Hennepin Health

835 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. The 835-specific companion guide can be found at https://www.health.state.mn.us/facilities/ehealth/auc/guides/docs/cg835.pdf

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 remits or partial ERAs will be produced.

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. PCS, on behalf of Hennepin Health works with several clearinghouses. If you would like to become a trading partner with Hennepin Health to receive 835 transactions, please contact one of the clearinghouses listed below. Once you have enrolled with one of the clearinghouses below, the clearinghouse will contact Hennepin Health to complete the registration process.

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.

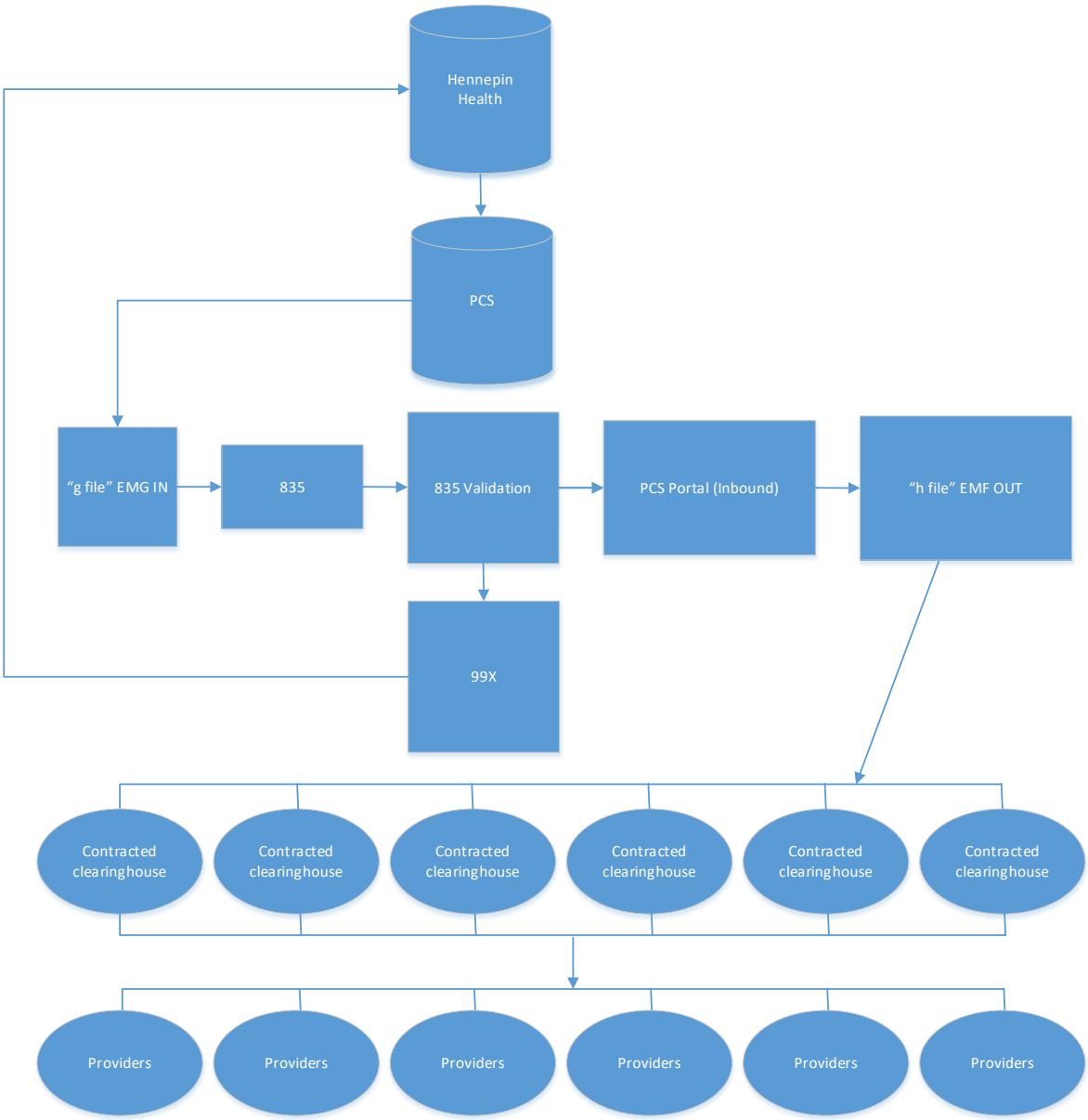
Availity is not a direct submitter of 837 (claims) transactions to Hennepin Health. Providers using Availity as their claims submission clearinghouse can contact Availity directly if you would like to know how these are routed to Hennepin Health

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



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

ISA-IEA
ISA*00* *00* *ZZ*{SENDER ID} *ZZ*6005801
*181128*1617*<*00501*000000180*0*P*:~
IEA*1*000000180~

6005801 is Hennepin Health's sender ID

GS-GE
GS*HP*{SENDER ID}*6005801*YYYYMMDD*1617*180*X*005010X221A1~
GE*1485*180~

6 PAYER SPECIFIC BUSINESS RULES AND LIMITATIONS

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.

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

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/ehalth/auc/index.html. Readers are referred to the MUCG for information and instructions to comply with Minnesota's requirements.

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/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		0400	TRN	Re-association Trace Number	TRN02	HH uses 3 different values, depending on the value in BPR04. If ACH, TRN02 will have a 12-digit, alphanumeric character. If CHK, TRN02 will be a 6-digit numeric value. If NON, will be a 16-digit numeric value that consists of a date and time.
87	Header	10000A	0800	N1	Payer Identification	N102	Hennepin Health
89	Header	10000A	1000	N3	Payer Address	N301, N302	Minneapolis Grain Exchange, 400 S 4th St
90	Header	10000A	1100	N4	Payer City, State, ZIP Code	N401	Minneapolis, MN, 55415
97	Header	10000A	1300	PER	Payer Technical Contact Information	PER04	Hennepin Health Provider Call Center 800-647-0550
100	Header	10000A	1300	PER	Payer WEB Site	PER04	mhpproviderportal.tmghealth.com/portal/
129	Detail	2100	0200	CAS	Claim Adjustment		All claim-level adjustments are at the service line level
137	Detail	2100	0300	NM1	Patient Name		Patient name will reflect the patient's name as it exists in our data system, not necessarily exactly as billed
169	Detail	2100	0400	REF	Other Claim Related Identification		Group purchasers that report Medicaid claims in the 835 must include the two-digit PMAP code with the claim. This code is used by providers when reporting encounters to the state.
179	Detail	2100	0600	PER	Claim Contact Information		Phone: 800-647-0550
196	Detail	2110	0900	CAS	Service Adjustment		Claim Adjustment Reason Code 96: non-covered charge(s); Claim Adjustment Reason Code 204: This service/equipment/drug is not covered under the patient's current benefit plan
211	Detail	2110	1100	AMT	Service Supplemental Amount		Used to convey MnTax amount, this is informational only
213	Detail	2110	1200	QTY	Service Supplemental Quantity		Used to convey MnTax amount, this is informational only
217	Summary		0100	PLB	Provider Adjustment		**See appendix**

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.
- ☐ Clearinghouse sends enrollment to Hennepin Health for review and approval.
- ☐ 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. REVERSALS AND CORRECTIONS

Reversals and corrections are a result of a change made to a previously reported claim. The method for revision is to reverse the entire claim and resend the modified claim data. The reversal of a

previously reported claim is accomplished by reversing the original claim payment with code 22, "reversal of previous payment". All original charges, payments, and adjustment amounts are negated.

Example: CLP*1234567890*22*-100*-40**12*CLAIM12345~
CAS*PR*1*-24**2*-16~
CAS*CO*45*-20~

B. AUTOMATIC RECOVERIES

When the reversal and correction of a previously reported claim results in a reduction of the claim payment amount, this is categorized as an overpayment. When an overpayment occurs, Hennepin Health will attempt to recover the dollars via an auto recovery process. This means Hennepin Health will recover provider overpayments from a future payment and report the recovery amounts through the remittance advice. If the overpayments cannot be recovered as part of the auto recovery process, then Hennepin Health will send an invoice to the impacted provider for the remaining balance due. It is Hennepin Health's expectation that refunds are to be received by the plan within 60 days of notification.

Auto recoveries are communicated as an adjustment within the Provider Level Adjustment (PLB) segment of the ERA. This is accomplished by adding a Forward Balance (FB) adjustment to the PLB segment. The reference number contains the same number as the trace number used in TRN02 of the current transaction. This reference number should be used by the provider to facilitate tracking. The dollar amount will be the sum of all the reversed claims reported within the same ERA that resulted in overpayments. The monetary amount will be reported as a negative number to eliminate any financial impact and to ensure the transactions balance against the payments made. Please remember, Adjustments in the PLB segment can either decrease the payment (a positive number) or increase the payment (a negative number).

Example: PLB*ABA8789*20001231*FB:1234554*-200~

C. REPORTING OVERPAYMENT RECOVERIES

Hennepin Health recoveries are reported within the PLB segment with adjustment code of WO (Overpayment Recovery). The reference identification provided with the WO adjustment code is comprised of the claim's Patient Control Number and Hennepin Health's Payer Claim Control Number (claim number). The monetary amount will be presented as a positive value thus reducing the overpayment to the provider.

Example: PLB*1234567899*20171231*WO:133399900088 171500111111*8268.06

D. AUTHORIZED RETURNS (REFUNDS)

Hennepin Health will acknowledge receipt of provider refunds through the 72 adjustment code (Authorized Return) within the PLB segment. This adjustment code will be offset by the use of the WO adjustment code within the same PLB segment. For both, the 72 and WO adjustment codes, the reference identification will be comprised of the provider's Patient Control Number, followed by CHKNO and the provider's refund check number. The monetary amount for the 72 code will be presented as a negative amount and the monetary amount for the WO code as a positive amount. This will eliminate any financial impact to the ERA.

Example: WO:PRNMBER1 CHKNO 12345*100.48*72:PRNMBER1 CHKNO 12345*-100.48~