



HIPAA ELECTRONIC DATA INTERCHANGE GUIDE

This electronic data interchange (EDI) guide addresses transmission by electronic means of standard ANSI ASC X12N HIPAA v4010 or v4010A1, acknowledgements and other information for the processing of electronic health care transactions. This document will outline our testing procedures, communication protocol and contingency plans for Health Insurance Portability and Accountability Act (HIPAA) transactions between MAMSI Health Plans and electronic claims clearinghouses, physicians, health care practitioners and facilities (each an “EDI Partner”). This guide is technical in nature and is intended for use by electronic claims clearinghouses, as well as health care practitioners and facilities who submit electronic claims directly to our health plans.

In addition, the purpose of this Guide to facilitate compliance with the HIPAA transactions and code set regulations issued by the U.S. Department of Health and Human Services, as amended (the “TCS Regulations”). The Guide may be revised from time to time, in the sole discretion of MAMSI Health Plans, to comply with the TCS Regulations, HIPAA security regulations and any applicable laws and regulations.

1. EDI OPERATIONS. EDI Partners will agree on transmission sets, data transmission standards and communication protocols. Technical operational details necessary to implement the EDI relationship will be mutually agreed upon and followed by the parties in good faith, using reasonable efforts. The parties will agree on procedural and administrative policies, which are necessary to implement the EDI transactions.
2. EDI TRANSACTIONS. HIPAA has mandated that covered entities must be able to receive certain standard transactions. MAMSI health plans, as covered entities under HIPAA, will receive the following standard transactions through our designated inbound/outbound clearinghouses:

Inbound**Transaction Set**

ANSI ASC X12 HIPAA 837 – Professional
 ANSI ASC X12 HIPAA 837 – Institutional
 ANSI ASC X12 HIPAA 837 – Dental
 ANSI ASC X12 HIPAA 835 – Remittance
 ANSI ASC X12 HIPAA 270/271 – Real Time Eligibility
 ANSI ASC X12 HIPAA 276/277 – Real Time Claim Status
 ANSI ASC X12 HIPAA 278 – Referrals

Clearinghouse

PayerPath, Inc
 McKesson
 ANSLink
 PayerPath, Inc
 HDX
 Medifax
 MedConnect

Outbound**Transaction Set**

ANSI ASCX12 HIPAA 837 – Professional
 ANSI ASCX12 HIPAA 837 – Institutional

Clearinghouse

WebMD
 WebMD

MAMSI Health Plans may, on a case-by-case basis agree to accept direct EDI transmissions from certain EDI Partners, and will make such determinations in its sole discretion.

3. TRANSMISSION ERRORS/FILE REJECTIONS. Each EDI Partner shall establish reasonable controls to ensure timely handling of EDI transmissions and to promptly contact the sender (clearinghouse or physician, health care practitioner or facility) for corrective action in the event of a transmission error, such as an unintelligible or garbled transmission.

(a) Data file rejections. MAMSI Health Plans will randomly verify data files using Claredi, our certification vendor, and may reject the file/claim based upon the following types of errors:

- Non-HIPAA compliant codes sets – example
Place of Service “A” instead of the HIPAA code of “81”
- HIPAA format/structure errors – example
ANSI X12 loop count limitations exceeds the allowed number

(b) Claim level rejections. Individual claims may be rejected due to non-compliance with the TCS regulations, as follows:

- Release of information = “N”
- Member not active for date of service
- SSN/employee number not found
- Account/group number not found
- Insured name, SSN/employee number, or account/group not found
- Incoming provider data invalid or missing
- Carrier unable to receive claim
- At the customer’s request, we are unable to receive these claims electronically

4. SECURITY DUTIES. Each EDI Partner is solely responsible for the selection, implementation and maintenance of appropriate security products, tools, tests and procedures sufficient to meet its requirements for protecting its programs and data from improper access, loss, alteration or destruction.

5. EDI PROCEDURES.

- (a) EDI Data. MAMSI Health Plans will not change, alter or otherwise modify data as received from an EDI Partner via EDI, unless required for business purposes or requested by the EDI Partner.
- (b) HIPAA Implementation Guides. MAMSI Health Plans will receive all data content as required via the Implementation Guide (IG), but will only capture and store information necessary for processing. EDI Partners may not introduce additional or different data requirements from those listed in the ASC X12N (IG). This includes the following actions:
- Change definition, data condition, or use of a data element or segment in a standard
 - Add any data elements or segments to the maximum defined data set
 - Use any code or data elements that either are marked “not used” in the standard’s implementation specification or are not in the standard’s implementation specification(s)

- (c) Default or empty fields. MAMSI Health Plans will not complete empty data fields or fields that contain default data unless the sender requests such adjustment in writing.
- (d) Transmission Acknowledgement. MAMSI Health Plans will provide a proprietary transmission acknowledgement for each exchange of data. ASC X12 997 transaction sets are optional for any exchange of data.
- (e) Mode of transmission.

Batch Transaction. MAMSI Health Plans supports:

- FTP with PGP encryption
- BBS connection

Web Browser and Real Time Transaction. MAMSI Health Plans supports:

- SSL encryption minimum 128-bit encryption

- (f) Testing Requirements. EDI Test Data will be production-quality data and is required in all EDI test files. EDI testing includes:
 - Connectivity (communications gateway),
 - Standards compliance (EDI translation) and
 - Business process integrity (applications software)

Use of realistic data. An EDI test file from an EDI Partner must contain realistic data, rather than data hand-crafted for the test. EDI test-file data should be created using the same means as routine production data. Any variation would prevent the full exercise of business applications processing.

HIPAA Transaction Compliance Certification. EDI Partners who will exchange EDI X12N transactions must, at a minimum, test transactions at Levels One and Two before attempting to exchange data with MAMSI Health Plans. MAMSI Health Plans certifies X12N transactions up to Level Three.

Volume Requirements. MAMSI Health Plans and its EDI Partners will agree on the appropriate number of test transactions, with the exception of EDI X12N, which are outlined below:

- Five-10 transactions for initial file
- 10-50 transactions
- Full production file

File Conventions. X12N file conventions and EDI Partner information:

- Data element separator (determined during implementation)
- Component element separator (determined during implementation)
- Segment terminator (determined during implementation)
- Submitter ID (use sender's ID) or mutually defined
- Receiver ID (MAMSI Health Plans Tax ID) and 'ZZ' as qualifier
- Password not required
- ISA Information

Authorization Qualifier (ISA-01) _____
 Authorization Code (ISA-02) _____
 Security Qualifier (ISA-03) _____
 Security Information (ISA-04) _____
 Sender Qualifier (ISA-05) _____
 Sender Information (ISA-06) _____
 Receiver Qualifier (ISA-07) _____
 Receiver Identification (ISA-08) _____

- GS Information

Application sender ID (GS-02) _____
 Application receiver ID (GS-03) _____
 Version/release ID (GS- 08) _____

- Payer ID (NM1_09 in Loop 2001BB) _____

- (g) Paper claims. Claims that require attachments may be sent electronically. However, if the claim required an attachment, pursuant to the provisions of our provider manual, the paper attachment must be submitted to the Claims Department. If a paper attachment will be forwarded separately to the Claims Department, EDI Partners should use the PWK segment of the standard transaction to identify the attachments.

(h) EDI Transactions and Transmissions.

See Addendum A – Listing of Transaction Types and Transmission Methods.

6. CONTINGENCY PLAN.

(a) Acceptance of non-compliant transactions. In accordance with the “Guidance on Compliance with HIPAA Transactions and Code Sets” issued by the Centers for Medicare and Medicaid services (“CMS”) on July 24, 2003, MAMSI Health Plans may on a case-by-case basis accept and process non-compliant transactions in “good faith,” as long as the EDI Partner is taking actions to comply with the TCS Regulations.

(b) File/Claim rejections. As stated under Section 2 of this Guide (Transaction Errors/File Rejections). MAMSI Health Plans will reject file/claim level errors based on the criteria established in this Guide.

(c) Coordination of Benefits.

Model One – Provider-to-Payor-to-Provider

MAMSI Health Plans will accept and process standard transactions from physicians, health care practitioners and facilities if we are identified as the primary payor. If MAMSI Health Plans is identified as the secondary payor in an 837 transaction issued by physicians, health care practitioners or facilities, we will accept the standard transaction. However, we will not process the transaction unless we also receive an explanation of benefits or similar document on paper. See Section 5(d) below.

Model Two – Provider-to-Payor-to-Payor

MAMSI Health Plans will not support this model.

(d) Attachments. Claims that require attachments may be submitted electronically to MAMSI Health Plans. Attachments must be forwarded on paper to our Claims Department (indicate that the claim was submitted electronically and identify the date of transmission). The sender must use the PWK segment to identify the attachment that will be transmitted on paper.

7. CODE SETS. For EDI transactions, local codes may not be used after October 16, 2003. Taxonomy codes will be required if the claim requires a specialty code for adjudication.

8. CONTACT INFORMATION.

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Effective October 16, 2003

ADDENDUM A

File Types:

ANSI ASC X12 HIPAA 837 v4010/v4010A1 - HCFA
ANSI ASC X12 HIPAA 837 v4010/v4010A1 – UB92
ANSI ASC X12 HIPAA 837 v4010/v4010A1 – Dental
ANSI ASC X12 HIPAA 835 – Remittance
ANSI ASC X12 HIPAA 270/271 – Real Time Eligibility
ANSI ASC X12 HIPAA 276/277 – Real Time Claim Status
ANSI ASC X12 HIPAA 834 – Enrollment
ANSI ASC X12 HIPAA 278 – Referrals

**File Transfer
Protocols:**

FTP (Internet) with PGP encryption
VPN

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