Billing Provider is a required loop. The provider TaxID, NPI and Taxonomy Code are required in this loop. The billing provider can also be the pay-to provider as well as the rendering provider. Provider Selection Criteria if used from loop 2010AA
 1. NM108 = qualifier XX , NM109 = Provider NPI number
 2. REF01 = qualifier EI, REF02 = Employer/Tax Identification number
 3. PRV01= qualifier BI or PT, PRV02 = Provider Taxonomy Code
- If the Pay-To provider on the claim is different then the Billing provider, the provider TaxID, NPI and Taxonomy Code are required in Loop 2010AB. Provider Selection Criteria if used from loop 2010AB
 1. NM108 = qualifier XX , NM109 = Provider NPI number
 2. REF01 = qualifier EI, REF02 = Employer/Tax Identification number
 3. PRV01= qualifier BI or PT, PRV02 = Provider Taxonomy Code
- If a single provider that rendered all of the services on the claim and the rendering provider is not the same as the billing provider in Loop 2010AA or the pay-to provider in Loop 2010AB, the provider TaxID, NPI and Taxonomy Code must be in Loop 2310B. Provider Selection Criteria if used from loop 2310B
 1. NM108 = qualifier XX , NM109 = Provider NPI number
 2. REF01 = qualifier EI, REF02 = Employer/Tax Identification number
 3. PRV01= qualifier PE, PRV02 = Provider Taxonomy Code
- If there are different providers that rendered the services evident at the service lines of the claim, the provider TaxID, NPI and Taxonomy Code must be in Loop 2420A. Provider Selection Criteria if used from loop 2420A
 1. NM108 = qualifier XX , NM109 = Provider NPI number
 2. REF01 = qualifier EI, REF02 = Employer/Tax Identification number

Centene Corporation 837P/837I Abbreviated Companion Guide

3. PRV01= qualifier PE, PRV02 = Provider Taxonomy Code

4.2 Provider Secondary ID Selection Criteria

- If multiple providers are found during the provider lookup, a provider secondary ID is used to narrow the selection to a single match. The provider secondary ID should be reported in a REF segment as follows
 1. REF01 = qualifier 1D and REF02 = Medicaid number
 2. REF01 = qualifier G2 and REF02 = Health Plan Identifier
 3. REF01 = qualifier N5 and REF02 = Health Plan Identifier
 4. REF01 = qualifier LU and REF02 = Health Plan Identifier
- Note: If sending a provider secondary ID, it must be reported in the lowest provider loop to used with provider lookup

4.3 Atypical Provider Selection Criteria

- Atypical providers – are not always assigned a NPI number, however, if an Atypical provider has been assigned a NPI number, then they need to follow the same requirements as Medical providers.
- Atypical Providers who provide non-medical services are not required to have an NPI number, (e.g., carpenters, transportation, etc.).
- Atypical providers need to only send the Provider TaxID in the NM1 segment and their Medicaid number or Health Plan Identifier in REF segment.
- Atypical Provider Selection Criteria used in all loops:
 1. NM108 = qualifier 24, NM109 = Provider TaxID number
 2. N403 = Provider 9-digit Zip Code (required in loop 2010AA only)
 3. REF01 = qualifier 1D or G2, REF02 = Medicaid number or Health Plan Identifier

4.4 PWK06 Segment Population

- If used, data in PWK06 must not exceed 50 characters.

5. EDI Certification Process Flow

- 5.1 Trading Partner Contacts Centene
 - Completes and returns Trading Partner Agreement
 - Completes and returns the EDI Questionnaire
 - Trading Partner receives copy of the Abbreviated Companion Guide, the Payer ID, and Submitter ID information.
- 5.2 Establish Connectivity
 - Test and Production paths
 1. Different PGP keys for Test and Production
 2. Different login and password (IP address needed)
 3. Use ISA15 to designate Test/Certification vs. Production.
 - Share sender and receiver IDs
 - Establish schedule
- 5.3 Send 3 Test Files for Review
 - Trading Partner should contact EDI Team when sending Test files.
 - EDI Help Desk email – EDIBA@centene.com
 - EDI Phone Number – 1-800-225-2573 x25525
- 5.4 Centene will review the files for compatibility.
 - Issues will be documented and returned.
 - TA1, 997, and Centene Proprietary Audit Report files will be returned as appropriate.
 - Test files should contain a variety of claims but not to exceed 50 claims per file.
- 5.5 Certify for Production transmissions
- 5.6 Submit Production
 - Centene will work with the Trading Partner to establish schedule for first and second transmissions.
 - Centene will directly monitor the first two submissions and corresponding response files.