



Department of  
Job and Family Services

## Electronic Data Interchange Trading Partner Information Guide



# Department of Job and Family Services

## Contact Information

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# Department of Job and Family Services

## Disclosure Statement

The information contained in this guide is meant to provide assistance regarding the electronic submission of health information to the Ohio Department of Job and Family Services (ODJFS). The sole purpose of this document is to provide guidance to entities who wish to become a trading partner. Every effort has been made to assure the information in this guide conforms to current requirements of the law. Each Medicaid provider and trading partner has the ultimate responsibility to follow federal and state laws, including the [Ohio Administrative Code](#). All users of this guide are advised to review these legal requirements with their legal counsel.



## Preface

The **EDI Trading Partner Information Guide** presents the basic requirements for planning and implementing an EDI-based system for the exchange of ASC X12 transactions with Ohio Medicaid. This guide includes information about connectivity, testing parameters, production authorization parameters, and additional information that the new or experienced trading partner will find useful when starting and maintaining an EDI relationship with the ODJFS.

The guide is designed to be used in conjunction with the X12 HIPAA Implementation Guides dated May 2000, the Addenda adopted October 2002, and other ASC X12 acknowledgement transactions. In addition, ODJFS has developed [Companion Guides](#) to be used in tandem with the X12 HIPAA Implementation Guides. The Companion Guides are compliant with both the X12 syntax and the HIPAA guides.

Each Companion Guide is intended to convey information that is contained within the framework of the ASC X12 Implementation Guides adopted for use under HIPAA. The Companion Guides are not intended to convey information that in any way exceeds the requirements or usages of data expressed in the ASC X12 Implementation Guides.

## Hewlett Packard (HP)

ODJFS partners with HP to receive all HIPAA X12 transactions that are directed to Ohio Medicaid. HP forwards all response transactions from Ohio Medicaid.

HP is an information services company that provides HIPAA EDI transaction communication and security services for Ohio Medicaid. The software utilized by HP is optimized for healthcare transactions as defined by HIPAA Transaction and Code Sets standards.

All transactions are moved via secure Internet transmission using encryption as approved by the Centers for Medicare and Medicaid Services (CMS). HP has implemented two URLs, one for test and one for production:

- Testing environment: <https://www.cert.oh.business-exchange-eds.com>
- Production environment: <https://www.prod.oh.business-exchange-eds.com>



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## Introduction

The purpose of this guide is to provide the information necessary to exchange business documents electronically with ODJFS in ASC X12 standard formats.

## References

In addition to the resources available on the [ODJFS Trading Partner](http://jfs.ohio.gov/ODJFS_Trading_Partner) website at: <http://jfs.ohio.gov/OHP/tradingpartners/info.stm>, there are other websites that contain helpful information to assist in the implementation of the electronic data interchange process. The links to these websites are listed below and are separated by category for easy reference.

### EDI Basics

For information about EDI software and services, see [1EDI Source, Inc.](#)

### Government / Associations

- Center for Medicare and Medicaid Services: <http://www.cms.hhs.gov>
- Answers to Frequently Asked Questions: <http://www.cms.hhs.gov/hipaa/hipaa2/>
- HHS Office for Civil Rights (Privacy) <http://www.hhs.gov/ocr/hipaa/>
- WEDI SNIP: Workgroup for EDI, Strategic National Implementation Process: <http://www.wedi.org/snip/>
- CMS website for NPI: <http://www.cms.hhs.gov/NationalProvIdentStand/>

### ASC X12 Standards

- Washington Publishing Company - <http://www.wpc-edi.com/>
- Data Interchange Standards Association - <http://disa.org/>
- American National Standards Institute - <http://ansi.org/>
- Accredited Standards Committee – <http://www.x12.org>

### Ohio Department of Job and Family Services

- ODJFS web site - <http://jfs.ohio.gov>
- Ohio Health Plans (OHP) website - <http://jfs.ohio.gov/ohp/>
- ODJFS Communication/Security partner – <http://www.eds.com>

### EDI Support

- Email: [MMIS-EDI-Support@jfs.ohio.gov](mailto:MMIS-EDI-Support@jfs.ohio.gov) and Phone: (614) 387-1212

## Implementation Checklist

Additional information for each document referenced in this list, is contained in this guide.

1. Review the ODJFS Trading Partner Information Guide
2. Review the HIPAA published Implementation Guides with Addenda (HIPAA Guides, May 2000; Addenda, October 2002) on the [Washington Publishing Company's](#) website.
3. Review the [ODJFS Companion Guides](#)
4. Coordinate the testing strategy with your internal IT and business units.
5. Complete and submit the [Medicaid Trading Partner Profile form](#) (JFS 01957).
6. Print two copies of the [Ohio Department of Job and Family Services Electronic Data Interchange Trading Partner Agreement](#). Complete both agreements, with original signatures and mail both to:  
Ohio Department of Job and Family Services  
Office of Contract and Acquisitions  
Trading Partner Agreements  
30 East Broad Street, 31<sup>st</sup> Floor  
Columbus, Ohio 43215
7. Complete mapping and coding requirements for selected translator software.
8. Verify your Medicaid Trading Partner Number. This number will be your Sender/Receiver User ID.
9. Verify password(s) and ID's for connectivity as outlined in the Connectivity Information section of this guide.
10. Verify your list of Medicaid Providers.
11. Generate and submit EDI data for end-to-end testing in the test environment. Test files should contain a minimum of 50 claims and a maximum of 500 claims.
12. Verify your 997 functional acknowledgement, 824 application advice, 835 remittance advice, and/ or U277 claim status in the test environment.



## Becoming a Trading Partner

### Trading Partner Definition

A trading partner, as defined in the Ohio [Administrative Code \(OAC\) 5101:3-1-20.1](#) Electronic data interchange (EDI) trading partner definitions and criteria to enroll as an EDI trading partner, is a covered entity (CE) that submits/receives electronic transactions in its role as an eligible provider for purposes directly related to the administration or provision of medical assistance provided under a public assistance program.

A covered entity, as defined in 45 Code of Federal Regulations (CFR) 160.103, is a health plan, a health care clearinghouse, or a health care provider that transmits health care information in an electronic format in connection with a transaction covered by OAC 5101:3-1-20.1.

Only trading partners that are actively submitting 837 health care claim transaction sets may submit and receive the 270/271 and the 276/277 transaction sets as outlined in [OAC 5101:3-1-20.2](#) Responsibilities related to the submission of claims via electronic data interchange (EDI) (except for services provided through a Medicaid managed care program).

### Getting Started

Entities meeting the definition of a trading partner may enroll and submit EDI transactions recognized by ODJFS by completing the following as stipulated in [OAC 5101:3-1-20.2](#) Responsibilities related to the submission of claims via electronic data interchange (EDI) (except for services provided through a Medicaid managed care program).

- [Medicaid Trading Partner Profile Form](#) (JFS 01957)
- [Electronic Data Interchange \(EDI\) Trading Partner Agreement](#)
- Designation of 835 or 834-820 Trading Partner (JFS-06306).

### Medicaid Trading Partner Profile Form

ODJFS requires that the [Medicaid Trading Partner Profile](#) form JFS 01957 be submitted. The information requested on the form includes:

- Company name and tax ID
- Primary contact for the trading partner (the person who submits EDI files)
- Secondary contact as a backup for the primary point of contact or as a business contact
- Third contact for technical support (such as a software vendor)
- ASC X12 transaction sets and version selection.

The form can be completed and submitted online or faxed to (614) 644-8989.

If any of your contact information changes, please resubmit the form to ensure your profile remains current. The auto reset function for password resets is linked to the contacts on file for your company so it is imperative that the contacts on file are correct.

### Electronic Data Interchange (EDI) Trading Partner Agreement

An [EDI Trading Partner Agreement](#) is a contract between parties who have chosen to become electronic business partners. The EDI Trading Partner Agreement stipulates the general terms and conditions under which the partners agree to exchange information electronically. The document defines participant roles, communication, and security requirements.



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Complete the agreement and send two signed copies of the Agreement to:

Ohio Department of Job and Family Services  
Office of Contract and Acquisitions  
Trading Partner Agreements  
30 East Broad Street, 31<sup>st</sup> Floor  
Columbus, Ohio 43215

Once the Agreement is processed, the CE is assigned a trading partner number and is notified via email from the MMIS EDI Support unit.

## **Designation of 835 or 834-820 Trading Partner (JFS-06306)**

This [form](#) is required if the trading partner receives the 835 remittance advice on behalf of each of the trading partner's clients.

### **Section I**

Must be completed by the Ohio Medicaid provider (a.k.a. the client) and must include the provider's authorized signature.

### **Section II**

Must be completed by the Ohio Medicaid provider (a.k.a. the client) when there is a change to verify the trading partner designated in Section III is the exclusive recipient of the ANSI ASC X12-4010A1 835 Remittance Advice.

### **Section III**

Must be completed by the trading partner and must include an authorized signature. The trading partner must mail or fax the completed form to the ODJFS Bureau of Information System Support MMIS EDI Support unit (address and fax number are displayed on the form).



## Testing Information for 835 Only Trading Partners

An entity requesting to receive the 835 remittance advice only must submit all of the forms in order to become a trading partner with ODJFS, as specified in the Getting Started section of this guide. A seven-digit Ohio Medicaid trading partner number will be assigned to be used as the receiver ID in the transmission process.

### Notification by ODJFS

When a Medicaid Trading Partner Profile form and Trading Partner Agreement are received by the department, testing can begin.

1. ODJFS will notify you with a User ID and password and assist in initially logging into the system.
2. ODJFS will send a test 835 file to your "out" folder. This file should be used to ensure you are ready to receive a production 835 file.
3. When you are confident that the 835 file can be translated correctly, contact [MMIS-EDI-Support@jfs.ohio.gov](mailto:MMIS-EDI-Support@jfs.ohio.gov) and inform the unit of your production readiness.



## **Testing Information to Receive the 834-820 Monthly Member Roster/Premium Pay**

Managed care organizations that must receive the 834-820 Monthly Member Roster/Premium Payment Advice must submit all of the forms to become a trading partner with ODJFS, as specified in the Getting Started section of this document. A seven-digit Ohio Medicaid trading partner number will be assigned to be used as the sender/receiver ID in the transmission process.

### **Notification by ODJFS**

Your primary contact will be notified via email when all of the required forms are submitted to the MMIS-EDI-Support unit. Complete instructions for connectivity, testing, and moving to production.



## Connectivity Information

The HP Communication Security System (CSS), provided by HP Business Exchange Services (BES), ensures the security and privacy of ePHI data being transmitted to ODJFS by its trading partners over the Internet.

In order to provide the greatest flexibility without compromising security, two choices of secure file transfer protocols are acceptable:

- Web File Transfer System – HTTP over SSL (HTTPS) provides a set of interactive secure web screens for file submission and retrieval.
- File Transfer Protocol using SSL (FTPS) – FTPS is an extension of the original FTP protocol which adds encryption of the command and data channels via SSL/TLS.

If a trading partner intends to submit files in a manual or unscheduled manner, the web portal, HTTPS method is the most desired method. Trading partners requesting to interact systematically can use FTPS.

### Connecting to the Web File Transfer System Using the Website (HTTPS)

The Web File Transfer System allows trading partners to interface with ODJFS over the public internet using a web browser. HTTPS allows the trading partner to:

- Submit files to ODJFS
- Retrieve files from ODJFS.

In order to access the Web File Transfer System, trading partners are required to use Microsoft Internet Explorer 6.0 or higher with 128-bit encryption. The browser must be configured to accept cookies.

The test and production environments will be available through different secure (HTTPS) internet addresses:

- Testing environment: <https://www.cert.oh.business-exchange-eds.com>
- Production environment: <https://www.prod.oh.business-exchange-eds.com>

Detailed information and instructions for using the Web File Transfer System can be found in the Web File Transfer System User Guide available on the trading partner website.

### Passwords for HTTPS Connections

After a trading partner has passed testing and is authorized to send electronic claims use the directions below to log onto the Web File Transfer System for the first time:

1. Scroll down to **Forgot your password** on the homepage and select **Click [HERE](#) for password reset**.
2. Enter your seven-digit trading partner number in the **User ID** field.
3. Enter the email address on file with ODJFS in the **e-Mail Address** field. A new temporary password is sent to that email account.

When the trading partner returns to the login screen and logs in using the new temporary password, the system will display a message that the password entered has expired and prompt you to set a new password. Passwords expire and must be reset every 30 days.

**Note:** The contact information for your company must be current in order to have the ability to reset your password. If the contact person(s) for your company changes, please enter “new contacts” in the **Comments** section of the [Trading Partner Profile Form](#) and submit it online.



## Connecting to the Web File Transfer System Using FTP Over SSL Protocol

A username and unique password for each trading partner will be generated by HP at the time the account is created.

The production and test systems can be accessed from the Internet through different hostnames:

- Testing environment: cert.oh.business-exchange-eds.com
- Production environment: prod.oh.business-exchange-eds.com

If the FTPS client computer is not able to resolve Internet hostnames, updates to the client host table may be required. Please contact [MMIS-EDI-Support@ifs.ohio.gov](mailto:MMIS-EDI-Support@ifs.ohio.gov).

### Passwords for FTP over SSL Connections

Trading partners using FTP over SSL are assigned a password to connect to the Web File Transfer System by the MMIS EDI Help Desk. FTP passwords expire annually.

### Guidelines for using FTP over SSL Protocol

To provision your system to use the FTPS protocol, follow the guidelines outlined below:

- The TCP port used for FTPS for both the production and testing environments will be 3001. This port will not be 21.
- Passive mode must be specified for the file transfers under FTPS. The range of ports allocated for the FTPS data connection is 65000 – 65534.
- Unless outbound Internet access is unrestricted from the client computer, any firewall between the client computer and the HP server should be configured to allow traffic on the TCP connection port and TCP ports to allow passive mode.

### FTPS File Naming Conventions for Inbound Files

To protect a trading partner from partial files being accepted, a naming convention during submission must be followed. Files in the process of being transferred must have an .lck extension. Once a file has successfully been transferred by the trading partner, the .lck extension must be removed by the trading partner before HP can accept the file.

HP does not require a naming standard for file names. Files will be renamed and moved once received.

### FTPS File Naming Conventions for Outbound Files

All outbound files available for download are created individually with the following naming convention: **UUUUUUU.SSSSSSS.DDDDDDD.EEE** as described in the table below.

Naming Convention	Description
UUUUUUU	ODJFS assigned trading partner ID. The ID is a seven-digit number
SSSSSSS	EDS submission ID
DDDDDDD	EDS file ID
EEE	Transaction type

Files will remain available for retrieval for 14 days after posting, unless the files are explicitly deleted by the trading partner.



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## **FTPS Directory Structure**

A file structure is maintained for each trading partner using the FTPS protocol. At login the system displays the “in” and “out” folders. To submit a file, upload the file to the **in** folder. To pick up response files, download the file from the **out** folder.

## **EDI Identifiers**

Your Submitter ID, like your User ID is your seven-digit trading partner number. This number is assigned to you by ODJFS, and is used in both the ISA and GS segments. Refer to the [ODJFS Companion Guides](#) for more information about the ISA and GS segments.



## **Data Formatting**

All objects including \*.837, \*.997 files can either be wrapped or unwrapped, which means the files must contain carriage return/line feed control characters at the end of every line or the data in the files must be streamed to be processed. The method chosen must be consistent throughout the entire file.

### **ANSI X12 Formatting**

The EDI objects must strictly adhere to the structure, syntax, and semantic requirements as specified in the ASC X12 National Standard, HIPAA legislation, and as provided in the ODJFS Companion Guides.

### **American Standard Code for Information Exchange Formatting**

ODJFS does not accept EBCDIC files. All data transfers are expected to be in the American Standard Code for Information Exchange (ASCII) format.



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## **Customer Service**

Customer Service (CSS) is available 8:00 a.m. – 5:00 p.m. (ET/EST), Monday through Friday.

## **Scheduled Maintenance**

Scheduled maintenance for the Communication and Security system is the 1<sup>st</sup> and 3<sup>rd</sup> Sunday of each month, from 6:00 p.m. – 10:00 p.m. ET. Trading partners are notified in advance of any additional maintenance outages.

## Control Segments/Delimiters

Electronic envelopes control and track communication between trading partners. One envelope may contain many transaction sets grouped into functional groups. ODJFS expects one functional group (GS) per outer envelope (ISA) as defined by the GS08 element. For more information, see the [ODJFS Companion Guides](#).

### ISA Segment

The ISA segment is the beginning, outermost envelope of the Interchange Control Structure. It contains authorization and security information. ODJFS does not require authorization and security information in the ISA.

The ISA also identifies the following:

- Sender
- Receiver
- Date and Time
- Interchange Control Number
- Version
- Control Identifier
- Test or Production Flag
- Sub-element separator.

**Note:** The Interchange Control Number (ISA13) must be unique within a day's transmission. The Test or Production Flag (ISA15) must be a **T** for Test. Only use **P** for Production.

For more information about the ISA segment, see the [ODJFS Companion Guides](#).

#### **Example of the ISA Segment for a Test File**

```
ISA*00*.....*00*.....*ZZ*7.DIGIT.ID.....*ZZ*MMISODJFS.....*031016*2300*U*00401*000000  
001*0*T*::~~
```

#### **Example of the ISA Segment for a Production File**

```
ISA*00*.....*00*.....*ZZ*7.DIGIT.ID.....*ZZ*MMISODJFS.....*031016*2300*U*00401*000000  
001*0*P*::~~
```

### Transaction Acknowledgement (TA1)

A TA1 is returned if the ISA14 is denoted with a number 1. It is simply a reply that acknowledges an interchange or transmission has been sent. For more information about the TA1, see [TA1 Transmission Acknowledgement](#) on the [ODJFS Trading Partner](#) website, or see the [TA1 Transmission Acknowledgement](#) section in this document.

### GS Segment

The GS segment identifies the collection of transaction sets that are included in the Functional Group. The GS segment identifies the following:

- Functional Group
- Sender
- Receiver



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- Date and Time
- Functional Group Control Number.

The GS08 identifies the type of transaction sets contained within the Functional Group envelope. ODJFS expects only one type of transaction set within a GS envelope. The GS-GE requirements are defined in the [ODJFS Companion Guides](#).

ODJFS returns a 997 Functional Acknowledgement for every GS envelope received.

## Delimiters

ODJFS accepts the standard delimiters as defined by the ANSI standards. The delimiters in the table are recommended.

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



## Testing

The test environment replicates the production environment. A test file from a potential trading partner should be created by the same means that the production file is created. EDI testing includes:

- Network connectivity (the communications gateway)
- Standards compliance (EDI translation)
- Business process integrity (applications software).

## Transmission Files

Trading partners must submit separate transmissions for 837 Professional, 837 Institutional, and 837 Dental files. Each transaction type is tested separately.

## Creating a Test File

A test file must contain valid Ohio Medicaid data, in addition to meeting all ASC X12 and HIPAA requirements. ODJFS recommends submitting claims that have been previously paid by Ohio Medicaid.

## Phases of Testing

The ODJFS daily test cycle includes three phases. The phases include:

- Connectivity and HIPAA compliance
- ODJFS pre-processing
- Adjudication.

### Phase I Connectivity and HIPAA Compliance

Phase 1 tests for connectivity, EDI enveloping, and WEDI SNIP Testing Types 1, 2, 3, and 4 for the submission of the ANSI ASC X12N 837 Professional, Institutional, and Dental formats. A 997 Functional Acknowledgement is returned for file acceptance or rejection.

A rejected status (R) means that the entire file has failed translation (rejected for fundamental X12 or HIPAA errors), and needs to be reviewed, corrected, and resubmitted. None of the claims in a rejected file will be processed in adjudication.

An accepted status (A) in the AK5 and AK9 fields means the file passed translation and moves to Phase II. For more information about the 997, see the [997 Functional Acknowledgement](#) on the [ODJFS Trading Partners](#) website or see the [997 Functional Acknowledgement](#) section of this document.

### Phase I Testing Parameters

- At least three files per transaction type (837 Professional, Institutional, Dental) must pass Phase 1 testing. (OAC Rule 5101:-1-20.2, Paragraph C-1)
- Each file must have a minimum of 50 – 500 claims. (OAC Rule 5101:3-1-20.2, Paragraph C-2)
- All EDI files must completely pass X12 integrity testing. This checks basic X12 syntax. (OAC Rule 5101:3-1-20.2, Paragraph C-3)
- All EDI files must completely pass HIPAA syntactical requirement testing. This checks for syntax specifically related to HIPAA implementation guides. (OAC Rule 5101:3-1-20.2, Paragraph C-5)

- All EDI files must completely pass HIPAA situation testing. This checks to make sure all interdependent elements are present. (OAC Rule 5101:3-1-20.2, Paragraph C-5).

### **Phase II Pre-Processing and Phase III Adjudication**

Phase II tests for general information such as an invalid or missing submitter ID, an invalid recipient ID, a date of service after the file date of submission, etc., that would cause a claim to fail adjudication.

If these types of errors are encountered in Phase II, either an 824 Application Advice or an unsolicited 277 Claim Status will be returned for the claims that fail Phase II. A passing rate of 90% or greater of the claims submitted in the translated file will be considered a valid test file. All of the claims that pass Phase II will continue to Phase III.

Phase III tests adjudication. Detailed Medicaid edits are used to determine if a claim is paid or denied. In Phase III, an 835 Remittance Advice is returned to the submitter of the file. No warrants are issued during testing.

It is highly recommended that the trading partner review all denied claims in the corresponding Remittance Advice and Claim Adjustment Reason codes to determine the cause of any denials. Claim Adjustment Reason codes are sent in the CAS segment. A denial rate of 10% or less of the claims passing Phase II is considered appropriate for Phase III.

### **Phase II and Phase III Testing Parameters**

- Version - HIPAA X12N-4010 with October 2002 Addenda Version X12N-4010A1 ODJFS Companion Guide Version. The current version of the Companion Guides are posted on the ODJFS web site: <http://hipaa.ohio.gov/odjfs/> ([OAC Rule 5101:3-1-20.2](#), Paragraph D-1)
- Type of Service - A representative sampling of your business claims (types of service such as Ambulance, Home Health, Laboratory, Transportation, etc.) should be contained in the test file. ([OAC Rule 5101:3-1-20.2](#), Paragraph D-2)
- Additional Transaction Sets - A trading partner must be able to successfully receive and translate the 835 Remittance Advice, Unsolicited 277, the 824 Application Advice, the 997 Functional Acknowledgement transaction sets, and the TA1 segment. ([OAC Rule 5101:3-1-20.2](#), Paragraph D-3)
- Claims Count - Target Range: 50-500 Medicaid claims per type of transaction (Professional, Institutional, and Dental). ([OAC Rule 5101:3-1-20.2](#), Paragraph C-2)
- Date of Service - Date of Service for each claim cannot be any older than ten months prior to the test submission date. ([OAC Rule 5101:3-1-20.2](#), Paragraph D-4)
- Frequency of Test File Submission - One file per day per transaction type (one Professional, one Institutional, and one Dental) can be sent to the upload/download directory to be processed until those file(s) pass the translator with an Accepted 997 Functional Acknowledgement. ([OAC Rule 5101:3-1-20.2](#), Paragraph D-5)
- Re-submission – A file can be re-submitted using the same claims until 90% of the claims submitted pass the pre-processor (Phase II) and are sent to test adjudication (Phase III). This percentage must be reached for every transaction type being tested. ([OAC Rule 5101:3-1-20.2](#), Paragraph D-5)
- Number of Test Files - Three files of each transaction type must be fully tested (end-to-end), each file passing test Adjudication (Phase III) with no more than a 10% denial rate.

**Note:** Data should contain claims that are independent of previously sent test files. ([OAC Rule 5101:3-1-20.2](#), Paragraph D-6)



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- Reporting - 835 Electronic Remittance Advice - Limit claims for testing to those for whom you (the trading partner) are the designee to receive the 835. ([OAC Rule 5101:3-1-20.2](#), Paragraph D-7).

## Completing Testing Successfully

Successful completion of the testing is confirmed via e-mail and in a letter sent by the Production and Operations area of the Office of Information Services (OIS).

Once testing has been successfully completed and all of the documents are in place, the ODJFS MMIS EDI Support unit will contact the trading partner to begin submitting files for production.

## Moving to Production

OIS notifies potential trading partners with a beginning date to submit production files electronically once the requirements outlined below are complete:

- Meet all testing criteria for Phases I, II, and III, ([OAC Rule 5101:3-1-20.2](#), Paragraph E-1).
- Confirm 835 Remittance Advice destination with all clients (providers), ([OAC Rule 5101:3-1-20.2](#), Paragraph E-3).



## Submitting Claims in Production

The production process is designed to electronically accommodate the trading partner's regular submission of claims to ODJFS from delivery through adjudication.

**Note:** There is not a minimum number of claims that must be submitted per file. However, there is a maximum of 5000 claims allowed per file.

## Processing Claims

A payment warrant is issued to the provider according to the regular payment schedule. An online copy of the paper remit is available to the provider at the following website:  
<http://jfs.ohio.gov/OHP/providers/ran.stm> .

Disposition of claims after adjudication can be obtained by calling the Interactive Voice Response (IVR) system through Provider Network Management. (800-686-1516).



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## Contact Us

Both potential trading partners and trading partners in production can contact the EDI Support Desk at:

- Phone: 1-614-387-1212
- E-mail: [MMIS-EDI-Support@jfs.ohio.gov](mailto:MMIS-EDI-Support@jfs.ohio.gov)

For billing issues, contact the ODJFS Ohio Health Plans Provider Network Management at:

- Phone: 1-800-686-1516



## Transaction Sets and ODJFS Companion Guides

ODJFS will exchange the following transactions sets as defined by the insurance sub-committee of the ANSI ASC X12 as defined by the [Healthcare Insurance Portability and Accountability Act \(HIPAA\)](#) of 1996. The ODJFS Companion Guides are based on the May 2000 release of these guides, and include the October 2002 Addenda.

### 837 Health Care Claim

The 837 Health Care Claim transaction set can be used to submit health care claim billing information. It can be sent from providers of health care services to payers, either directly or via intermediary submitters and claims clearinghouses. It can also be used to transmit health care claims and billing payment information between payers with different payment responsibilities where coordination of benefits is required or between payers and regulatory agencies to monitor rendering, billing, and/or payment of health care services within a specific health care/insurance industry segment. For purposes of this standard, providers of health care services may include entities such as physicians, hospitals and other medical facilities or suppliers, dentists, and entities providing medical information to meet regulatory requirements. The payer refers to a third party entity that pays claims or administers the insurance product or benefit or both. For example, a payer may be an insurance company, health maintenance organization (HMO), preferred provider organization (PPO), government agency (Medicare, Medicaid, CHAMPUS, etc.) or a third party organization (TPO) that may be contracted by one of those groups. A regulatory agency is an entity responsible, by law or rule, for administering and monitoring a statutory benefits program or a specific health care/insurance industry segment.

To expedite the processing of data for Medicaid claims, please refer to the ODJFS Companion Guides for specific qualifiers/values that have been identified in designated fields. Coverage and limitations for each 837 guide are defined in the individual guides.

### 837 Dental

The Ohio Department of Job and Family Services (ODJFS) is replacing the American Dental Association (ADA) format for dental claims submitted on tape with the 837 Health Care Claim: Dental EDI format.

The EDI requirements for this transaction are defined in the companion guide available on the ODJFS website. (<http://jfs.ohio.gov/OHP/tradingpartners/info.stm> ) This guide is based on the 837 Health Care Claim: Dental Implementation Guide published by the X12N insurance sub-committee of the ASC X12, and is based on the published requirements mandated by HIPAA. Providers and health plans who trade dental healthcare claims electronically must use the ASC X12N 837 Health Care Claim: Dental standard. The ODJFS companion guide defines the data elements used by ODJFS processing and the data elements required by HIPAA. Many of the data elements for HIPAA are only required for particular types of claims or situations.

### 837 Institutional

The Ohio Department of Job and Family Services (ODJFS) is replacing the Universal Billing Standard Format (UB-92) for institutional claims submitted on tape with the 837 Health Care Claim: Institutional EDI format.

The EDI requirements for this transaction are defined in the companion guide available on the ODJFS website. (<http://jfs.ohio.gov/OHP/tradingpartners/info.stm> ) This guide is based on the 837 Health Care Claim: Institutional Implementation Guide published by the insurance sub-committee of the ASC X12, and is based on the published requirements mandated by HIPAA. Providers and health plans who trade institutional healthcare claims electronically must use the ASC X12N 837



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Health Care Claim: Institutional standard. The ODJFS companion guide defines the data elements used by ODJFS processing and the data elements required by HIPAA. Many of the data elements for HIPAA are only required for particular types of claims or situations.

## **837 Professional**

The Ohio Department of Job and Family Services (ODJFS) is replacing the National Standard Format (NSF) for professional claims submitted on tape with the 837 Health Care Claim: Professional EDI format.

The EDI requirements for this transaction are defined in the companion guide available on the ODJFS website. (<http://jfs.ohio.gov/OHP/tradingpartners/info.stm>) This guide is based on the 837 Health Care Claim: Professional Implementation Guide published by the X12N insurance sub-committee of the ASC X12, and is based on the published requirements mandated by HIPAA. Providers and health plans who trade professional healthcare claims electronically must use the ASC X12N 837 Health Care Claim: Professional standard. The ODJFS companion guide defines the data elements used by ODJFS processing and the data elements required by HIPAA. Many of the data elements for HIPAA are only required for particular types of claims or situations.

## **NCPDP**

For all NCPDP formatted claims (including Medicare crossovers and TPL claims), the provider needs to submit the claim via Pharmacy Point of Sale (POS) connection to ACS State Healthcare. More information can be found at the Medicaid Point-of-Sale Claims Processing site: <http://jfs.ohio.gov/OHP/bhpp/omdp/POS.stm>.

## **835 Healthcare Claim Payment Advice**

This transaction set is used to make a payment, send an Explanation of Benefits (EOB) remittance advice, or make a payment and send an EOB remittance advice only from a health insurer to a health care provider either directly or via a clearinghouse or claims submitter.

ODJFS returns this transaction set to the designated 835 trading partner after the claims sent in the ASC X12 837 Health Care Claim transaction set are processed from the ODJFS Medicaid claims adjudication process. (<http://jfs.ohio.gov/OHP/tradingpartners/info.stm>).

## **834 Monthly Member Roster**

The HIPAA 834 Monthly Member Roster contains the format and establishes the data contents of the Benefit Enrollment and Maintenance Transaction Set (834) for use within the context of an Electronic Data Interchange Environment. As utilized by the Ohio Department of Job and Family Services (ODJFS) this transaction is designed to accomplish the function of sending membership information to Managed Care Organizations (licensed as Health Insuring Corporations [HICs] through the Ohio Department of Insurance) participating in the Ohio Medicaid Managed Care Program and those entities with provider agreements participating in the Ohio Enhanced Care Management Program. The transaction will provide both a monthly update file containing new members, terminating members, and all demographic changes for current members and a monthly full file audit of all members. (<http://jfs.ohio.gov/OHP/tradingpartners/info.stm>).

## **820 Premium Payment Advice**

The HIPAA 820 Premium Payment Advice contains the format and establishes the data contents of the Payment Order/Remittance Advice Transaction Set (820) for use within the context of an Electronic Data Interchange (EDI) environment. As utilized by the Ohio Department of Job and Family Services (ODJFS), this transaction is designed to accomplish the function of sending



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premium (capitation) payment information to Managed Care Organizations (licensed as Health Insuring Corporations [HICs] through the Ohio Department of Insurance) participating in the Ohio Medicaid Managed Care Program and those entities with provider agreements participating in the Ohio Enhanced Care Management Program. The transaction does not constitute a fiscal payment per se but provides the details of the payments which occur via electronic funds transfer (EFT), and under limited circumstances paper warrants, to MCOs and ECM providers through the Ohio Auditor of State. (<http://jfs.ohio.gov/OHP/tradingpartners/info.stm>).

## **270/271 Health Care Claim Eligibility Benefit Inquiry/Response**

The 270 Health Care Claim Eligibility Benefit Inquiry and 271 Health Care Claim Eligibility Benefit Response are paired transactions. The 270 and 271 transactions are processed in a batch mode. The 270 is used to transmit request(s) for patient eligibility; the inquiry response is reported in the 271.

All requests are treated as a generic request for eligibility, Service Type Code of "30" (Health Benefit Plan Coverage) in the "EQ" loop of the transaction. All inquiries and responses are at the subscriber level. No dependent level structure exists. The response will either acknowledge that the individual has active or inactive coverage, or that the individual was not found. The response will be for the date the transaction is processed, unless a specific (or same month range) date (prior or current, not future) was used from the DTP of the EQ loop.

The primary, or unique, identifying element(s) may be supplied to obtain an exact match, or the member is located by supplying several parameters. In the event that insufficient identifying elements are sent to uniquely identify an individual member, a 271 will be returned with an AAA segment noting this situation.

The response can include General Enrollment, Restrictions such as PACT, Waivers, and the existence of other payers. The response does not replace the Provider Handbook in determining eligibility. (<http://jfs.ohio.gov/OHP/tradingpartners/info.stm>).

## **276/277 Health Care Claim Status Request/Response**

The 276 Health Care Claim Status Inquiry and 277 Health Care Claim Status Response are paired transactions. A separate companion guide was developed to detail using the Unsolicited 277 Health Care Payer Claim Status.

The 276 and the 277 transactions are processed in a batch mode. The 276 is used to transmit request(s) for claim level status of specific claim(s) and the resulting claim level response is reported in the 277.

The primary, or unique, identifying element(s) may be supplied to obtain an exact match, or the claim is located by supplying several parameters. When the 276 does not uniquely identify the claim, all claims matching the search criteria will be returned up to a maximum 99 responses. (<http://jfs.ohio.gov/OHP/tradingpartners/info.stm>).

## **278 Health Care Services Request for Review and Response**

The 278 Health Care Services Review - Request for Review and Response use the same transaction. The same companion guide will be used for both the Request and Response transactions.

The 278 Request and the 278 Response transactions are processed in a batch mode. The 278 is used to transmit request(s) for prior authorization for medical procedures for recipients of Medicaid. The 278 is also used to respond to those requests.



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The implementation ODJFS is using will accept the 278 Health Care Services Review Request and provide a 278 Health Care Services Review Response that will inform the sender that ODJFS has received the 278 Health Care Services Review Request.

## Acknowledgements and Reports

### TA1 Transmission Acknowledgement

The Interchange or TA1 Acknowledgment is a means of replying to an interchange or transmission that has been sent. The TA1 verifies the ISA envelope only. Transaction set-specific verification is accomplished through use of the Functional Acknowledgment Transaction Set, 997. The TA1 is a single segment and is unique in the sense that this single segment is transmitted without the GS/GE envelope structure. A TA1 can be included in an interchange with other functional groups and transactions.

Encompassed in the TA1 are the interchange control number, interchange date and time, interchange acknowledgment code, and the interchange note code. The interchange control number, interchange date and time are identical to those that were present in the transmitted interchange from the sending trading partner. This provides the capability to associate the TA1 with the transmitted interchange.

The TA104, interchange Acknowledgment Code, indicates the status of the interchange control structure. A TA1 will be returned in two situations, 1) if requested in the ISA14 of the 837 transaction OR 2) if the 837 transaction is rejected.

### 997 Functional Acknowledgement

This transaction set is used to acknowledge acceptance or rejection and report errors in a transmitted file. A code indicating an accepted or rejected condition based on syntax editing will be returned. In the event that a file fails X12 validation, the 997 will be returned to the sender with a rejected status and information helpful in locating the invalid data.

For every document inbound to ODJFS, a transmission acknowledgment document will be sent to the trading partner. The sender is responsible for reviewing the 997 for an accepted or rejected status. For every document outbound from ODJFS, a transmission acknowledgment document is not expected to be received from the trading partner.

(<http://jfs.ohio.gov/OHP/tradingpartners/info.stm>).

### Unsolicited 277 – Accepted Claims

An Unsolicited 277 will be generated and sent when claims transmitted in an inbound 837 transaction pass pre-processing for adjudication. It is strongly suggested that trading partners watch for and process the U-277 files when they are in the trading partner's download folder. The Unsolicited 277 file will enable the trading partner to reconcile the claims sent to ODJFS with claims sent to adjudication. The U-277 file will contain the ODJFS assigned transaction control number (TCN) that will assist the provider in accessing information in the Interactive Voice Response system (IVR). The IVR can be accessed at 800-868-1516. (The U 277 Companion Guide can be found on the [ODJFS Trading Partners website](#)).

### Unsolicited 277 – Rejected Claims

An Unsolicited 277 is generated and sent to report claims transmitted in an inbound 837 transaction that fail pre-processing for adjudication. Common errors for which an unsolicited 277 is sent for rejected claims include, but are not limited to, referring provider not found, attending physician not found, recipient not found. It is strongly suggested that trading partners watch for and process the U-277 files when they are in the trading partner's download folder. In some



instances, this will be the only way a trading partner will know that the claim or claims have been rejected. (<http://jfs.ohio.gov/OHP/tradingpartners/info.stm>).

## **824 Application Advice**

An 824 Application Advice is generated and sent when an inbound 837 transaction fails pre-processing for adjudication. Common errors for which an 824 is sent include, but are not limited to, submitter or pay-to provider not found in the ODJFS master file, rendering provider not found in the master file, a date of service after the date of file submission. It is strongly suggested that trading partners watch for and process the 824 files when they are in the trading partner's download folder. In some instances, this will be the only way a trading partner will know that the entire file for a particular provider has been rejected. (<http://jfs.ohio.gov/OHP/tradingpartners/info.stm>).



## ODJFS Specific Business Rules and Limitations

### Hours of Operation/Support

ODJFS EDI Support is available Monday – Friday, 8:00 a.m. – 5:00 p.m. except state holidays as follows:

- January 1 – New Year's Day
- January – Martin Luther King, Jr. Birthday (observed)
- February - President's Day (observed)
- May – Memorial Day (observed)
- July 4 – Independence Day
- September – Labor Day (observed)
- October – Columbus Day (observed)
- November 11 – Veterans' Day (observed)
- November - Thanksgiving Day
- December 25 – Christmas Day

### Manipulating File Data

ODJFS does not change, alter, or otherwise modify data as received from a trading partner using EDI.

### HIPAA Compliant Codes

There is a crosswalk from Medicaid local level codes to HIPAA Standard Codes. This crosswalk can be found at the following location: <http://jfs.ohio.gov/OHP/infodata/hipacomcds.stm> .

### Coordination of Benefits

When submitting a claim to Medicare or any other primary insurance carrier and the claim will be crossed over to Medicaid for payment, the Medicaid billing number is required in the **Other Subscriber Name** loop, **2330A NM109**. In addition, the Claim Adjustment Reason Code(s) (CARC) must be submitted in the CAS segment with a corresponding non-payment amount.

### Sending Attachments or Paperwork to Support a Claim

The following claims require attachments and must be submitted as paper claims:

- Claims billing for sterilization procedures
- Claims billing for hysterectomy procedures
- Claims billing for abortion procedures
- Claims (only applicable for non-institutional, e.g. non-hospital claims) billing for the unlisted, miscellaneous, or any other procedure code identified on OAC Rule 5101:3-1-60 as a by-report procedure, with the exception of codes requiring prior authorization.

The paper attachment submitted with the paper claim must include a brief description of the service (e.g. the name of the drug administered and the dosage) and information on any fixed costs, if applicable. Claim attachments are not necessary when the procedure was prior authorized because the additional information was submitted during the prior authorization approval process and the payment rate was determined at that time.



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Provider Handbooks website: <http://jfs.ohio.gov/OHP/provider.stm>.



## Common Data Issues

### National Provider Identifier (NPI)

To find information related to getting an NPI, sharing your NPI with Ohio Medicaid, and using your NPI on your Medicaid claims please visit the NPI website: <http://jfs.ohio.gov/ohp/providers/npi.stm>

### Provider Identification Number

Secondary Identifiers are used to accurately identify the provider when submitting claims. The REF01 (code 1D = Medicaid ID) and REF02 data elements are required when including the following Loops/Segments:

- 2010AA Billing Provider
- 2010AB Pay-to Provider
- 2310A Referring Provider
- 2310B Rendering Provider

See ODJFS User Notes in the individual 837 Companion Guides for further clarification.

### Special Services Claims

Please refer to the ODJFS [837 Professional Companion Guide](#) to determine the correct format to use when billing special services such as Home Health, ambulatory surgery centers, hospice services, waiver services, etc.

Please refer to the ODJFS [837 Institutional Companion Guide](#) to determine the correct format to use when billing special services such as inpatient and outpatient hospital services, nursing facility therapy services, dialysis centers, etc.

### FQHC Claims

Please refer to the ODJFS [Medical Assistance Letter \(MAL\) 470](#) for specific claims submission instructions for EDI trading partners for FQHC/RHC/OHC type claims.

## Glossary of Terms

### A

**Accredited Standards Committee X12**

The group authorized by the American National Standards Institute to develop and maintain the EDI Standards used in the United States.

**Administrative Services Only (ASO)**

An arrangement whereby a self-insured entity contracts with a Third Party Administrator (TPA) to administer a health plan.

**Administrative Simplification (A/S, AS, A.S)**

Title II, Subtitle F, of HIPAA, which gives HHS the authority to mandate the use of standards for the electronic exchange of health care data; to specify what medical and administrative code sets should be used within those standards; to require the use of national identification systems for health care patients, providers, payers (or plans), and employers (or sponsors); and to specify the types of measures required to protect the security and privacy of personally identifiable health care information. This is also the name of Title II, Subtitle F, Part C of HIPAA.

**American National Standards Institute (ANSI)**

The national standards body for the United States. ANSI, through its accredited standards committees, keeps the standards for all applications of technology and mechanics for the U.S. industry.

**ANSI ASC X12**

Acronym for the American National Standards Institute, Accredited Standards Committee X12.

**Application Software**

Software used to perform job functions that are specific to the business environment (e.g. inventory, health claims adjudication, etc.).

**ASCII**

American Standard Code for Information Interchange

**Authentication**

A query method that ensures that both the sender and receiver of an electronic transmission are valid and are authorized to transmit and receive the transmission.

### C

**Claim Adjustment Reason Codes**

A national administrative code set that identifies the reasons for any differences, or adjustments, between the original provider charge for a claim or service and the payer's payment for it. This code set is used in the X12 835 Claim Payment & Remittance Advice and the X12 837 Claim transactions, and is maintained by the Health Care Code Maintenance Committee.

**Claim Attachment**

Any of a variety of hardcopy forms or electronic records needed to process a claim in addition to the claim itself.

**Claim Status Codes**

A national administrative code set that identifies the status of health care claims. This code set is used in the X12 277 Claim Status Notification transaction, and is maintained by the Health Care Code Maintenance Committee.

#### **Claim Status Category Codes**

A national administrative code set that indicates the general category of the status of health care claims. This code set is used in the X12 277 Claim Status Notification transaction, and is maintained by the Health Care Code Maintenance Committee.

#### **CMS**

Center for Medicare and Medicaid Services.

#### **Communications**

The means of electronically linking two computers to exchange information using Electronic Data Interchange.

#### **Communication Protocol**

Establishes the communication parameters between two computers. It includes baud rate, type of transmission, and parity setting.

#### **Communication Software**

Software necessary to add appropriate protocols to the EDI document in preparation for transmission over a telecommunications network.

#### **Compliance Checking**

A validation check to ensure that a transmission contains the minimum mandatory information required by the EDI standard being used.

#### **Coordination of Benefits (COB)**

A process for determining the respective responsibilities of two or more health plans that have some financial responsibility for a medical claim. Also called cross-over.

## **D**

#### **DAS**

Department of Administrative Services

#### **Data Dictionary**

A listing of all the data elements, and sometimes the segments and transaction sets, unique to the EDI Standards that are being used.

#### **Data Element**

One or more data items, forming a unit or piece of information as defined in the data dictionary of a system of EDI Standards, and contained in an EDI transaction set. The term 'data element' is often abbreviated as 'd.e.' followed immediately by the data element number (i.e. data element 128 would be abbreviated as d.e.128).

#### **Data Interchange Standards Association (DISA)**

A body that provides administrative services to X12 and several other standards-related groups.

#### **Download Directory**

The file from which data is downloaded by a trading partner.

## E

### **Electronic Commerce**

The exchange of business information by electronic means.

### **Electronic Data Interchange**

The computer-to-computer transfer of business transaction information using standard, industry-accepted document formats.

### **Electronic Remittance Advice**

Any of several electronic formats for explaining the payments of health care claims.

### **EDI**

The standard abbreviation for Electronic Data Interchange. Electronic data interchange is the computer-to-computer exchange of business related documents in a structured, machine-processable format.

### **EDI Translator**

A software tool for accepting an EDI transmission and converting the data into another format or for converting a non-EDI data file into an EDI format for transmission.

### **EIN**

Employer Identification Number

### **Electronic Mail**

The process of sending, receiving, storing, and/or forwarding documents in digital form via telecommunications.

### **E-Mail**

The standard abbreviation for Electronic Mail.

### **End-User**

Anyone who uses a computer system or its output.

### **Envelope**

The combination of Header, Trailer, and sometimes other control segments that define the start and end of an individual EDI document.

## F

### **File**

A collection of related records treated as a basic unit of storage in a computer system. Files are stored on magnetic storage media such as disks or tapes. There are many types of files in a computer's memory. Each program that the computer runs is written in a file that is then stored for later execution. Each database that the computer uses to store data that will be used by the programs to do their work is a file, or in some cases, a series of files that are read by the programs as they run.

### **File Structure**

The format into which a file is arranged by the computer so that the information it contains can be retrieved on demand.

**Flat File**

A computer file where all the information is run together in a single character string. Sometimes referred to as an interface file, it is designed to hold EDI data prior to or following translation or transmission to and from a trading partner.

**Format**

Under HIPAA, this is those data elements that provide or control the enveloping or hierarchical structure, or assist in identifying data content of, a transaction.

**FTP**

File Transfer Protocol: a common way to move files between computers over the Internet. Anonymous FTP gives users access (without ID or password) to areas on a remote system that contains public files.

**Functional Acknowledgement**

An EDI message that is sent in a response to the receipt of an EDI transaction or a packet of transactions to notify the sender of the original message that it was received. It acknowledges only the receipt of the transaction or transaction packet and does not imply agreement with, or understanding of, its content.

**Functional Group**

A group of like transaction sets. This group is defined by the GS segment of a regular EDI transmission and represents the transmission of a group of the same transaction sets.

**G****Gateway**

The interconnection between public or private networks that allows transmission of documents in X12 format across multiple networks. Also called an interconnect.

**H****Hardware**

The physical components of a computer system (CPU, tape drives, disk drives, modem, etc).

**HCFA**

Health Care Financing Administration

**HCFA-1450**

HCFA's name for the institutional uniform claim form, or UB-92.

**HCFA-1500**

HCFA's name for the professional uniform claim form. Also known as the UCF-1500.

**HCFA Common Procedural Coding System (HCPCS)**

A medical code set that identifies health care procedures, equipment, and supplies for claim submission purposes. It has been selected for use in the HIPAA transactions.

**Header**

The specific segment that tells the receiving computer where an individual EDI transaction starts.

**Health Insurance Portability and Accountability Act of 1996 (HIPAA)**

A Federal law that allows persons to qualify immediately for comparable health insurance coverage when they change their employment relationships. Title II, Subtitle F, of HIPAA gives the Centers for Medicare and Medicaid Services the authority to mandate the use of standards for the electronic exchange of health care data; to specify what medical and administrative code sets should be used within those standards; to require the use of national identification systems for health care patients, providers, payers (or plans), and employers (or sponsors); and to specify the types of measures required to protect the security and privacy of personally identifiable health care information. Also known as the Kennedy-Kassebaum Bill, the Kassebaum-Kennedy Bill, K2, or Public Law 104-191.

**Health Level Seven (HL7)**

An ANSI-accredited group that defines standards for the cross-platform exchange of information within a health care organization. HL7 is responsible for specifying the Level Seven OSI standards for the health industry. The X12 275 transaction will probably incorporate the HL7 CRU message to transmit claim attachments as part of a future HIPAA claim attachments standard. The HL7 Attachment SIG is responsible for the HL7 portion of this standard.

**HIPAA Data Dictionary or HIPAA DD**

A data dictionary that defines and cross-references the contents of all X12 transactions included in the HIPAA mandate.

**HP**

Hewlett Packard – the Communications and Security Partner of ODJFS.

**I****Implementation**

The activities involved in converting an idea into a working computer system. This includes all activities from analysis to hardware installation, integration, and operation.

**Implementation Guide**

A publication that identifies and defines the EDI transaction sets that are in use in a particular industry or application. The document indicates how the information in those transaction sets should be presented on a segment by segment, and data element by data element basis, as well as identifying which segments and data elements are needed, which ones need not be used, and what code values will be expected in the application of that particular transaction set.

**ITSD**

Information Technology Service Delivery.

**J****J-Codes**

Subset of the HCPCS Level II code set with a high-order value of "J" that has been used to identify certain drugs and other items.

**K****Kennedy-Kassebaum Bill**

Kennedy-Kassebaum Bill, the Kassebaum-Kennedy Bill, K2, or Public Law 104-191(See Health Insurance Portability and Accountability Act).

## L

### **Local Codes**

A generic term for code values that are defined for a State or other local division or for a specific payer. Commonly used to describe HCPCS Level III Codes.

### **Logical Observation Identifiers, Names, and Codes (LOINC)**

A set of universal names and ID codes that identify laboratory and clinical observations. These codes, which are maintained by the Regenstrief Institute, are expected to be used in the HIPAA claim attachments standard.

### **Loop**

A group of segments that are collectively repeated in a serial fashion up to a specified maximum number of times.

## M

### **Mapping**

The act of determining what pieces of information in the company's database should be placed into each data element of an EDI transaction set, or in reverse, what data elements of an EDI transaction set should be placed in the company's database.

### **Medical Durable Medical Equipment Regional Carrier (DMERC)**

A Medicare contractor responsible for administering Durable Medical Equipment (DME) benefits for a region.

### **Medicare Part A (Hospital Insurance)**

Hospital insurance that pays for inpatient hospital stays, care in a skilled nursing facility, hospice care and some home health care.

### **Medicare Part A Fiscal Intermediary**

A Medicare contractor that administers the Medicare Part A (institutional) benefits for a given region.

### **Medicare Part B (Medical Insurance)**

Medical insurance that helps pay for doctors' services, outpatient hospital care, and other medical services that are not covered by Part A.

### **Medicare Part B Carrier**

A Medicare contractor that administers the Medicare Part B (Professional) benefits for a given region.

### **Medicare Remittance Advice Remarks Codes**

A national administrative code set for providing either claim-level or service-level Medicare-related messages that cannot be expressed with a Claim Adjustment Reason Code. This code set is used in the X12 835 Claim Payment & Remittance Advice transaction.

### **Message**

A block of information in EDI making up a business transaction, or part of a business transaction. In North America, this is normally called a transaction set.

### **Message Standards**

The system of syntax, data elements, segments, and transaction sets with which EDI will be conducted.



# Department of Job and Family Services

## **Modem**

Short form of “Modulator/Demodulator”. It is the electronic device that connects the computer to a telephone line to allow communications.

## **N**

### **National Council for Prescription Drug Programs (NCPDP)**

An ANSI-accredited group that maintains a number of standard formats for use by the retail pharmacy industry, some of which are included in the HIPAA mandates.

### **National Drug Code (NDC)**

A medical code set that identifies prescription drugs and some over the counter products, and that has been selected for use in the HIPAA transactions.

### **National Provider ID (NPI)**

A system for uniquely identifying all providers of health care services, supplies, and equipment.

### **National Standards Body**

The organization in a country that is tasked with keeping the standards for all applications of technology and mechanics for the industry of that country.

### **National Standards Format (NSF)**

Generically, this applies to any nationally standardized data format, but it is often used in a more limited way to designate the Professional EMC NSF, a 320-byte flat file record format used to submit professional claims.

## **Network**

An electronic communications system that links computers together to allow EDI to take place.

### **Network Service Provider**

A company that maintains a network and offers its services and capabilities to others for a fee.

## **O**

### **ODJFS**

Ohio Department of Job and Family Services

## **P**

### **Pilot Project**

A project conducted between two or more EDI trading partners to test the viability of a proposed EDI system.

### **Platform**

The type of computer system being used.

### **Protocol**

The set of rules that define the way in which information can flow within a computer or communication system. A protocol comprises: syntax – commands and responses; semantics – the structured set of requests and actions permissible by each user; and timing – types of events and sequences.

### **Provider**

Any medical-related organization that does business with the State of Ohio.

## **Provider Taxonomy Codes**

An administrative code set for identifying the provider type and area of specialization for all health care providers. Used in the X12 278 Referral Certification and Authorization and the X12 837 Claim transactions, and maintained by the NUCC.

## **R**

### **Receiver**

The party to whom the EDI transaction set is transmitted.

## **S**

### **Security**

A generic term used to describe the methods adopted to protect the data from loss, corruption, and unauthorized access and retrieval. Methods used include passwords, ID numbers, authorization, verification of document type, FTP address, and verification of line ID.

### **Segment**

A part of an EDI transaction set made up of strings of related data elements in a specific order separated by delimiters. (Example: an address segment may consist of city, state, and zip code data elements).

### **Segment Dictionary**

A listing of the segments unique to the EDI Standard that are being used.

### **Sender**

The party who transmits EDI transaction sets.

### **SNF**

Skilled nursing facility

### **SNIP**

Strategic National Implementation Process. A WEDI program for helping the health care industry identify and resolve HIPAA implementation issues.

### **Software**

The programs residing on disk, tape, or other storage media used by the computer to accomplish its tasks.

### **Standards**

An entity established for use as a rule or basis of comparison. In the context of EDI, this refers to the system of transaction set standards that are in use between trading partners.

### **Standards Body**

A committee, usually made up of representatives of the users of a given Standard, and either accepted by industry or charged by a government to maintain the Standards in question.

### **Standards, Proprietary**

Those systems of EDI transaction sets that are developed by the trading partners themselves for a specific application, and that do not fit in any of the systems of Standards developed by any of the accepted Standards Bodies around the world.

### **Standards, Public**

Those systems of EDI transaction sets that are prepared and published by or through the accepted Standards Bodies around the world.

**Syntax**

The system for arranging data elements and segments within an EDI message or transaction set, as dictated by the transaction set Standards being used.

**T****Third-party**

A party other than the sender or receiver, such as a Network Service Provider, or a software developer that provides goods and services in support of the transmission of information in EDI.

**Trading Partner**

The entity with which an organization exchanges electronic messaging. This may be either the sender or the receiver of information in EDI, a supplier, customer, subsidiary, or any other organization with whom the State of Ohio does business.

**Trailer**

The specific segment that identifies the end of an individual EDI transaction set.

**Transaction**

Under HIPAA, this is the exchange of information between two parties to carry out financial or administrative activities related to health care.

**Transaction Set**

A block of information in EDI making up a business transaction or part of a business transaction.

**Transaction Set Standards**

The system of syntax, data elements, segments, and transaction sets with which EDI will be conducted.

**Translator**

A program used to convert information from flat file to EDI format or from EDI format to flat file.

**U****UB-92**

A uniform institutional claim for developed by the NUBC that has been in general use since 1993.

**Upload Directory**

The file from which data is uploaded by a trading partner.

**User**

An entity, either an individual or a company, who utilizes a computer or system of standards for a specific purpose like EDI.

**User Group**

An organization of individuals and/or companies who come together to deal with the needs of those who wish to employ a technique of technology in a unified manner. User groups are discussion organizations.

**V****Value-added Network**

A system where a network leases communication lines from a communications common carrier, enhances them by adding improvements such as error detection



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and/or faster response time, and then allows others to use this service on those lines for a fee. This is often abbreviated as VAN.

### **VAN**

Standard abbreviation for Value-added Network.

## **W**

### **WEDI**

Workgroup for Electronic Data Interchange - A health care industry group that lobbied for HIPAA A/S, and that has a formal consultative role under the HIPAA legislation.

## **X**

### **X12N**

A subcommittee of X12 that defines EDI standards for the insurance industry, including health care insurance.

### **X12 Standard**

The term currently used for any X12 standard that has been approved since the most recent release of X12 American National Standards.



## Change Summary

This trading partner Information Guide is designed to be used in conjunction with the X12N HIPAA Implementation Guides dated May 2000, and includes the Addenda adopted October 2002. In addition, ODJFS has developed Companion Guides to be used in tandem with the X12N Implementation Guides. The ODJFS Companion Guides are compliant with both the X12 syntax and the HIPAA guides.

Changes to this document will be recorded in this section.

### Version 2, August 26, 2003

The following information has been added to Version 2:

- Updated NCPDP contact information
- 834 Monthly Member Roster
- 820 Premium Payment Advice

### Version 3, November 01, 2004

The following information has been added to Version 3:

- Trading partner definition
- Rule reference 5101:3-1-20:1
- Rule reference 5101:3-1-20:2
  - Unsolicited 277 – Accepted Claims
  - Unsolicited 277 – Rejected Claims

### Version 4, October 01, 2007

The following information has been added to Version 4:

- Electronic Data Systems (EDS) replaces Healthcare Transaction Processors as the communications vendor.

### Version 5 January 24, 2011

- Hewlett Packard (HP) replaces Electronic Data Systems (EDS) as the communications vendor.
- Testing Addenda REF\*ZZ segment removed from test 835 Remittance Advice.