Gold Coast Health Plan

HIPAA Transaction Standard Companion Guide

Refers to the Implementation Guides Based on ASC X12 version 005010

CORE v5010 Companion Guide

August 2015
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Preface

This Companion Guide to the v5010 ASC X12N Implementation Guides and associated errata adopted under HIPAA clarifies and specifies the data content when exchanging electronically with Gold Coast Health Plan. Transmissions based on this companion guide, used in tandem with the v5010 ASC X12N Implementation Guides, are compliant with both ASC X12 syntax and those guides. This Companion Guide is intended to convey information that is within the framework of the ASC X12N Implementation Guides adopted for use under HIPAA. The Companion Guide is not intended to convey information that in any way exceeds the requirements or usages of data expressed in the Implementation Guides.
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1 INTRODUCTION

Under the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act (HIPAA) of 1996, the Secretary of the Department of Health and Human Services (HHS) is directed to adopt standards to support the electronic exchange of administrative and financial health care transactions. The purpose of the Administrative Simplification portion of HIPAA is to enable health information to be exchanged electronically and to adopt standards for those transactions.

1.1 SCOPE

This section specifies the appropriate and recommended use of the Companion Guide.

This companion guide is intended for Gold Coast Health Plan Trading Partners interested in exchanging HIPAA compliant X12 transactions with Gold Coast Health Plan. It is intended to be used in conjunction with X12N Implementation Guides and is not intended to contradict or exceed X12 standards. It is intended to be used to clarify the CORE rules. It contains information about specific Gold Coast Health Plan requirements for processing following X12N Implementation Guides:

- 005010X221A1, Health Care Claim Payment/Advice (835)

All instructions in this document are written using information known at the time of publication and are subject to change.

1.2 OVERVIEW

The Health Insurance Portability and Accountability Act–Administration Simplification (HIPAAAS) requires Gold Coast Health Plan and all other covered entities to comply with the electronic data interchange standards for health care as established by the Secretary of Health and Human Services.

This guide is designed to help those responsible for testing and setting up electronic claim status transactions. Specifically, it documents and clarifies when situational data elements and segments must be used for reporting and identifies codes and data elements that do not apply to Gold Coast Health Plan. This guide supplements (but does not contradict) requirements in the ASC X12N 835 (version 005010X212) implementation. This information should be given to the provider’s business area to ensure that claims status responses are interpreted correctly.

1.3 REFERENCES

This section specifies additional documents useful for the read. For example, the X12N Implementation Guides adopted under HIPAA that this document is a companion to.

ACS X12 Version 5010 TR3s: http://store.x12.org/store/healthcare-5010-consolidated-guides

CAQH/CORE: http://www.caqh.org/COREv5010.php
2 GETTING STARTED

2.1 WORKING WITH GOLD COAST HEALTH PLAN

For questions relating to the Gold Coast Health Plan 835/Health Care Claim Remittance Advice Transaction or testing, contact the Provider Relations department at 888-301-1228 or e-mail questions to providerrelations@goldchp.org

2.2 TRADING PARTNER REGISTRATION

Trading Partners will retrieve the enrollment form from the GCHP website at the address listed below. http://www.goldcoasthealthplan.org/providers/resources.aspx. Trading Partners will submit the completed form to GCHP via fax or e-mail to providerrelations@goldchp.org

3 TESTING WITH THE PAYER

After the trading partner setup is complete, test 835 transactions may be sent to the test environment. Gold Coast Health Plan will notify the provider upon successful completion of testing and will prepare the provider for production status.

- During the testing process, Gold Coast Health Plan will examine test transactions for required elements and ensure that the trading partner gets a response during the testing mode.
- When the trading partner is ready to receive 835 transactions from production mailbox, they must notify Gold Coast Health Plan Provider Services. Provider Services will then move the submitter to the production environment.
- The trading partner mailbox name will remain the same when moving from test to production. Changing passwords is optional upon submitter's request to the Provider Services Team.

4 CONNECTIVITY WITH THE PAYER/COMMUNICATIONS

4.1 PROCESS FLOWS

4.1.1 Batch

- The user application submits an SOAP request at https://or.edifecs.com/mt1sp700 and MIME request at https://or.edifecs.com/mt1mp700
- Gold Coast Health Plan’s system authenticates the user
- If the user is successfully authorized, all 835s available for the requested trading partner will be delivered. If the user is unauthorized then an unauthorized response is returned.
- If the user is submitting acknowledgement data and the user is successfully authorized, an HTTP 202 OK status is returned to the user indicating that the batch transaction has been accepted for processing.

4.2 TRANSMISSION ADMINISTRATIVE PROCEDURES

4.2.1 Structure Requirements

Batch 835 requests are limited to 1 pickup request per transmission.
4.3 RE-TRANSMISSION PROCEDURE
If the HTTP post reply message is not received within the 60-second response period, the user’s CORE compliant system should send a duplicate transaction no sooner than 90 seconds after the original attempt was sent.

If no response is received after the second attempt, the user’s CORE compliant system should submit no more than five duplicate transactions within the next 15 minutes. If the additional attempts result in the same timeout termination, the user’s CORE compliant system should notify the user to contact the health plan or information source directly to determine if system availability problems exist or if there are known Internet traffic constraints causing the delay.

4.4 COMMUNICATION PROTOCOL SPECIFICATIONS
The following is a list of technical standards and versions for the SOAP envelope and claim status payload:
- HTTP Version 1.1
- CSOAP Version 1.2
- SSL Version 3
- CAQH SOAP (Gold Coast Health Plan supports the use of HTTP SOAP + WSDL envelope standards as identified in CAQH CORE Phase III Connectivity standards)

The following is a list of technical standards and versions for the HTTP MIME multipart envelope and claim status payload:
- HTTP Version 1.1
- SSL Version 3.0
- MIME Version 1.0
- CAQH MIME (Gold Coast Health Plan supports the use of MIME Multipart envelope standards as identified in CAQH CORE Phase III Connectivity standards)

<table>
<thead>
<tr>
<th>Message Specifications for SOAP Envelope Element</th>
<th>Specification</th>
</tr>
</thead>
<tbody>
<tr>
<td>PayloadType</td>
<td>005010X221A1 Health Care Claim Payment/Advice (835)</td>
</tr>
<tr>
<td>ProcessingMode</td>
<td>Batch</td>
</tr>
<tr>
<td>SenderID</td>
<td>IKA</td>
</tr>
<tr>
<td>ReceiverID</td>
<td>As mutually agreed by Gold Coast</td>
</tr>
<tr>
<td>Certificate Version</td>
<td>Username Password</td>
</tr>
</tbody>
</table>

4.5 PASSWORDS
The Provider Relations is responsible for password assignment and resets. For any information or queries, please contact at 888-301-1228 or email us at providerrelations@goldchp.org

4.6 MAINTENANCE SCHEDULE
The systems used by the 835 transaction have a standard maintenance schedule of Sunday 10PM to 12AM PST. The systems are unavailable during this time. Email notifications will be sent notifying submitters of unscheduled system outages.

5 CONTACT INFORMATION
The following sections provide contact information for any questions regarding HIPAA, 835 transaction, and documentation or testing.

5.1 **EDI CUSTOMER SERVICE**
For 835 Transaction related questions, contact Provider Relations at 888-301-1228 or providerrelations@goldchp.org

5.2 **EDI TECHNICAL ASSISTANCE**
Contact Provider Relations at 888-301-1228 or providerrelations@goldchp.org

5.3 **PROVIDER SERVICE NUMBER**
Contact Provider Relations at 888-301-1228

5.4 **APPLICABLE WEBSITES/E-MAIL**
Website: [http://www.goldcoasthealthplan.org/providers/resources.aspx](http://www.goldcoasthealthplan.org/providers/resources.aspx)
Email: providerrelations@goldchp.org

### 6 CONTROL SEGMENTS/ENVELOPES

6.1 **ISA-IEA**
The ISA segment terminator, which immediately follows the component element separator, must consist of only one character code. This same character code must be used as the segment terminator for each segment in the ISA-IEA segment set.

Files must contain a single ISA-IEA per transaction.

- **Incoming:**
  - ANSI 835 batch pickup requests do not contain inbound ISA data.
- **Outgoing:**

<table>
<thead>
<tr>
<th>Segment Name</th>
<th>Segment ID</th>
<th>R/O</th>
<th>No. of Char</th>
<th>Value</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Authorization Information Qualifier</td>
<td>ISA01</td>
<td>R</td>
<td>2</td>
<td>00</td>
<td>00 - No Authorization Information Present</td>
</tr>
<tr>
<td>Authorization Information</td>
<td>ISA02</td>
<td>R</td>
<td>10</td>
<td>&lt;spaces&gt;</td>
<td>No Authorization Information Present</td>
</tr>
<tr>
<td>Security Information Qualifier</td>
<td>ISA03</td>
<td>R</td>
<td>2</td>
<td>00</td>
<td>00 - No Security Information Present</td>
</tr>
<tr>
<td>Security Information/Password</td>
<td>ISA04</td>
<td>R</td>
<td>10</td>
<td>&lt;spaces&gt;</td>
<td>No Security Information Present</td>
</tr>
<tr>
<td>Interchange ID Qualifier</td>
<td>ISA05</td>
<td>R</td>
<td>2</td>
<td>ZZ</td>
<td>Sender Qualifier</td>
</tr>
<tr>
<td>Interchange Sender ID</td>
<td>ISA06</td>
<td>R</td>
<td>15</td>
<td>IKA</td>
<td>Sender's Identification Number</td>
</tr>
<tr>
<td>Interchange ID Qualifier</td>
<td>ISA07</td>
<td>R</td>
<td>2</td>
<td>&lt;receiverqual&gt;</td>
<td></td>
</tr>
<tr>
<td>Interchange Receiver ID/Trading Partner ID</td>
<td>ISA08</td>
<td>R</td>
<td>15</td>
<td>&lt;receiver ID&gt;</td>
<td></td>
</tr>
</tbody>
</table>
### 6.2 GS-GE

- **Incoming:**
  - ANSI 835 batch pickup requests do not contain inbound GS data.
- **Outgoing**

<table>
<thead>
<tr>
<th>Segment Name</th>
<th>Segment ID</th>
<th>R/O</th>
<th>No. of Char</th>
<th>Value</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Functional Identifier Code</td>
<td>GS01</td>
<td>R</td>
<td>2</td>
<td>HP</td>
<td></td>
</tr>
<tr>
<td>Application Senders Code</td>
<td>GS02</td>
<td>R</td>
<td>2/15</td>
<td>IKA</td>
<td></td>
</tr>
<tr>
<td>Application Receivers Code</td>
<td>G503</td>
<td>R</td>
<td>2/15</td>
<td>&lt;receiver ID&gt;</td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td>G504</td>
<td>R</td>
<td>8</td>
<td>&lt;CCYYMMDD&gt;</td>
<td>Functional Group creation date in CCYYMMDD format</td>
</tr>
<tr>
<td>Time</td>
<td>GS05</td>
<td>R</td>
<td>4/8</td>
<td>&lt;HHMM&gt;</td>
<td></td>
</tr>
<tr>
<td>Group Control Number</td>
<td>GS06</td>
<td>R</td>
<td>9</td>
<td></td>
<td>Assigned and maintained by the sender, must be associated with GE02 segment GS06</td>
</tr>
<tr>
<td>Responsible Agency Code</td>
<td>GS07</td>
<td>R</td>
<td>2</td>
<td>X</td>
<td>Accredited Standards Committee X12</td>
</tr>
<tr>
<td>Version/Release/Industry Identifier Code</td>
<td>GS08</td>
<td>R</td>
<td>12</td>
<td>005010X221A1</td>
<td>Transaction version</td>
</tr>
</tbody>
</table>
6.3 ST-SE
Each 835 delivered as a result of a batch request may contain multiple ST/SE groupings per payment within a given ISA/IEA envelope.

7 PAYER SPECIFIC BUSINESS RULES AND LIMITATIONS
The Health Care Claim Payment/Advice (835) files may not contain non-standard procedure codes. Any such files will be rejected in their entirety. This directly affects providers who submit claims using “Local Codes” specific to California. Therefore, it is recommended that providers who use Local Codes do not enroll in this program.

8 ACKNOWLEDGEMENTS AND/OR REPORTS

8.1 999 – ACKNOWLEDGEMENT FOR HEALTH CARE INSURANCE
Gold Coast Health Plan supports the 999 functional Acknowledgement.

8.2 TA1 - INTERCHANGE ACKNOWLEDGEMENT REQUEST
Gold Coast Health Plan supports the Interchange Acknowledgement Request (TA1) when any issues at ISA level.
9 TRADING PARTNER AGREEMENTS

This section contains general information concerning Trading Partner Agreements (TPA). An actual TPA may optionally be included in an appendix.

9.1 TRADING PARTNERS

An EDI Trading Partner is defined as any Gold Coast Health Plan customer (provider, billing service, software vendor, employer group, financial institution, etc.) that transmits to, or receives electronic data from Gold Coast Health Plan.

Gold Coast Health Plan uses request through Provider services to register new partners and agreement/set-up forms to process electronic transactions.
10 TRANSACTION SPECIFIC INFORMATION

Gold Coast Health Plan does not have any transaction specific information above HIPAA and TR3 guidelines.

APPENDICES

A. Transmission Examples

ISA*00*Authorizat*00*Security I*ZZ*Interchange Sen*ZZ*Interchange Rec*150608*1037***00501*00000002*0*T:
GS*HP*Sample Sen*Sample Rec*20150608*1037*12346*X*005010X221A1
ST*835*1235
BPR*C*211316.33*C*ACH*CTX*04*00000020*DA*123456*1512345678*123123123*04*80000008*DA*9
8765*20150608
TRN*1*12345*1512345678*123123123
DTM*405*20021026
N1*PR* Gold Coast Health Plan
N3*1 MAIN STREET
N4*TIMBUCKTU*AK*89111
REF*2U*999
PER*CX*Name*TE*1234567890*TE*1234567890*EX*999
PER*BL*Name*TE*1234567890
N1*PE*CYBIL MENTAL HOSPITAL*XX*1234567893
N4*TIMBUCKTU*AK*89111
REF*TJ*123478925
LX*110211
TS3*6543210903*11*19961231*1*211366.97
CLP*6661231*211366.97*211318.40**15*1999999944444*11**100*100
CAS*CO*10*48.57
NM1*QC*1*SHEPARD*SAM*O***HN*666666666A
NM1*IL*1*SHEPARD*SAM*O***MI*666666666A
NM1*74*1******C*666666666B
NM1*82*1*SHEPARD*SAM*O***XX*1234567893
DTM*232*20021026
DTM*233*20021026
PER*CX*Name*TE*1234567890*TE*1234567890*EX*999
AMT*AU*8
QTY*CA*8
PLB*6543210903*20021026*CV:CP*1.27*CV:CP*-1.27*CV:CP*-1.2*CV:CP*-1.7*CV:CP*3.27*CV:CP*1.7
SE*28*1235
GE*112346
IEA*1*000000002

B. Change Summary

None