

Hennepin Health

837i Standard Companion Guide

**Refers to the Implementation Guides Based on ASC
X12 version 005010**

CORE v5010 Master Companion Guide

July 2021

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 Hennepin Health. 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

OVERVIEW

This document highlights information that is specific to Hennepin Health. The information presented in this document is intended to be used *in addition* to the guidelines set forth by relevant state and federal agencies.

REFERENCES

Entities subject to Minnesota Statutes, section 62J.536 and related rules must follow the data content and other transaction specific information of the applicable Minnesota Uniform Companion Guide. A copy of the Minnesota Uniform Companion Guide is available at no charge from the Minnesota Department of Health at: <https://www.health.state.mn.us/facilities/ehealth/auc/index.html>.

WORKING WITH HENNEPIN HEALTH

Hennepin Health follows the legislative standards outlined in Minnesota statute [62J.536](#). Per this statute, all claims submitted to Hennepin Health must be submitted electronically, following American National Standards Institute, Accredited Standards Committee X12 standard transactions or National Council for Prescription Drug Program (NCPDP) standards. No paper claim submissions will be accepted.

Providers are required to adhere to State of Minnesota Uniform Companion guide requirements and the Administrative Uniformity Committee (AUC) Best Practices for claims submission. These documents are available [on the AUC website](#).

Hennepin Health contracts with **Payer Connectivity Services (PCS)**, part of Change Healthcare, to receive, test, and send HIPAA-compliant mandated transactions. Services provided by PCS can be performed in batch transactions, or as real-time transactions.

TRADING PARTNER REGISTRATION

Hennepin Health does not contract directly with providers as trading partners. **Payer Connectivity Services (PCS)**, on behalf of Hennepin Health, works with several clearinghouses. If you would like to become a trading partner with Hennepin Health, please contact one of the clearinghouses listed below

Clearinghouse Name	Phone	Website
Availity (835 only)	800-282-4548	www.availity.com
ClaimLynx	952-593-5969	www.claimlynx.com
Change Healthcare	877-271-0054	www.changehealthcare.com
Infotech Global, Inc (IGI), aka MN e-Connect	877-444-7194	www.mneconnect.com
Office Ally	866-575-4120	www.officeally.com
RelayHealth	800-778-6711	www.changehealthcare.com

If you are unable to send electronic institutional and professional claims and/or electronic replacement/cancel claims, Hennepin Health, along with several other large Minnesota group purchasers, have secured the services of Infotech Global, Inc. (IGI) (aka MN e-Connect) to provide free Web-based services for provider data entry of ANSI X12 837 v5010 and AUC compliant claims.

Availity is not a direct submitter of 837 (claims) transactions to Hennepin Health. Providers using Availity as their claims submission clearinghouse can contact Availity directly if you would like to know how these are routed to Hennepin Health

Electronic Remittance Advises (ERAs) will be sent to the same clearinghouse submitting the 837 transactions on behalf of the service provider. If you would like the ERA to be sent to a different

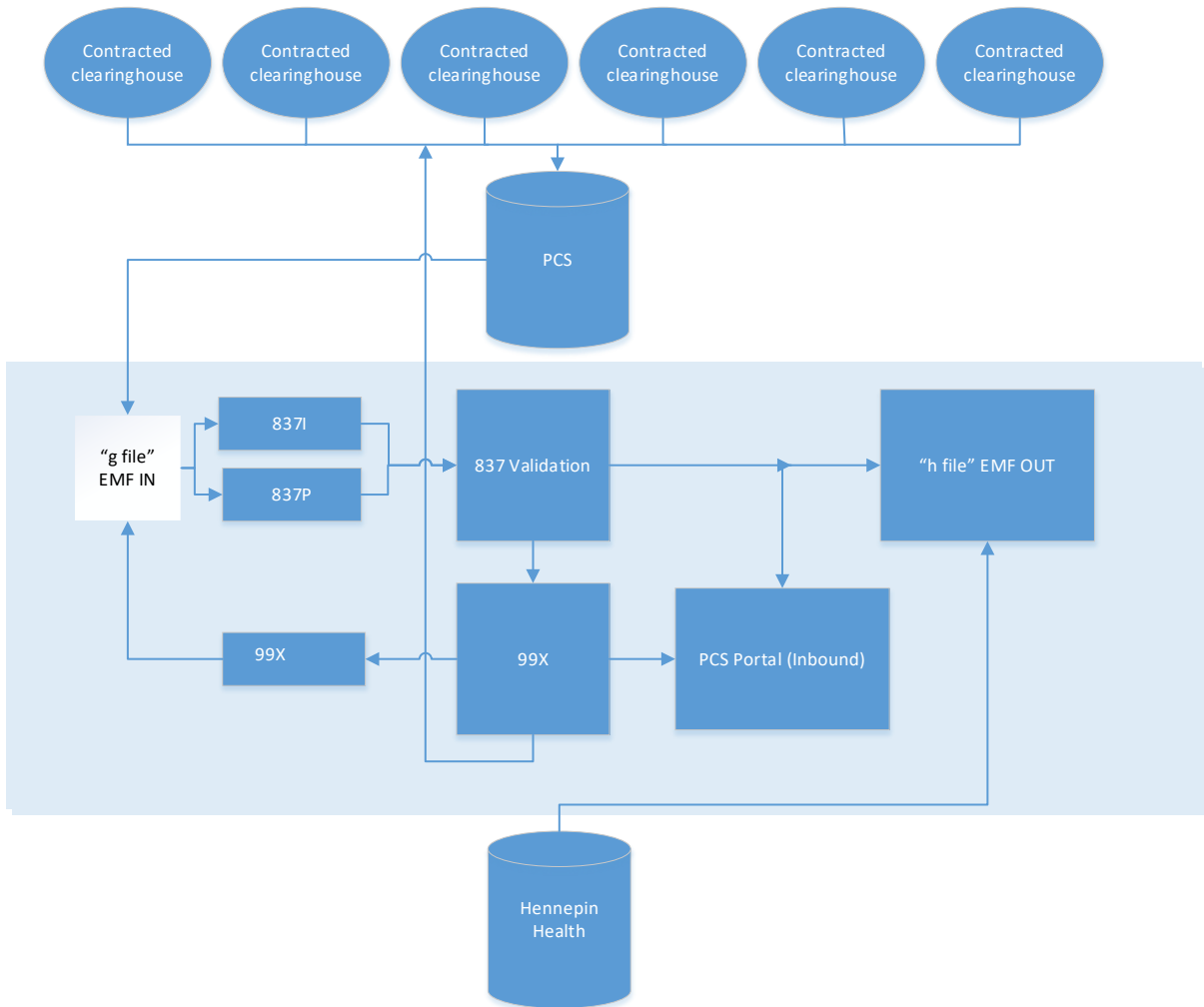
clearinghouse than the one used for claims submissions, follow the steps in the implementation checklist Hennepin Health's 835 Companion Guide.

2 TESTING WITH THE PAYER

If testing is required, testing will be conducted by your selected clearinghouse in conjunction with Payer Connectivity Services. Please contact your selected clearinghouse for testing requirements.

3 CONNECTIVITY WITH THE PAYER/COMMUNICATIONS

PROCESS FLOW DIAGRAM



RE-TRANSMISSION PROCEDURE

Please contact PCS in cases where re-transmission is needed. PCS will provide instructions and guidance.

4 CONTACT INFORMATION

EDI CUSTOMER SERVICE

Email: CHC_pcssupport@changehealthcare.com

EDI TECHNICAL ASSISTANCE

Email: CHC_pcssupport@changehealthcare.com

PROVIDER SERVICE NUMBER

Phone: 800-647-0550, option 2

APPLICABLE WEBSITES/E-MAIL

mhpproviderportal.tmghealth.com/portal/

5 CONTROL SEGMENTS/ENVELOPES EXAMPLES

ISA-IEA

ISA*00* *00* *ZZ*{Sender ID} *ZZ*6005801
*181205*0604*^*00501*705066766*1*P*~
IEA*1*705066766~

6005801 is Hennepin Health's receiver ID

GS-GE

GS*HC*943207296*{RECEIVING UNIT} *YYYYMMDD*06040259*{FILE ID}*X*005010X223A2~
GE*17*156663011~

6 PAYER SPECIFIC BUSINESS RULES AND LIMITATIONS

MINNESOTA STATUTES

Entities subject to Minnesota Statutes, section 62J.536 and related rules must follow the data content and other transaction specific information of the applicable Minnesota Uniform Companion Guide. A copy of the Minnesota Uniform Companion Guide is available from the Minnesota Department of Health at no charge at: <https://www.health.state.mn.us/facilities/ehealth/auc/guides/index.html>.

SNIP TESTING

A list of all SNIP testing edits being applied by Hennepin Health can be found at <https://hennepinhealth.org/providers/resources>. The [SNIP 0-8 Error Code List \(XLS\)](#) is a reference document that contains a list of the error codes and corresponding error code descriptions for SNIP Levels 0 through 8 testing on 837 claims transactions

NON-PARTICIPATING PROVIDERS

Non-participating providers: Prior to submitting a claim, you must complete and submit a [provider information form \(PDF\)](#) and a [W9 for non-contracted providers form \(PDF\)](#). To prevent a delay in your claim being processed, please make sure the form is filled out accurately and completely. If you have any questions regarding claim inquiries, please contact Provider Services at 612-596-1036 from 8 a.m. to 4:30 p.m., Monday through Friday.

BILLING NAME AND ADDRESS STANDARDS

In order to expedite claims processing and ensure proper payment, Hennepin Health strongly recommends that billing providers fill out all address-related fields following [USPS Address Standards](#). In addition, please use the business name that matches the name as submitted on any W-9 forms or other contractual documents filed with Hennepin Health. Doing so will eliminate errors and ensure prompt and accurate payment.

7 ACKNOWLEDGEMENTS AND/OR REPORTS

In addition to the standard 999 and 277CA acknowledgement transactions, Hennepin Health provides a custom response report for each 837 received. The report contains more detailed, user-friendly language that is intended to assist providers who may have limited EDI transaction knowledge. The custom report is sent at the same time as the standard 999 and 277CA responses.

CUSTOM REPORT EXAMPLE:

```

*****
File Receive Date:      MM/DD/YYYY
File Name:             g0000123_000123456_HH_YYYYMMDD_NNNNNNN.837x.edi
Submitter:             OFFICEALLY
Interchange Control Number: 001234567
*****
Error Severity Legend:  2 - Warning, 3 - Error, 4 - Fatal
*****
Billing Provider ID:   {TAX ID}
Group Control Number: 1234567
*****
Claim_ID #           Member_ID      DOB           Sex           Member_Name      Claim_Amount    Clearinghouse_ID  Error Severity  Reject Claim Error Message
-----
{PATIENT CONTROL #}  009876543      MM/DD/YYYY    U             {LAST NAME}      $543.21         NNNNNNNN         3              {REJECTION REASON}
                                                                2              {WARNING REASON}
-----
CLAIMS Rejected:      1
CLAIMS Accepted:     0
-----
CLAIMS Total:        1
*****
    
```

8 TRANSACTION SPECIFIC INFORMATION

The transaction-specific information for entities subject to Minnesota Statutes, section 62J.536 and related rules is incorporated by reference from the applicable Minnesota Uniform Companion Guide (MUCG) at: <https://www.health.state.mn.us/facilities/ehealth/auc/guides/index.html>. Readers are referred to the MUCG for information and instructions to comply with Minnesota’s requirements.

In addition to any requirements set forth by the Minnesota Uniform Companion Guide and the v5010 ASC X12N Implementation Guides, Hennepin Health makes the following recommendations for usage of the data elements listed below:

Page #	Table	Loop ID	POS #	Segment	Name	Data Element	Notes/Comments
77	Header	1000B	0200	NM1	Receiver Name	NM103	Value should be "Hennepin Health"
77	Header	1000B	0200	NM1	Receiver Name	NM109	Value should be "6005801"
143	Patient Detail	2300	1300	CLM	Claim Information		
149	Patient Detail	2300	1350	DTP	Discharge Hour		Required on all final inpatient claims. Otherwise, do not send.
154	Patient Detail	2300	1550	PWK	Claim Supplemental Information		Complete the AUC Cover Sheet for Health Care Claims (required for all attachments in Minnesota). Do not use the AUC Appeals Cover Sheet. Use the AUC Uniform Cover Sheet only for electronic claims that require an attachment. Do not use the AUC Uniform Cover Sheet without an attachment control number (ACN) or to submit authorization requests that require attachments.
163	Patient Detail	2300	1800	REF	Referral Number		If the service requires plan authorization, the referral number must be present
166	Patient Detail	2300	1800	REF	Payer Claim Control Number		Hennepin Health payer control number (claim ID) is required when submitting void or replacement claims
176	Patient Detail	2300	1850	REF	File Information		Follow AUC standards for worker's compensation to indicate the state code in order to determine jurisdiction
181	Patient Detail	2300	2200	CRC	EPSDT Referral		If code S0302 is billed, one of four acceptable procedure codes (NU, ST, AV, S2) must also be present
326	Patient Detail	2310B	2500	NM1	Operating Physician Name		If procedure code indicates that a surgery was performed, this field must be populated with appropriate information

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329	Patient Detail	2310B	2710	REF	Operating Physician Secondary Identification	If procedure code indicates that a surgery was performed, this field must be populated with appropriate information
331	Patient Detail	2310C	2500	NM1	Other Operating Physician Name	If procedure code indicates that a surgery was performed, this field must be populated with appropriate information
334	Patient Detail	2310C	2710	REF	Other Operating Physician Secondary Identification	If procedure code indicates that a surgery was performed, this field must be populated with appropriate information
358	Patient Detail	2320	2950	CAS	Claim Level Adjustments	Always required if Other Insurance information is populated
423	Patient Detail	2400	3650	LX	Service Line Number	Always required
429	Patient Detail	2400	4200	PWK	Line Supplemental Information	Complete the AUC Cover Sheet for Health Care Claims (required for all attachments in Minnesota). Do not use the AUC Appeals Cover Sheet. Use the AUC Uniform Cover Sheet only for electronic claims that require an attachment. Do not use the AUC Uniform Cover Sheet without an attachment control number (ACN) or to submit authorization requests that require attachments.
433	Patient Detail	2400	4550	DTP	Date - Service Date	No claims for service dates prior to 1/1/15 will be accepted
449	Patient Detail	2400	4930	LIN	Drug Identification	NDC Code- Required if drugs or pharmaceuticals are being billed.
452	Patient Detail	2400	4940	CTP	Drug Quantity	NDC Code- Required if drugs or pharmaceuticals are being billed.
454	Patient Detail	2400	4950	REF	Prescription or Compound Drug Association Number	Required when a compound drug is being administered

APPENDICES

1. IMPLEMENTATION CHECKLIST

- Register with Trading Partner or clearinghouse (for list of available clearinghouses, see pg. 4)
- Create and sign contract with trading partner or clearinghouse.
- Establish connectivity with clearinghouse.
- Send test transactions to clearinghouse.
- If testing succeeds, proceed to send production transactions.

Non-participating providers:

- Prior to submitting a claim, you must complete and submit a provider information form and a W-9 for non-contracted providers form

2. BUSINESS SCENARIOS

A. BILLING FOR NEWBORNS

All Hennepin Health members are considered to be the Subscriber on the plan. DO NOT write the parent’s name in either the patient or subscriber loops. Doing so will result in rejection of the claim.

The name on a newborn’s account may initially be set to a generic name (i.e. “Baby Girl”, “Baby Boy”), then updated as their paperwork is processed through DHS. We recommend checking the member’s eligibility with Hennepin Health.