

Hennepin Health

276/277 Standard Companion Guide

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

CORE v5010 Master Companion Guide

May 2020

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/guides/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.

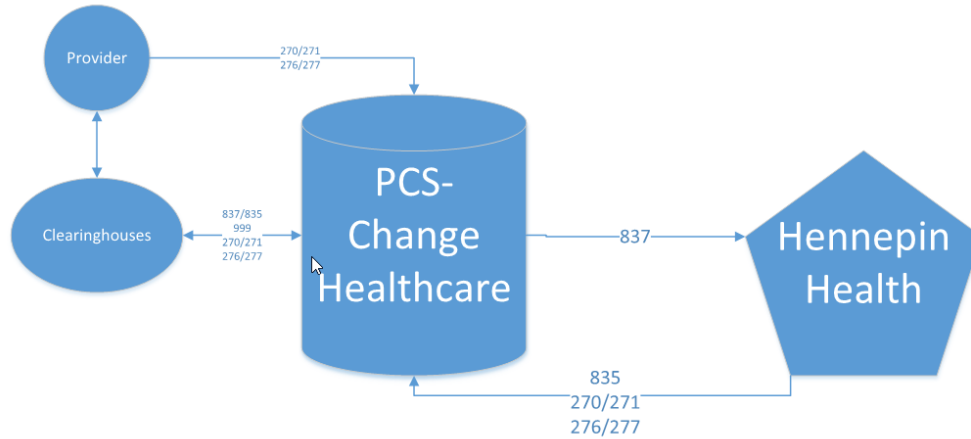
Availity is not a direct submitter of 837 (claims) transactions to Hennepin Health. Providers using Availity as their claims submission clearinghouse can contact Availity directly if you would like to know how these are routed to Hennepin Health

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



File Types

835 – provider submitted claims
837 – finalized claims
270 – request for enrollment, benefits UM
271 – response for enrollment, benefits UM
276 – claims status inquiry (paid/denied)
277 – claims status response (paid/denied)
277CA – Claim acknowledgment
999 – Acknowledgment

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
*181203*2127*A*00501*000002459*0*P*::~~
IEA*1*000002459~

6005801 is Hennepin Health's receiver ID

GS-GE

GS*HC*133052274*{RECEIVING UNIT}*20181203*212718*2459*X*005010X222A1~
GE*380*2459~

6 PAYER SPECIFIC BUSINESS RULES AND LIMITATIONS

MINNESOTA STATUTES

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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.

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.