



INDIANA HEALTH COVERAGE PROGRAMS

PROVIDER REFERENCE MODULE

Electronic Data Interchange

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1.1	Policies and procedures as of September 1, 2016 (CoreMMIS updates as of February 13, 2017) Published: February 28, 2017	Semiannual update: <ul style="list-style-type: none"> • Edited and reorganized text for clarity • Replaced Web interChange references with Provider Healthcare Portal • Replaced Automated Voice Response (AVR) system reference with Interactive Voice Response (IVR) system • Added the Introduction section • Removed references to Delivery and Support System (DASS) in the Connectivity Options section • Updated the EDI Solutions help desk telephone number • Added the 820 Payroll Deducted and Other Premium Payment (Managed Care Entities Capitation Payment) section • Added the 834 Benefit Enrollment and Maintenance (Managed Care Entities) section • Updated the 835 Health Care Claim Payment/Advice section • Added note about submitting pharmacy claims in the 837 Health Care Claim section • Updated the 999 Acknowledgement for Health Care Insurance section • Removed the <i>Submission Summary Report</i> section • Added the TA1 Interchange Acknowledgement section 	FSSA and HPE

Version	Date	Reason for Revisions	Completed By
		<ul style="list-style-type: none"> • Updated the EDI Trading Partner Process section <ul style="list-style-type: none"> – Removed references to value-added networks (VANs) – Added use of an IHCP-approved billing service to the list of methods of exchanging data with the IHCP that are exempt from the trading partner requirement • Updated the Complete a Trading Partner Agreement section 	

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Electronic Data Interchange

Introduction

The *Health Insurance Portability and Accountability Act* (HIPAA) requires that all entities exchanging HIPAA transaction data electronically with the Indiana Health Coverage Programs (IHCP) establish an electronic data interchange (EDI) relationship. The IHCP refers to these entities as *trading partners*. For information on becoming an IHCP trading partner, see the [EDI Trading Partner Process](#) section of this document. For more information about HIPAA standards and requirements, see the [HIPAA Standards for Electronic Transactions and Code Sets](#) module.

Connectivity Options

IHCP connectivity interfaces support the most commonly used channels of communication, giving clients a variety of interfaces to develop robust interchange solutions. Batch and interactive submission options are available.

File Transfer Protocol Secure (FTPS) and Secure File Transfer Protocol (SFTP) options are available using:

- Committee for Operating Rules for Information Exchange (CORE) compliant Web Services – Used for batch and interactive 270/271, 276/277, and 835 transactions
- File Exchange – Used for batch transactions

The following table identifies connectivity options available for all transactions.

Table 1 – Connectivity Options

Transaction	CORE Web Services	File Exchange
	Batch and Interactive	Batch
270/271 Health Care Eligibility Benefit Inquiry and Response	X	X
276/277 Health Care Claim Status Request and Response	X	X
278 Health Care Services Review – Request for Review and Response (Prior Authorization)		X
820 Payroll Deducted and Other Premium Payment (Managed Care Entities Capitation Payment)		X
834 Benefit Enrollment and Maintenance (Managed Care Entities)		X
835 Health Care Claim Payment/Advice (Remittance Advice)	X	X
837I Health Care Claim Institutional		X
837P Health Care Claim Professional		X
837D Health Care Claim Dental		X
999 Acknowledgement for Health Care Insurance	X	X
TA1 Interchange Acknowledgement	X	X

Additional information regarding connectivity can be found in the *IHCP Communications Guide*, available on the [IHCP Companion Guides](#) page at indianamedicaid.com.

Note: Providers can direct questions about submitting transactions electronically to the EDI Solutions help desk at 1-800-457-4584. Questions can also be emailed to inxixTradingPartner@hpe.com.

CORE Web Services

The IHCP supports CORE Phase II Version 2.2.0 connectivity rules. Trading partners can submit and receive interactive and batch 270/271 eligibility request and response transactions and 276/277 claim status inquiry request and response transactions and can request outbound 835 claim payment/advice (Remittance Advice) transactions via the web service. The following interfaces are supported:

- Council on Affordable Quality Healthcare (CAQH) CORE Phase II Simple Object Access Protocol (SOAP) + Web Services Description Language (WSDL) Interface
- CAQH CORE Phase II Multipurpose Internet Mail Extensions (MIME) Multipart Form Interface

File Exchange

File Exchange is an application provided by the IHCP for secure file processing, storage, and transfer. It is designed to safely and securely collect, store, manage, and distribute sensitive information between the IHCP and its trading partners.

HIPAA Transaction Types

The following sections describe HIPAA version 5010 transactions. IHCP companion guides for each transaction are available on the [IHCP Companion Guides](#) page at indianamedicaid.com. The transaction component of each companion guide must be used in conjunction with the Accredited Standard Committee (ASC) X12 *HIPAA 5010 Implementation Guides*. Implementation Guides are available for purchase and download from the [Washington Publishing Company website](#) at wpc-edi.com.

270/271 Health Care Eligibility Benefit Inquiry and Response

The 270 Health Care Eligibility Benefit Inquiry transaction is used to inquire about the eligibility, coverage, or benefits associated with the IHCP under a member's benefit plan.

The 271 Health Care Eligibility Benefit Response transaction is used to return information about the eligibility, coverage, or benefits based on the 270 request.

See [Table 1](#) for methods that can be used to exchange the 270/271 transactions. See the [Member Eligibility and Benefit Coverage](#) module for more information regarding eligibility and benefits.

276/277 Health Care Claim Status Request and Response

The 276 Health Care Claim Status Request transaction is used to inquire on the status of a claim. Claim status information is available before the Remittance Advice (RA) becomes available.

The 277 Health Care Claim Response transaction is used to return claim status information based on the 276 request.

See [Table 1](#) for methods that can be used to exchange the 276/277 transactions.

278 Health Care Services Review – Request for Review and Response (Prior Authorization)

The IHCP allows providers to submit nonpharmacy, fee-for-service prior authorization (PA) requests electronically. The 278 transaction is designed to help providers file requests for PA more efficiently.

See [Table 1](#) for methods that can be used to exchange the 278 transaction. See the [Prior Authorization](#) module for more information regarding PA and the 278 transaction.

Note: For services delivered under the managed care system, providers should follow the guidelines for each managed care entity (MCE) regarding the PA process.

820 Payroll Deducted and Other Premium Payment (Managed Care Entities Capitation Payment)

This transaction applies to MCEs only. See [Table 1](#) for methods that can be used to retrieve the 820 transaction.

834 Benefit Enrollment and Maintenance (Managed Care Entities)

This transaction applies to MCEs only. See [Table 1](#) for methods that can be used to retrieve the 834 transaction.

835 Health Care Claim Payment/Advice

The 835 Health Care Claim Payment/Advice transaction is available to providers that request their RA information in an electronic format. The 835 transaction provides information about in-process claims, suspended claims, and adjudicated claims that are paid, denied, or adjusted. The 835 transaction also provides information about other processed financial transactions.

Providers interested in receiving the 835 transaction must enroll on the Provider Healthcare Portal. From the *My Home* page, select **Provider Maintenance** and then select **ERA Changes**.

See [Table 1](#) for methods that can be used to retrieve the 835 transaction. See the [Financial Transactions and Remittance Advice](#) module for more information regarding the RA and the 835 transaction.

837 Health Care Claim

The 837 Health Care Claim transactions allow providers to submit claims electronically to the IHCP. All institutional, professional, and dental claims can be entered using the 837I, 837P, and 837D transactions, respectively. These claims include inpatient, outpatient, home health, long-term care, dental, and medical, as well as Medicare crossover and Medicare Replacement Plan claims.

Claims can be submitted via the 837 transaction seven days a week, 24 hours a day.

See [Table 1](#) for methods that can be used to submit claims via 837 transactions. See the [Claim Submission and Processing](#) module for more information regarding claim submission.

Note: For information about submitting pharmacy claims electronically, see the National Council for Prescription Drug Programs (NCPDP) D.0 Payer Sheet, which is located under the [Pharmacy Services](#) quick link at indianamedicaid.com.

999 Acknowledgement for Health Care Insurance

The 999 Acknowledgement transaction acknowledges the receipt of the batch transaction and reports the acceptance or rejection of a functional group, transaction set, or segment.

999 acknowledgments for transactions submitted through the CORE Web Services connection are available for retrieval through the CORE Web Services connection. 999 acknowledgments for transactions submitted to File Exchange are available for retrieval from File Exchange and are posted to the Trading Partner's Home folder.

TA1 Interchange Acknowledgement

The TA1 Interchange Acknowledgement is a means of replying to an interchange or transmission that has been sent. The TA1 verifies the envelope only. A TA1 Interchange Acknowledgment is returned only in the event there are envelope errors. Encompassed in the TA1 are the interchange control number, interchange date and time, interchange acknowledgment code, and interchange note code.

TA1 acknowledgments for transactions submitted through the CORE Web Services connection are available for retrieval through the CORE Web Services connection. TA1 acknowledgments for transactions submitted to File Exchange are available for retrieval from File Exchange and are posted to the Trading Partner's Home folder.

EDI Trading Partner Process

HIPAA requires that all entities exchanging HIPAA transaction data electronically with the IHCP establish an electronic data interchange (EDI) relationship. Entities with this EDI relationship are referred to as *trading partners*. The following are examples of IHCP trading partners:

- Providers using approved vendor software
- Clearinghouses
- Billing services
- Managed care entities (MCEs)
- Medicare intermediaries or carriers

Providers that exchange data with the IHCP exclusively using the following methods do **not** need to become IHCP trading partners:

- A clearinghouse that has been approved by the IHCP
- A billing service approved by the IHCP
- The Provider Healthcare Portal
- The Interactive Voice Response (IVR) system

IHCP trading partners that desire to exchange data directly with the IHCP must use an approved software or, if developing their own software, must follow the [Software Testing Procedures](#) to have their software approved. Hewlett Packard Enterprise works with many software vendors throughout the United States and has created a list of approved software vendors that provide HIPAA-compliant billing and software services to the IHCP provider community. There is no affiliation between Hewlett Packard Enterprise and any of these companies. It is the responsibility of the trading partner to select the vendor based on specific business needs. A list of approved software vendors is available on the [EDI Solutions](#) page at indianamedicaid.com.

Software Testing and Approval Process

Vendors must review the X12N transaction HIPAA *Implementation Guides* and the *IHCP Companion Guides* carefully to assess the changes needed to their business and technical operations to meet the requirements of HIPAA.

- The national X12N transaction HIPAA implementation guides are available for purchase and download on the [Washington Publishing Company website](http://wpc-edi.com) at wpc-edi.com.
- The [IHCP Companion Guides](#) page includes links to the current versions of the *IHCP Companion Guides*, and the [IHCP Upcoming Companion Guide Changes](#) page contains future system updates to the guides.

Entities seeking approval of their software products should follow the software testing process described in this section. The testing process may take several days or weeks, depending on the organization's experience with EDI.

Complete the Trading Partner Profile

To initiate the testing process, The IHCP requires each testing entity to complete and submit the IHCP Trading Partner Profile, available on the [EDI Solutions](#) page at indianamedicaid.com. The IHCP Trading Partner Profile is the tool vendors must use to notify the IHCP about the types of transactions they request to test and the method of communication they will use. Software vendors, clearinghouses, and providers requesting a trading partner ID to test their software should choose the Clearinghouse/Vendor profile.

When the IHCP receives the profile, testing information is sent to the vendor. Follow the instructions received in the testing information to ensure accuracy and completeness of testing.

Conduct Application Development

The vendor must modify its business application systems to comply with the *IHCP Companion Guides*. Accuracy of the vendor's software must be tested to ensure all transactions process correctly. The vendor must determine the modifications and additions its technical infrastructure needs to perform and support communication functions.

Test the Software

Three levels of testing are required:

- Connectivity testing
- Compliance/Validation testing
- End-to-End testing

Additional testing information is available on the [Software Testing Procedures](#) page at indianamedicaid.com.

Connectivity Testing

Connectivity testing is performed with the transmissions to ensure a successful connection between the sender and receiver of data.

Compliance/Validation Testing

All transactions must pass the following levels of compliance testing.

- Data integrity
- Requirements
- Balancing
- Situational

Although third-party HIPAA certification is not required, the preceding levels of compliance are required and must be tested. Compliance is accomplished when the transaction is processed without errors and a 999 Acknowledgement is produced.

Validation testing ensures conformity to the *IHCP Companion Guides*. This testing ensures that the segments or records that differ based on certain healthcare services are properly created and produced in the transaction data formats. Validation testing is unique to specific relationships between entities and includes testing of field lengths, output, security, load/capacity/volume, and external code sets.

End-to-End Testing

End-to-end testing ensures a successful round-trip completion of the transmission. It originates from the sender as an inbound transaction, proceeds through system processing and ends with a successful outbound transaction back to the sender. For example, for vendors set up to test the 837 and 835 transactions, this level tests processing the inbound 837 Health Care Claim transactions and follows through to create an outbound 835 Health Care Claim Payment/Advice transaction.

Software Approval

The approval process for a software vendor differs slightly from the approval process for a clearinghouse or MCE:

- Software vendor – Hewlett Packard Enterprise emails approval to the testing vendor on completion and approval of testing. Vendors should inform providers using their software that they have completed testing. The provider must then complete and submit the IHCP Trading Partner Profile and signed *IHCP Trading Partner Agreement*, as described in the [Production Trading Partner Enrollment Process](#) section of this document. On receipt of these items, the IHCP sends the provider a trading partner ID, logon information, and secure file transfer protocol (FTP) information.
- Clearinghouse or MCE – When testing and approval are complete, the IHCP sends email notification of approval to the clearinghouse or MCE. On receipt of this approval, the clearinghouse or MCE is required to complete the procedures outlined in the [Production Trading Partner Enrollment Process](#) section of this document to get production submission credentials and information.

Production Trading Partner Enrollment Process

Entities that directly exchange data electronically with the IHCP must complete a Trading Partner Profile and a *Trading Partner Agreement* as described in the following sections.

Upon receipt of the IHCP Trading Partner Profile and the signed *IHCP Trading Partner Agreement*, the entity will be evaluated for exchanging production data. The trading partner will receive email notification of approval, which will include logon credentials.

Complete a Trading Partner Profile

Entities wishing to exchange production data directly with the IHCP must complete and submit the IHCP Trading Partner Profile, available on the [EDI Solutions](#) page at indianamedicaid.com, to initiate the process for becoming a trading partner.

The IHCP Trading Partner Profile is the tool entities must use to notify the IHCP about the types of transactions they request to exchange and the software they will use. If the software has not already been approved by the IHCP, the entity must follow the process described in the [Software Testing and Approval Process](#) section of this document. Production IDs will not be assigned until the software for the transaction type has been tested and approved.

After the initial trading partner ID setup, established trading partners use the IHCP Trading Partner Profile to inform the IHCP of any changes to their vendor software or contact information.

Complete a Trading Partner Agreement

To comply with HIPAA standards and regulations, as well as with Privacy Rules regulations, all entities that desire to exchange electronic data with the IHCP must submit the [IHCP Trading Partner Agreement](#), available at indianamedicaid.com. No substitutions or alterations to the agreement are permitted. The *IHCP Trading Partner Agreement* is a contract between parties that have chosen to become electronic business partners. The *IHCP Trading Partner Agreement* stipulates the general terms and conditions under which the partners agree to exchange information electronically.

If entities initially exchange multiple transaction types electronically, only one signed *IHCP Trading Partner Agreement* is required. A new *IHCP Trading Partner Agreement* is required when requesting to add additional transaction types at a later date.

The term of the *Trading Partner Agreement* is for four years from the date the agreement is signed, and the agreement may be renewed in four-year increments thereafter, unless terminated by the trading partner or the Indiana Family and Social Services Administration (FSSA).

Electronic signature is acceptable. The *IHCP Trading Partner Agreement* can be completed and returned in any of the following ways:

- Send via email to INXIXTradingPartner@hpe.com
- Fax to (317) 488-5185
- Print, sign, and mail to Hewlett Packard Enterprise at the following address:

Trading Partner Agreement
950 North Meridian Street, Suite 1150
Indianapolis, IN 46204

All providers, existing and new, wishing to exchange electronic data with the IHCP must complete the *Trading Partner Agreement*.