Trading Partner Manual

UHA Trading Partner Manual

Purpose

The purpose of this manual is to provide information to providers on the procedures to be followed in the electronic submission of claims to UHA.

This manual contains specific instructions required by your data processing systems personnel. It also includes instructions for the physical transfer of the claims data, necessary reference material, and a review of the processing considerations. An attempt has been made to augment the National Implementation Guides. We have tried to make this manual as complete as possible. However, if questions arise after the manual has been reviewed, a UHA representative will be available to assist you.

UHA reserves the right to change the specifications for electronic data exchange and the contents of this manual as changes are mandated by Federal or State regulations, or when information needs are revised or modified.

The following paragraphs provide information of general interest to anyone who desires to initiate the electronic submission of claims data. Included are items of general information on situations that will be encountered in processing claims data. Other items provide information where UHA has established minimum standard requirements that must be met in order to participate in this program.

Registration and Approval by UHA

UHA requires prior approval of any EMC and EDI submission arrangements from any source. There are two parts to the approval process. Part One concerns the technical details of the data processing arrangement to be used. Part Two relates to the specific provider whose transactions are submitted via electronic data interchange. UHA must review and approve each provider's request to participate, and each provider is required to sign an Electronic Trading Partner Agreement.

UHA reserves the right to revoke approval for a provider, group of providers, or organization participating in electronic data interchange with UHA.

On-Site Inspection

In order to ensure that the established UHA requirements are being met, providers must agree to allow periodic audits by UHA and its authorized representatives after implementation of this arrangement to verify that the necessary records are being retained in accordance with the Electronic Trading Partner Agreement.

Signature Waiver Requirements

When hard copy claims are submitted to UHA, it is a requirement that the provider or his/her authorized representative sign each of the claim forms. This signature requirement is intended to certify the services shown on the claim forms. If a provider submits claims via EMC instead of hard

copy, this requirement will be satisfied by an appropriately signed Electronic Trading Partner Agreement filed with UHA.

Transaction Volume Considerations

The size of the 837 P and I transactions is limited to a maximum of 5000 CLM segments for each ST-SE envelope. There is a limit of 500 segments in any of the other HIPAA transactions. This applies to a single ISA-IEA Interchange envelope.

Claims Processing Cycle

By automating the claims submission process, the provider should realize a quicker turnaround time on his/her claims since it will eliminate the need for UHA to manually process the majority of the claims. However, the length of time required to process a claim depends on many variables in addition to the medium on which they are received. Claims submitted before 7:00 PM Hawaii Standard Time will normally be processed that evening.

UHA Member Number and Patient Information

Thousands of claims are received each month with erroneous membership numbers and claims for non-UHA members. This causes problems for providers, patients, and UHA. This is more of a problem for providers who use an automated billing system that does not verify the patient's membership number from their current UHA identification card against the patient's data file.

Please note that for all UHA claims, the provider should verify his/her patient's data file with current identification information obtained from each encounter, since claims with invalid or incorrectly formatted membership numbers will not be accepted for EMC processing. Providers should establish a procedure to contact those patients to obtain information so their data files can be updated.

UHA's assigned membership number consists of a nine (9) digit number, a hyphen (-) and a two (2) digit suffix. The subscriber's membership number will always have a two (2) digit suffix of "01." An example membership number is: 123456789-01. Claims submitted with incorrectly formatted membership numbers will be rejected.

Member Identification cards are issued to every member enrolled in a UHA plan, including dependents. Each member's identification card shows their UHA assigned membership number, full name and date of birth. These items must be submitted as shown on the identification card for claims to be processed correctly.

UHA Assigned Provider Identification Number (PIN)

UHA requires all providers to use the UHA Provider Identification Number (PIN) that is assigned by UHA's Provider Services Department when the provider signs the Participating Provider Agreement. The UHA assigned PIN must be used in 2310 Provider Secondary Identifier REF02.

When a provider renders services at more than one location, and the provider requested to receive payments by location, the provider **must** use the unique PIN assigned by UHA Provider Services Department. Wrong PIN submissions will result in the payment being made to another service location.

Multiple Payors

When:

1. UHA is the Primary plan: UHA will not forward UHA paid claim information to additional payors. The provider is responsible for submitting claims to additional payors after the claims have been processed by UHA.

2. UHA is the Secondary/Tertiary plan: All claims submitted for payment where UHA is NOT the primary plan must include payment information from the other payor(s). If the member is not enrolled with UHA as the primary plan and other payor payment information is NOT provided, the claim will be denied.

3. Member is dual covered by UHA: Provider will need to resubmit claims with UHA primary payment information for their patients who have dual UHA coverage.

Codes

All claims submitted must use only the codes required in the National Implementation Guides and the HIPAA rules. UHA will edit both Internal Codes (those codes in the National Implementation Guides) and External Codes (such as ICD-9 or CPT).

ICD-9-CM codes are composed of 3, 4 or 5 digits. A code is invalid if it has not been coded to the full number of digits required for that code. There are about 97 codes that are valid 3 digit codes, at this time. The rest require the 4th or 5th digit.

Hard Copy Claims Requirements

All UHA claims may be submitted electronically, but UHA reserves the right to request hard copy claims as deemed necessary by UHA to properly process the claims. Due to limitations with the transaction formats at this time, certain types of claims that require additional information can not be sent electronically. Claims for No-Fault or Workers' Compensation should not be submitted to UHA electronically.

In addition, it will be necessary during the testing period for providers submitting claims via EMC to provide exact hard copies of the claims until UHA notifies the providers that the test period has been completed.

It is advisable for the provider to retain the ability to print hard copy UHA claims even after being accepted in the EMC program. In part, this is a backup measure in case some unforeseen event precludes filing of claims in an EDI mode.

Testing Considerations

After an agreement has been reached between the provider and UHA with regard to the submission of claims via EDI, a period of testing is necessary. The purpose of the testing is to ensure that the data being generated by the provider's data processing system meets the technical requirements as specified in the National Implementation Guides and the Supplemental Implementation Guides, and also to work out the procedural aspects of data transfer. We recommend that the provider go to a national certification organization and get certified in levels 1 – 6 before requesting a test with UHA. In order to accomplish the testing, the provider will be asked to supply a minimum of three (3) tests which will be reviewed for format and content by UHA. A test is comprised of claims which are submitted on both EMC and hard copy media.

All test materials (hard copy claims) must be packaged separately from any other materials being mailed/delivered to UHA and each must be clearly marked "TEST." Test data sets must not reside on the same physical file as production data sets. Depending on the quality of the test data and/or any problems which may arise, additional tests may be requested. Frequent coordination between the provider and UHA will be necessary during this period to ensure rapid resolution of problems. A provider's data set will be considered successfully tested when three (3) consecutive data sets are processed without problems or complications. At the successful conclusion of the testing period, the regularly scheduled submission of claims via EDI will begin.

General Submission Requirements

1. Unique Numbers

    a. Each transmission to UHA should have a unique Interchange Control Number (ISA13). UHA will use this number to determine if it is a duplicate file.

    b. Submitters are required to submit a unique submission number for each transmission in a day. This number is located in BHT03, the Originator Application Transaction ID. This will be used as a duplicate check for each transaction.

2. Format

    a. UHA will only accept one ISA-IEA per input file from a submitter. There can be multiple GS-GE within one ISA-IEA. There can be multiple ST-SE in a GS-GE. There can be multiple claims in each ST-SE, up to the HIPAA specified maximum limit of 5,000 claims per ST-SE.

    b. UHA will edit down to the Claim Service Line level (Loop 2400). If there is a claim that does not conform to the X12 rules the entire ST-SE transaction set will be rejected.

    c. UHA will accept only one type of GS08 value (or only one type of transaction set) in any EDI physical file that is sent to UHA.

    d. For all character fields do not use:

    > Asterisk (*)
    > Equal sign (=)
    > Pound sign (#)
    > Apostrophe (')
    > Quote (")
    > Caret symbol (^)

    e. Service Line: Numbers in Loop 2400 LX segment should begin with one and be incremented by one.

    f. Negative Values may result in incorrect claim payment or processing.

    g. Formats are subject to changes and UHA will give 30 days notice before any format changes are made.

3. Identifiers

    a. ISA/IEA – Interchange Control Segment:

    > ISA05 = "ZZ" (Mutually Defined)
    > ISA06 = UHA Assigned Transmitter ID
    > ISA07 = "30" (UHA's Private Business Federal Tax ID)
    > ISA08 = 990263440

    b. GS/GE – Functional Group Segment:
                GS02 = UHA Assigned Submitter ID
                GS03 = 990263440

    c. 1000A – Submitter Name:
                NM109 = UHA Assigned Submitter ID

    d. 1000B – Receiver Name:
                NM103 = "UNIVERSITY HEALTH ALLIANCE"
                NM109 = 990263440

    e. 2010AA – Billing Provider Name:
                NM108 = "24"
                NM109 = Billing/Pay-To Federal Tax ID

    f. 2010BA – Subscriber Name:
                NM108 = "MI" (Member Identification Number)
                NM109 = UHA Assigned Member ID # on Subscriber's ID Card

    g. 2010CA – Patient Name:
                NM108 = "MI" (Member Identification Number
                NM109 = UHA Assigned Member ID # on Patient's ID Card

    h. 2310 – Provider Secondary Information:
                REF01 = "1G" (Provider UPIN)
                REF02 = UHA assigned Provider PIN

4. 997 Functional Acknowledgement

    a. UHA is required to create a 997 Functional Acknowledgement to report the results of the standard X12 syntax editing. The 997 will normally be available by the next business day. The 997 will detail error information down to the claim service line level. The 997 Set Specifications are located in the National Implementation Guide. The 997 will report standard X12 Syntax errors. The Trading Partner is responsible for retrieving and translating the 997. Transactions with errors must be corrected and resubmitted.

5. Decimals

    a. Decimals are only accepted in Dollar Field amounts.

    b. Two decimals will be accepted for charges. Example: 1000 will be interpreted as $1000.00 (not $10.00).

    c. Claims that contain amounts submitted with more than 2 decimals will be rejected.

6. Codes

    a. All codes should be left justified. Codes should be submitted as stated in the code manuals.

b. ICD-9-CM is composed of codes of either 3, 4, or 5 digits. A code is invalid if it has not been coded to the full number of digits required for that code. A preceding zero must be used if present in the ICD-9 manual.

c. ICD-9 Diagnosis Codes have a maximum size of five (5). UHA does not accept decimal points in Diagnosis Codes and Procedure Codes.

d. First and Subsequent Codes are not allowed on 837 transactions.

e. UHA will not accept Z9020 or Z9024 on 837 transactions regardless of service date.

7. 835 Electronic Remittance

a. UHA will convert all lower case characters submitted on the inbound 837 file to upper case when sending to the UHA processing system. Information returned on the 835 ERA will be in upper case.

8. Miscellaneous

a. UHA may reject an interchange (transmission) with more then 5,000 CLM segments (claims) submitted per transaction.

b. Do not use Credit/Debit card information in the 837 when submitting to UHA.

UHA File Transfer Procedures

File Naming Convention

For Clearing Houses submitting claims for multiple providers:

Inbound (to UHA) 837 and Outbound (from UHA) 997:

Format: Taaaaa_Sbbbbb_####_mmdd_NN.dat

> Taaaaa = UHA assigned Transmitter identification number (ISA06)
> Sbbbbb = UHA assigned Submitter identification number (GS02)
> #### = HIPAA EDI TCS format number
> > 837P = Professional HCFA1500 Claims
> > 837I = Institutional UB92 Claims
> > 997 = Functional Acknowledgement
> mmdd = month and day the file was created. mm = 01 – 12; dd = 01 – 31
> NN = sequence number of the file, 01 – 99

Outbound (from UHA) 835:

Format: Taaaaa_Sbbbbb_###_mmdd.dat

> Taaaaa = UHA assigned Transmitter identification number (ISA06)
> Sbbbbb = UHA assigned Submitter identification number (GS02)
> ### = HIPAA EDI TCS format number
> > 835 = Electronic Remittance Advice
> mmdd = month and day the file was created. mm = 01 – 12; dd = 01 – 31

For Providers submitting claims directly:

Transmitter ID number and Submitter ID number can be the same.

Inbound (to UHA) 837 and Outbound (from UHA) 997:

Format: aaaaa_####_mmdd.dat

> aaaaa = UHA assigned Transmitter identification number (ISA06)
> aaaaa = UHA assigned Submitter identification number (GS02)
> #### = HIPAA EDI TCS format number
> > 837P = Professional HCFA1500 Claims
> > 837I = Institutional UB92 Claims
> > 997 = Functional Acknowledgement
> mmdd = month and day the file was created. mm = 01 – 12; dd = 01 – 31

Outbound (from UHA) 835:

Format: aaaaa_###_mmdd.dat

aaaaa = UHA assigned Transmitter identification number (ISA06)
aaaaa = UHA assigned Submitter identification number (GS02)
= HIPAA EDI TCS format number
    835 = Electronic Remittance Advice
mmdd = month and day the file was created. mm = 01 – 12; dd = 01 – 31

Sending an EDI File to UHA

Each Transmitter will be issued a username and password after a properly completed and signed request form is received and approved by UHA. Use the assigned username and password to login to UHA's Secure File Server, by following the steps below.

1. Make sure the HIPAA X12 formats are used when transmitting HIPAA EDI files to UHA. Follow the requirements in the National Implementation Guides, the UHA Companion Documents and this UHA EDI Trading Partner Manual.

2. Open your web browser and enter the url "https://uhasfs.uhahealth.com"

3. On the login page, enter your assigned username and password. Note: The password is not "hidden" so that you can confirm the correct password is being entered. It is recommended that you change your password the first time you have logged in. See the "Changing your password" section below.

4. Once you have successfully logged in, you will be on your individual user page. Click on "Upload a file" from the menu list. To the right of the menu will appear an input box and a Browse button. Enter the name of the file to upload, or click on the Browse button and select the file.

5. Click on the Send Now button to begin transferring the file to UHA.

Note: If you are submitting multiple files of the same Transaction set type, you may create a single, compressed file "package" containing all of the files to be submitted. Only Pkzip/WinZip compatible or gzip compatible compression can be used to create the compressed file. Use the same naming structure for the compressed file with either ".zip" (Pkzip/WinZip) or ".gz" (gzip) as the filename extension. 997 files will be "packaged" using the same compression method. Do not combine multiple Transaction types in one "package." Files using non-approved or unrecognized compression will be discarded with no notice returned to the transmitter.

Retrieving an EDI file from UHA

If you provided UHA with an email address, you will receive email notification that files are available for pickup.

Each Transmitter will be issued a username and password after a properly completed and signed request form is received and approved by UHA. Use the assigned username and password to login to UHA's Secure File Server, by following the steps below.

1.   Open your web browser and enter the url "https://uhasfs.uhahealth.com"

2.   On the login page, enter your assigned username and password. Note: The password is not "hidden" so that you can confirm the correct password is being entered. It is recommended that you change your password the first time you have logged in. See the "Changing your password" section below.

3.   Once you have successfully logged in, you will be on your individual user page. In the lower portion of the page will be a listing of the files available for download. The files are listed in descending order, from newest to oldest.

4.   Click on the Download button next to the desired file to begin transferring the file from UHA.

5.   After you have successfully downloaded your file(s), click on the Delete button to remove the file from UHA's Secure File Server. If you do not delete the file at this time, the file will automatically be deleted 1 hour after it was last downloaded.

Changing your password

Each Transmitter will be issued a username and password after a properly completed and signed request form is received and approved by UHA. Use the assigned username and password to login to UHA's Secure File Server, by following the steps below.

1.   Open your web browser and enter the url "https://uhasfs.uhahealth.com"

2.   On the login page, enter your assigned username and password. Note: The password is not "hidden" so that you can confirm the correct password is being entered.

3.   Once you have successfully logged in, you will be on your individual user page. On the left-hand side of the page, click on the Change Password link.

4.   Three (3) entry boxes will appear to the right, labeled "Old Password," "New Password" and "Verify Password," respectively. Passwords must be at least 8 and no more than 15 characters long. Passwords must contain at least one (1) alpha character and at least one (1) number or shifted number character. Old passwords cannot be re-used.

5.   Type your current password in the "Old Password" box. Type a new password in the "New Password" box. Repeat the new password in the "Verify Password" box.

6.   Click on the Submit button. A successful change confirmation message means your password has been changed. An error message means your new password was not accepted and you will need to repeat the change process.

File Processing and Availability

Files may be submitted to UHA weekdays, Monday – Friday. Files submitted by 5:00 PM Hawaii time will normally be processed the same evening.

Files will normally be available for pickup by 9:00 AM Hawaii time, Monday – Friday. 997 Acknowledgement files will normally be available for pickup the next business day following submission of the 837 file.