

HIPAA Transactions and Code Sets Standards

Companion Document

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Purpose

This document has been prepared as a CBHNP specific companion document to the ASC X12N Implementation Guides and CBHNP Supplemental Guides to clarify and assist providers in implementing HIPAA compliant electronic data interchange (EDI). This companion document supplements, but does not contradict any requirements in the final ASC X12N Implementation Guides adopted by HIPAA. **Please note that CBHNP only accepts the file formats mandated by HIPAA. Print files or flat files are not accepted for electronic billing.**

The intent of the Companion Document is to assist and clarify CBHNP's policies and procedures on setting up connectivity with CBHNP, establishing a trading partner agreement, testing procedures for all transaction sets, file processing, as well as clarify additional policies specific to CBHNP.

CBHNP's Supplemental Guides address the technical aspect of specific HIPAA Electronic Transaction sets by clarifying conditional data elements and segments that must be used for CBHNP's reporting and claim adjudication system. The following Supplemental Guides will be made available:

| Guide | Description |
|----------------------------|---|
| 837P Supplemental Guide | Health Care Claim for Professional Services |
| 837I Supplemental Guide | Health Care Claim for Institutional Services |
| 835 Supplemental Guide | Health Care Claim Remittance Advice |
| 276-277 Supplemental Guide | Health Care Claim Status Request and Notification |
| 278 Supplemental Guide | Health Care Services Review – Request for Review and Response |

Please Note: Eligibility requests (270-271) should be sent directly to DPW using the EVS system or the PROMISE system.

Transaction Sets and Code Websites

Below are a few websites that provide HIPAA compliant transaction sets and codes:

- (a) Claredi - Code Sets (ClarediSM has compiled a list of many of the HIPAA "Code Sets" that you will need to use when making your systems compliant.)
<http://www.claredi.com/hipaa/codesets.php>
- (b) Implementation Guides
<http://www.wpc-edi.com/>
- (c) Transactions and Code Sets Standards published in the Federal Register as well as other related information can be found at:
<http://aspe.hhs.gov/admsimp>



Establishing Connectivity with CBHNP

CBHNP requires receipt of a *Point of Contact* sheet and a *Trading Partner Agreement* prior to trading EDI files. CBHNP uses a secure web site to trade files. Please carefully read the instructions within this section in order to establish an EDI relationship with CBHNP.

Point of Contact Sheet

The Point of Contact Sheet, two pages (Appendix I) sets the correspondence information. The provider can request a particular user name and password or CBHNP can assign one for you.

Trading Partner Agreement

The Trading Partner Agreement (Appendix II) explains in detail the terms and conditions of exchanging data electronically. It must be signed and accepted by CBHNP to activate an EDI Trading Partner relationship. **Please note** that for a Trading Partner submitting EDI files on its own behalf, a separate Trading Partner Agreement must be signed and submitted for each tax identification (EIN/SSN) number. If an entity has a trading partner agreement with a clearinghouse that will submit EDI files to CBHNP on their behalf, only the clearinghouse will need to submit the Trading Partner Agreement to CBHNP. If the clearinghouse submits EDI files on behalf of multiple entities, they will not be required to submit multiple Trading Partner Agreements.

Instructions for Initiating EDI with CBHNP

To initiate the EDI process with CBHNP, please do the following:

1. Complete the requested information in Appendix I and II
Please do not staple these documents prior to mailing.

Appendix I

Point of Contact Document – Consists of two pages.

Appendix II

Trading Partner Agreement – Consists of two pages.

2. Mail the above four pages to the address listed below:

EDI-IT Department
CBHNP
8040 Carlson Road
P. O. Box 6600
Harrisburg, PA 17112

3. FAXES ARE NOT PERMITTED

Acceptance of Trading Partner Agreement

Upon receipt of the *Point of Contact* sheet and the *Trading Partner Agreement* via the postal mail system, CBHNP will review the submitted documents. Upon acceptance of these documents, your organization will receive, via the postal mail system, confirmation of your user name and password as well as instructions on how to connect to CBHNP's secure website. In addition to the connectivity instructions, your organization will also receive a unique submitter ID. Trading Partners that submit their own EDI files will place their submitter ID in three separate elements of a transaction file; Interchange Control Header (ISA06), Functional Control Header (GS02), and Submitter Name Loop 1000A (NM109). Clearinghouses will receive a unique submitter ID which will be placed in two separate elements of a transaction file; Interchange Control Header (ISA06), Functional Control Header (GS02). In addition, the clearinghouse will receive a unique submitter ID for each tax identification (EIN/SSN) number for the entity they represent. It must be submitted in the Submitter Name Loop 1000A (NM109).

Changes to Trading Partner Agreement

To change the user name and password assigned or to change one or both of the contacts, please complete a new Point of Contact sheet and mail via U.S. Postal Service. CBHNP will review your request and confirm the changes using the email address on your point of contact sheet. To communicate additional locations that you will be billing for [within the same tax identification (EIN/SSN) number], please notify CBHNP by sending an email to edi@cbhnp.org.

Deactivation of Trading Partner Agreement

To deactivate the trading partner agreement, notification must be received in writing (email, fax, and U.S. Postal Service accepted). Within your notification, please include a date to deactivate the agreement. If no date is included in the notification, CBHNP will deactivate the Trading Partner Agreement 30 days from the date the notification was received. CBHNP will return a letter confirming receipt of the request and the date of deactivation.

If a trading partner is inactive for one year, a Letter of Deactivation will be sent to the Trading Partner. This letter will include the date of deactivation. If your organization would like to continue the trading partner agreement, please contact CBHNP IT Department prior to the date of deactivation.

Trading File Protocol

CBHNP maintains a secure website that is accessed with a username and password for the purpose of exchanging files. Each trading partner has one (or more) specific location(s) with exclusive access. EDI files may be submitted to CBHNP by simply copying and pasting the files onto the site. Please refer to the **Testing Procedures** section for more information on the required file content.

Once the files have been placed on the secure website, it is important that you also send an email to the EDI Coordinator (edi@cbhnp.org) indicating that the files have been placed on the secure website. If an email is not sent, it is likely that a delay in processing will occur.

CBHNP will be using the same method to return files to your organization such as the Processing Confirmation Report, and the 835. Once CBHNP places the file(s) on the secure website, CBHNP will notify your organization using the email address(es) on your Point of Contact sheet.

Please remember that CBHNP does not accept Protected Health Information (PHI) sent via email regardless of method. If your organization has questions regarding a specific patient, please abide by the following protocol:

- * Create a document (e.g. text document or Word document) that contains your question.
- * Post this document to the CBHNP secure website.

- * Send an email notification to edi@cbhnp.org of the filename posted to the secure website that contains your question.
- * The EDI Coordinator or Claims Processor will retrieve the file and respond in one of two ways:
 - o The EDI Coordinator or Claims Processor may email the answer to you, excluding any PHI or
 - o Will create a new file containing the answer to your question and post it on the secure website. In this event, the EDI Coordinator will send an email notification of the filename posted to the secure website that contains the response.

Preparing for Testing

Your organization will need software that generates HIPAA compliant EDI transactions or may use another vendor or clearinghouse that generates these files. Clearinghouses are required to sign a trading partner agreement with CBHNP.

Line Feeds/Carriage Returns

CBHNP will accept files with or without line feeds and carriage returns.

Delimiters Used

CBHNP requires the following delimiters:

| Character | Name | Delimiter |
|-----------|----------|------------------------|
| * | Asterisk | Data Element Separator |
| : | Colon | Sub-Element Separator |
| ~ | Tilde | Segment Terminator |

Testing Procedures for 837

The purpose of a test file is to ensure that the files will process correctly in CBHNP’s system. If, for any reason, your organization can not meet the requirements of a testing type, please contact the EDI Coordinator at edi@cbhnp.org or at 717-671-6500. **Each test type must pass with 100% accuracy in order to move to the next type.** Following each submission CBHNP will send you notification of testing results.

Test files must be placed in the **Test_Files** directory on the secure website.

Test files can be named using the Trading Partner’s discretion with only two exceptions:

- Every file must have a unique name. We prefer that you use a name that identifies you as the submitter.
- Every test file must include “T#” as the last two characters of the filename. The “T” indicates that it is a Test file and the “#” indicates the test Type (e.g. ProviderName20050613T1 indicates that the file is in the type 1 Testing phase).

Testing files received without the “T#” will be immediately rejected.

Test Type 1

Submit a test file (preferably with data from your “production” reference tables) with one claim with one date of service. The purpose of this test type is to insure you have submitted information required by HIPAA as well as CBHNP specific data as outlined in the Supplemental Guide.

Test Type 2

Submit a test file (preferably with data from your “production” reference tables) with 25 - 50 dates of service from at least 10 different clients. It is recommended to submit variances in test data as well.

Test Type 3

Submit a test file (preferably with data from your “production” reference tables) with 10 claims of each behavioral health specialty (e.g. Mental Health Outpatient, Mental Health Inpatient, Substance Abuse Outpatient, Mental Health RTF, etc.) your organization will be submitting electronically.

Test Type 4

Submit a test file (preferably with data from your “production” reference tables) with one full day’s volume and receiving the appropriate and accurate responses.

After 100% accuracy is achieved, Trading Partners that are not a clearinghouse will receive notification that they may begin submitting production files. Clearinghouse Trading Partners are required to complete Test Type 5.

Test Type 5 (Clearinghouses Only)

Type 5 is applicable only to clearinghouses and consists of submitting one test file (preferably with data from your “production” reference tables) with one full day’s volume for each different tax id (Provider) and receiving the appropriate and accurate responses. File(s) must include claims of each specialty (e.g. Mental Health Outpatient, Mental Health Inpatient, Substance Abuse Outpatient, Mental Health RTF, etc.). After passing test Type 5 initially, this test type must be repeated for all new providers prior to submitting files for them into production.

Production Files Naming Convention

DO NOT USE THE SAME FILE NAME FOR TWO DIFFERENT FILES UNDER ANY CIRCUMSTANCES. CBHNP IS NOT RESPONSIBLE FOR DATA ERRORS THAT RESULT FROM DUPLICATE FILE NAMES.

No file name should contain PHI such as a member’s name or identification number

| | |
|--|--|
| Initial Submission | The initial file can be named using the Trading Partner’s discretion but it MUST end in S1 indicating that it is an initial submission. Including the date as part of the file name is preferable. E.g. ProviderName20050613S1 |
| Resubmission of an <u>Entire File</u> that was Initially Rejected | The resubmission of an entire file MUST use the same name as the initial submission, except S2 , indicating the second submission. Increment the S number as needed to indicate the submission occurrence. |
| Resubmission of just the <u>Rejected Service Line Errors</u>, not the entire file | The resubmission of only the rejected service line errors MUST use the same name as the initial submission, except ending in E1 , indicating the resubmission of claims rejected for errors. Increment the E number as needed to indicate the submission occurrence. <i>Please note:</i> Rejected service lines may be submitted as part of a brand new file, if desired, but not recommended because a reconciliation of omitted resubmissions becomes impossible. |

Post Production Testing for New Business Scenarios

From time to time new or different business scenarios for your organization may occur that were not processed during the initial testing phase. It is highly recommended that testing files are submitted prior to submitting production files. Because these are test files, please name them in the same manner as discussed above in “Testing Procedures” and place them in the **Test_Files** directory.

Once the test files have been placed on the secure website, it is important that you also send an email to the EDI Coordinator (edi@cbhnp.org) indicating **clearly and boldly** that the files placed on the secure website are for testing purposes only. Please include a brief description of the business scenario for which you are testing.

Production File Processing of Claims Files

Files received for processing at the CBHNP secure website site must pass initial edits before being uploaded to the claims system. The initial edits will be completed within one to two business days of receipt of the file. As it passes through these edits, Error or Warning messages will be generated. Error Codes begin with “E” and are those abnormalities consisting of missing or invalid data that would make it impossible to accurately adjudicate the claim and give a paper EOB or an electronic 835 response. Warning Codes begin with “W” and indicate that the claim can be adjudicated but may result in a denial due to missing/invalid data or that will require manual intervention in order to process.

5% Error Rule

If the percentage of claim lines with Errors or Warnings (the Error Rate) in a single file is less than 5%, claim lines with Errors will be removed from the file. Claims with warnings only and claims without warnings will be processed and will show up on the next EOB or 835 response. Service lines with warnings can sometimes be manually matched and adjudicated resulting in payment. The warning, however, indicates the service line is more likely to deny and contains a possible data irregularity that should be fixed for future claims. Please note that Warnings DO contribute to the Error Rate Percentage.

If the Error Rate is greater than 5%, the **entire** file will be rejected. Please note that when a file is rejected **none** of the claims data is processed for payment. In other words, the file ***in its entirety*** is rejected. At the sole discretion of the EDI Coordinator, under certain circumstances, CBHNP may decide to accept a file even though the Error Rate exceeds 5%. If submitting a file for which greater than 5% errors are expected due to circumstances such as unauthorized services, and you would like the 5% error rule waived in order to receive a denial, please indicate such in the email notification when you submit the file.

All service lines in a rejected file, and all service lines with an Error Code (“E” Code) in an accepted file, must be resubmitted under a different name. (See ‘Production Files Naming Convention’.) These claims must be resubmitted to CBHNP within 5 business days or CBHNP will not be responsible for any claims denying because of “Claims Received after Billable Period”, which is receipt of a claim after 60 days from the date of service. In other words, 65 days from the date of service is granted if the original submission occurred within 60 days from the date of service. Any appeals due to this policy should be sent to Jan Baty; Director of Claims, CBHNP; 8040 Carlson Road; PO Box 6600; Harrisburg, PA 17112 or Jbaty@cbhnp.org.

To minimize errors please ensure the authorization number entered on the claim is correct. If you need to add units to your authorization, please call Member Services at 888-722-8646.

Processing Confirmation Report

A “**Processing Confirmation**” report of the validation results will be saved to a text file and placed on the CBHNP secure website within one to two business days of file receipt. The name of the file will be your original file name with a suffix of ‘_rpt’. Once the Trading Partner receives the validation results detailing the claims that were removed, it will be the responsibility of the Trading Partner to correct the extracted claims and resend them to CBHNP in a timely manner. CBHNP is not responsible for any untimely billing denials for claims rejected due to electronic data interchange errors or failures.

Once the file has been accepted through the initial edit process, the file will be submitted to the claims adjudication process, which will take approximately 3 business days.

Please Note: Total processing of an 837 EDI Claim file may take up to 5 business days. CBHNP’s check processing takes an additional 5 business days. The data cutoff for claims to be included in the check processing is at the end of business on the Friday before the checks are distributed. In order for a file to be included in the next check run, files must be received by two Mondays before the check issue date. For example, when referring to the sample calendar below, if the 20th is the date of the next check distribution, files should be submitted by Monday morning, the 9th in order to be certain the approved claims are included in the next payment.

| Sun | Mon | Tue | Wed | Thu | Fri | Sat |
|-----|-----|-----|-----|-----|-----|-----|
| 8 | 9 | 10 | 11 | 12 | 13 | 14 |
| 15 | 16 | 17 | 18 | 19 | 20 | 21 |

Error Code Table

Below is a list of the error messages that may be returned to the Trading Partner on the Processing Confirmation Report. This list is not all inclusive and is subject to change. If you require a complete and current listing of error codes, send an e-mail to edi@cbhnp.org. A sample Processing Confirmation Report is also shown. The submitted Claim line number, Member Name, Medical Assistance Number, Beginning Date of Service, Procedure/Revenue Code and Authorization Number are included on the Processing Confirmation Report to assist in researching rejected claims.

| Code | Message | Description |
|-------------|---|--|
| E101 | Billing Provider EIN is missing | Each 2000A Loop must contain a Billing Provider EIN. |
| E102 | Missing member last name | Member last name is required. |
| E103 | Missing member first name | Member first name is required. |
| E104 | No claims submitted for this subscriber | Each 2000B Loop must contain at least one 2300 Loop. |
| E105 | Corrected Claims (Claim Frequency Type Code of 6) | CBHNP does not accept claim corrections via EDI. |
| W106 | Missing authorization number | Authorization numbers are recommended and if missing, count in the 5% error rate. |
| E107 | Missing principle diagnosis | Diagnosis is a required data element. |
| E108 | No service lines found for this claim | Each 2300 Loop must contain at least one 2400 Loop. |
| W109 | Missing Type of Service | Type of Service is a required data element. [This is required until implementation of PROMISE requirements is complete.] |
| E110 | Missing or invalid Date of Service | Date of Service must contain a legitimate date. |
| E111 | Invalid or missing charge amount | Charge Amount is a required data element. |
| E112 | Missing Procedure Code/Revenue Code | Procedure Code is a required data element. |
| E113 | Units are zero or missing | “Units” is a required data element. |
| W114 | Authorization number is invalid | An authorization number was provided but it does not match any authorization on record. |
| E115 | Authorization number is not for this member | Authorization number is valid but it is not for the subscriber listed. |
| E116 | Member MA Number is invalid | Medical Assistance Number provided does not match any number in the CBHNP system. |
| E117 | Principle Diagnosis Code is not ICD-9 Code | A valid ICD-9 diagnosis code is a required data element. |
| W118 | Invalid Provider Type | An invalid Provider Type was supplied. |
| W119 | Invalid Type of Service | An invalid Type of Service was supplied on an 837 Professional claim. |

| | | |
|------|--|--|
| W120 | Invalid Service Place | An invalid Place of Service was supplied on an 837 Professional claim. |
| E121 | Invalid Procedure Code/Revenue Code | A valid Procedure Code/Revenue Code is required. |
| W122 | Invalid Provider Type / MA Number combination | An invalid Provider Type, Provider MA number combination was supplied for this provider. |
| W123 | Invalid ProvType,SvcType,SvcPlace,ProcCode combination | A Provider Type, Type of Service, Place of Service, HCPCS code combination was supplied that does not match the combination authorized or does not match the HealthChoices Reporting Classifications Requirements. |
| W124 | Missing required second modifier | The procedure code submitted requires an additional modifier to be adjudicated accurately. |
| W125 | Invalid second modifier | The procedure code modifier submitted is not valid for this service. |
| W126 | Unnecessary second modifier | A modifier was submitted for a service that does not use a modifier. |
| E127 | Billing Provider Identifier is missing | The Billing Provider Identifier holds the provider type and MA Number and must be provided in the file. |
| E128 | Billing Provider Identifier is invalid | A Billing Provider Identifier was provided but does not match any Provider Type / MA Number on record. |
| E129 | Authorization number not for this submitting provider | A valid authorization number was submitted but it does not match any authorization on record for this provider. |
| E130 | Member MA Number is missing | Member Medical Assistance Number is a required data element. |
| E131 | Ending Date of Service before Beginning Date | The dates of service provided on an 837 Institutional claim must be logical. |

| | | |
|------|---|--|
| E132 | Units do not equal days in service period | The number of units submitted does not match the number days between the beginning date of service and the ending date of service on an 837 Institutional claim. Units should calculate as End Date – Beginning Date + 1. CBHNP does not pay for the Discharge date. |
| E133 | Service line contains multiple days | If a professional claim (837P) and if RD8 is sent in DTP02, the DTP03 ‘From’ date must equal the ‘To’ date. A range of days is not permitted on professional claims because units must be reported on a single date basis. |
| E134 | Missing Diagnosis pointer | Service line must contain a diagnosis pointer that substantiates the treatment supplied. |
| W135 | Missing Attending Physician State License Number | The state license number of the attending physician is required on Inpatient claims. |
| W136 | Missing Patient Status Code | The Patient Status Code on the end date of service must be present on Inpatient claims. |
| W137 | Invalid Patient Status Code | On Inpatient claims, the Patient Status Code on the end date of service must be one of the following valid DPW codes: 01, 02, 03, 04, 05, 06, 07, 09, 20 or 30, 43, 50, 51, 61, 62, 63, 64, 65, 66, 71, 72. |
| W139 | Invalid Bill Type Code | Facility Code Value and Claim Frequency Type Code must be valid. |
| W140 | Bill Type Code does not match Patient Status Code | Claim Frequency Type Code and Patient Status Code are contradictory. |
| W141 | Missing Discharge Hour | Discharge hour must be present on Inpatient claims where the patient discharge status code is not 30. |
| E142 | Units do not equal Covered Days | On inpatient claims, the units do not equal the covered days. |
| E143 | Invalid Attending Physician State License Number | Attending Physician State License Number is required on inpatient claims. |



CBHNP PROCESSING CONFIRMATION REPORT

File : prov20040519s1.txt
Processed Date : 5/19/2004 16:01
Subscribers : 27
Claims : 38
Service Lines : 253
Service Lines w/errors : 5
Error Percent : 2.0%
Total Charges : \$39,886.00
Service Lines to Reject: 5
Charges to Reject : \$797.72
Charges Passed : \$39,088.28
This file is being ACCEPTED in part because the percentage of service lines containing warnings or errors that would prevent CBHNP from adjudicating the claim was 5% or less. Any service lines with an error code beginning with 'E' will be removed from the file before processing. Please review these claims and resubmit them to us in a new file within 5 business days to avoid denials for untimely billing. If you have any questions, feel free to contact 'Edi Processor' at 717-671-6500.

Service Line Level Errors:

Table with 8 columns: Claim#, Member, Member MA, From Date, ProcCode, Mod, Auth #, Error. Rows include claim details for HARRY, JANE, GEORGE, and JOAN.

Error Code Definitions:

- E101 Billing Provider EIN is missing
E102 Missing member last name
E103 Missing member first name
E104 No claims submitted for this subscriber
E105 Corrected Claims (Claim Frequency Type Code of 6)
W106 Missing authorization number
E107 Missing principle diagnosis
E108 No service lines found for this claim
W109 Missing Type of Service
E110 Missing or invalid Date of Service
E111 Invalid or missing charge amount
E112 Missing Procedure Code/Revenue Code
E113 Units are zero or missing
W114 Authorization number is invalid
E115 Authorization number is not for this member
E116 Member MA Number is invalid
E117 Principle Diagnosis Code is not ICD-9 Code
W118 Invalid Provider Type
W119 Invalid Type of Service
W120 Invalid Service Place
E121 Invalid Procedure Code/Revenue Code
W122 Invalid Provider Type / MA Number combination
W123 Invalid ProvType,SvcType,SvcPlace,ProcCode combination
W124 Missing required second modifier
W125 Invalid second modifier
W126 Unnecessary second modifier
E127 Billing Provider PIN is missing
E128 Billing Provider PIN is invalid
E129 Authorization number not for this submitting provider
E130 Member MA Number is missing
E131 Ending Date of Service before Beginning Date
E132 Units do not equal days in service period
E133 Service line contains multiple days
E134 Missing Diagnosis pointer
W135 Missing Attending Physician State License Number
W136 Missing Patient Status Code
W137 Invalid Patient Status Code
W139 Invalid Bill Type Code
W140 Bill Type Code does not match Patient Status Code
W141 Missing Discharge Hour
E142 Units do not equal Covered Days

Please note: Only warning and error codes applicable to the individual report will be listed. This sample report contains a more comprehensive listing of warning and error codes, but is not all inclusive.

Rebill & Paper Submission Guidelines

CBHNP **strongly prefers** receiving replacement or voided claims, as well as claims that require a paper attachment such as an EOB be submitted on paper until notified otherwise. Please note that rebills of claims denied in full will receive a new claim number. The following chart is intended to guide you in whether a claim is requested on paper.

| | <i>PAPER</i> | <i>837</i> |
|---|--------------|------------|
| COB / EOB / ATTACHMENT | X | |
| ORIGINAL, Standard Claim | | X |
| REBILL, DENIED IN FULL | | X |
| REBILL, PARTIALLY PAID (corrected claim) | X | |
| VOID Claim (give money back) | X | |
| Appeals | X | |

997 Functional Acknowledgement

CBHNP does not intend to use the 997 as an acknowledgement of receipt. CBHNP will email notifications to the email address on your Point of Contact sheet.

Disclaimer

The material contained within this document may contain inaccuracies or typographical errors. User acknowledges that reliance on this document will be at the User's own risk. All material in this document is subject to change. Please check CBHNP's website (www.cbhnp.org) for updates.

End of Document; Appendix I and II attached.

Appendix I

Point of Contact Sheet

Date: _____

This Point of Contact Sheet is an...

- Original Point of Contact Sheet
- Updated Point of Contact Sheet

*If information changes, please send an updated Point of Contact Sheet.

Are you a...

- Provider
- Clearinghouse

| EDI Files will be submitted on behalf of... (Organization Name) | Parent or Subpart | National Provider Identifier (NPI) | Taxonomy Code(s) (List all that apply) | PROMISe Assigned Medicaid Number |
|---|---|------------------------------------|--|----------------------------------|
| | <input type="checkbox"/> Parent <input type="checkbox"/> Subpart | | | |
| | <input type="checkbox"/> Parent <input type="checkbox"/> Subpart | | | |
| | <input type="checkbox"/> Parent <input type="checkbox"/> Subpart | | | |

Please include a separate sheet for additional Organizations/Subparts.

1st Contact

Name: _____

Address: _____

Telephone Number: _____

Fax Number: _____

Email Address: _____

2nd Contact:

Name: _____

Address: _____

Telephone Number: _____

Fax Number: _____

Email Address: _____



Transaction Types

Organization will send to CBHNP the following transaction sets:

- ___ 837 Health Care Claim: Institutional
- ___ 837 Health Care Claim: Professional

Returned Transactions

Organization expects the following transactions returned to them.

- ___ CBHNP Processing Confirmation Report
- ___ 835 Health Care Claim Payment/Advice (upon upgrade of CBHNP's system which allows CBHNP to generate the 835)

Testing:

Estimated date to send first testing file to CBHNP: _____

Secure Website Information:

Desired User name: _____

Desired Password (minimum 8 characters – maximum 15 characters): _____

****Please note that the password is case sensitive when logging on. The username is not case sensitive.***

Appendix II

Trading Partner Agreement

The Trading Partner Agreement (“Agreement”) is made on this _____ day of _____, 20__ (the “Effective Date”), by and between _____ (“Trading Partner”), whose Federal Employer Identification Number (FEIN) is _____, and with Community Behavioral Healthcare Network of Pennsylvania, Capital Area (CBHNP).

The Trading Partner intends to conduct CBHNP transactions in electronic form. Both parties acknowledge and agree that the privacy and security of data held by or exchanged between them is of utmost priority. Each party agrees to take all steps reasonably necessary to ensure that all electronic transactions between them conform to the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and regulations promulgated thereunder. The parties agree as follows:

1. General Obligations.

- 1.1 **Communications.** The Companion Document sets forth specifications for establishing connectivity with and transmitting transactions with CBHNP. Trading Partner will notify CBHNP in the manner specified in the Point of Contact Sheet (Appendix I) once the transaction sets have been placed on the secured website for processing. CBHNP will acknowledge receipt in the manner specified in the Point of Contact Sheet and will send notification to Trading Partner once transaction sets have been processed and placed on the secure website for pick up. Trading Partner agrees to satisfy these requirements.
- 1.2 **Testing Requirements.** The Companion Document sets forth the testing requirements that Trading Partner and/or its contractors and/or agents must implement and/or complete prior to submitting live, production transactions to CBHNP. Trading Partner agrees to satisfy these requirements.
- 1.3 **Supplementary Guide Specifications.** The Supplemental Guide sets forth the specifications of those elements that benefit from the clarification of CBHNP's specific expectations and requirements to adjudicate a claim (in hierarchical loop outline) as well as all elements that crosswalk to the HCFA-1500 form. CBHNP has the right to amend the Supplemental Guide and/or provide additional supplemental specifications to Trading Partner from time to time. Trading Partner shall be required to implement such amendments and additions within thirty (30) calendar days following CBHNP publication of same, unless a shorter period is necessary to conform to applicable laws and/or regulations.
- 1.4 **Security Requirements.**
 - (a) Each party will take reasonable care to ensure that the information submitted in each transaction is timely, complete, accurate and secure, and will take reasonable precautions to prevent unauthorized access to: its own and the other party's transmission and processing systems; the transmissions themselves; and the control structure applied to transmissions between them.
 - (b) Each party is solely responsible for the preservation, privacy and security of data in its possession, including data in transmission received from the other party and other persons. If either party receives

from the other data not intended for it, the receiving party will immediately notify the sender to arrange for its return, re-transmission, or destruction, as the other party directs.

(c) The parties cannot change the data elements or standards for the transactions.

1.5 **Costs and Expenses.** Each party shall be responsible for any and all costs and expenses related to such party's compliance with the Transaction Regulations, any applicable Implementation Specifications and the terms of this Agreement. Further, each party shall be responsible for all costs, charges and fees it may incur in connection with transmitting and receiving Transactions.

2. **Termination.**

2.1 **Effect of Termination.** This agreement shall remain in effect until one party provides written notice of termination to the other, and thirty (30) days have elapsed following the other party's receipt of the notice. Termination or expiration of this Agreement or any other contract between the parties does not relieve either party of its obligations under this Agreement and under federal and state laws and regulations pertaining to the privacy and security of Individually Identifiable Health Information nor its obligations regarding the confidentiality of proprietary information.

2.2 **Limit of Liability.** Neither party shall be liable to the other for any direct consequential, incidental, indirect, exemplary, special or punitive damages, regardless of whether the claim giving rise to such damages is based upon breach of warranty, breach of contract, negligence, tort, or other theory of liability, even if a party has been advised of the possibility thereof.

IN WITNESS WHEREOF, CBHNP and Trading Partner have caused this Agreement to be signed and delivered by their duly authorized representatives as of the date set forth above.

On behalf of CBHNP

Trading Partner _____

By: _____

By: _____

Print Name: _____

Print Name: _____

Title: _____

Title: _____