Implementing HIPAA: Testing Your Transactions

2002 National Medicaid HIPAA and MMIS Conference

Baltimore, April 23, 2002
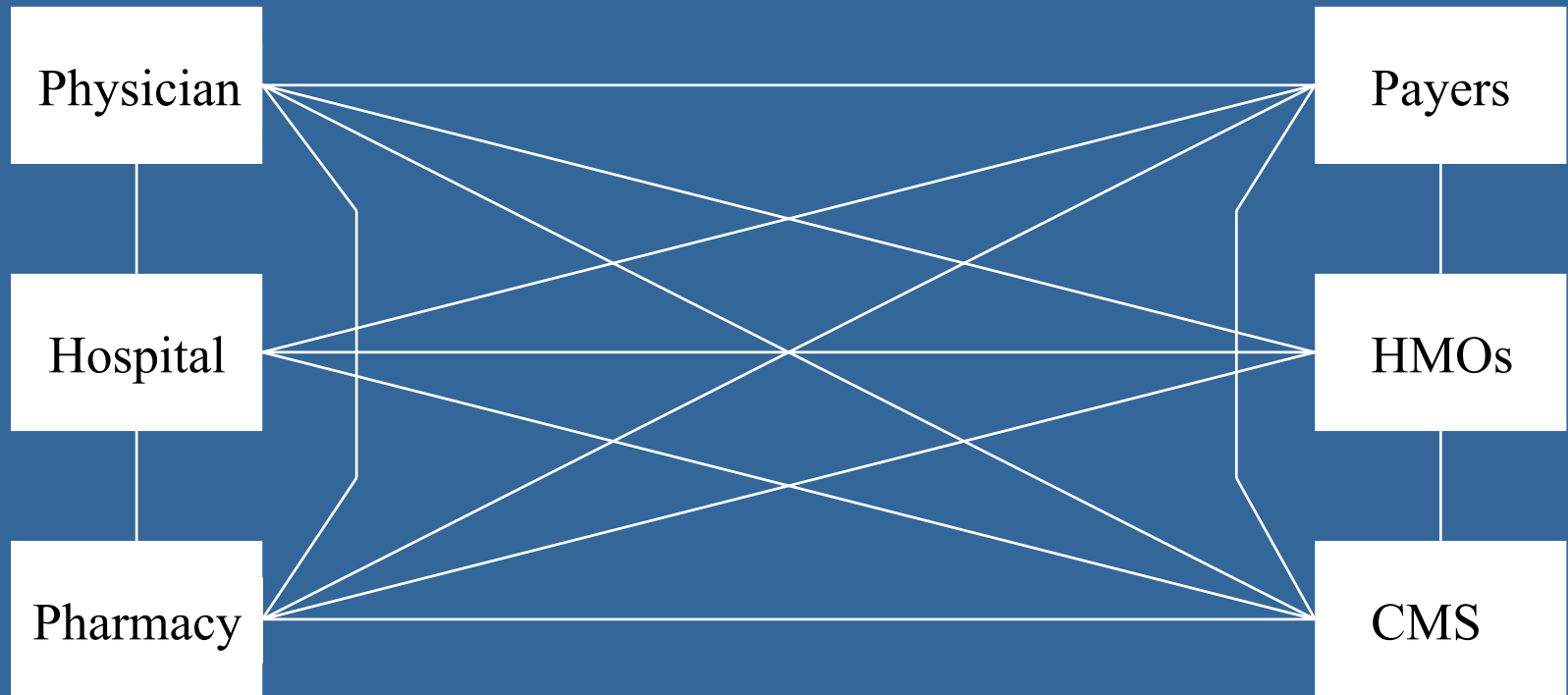
Kepa Zubeldia, M.D.

Topics

- HIPAA compliance testing
- Transaction testing
  - Incoming
  - Outgoing
- Certification, what is it?
- Challenge
- Paradigm change

Provider Testing Priorities

- Medicare

- Medicaid

- Blue Cross / Blue Shield

- Commercials
  - Large HMO / PPO / Contracts
 - Clearinghouse

Industry Business Relationships

Business Relationships

- Example
  - 6 Players
  - 15 Connections
- Participants
  - 100,000 Medical Sites
  - 55,000 Pharmacies
  - 5,000 Hospitals
  - 1,700 Payers
  - 400 HMOs
  - 150 Medicaid, Medicare Carriers, Intermediaries

- Total Connections
  - 100,000 x 20 Physicians
  - 100,000 x 15 Pharmacies
  - 100,000 x 5 Hospitals
  - 100,000 x 400 Payers
  - 100,000 x 5 HMOs
  - 100,000 x 2 Medicare/caid
  - 55,000 x 15 Pharmacies
  - 55,000 x 15 Hospitals
  - 55,000 x 100 Payers
  - 55,000 x 5 HMOs
  - ETC.
- Over 57 Million connections

Real world
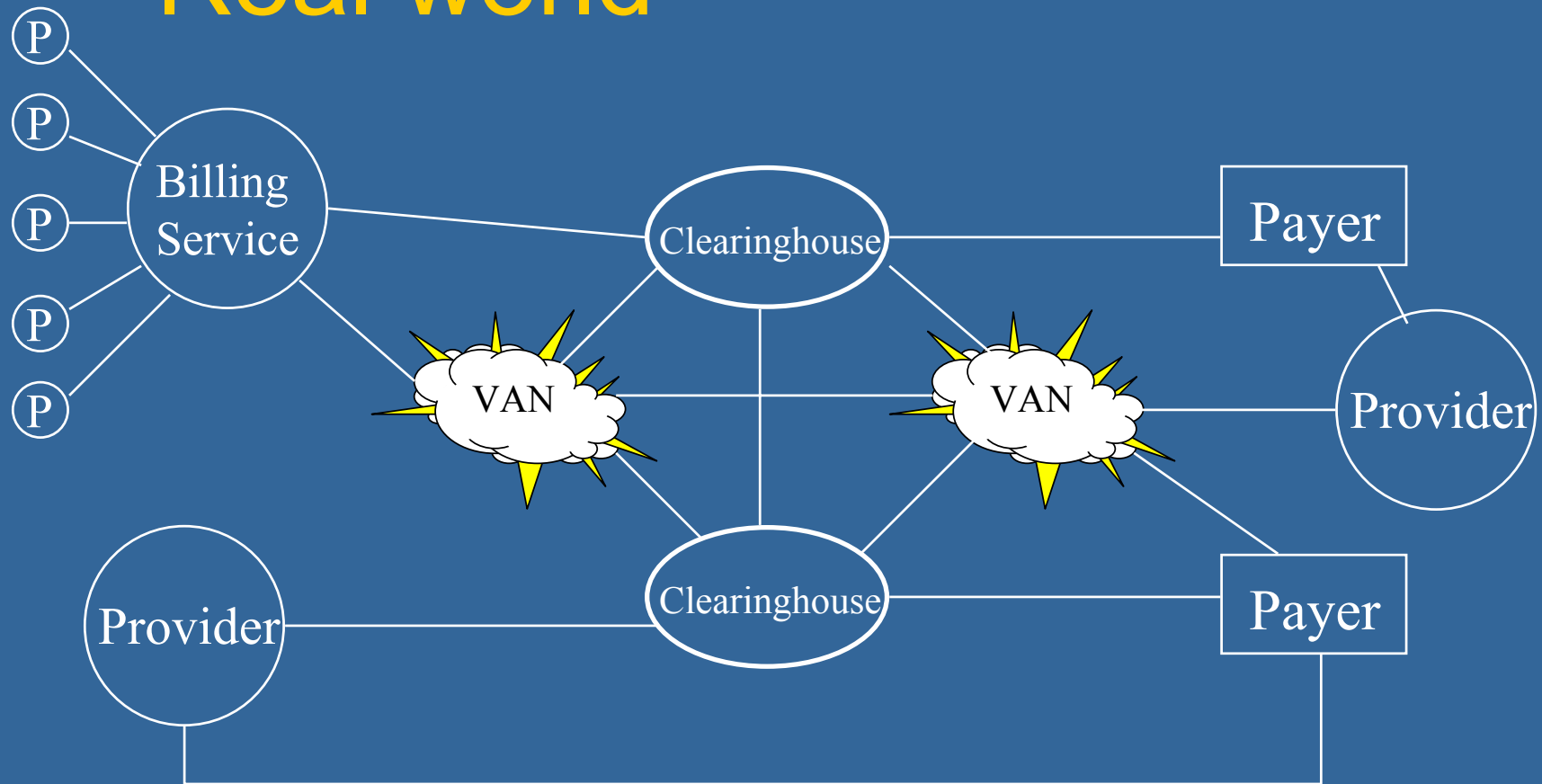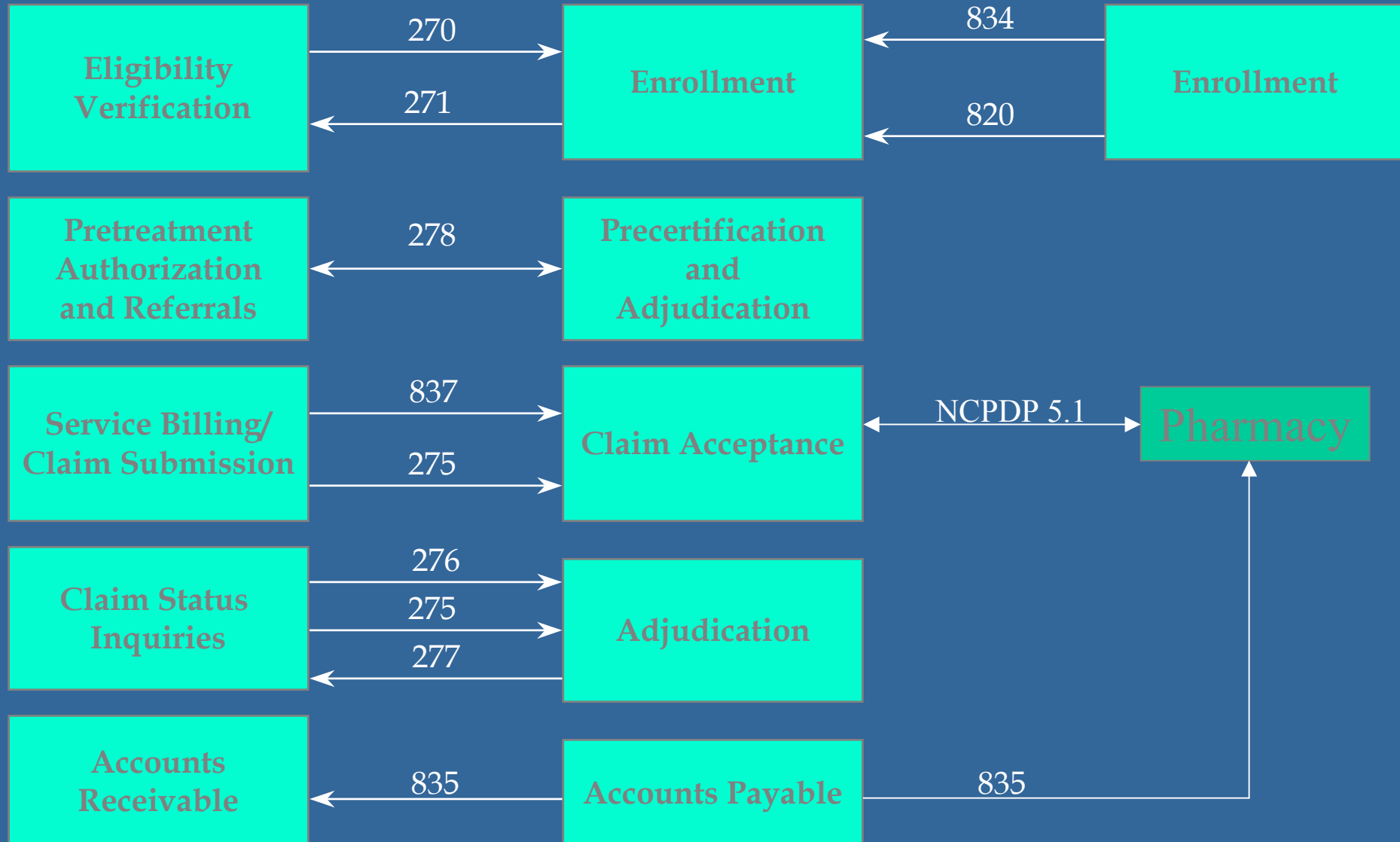

Simplified Connectivity Model

Final Rule HIPAA estimates

- Providers: 695,824
  - Previous table showed 160,000
- Payers: 3,078
  - Previous table showed 2,250
- Self Administered Payers: 50,000
  - Previous table did not consider
- Other employer Health Plans 2,550,000
  - Previous table did not consider

- What does this mean for me?

claredi

PROVIDERS	INSURANCE AND PAYERS	SPONSORS

Eligibility Verification → 270 → **Enrollment** ← 834 ← **Enrollment**

Eligibility Verification ← 271 ← **Enrollment** ← 820 ← **Enrollment**

Pretreatment Authorization and Referrals ← 278 → **Precertification and Adjudication**

Service Billing/ Claim Submission → 837 → **Claim Acceptance** ← NCPDP 5.1 → **Pharmacy**

Service Billing/ Claim Submission → 275 → **Claim Acceptance**

Claim Status Inquiries → 276 → **Adjudication**

Claim Status Inquiries → 275 → **Adjudication**

Claim Status Inquiries ← 277 ← **Adjudication**

Accounts Receivable ← 835 ← **Accounts Payable** — 835 → **Pharmacy**

Transaction Testing Priorities

General

- Claim
- Remittance Advice
- Eligibility
- Claim Status
- Referral

Medicaid

- Claim
- Eligibility
- Remittance Advice
- Claim Status
- Referral

Gartner Research

"For HIPAA to work, more than 13 million pairs of a payer and a provider must implement an average of 2.2 transactions each."

– Assuming testing takes only one analyst day per transaction for each Trading Partner, the industry would need 2.9 Million analyst months to implement HIPAA

Research Note K-13-0374

Other testing considerations

- Privacy issues
  - Testing with synthetic transactions
  - Using "live" data or de-identified transactions
- Quality of test data
  - Synthetic well defined tests
  - "Live" data must be representative of provider's business.
- Multiple simultaneous versions of HIPAA guides
- Reporting of test results
  - Transaction: 997, 277, 824, other?
  - Readable result
    - Paper or electronic?
    - X12, NSF, or UB92 "reference" error messages?

Certification under HIPAA

- HIPAA: Voluntary "Compliance Testing"
- Self Certification
  - Proclaim victory. What is the value?
- Third party certification
  - Not required by HIPAA
  - Independent Verification and Validation mechanism for all trading partners
  - May be required by trading partner as part of the Trading Partner Agreement
- Who certifies the certifier?
  - HHS declined that role. Industry choice.

The chicken or the egg

- How do I test my transaction ?
  - I am almost ready to start testing.
  - My trading partners are NOT ready yet.
    - Payers say this.
    - Vendors say it.
    - Clearinghouses say it.
    - Providers say it too.

Breaking the cycle

- Early phase testing system.
  - Start testing as early as possible.
  - Confidential Testing against a neutral third party, not my trading partner.
  - Know where you are.
- Late phase certification system.
  - Now I am really ready.
  - I want the world to know.
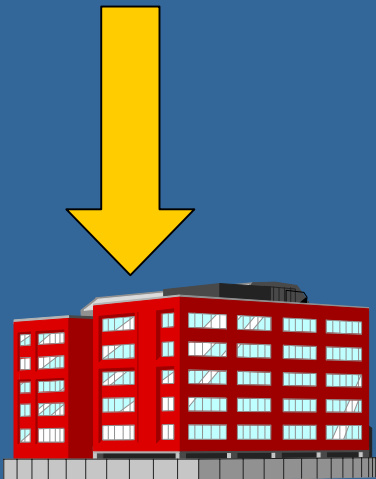
Testing Outgoing transactions

- Six levels of testing recommended by SNIP:
  - X12 syntax integrity
  - Implementation Guide requirements
    - Loops, valid segments, elements, codes
  - Balancing of amounts
    - Claim, remittance, COB, etc.
  - Code sets
    - X12, ICD-9, CPT4, HCPCS, Reason Codes, others
  - Situational requirements
    - Inter-segment dependencies
  - Specialty or Line of Business
    - Oxygen, spinal manipulation, ambulance, anesthesia, DME, etc.
- Level 7, 1-on-1, trading partner specific
  - Telecom, special contract requirements, etc.

Claredi - Report - Microsoft Internet Explorer

File   Edit   View   Favorites   Tools   Help

Address =on&w3=on&h4=on&b4=on&w4=on&h5=on&b5=on&w5=on&h6=on&b6=on&w6=on&h7=on&b7=on&w7=on&TestSubmissionID=1078&what=both&report=Click+here+for+the+analysis+report   Go

Back ▾ → ▾ ⊗ 🔄 🏠 | 🔍 Search 🗐 Favorites 🕘 History | 🖉 ▾ 🖨 🖿 🗐 🧑 🕮

22			DTP*938*D8*20010306~
23			DTP*431*D8*19971010~
24			HI*BK:V420*BF:V426~
24	H20657	2300	Loop NM1 (2310B) (Rendering Provider Name) at 3-250 not found, but was expected because the Billing/Pay-To Provider (PRV) is not present
25			LX*1~
26			SV1*HC:J7510*1236.75*UN*100***1**N~
27			PWK*CT*AB~
28			DTP*472*RD8*20010310-20010410~
28	B31002	2400/DTP-03	The 'Service Date' cannot be after the 'Transaction Set Creation Date' (BHT-04)
29			DTP*011*D8*20010305~
30			REF*6R*AB456~
30	H40139	2420	Missing Segment DTP for 'Order Date' (DTP-01=938) in Loop 2400. Required when Ordering Provider (Loop 2420E) is present.
31			NM1*DK*1*Soothum*Sarah****34*986721245~
31	H20628	2420E/NM1-09	The value "986721245" found in NM109 (D.E. 67) at col. 30 does not look like a valid SSN.
32			N3*HEALING CLINIC*1 CLINIC ROW~
33			N4*ANYTOWN*MD*21299~
34			REF*1G*A54322~
35			PER*IC*Sarah Soothum MD*TE*4441234567~
35	H20656	2420E	Segment PER (Ordering Provider Contact...) at 3-530 wasn't expected because the Arterial Blood Gas Quantity (CR5-10) is not present&240000BeCR511'NEXIST'
36			LQ*UT*0802~
36	H20656	2440	Loop LQ (2440) (Form Identification Code) at 3-551 wasn't expected because the Attachment Transmission Code (PWK-02) is 'AB-Previously Submitted to Payer'
36	H20160	2440/LQ-01	The 'Form Identification Code' indicates a DMERC CME form but none was found in 2400/PWK-02
37			FRM*1A**J7510~
38			FRM*1B**500~
39			FRM*1C**4~
40			FRM*4*Y~
41			FRM*5A**5~

Testing Incoming Transactions

- Download test data to test your own translator functionality.
- Three types of tests:
  - Documented library of Static Tests.
    - Both Compliant and "typical errors."
  - Dynamic user generated test cases.
    - Test boundary conditions, loop limits, etc.
    - Customize at high or low level of detail.
  - Response transactions.
    - User provided data in dynamic response.

		provider number with a specialty of 59 (taxonomy code?). Related supplies may or may not be paid based on the method type. This information is normally determined by state/region. All combinations of these items should be tested.
WB_MBANES	Anesthesia	Regular anesthesia claims must contain an anesthesia procedure code with an AA modifier. Also, the number of services billed on the detail line must indicate minutes of anesthesia. The billing provider should have a specialty of 05 (taxonomy code?)
WB_MBCRNA	Certified Registered Nurse Anesthetist	CRNA claims must have a billing provider with a specialty of 43. The number of services billed on the detail line must also indicate the minutes of anesthesia.
WB_MBPDT	Purchased Diagnostic Testing	PDT claims must contain a WU modifier and also indicate from whom the test was purchased (provider number) and include the acquisition cost of the test.
WB_MBCHIR	Chiropractor	Chiropractic claims must have a billing provider number with a specialty of 35, include the initial treatment date, condition indicator (acute, chronic, etc.) and date of last xray.
WB_MBMSPAA	Medicare Secondary Payer, Automobile Accident	MSP claims should contain indicators for each type of primary coverage (auto accident, working elderly, black lung, ESRD, workman's compensation, federal employees, disability, Veteran's, etc.) The claims must also contain the amount allowed and paid by all primary payers.
WB_MBMSPBL	Medicare Secondary Payer, Black Lung	MSP claims should contain indicators for each type of primary coverage (auto accident, working elderly, black lung, ESRD, workman's compensation, federal employees, disability, Veteran's, etc.) The claims must also contain the amount allowed and paid by all primary payers.
WB_MBMSPDI	Medicare Secondary Payer, Disability	MSP claims should contain indicators for each type of primary coverage (auto accident, working elderly, black lung, ESRD, workman's

Address https://www.claredi.com/myaccount/dyntest.php?basefileid=2&basefile=837_Ambulance&PHPSESSID=e313af965826cfd4f1328ece97ac2ca0

Back   Search   Favorites   History

claredi
CLEAR DATA INTERCHANGE

home   my account   HIPAA   free stuff   customer support

Submit File for Analysis
History
Receive Test Files
Build a Test File
My Capabilities
My Requirements
My Group
My Contract
My Invoice/Receipt
Search Directory
Change Account Info
Change Password
Feedback
Logout

Build Test Files

This page allows you to create your own test files. There are literally millions of possible test scenarios that could be used to exercise the functionality of your systems. Using this tool, you can quickly create a large number of test files based on sample data provided by Claredi, or your own files.

To begin, select a file to use as the basis for the test suite. Only X12 Compliant files can be used. Click browse to view a list of available test files.

Base File: | 837_Ambulance | Browse

The following section shows the types of variations that you will apply to the base file. Add one of these sections for each type of test you would like to perform.

Loop: All   **Variant Type:** Required

| Required |
| Replace |
| Valid Code |
| Invalid Code |
| Leading Spaces |
| Leading Zeros |
| Trailing Spaces |
| Date Format |
| Time Format |
| Numeric Format (N0) |
| Text Format (AN) |

Segment: All   This setting creates o...   ...uired element in the base file. The test... ...lement OMITTED. No parame...

Element: All

Parameter:

Create Test Files

Internet

HIPAA Testing

- Incoming transactions
  - Payer: 820, 834, 837s, 270, 276, 278, 275 (+HL7)
  - Provider: 835, 271, 277, 278
- Outgoing transactions
  - Payer: 835, 837cob, 271, 277, 278
  - Provider: 837s, 270, 276, 278, 275 (+HL7)
- Testing before engaging trading partners. Don't wait for each other!
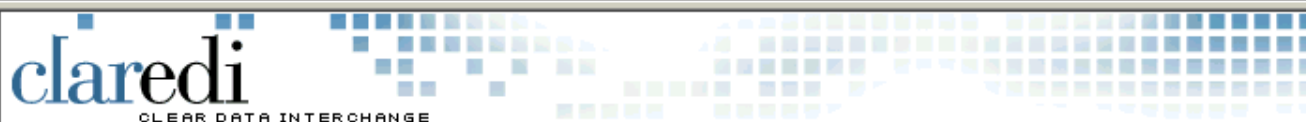
Testing Challenges

- How to test my trading partners within the compliance dates?
  - Without becoming their "EDI trainer"
  - Without constant disputes and finger pointing
  - Without disrupting my production
  - Without losing my shirt
- How are you going to test all the low volume connections?
  - How much will "free" testing really cost?
- Is "certification" the solution?

HIPAA compliant non-sense

- Non-sense data certifiable as in compliance with IGs.

- Multiple levels of testing:
  - Implementation Guide spells out requirements for HIPAA compliance.
    - Minimum requirement.
    - Tested as per WEDI SNIP levels 1-6
  - Additional "Business" requirements
    - Filter out non-sense
    - Needed for interoperability

Examples of "Business" requirements

- Medicaid Provider ID number
- "Balancing of dates"
  - Transaction, service, admission, etc.
- Transaction specific issues
  - Initial In-patient claim without room and board revenue codes
- Clean transactions
  - Do not mix ambulance and podiatry services in the same claim

Address https://www.claredi.com/myaccount/requirements.php

Back   Search   Favorites   History

claredi
CLEAR DATA INTERCHANGE

home   my account   HIPAA   free stuff   customer support

Edit 'ACME Insurance non-emergency transport (cab)' Requirement

Submit File for Analysis

History

Receive Test Files

Build a Test File

My Capabilities

My Requirements

My Group

My Contract

My Invoice/Receipt

Search Directory

Change Account Info

Change Password

Feedback

Logout

Require	Allowed	Name
●	○	AmbulanceCertificationConditionCode1
○	●	AmbulanceCertificationConditionCode2
○	●	AmbulanceCertificationConditionCode3
○	●	AmbulanceCertificationConditionCode4
○	●	AmbulanceCertificationConditionCode5
●	○	AmbulanceCertificationConditionIndicator
○	●	AmbulancePatientWeight
●	○	AmbulanceRoundTripPurposeDescription
○	●	AmbulanceStretcherPurposeDescription
●	○	AmbulanceTransportCode
●	○	AmbulanceTransportDistance
●	○	AmbulanceTransportReasonCode
○	●	AttachmentFormIdentifier
○	●	AttachmentFormIdentifier-AS
○	●	AttachmentFormIdentifier-UT
○	●	AttachmentQuestionNumber HCFA DMERC CMN Forms
○	●	AttachmentQuestionResponse1
○	●	AttachmentQuestionResponse2
○	●	AttachmentQuestionResponse3

https://www.claredi.com/myaccount/requirements.php#   Internet

Certification vs. Testing

- Testing is for yourself, or between yourself and your trading partners
- Certification is by third parties
- Certify once, use certification in many trading partner relationships
  - Simplify testing
  - Reduce cost of testing phase for all parties
- Certification should be recognized by all trading partners
- Certification must be done by a neutral third party
- Certification process must be disclosed, verifiable, and accepted by industry

The "certification" myth

- My vendor / clearinghouse is HIPAA compliant. Why should I have to worry about it? They are going to take care of my HIPAA EDI compliance for me.

Result Summary	Identifier	HIPAA Errors							Business Errors							Warnings						
		1	2	3	4	5	6	7	1	2	3	4	5	6	7	1	2	3	4	5	6	7
	000000401	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	000400004	✓	✓	✓	✓	✓	✓	✓	✓	✓	✗	✓	✓	✓	✓	✓	✗	✓	✗	✓	✓	✓
	154789686	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	294953698	✓	✓	✓	✗	✗	✓	✓	✓	✓	✗	✓	✓	✓	✓	✓	✗	✓	✗	✓	✓	✓
	478159686	✓	✓	✓	✗	✗	✓	✓	✓	✓	✗	✓	✓	✓	✓	✓	✗	✓	✗	✓	✓	✓
	492953986	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	495329986	✓	✓	✓	✓	✓	✓	✓	✓	✓	✗	✓	✓	✓	✓	✓	✗	✓	✗	✓	✓	✓
	534929986	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

Analysis Results to display	WEDI/SNIP Levels	HIPAA Errors	Business Errors	Business Warnings
	1 - X12 Integrity	☑	☑	☑
	2 - Requirement	☑	☑	☑
	3 - Balancing	☑	☑	☑
	4 - Situational	☑	☑	☑
	5 - Code Sets	☑	☑	☑
	6 - Product / Type	☑	☑	☑
	Trading Partner	☑	☑	☑

Action

Display report:
- ⦿ Errors and data
- ○ Errors only
- ○ Data only

[Click here for the analysis report]

Certification

Please Review the Claredi Certification Policy

[Submit this file for certification]

Support

You may allow Claredi Customer Support Reps to view the information in this file. Click here to review the Claredi Privacy Policy.

☐ Allow Claredi Customer Support to view this file

The "Blanket Approval" myth
(Is testing of the vendor/clearinghouse enough?)

- The issue is Provider Compliance
  - Provider's responsibility to be HIPAA compliant
- Each Provider is different
  - Different provider specialty ⇒ different requirements
  - Different software version ⇒ different data stream and contents
  - Different EDI format to clearinghouse ⇒ different content capabilities
  - Different provider site install ⇒ different customization
  - Different users ⇒ different use of code sets, different data captured, different practices, etc.
- Vendor's capabilities not the same as provider's
  - Vendor or clearinghouse has the aggregate capabilities of all its customers
  - The Provider does not have all of the clearinghouse or vendor capabilities

| Transaction Identifier | 837 |

Result Summary

Identifier	HIPAA Errors 1 2 3 4 5 6 7	Business Errors 1 2 3 4 5 6 7	Warnings 1 2 3 4 5 6 7
PCLAM0001	✓ ✗ ✓ ✗ ✓ ✓ ✓	✓ ✓ ✓ ✗ ✓ ✓ ✓	✓ ✗ ✓ ✗ ✓ ✓ ✓
PCLAM0002	✓ ✗ ✓ ✗ ✓ ✓ ✓	✓ ✓ ✓ ✗ ✓ ✓ ✓	✓ ✗ ✓ ✗ ✓ ✓ ✓
154789686	✓ ✗ ✓ ✗ ✗ ✓ ✓	✓ ✓ ✓ ✗ ✓ ✓ ✓	✓ ✗ ✓ ✗ ✗ ✓ ✓
294953698	✓ ✓ ✓ ✓ ✓ ✓ ✓	✓ ✓ ✓ ✓ ✓ ✓ ✓	✓ ✓ ✓ ✓ ✓ ✓ ✓
478159686	✓ ✗ ✓ ✗ ✗ ✓ ✓	✓ ✓ ✓ ✗ ✓ ✓ ✓	✓ ✗ ✓ ✗ ✗ ✓ ✓
492953986	✓ ✓ ✓ ✓ ✓ ✓ ✓	✓ ✓ ✓ ✓ ✓ ✓ ✓	✓ ✓ ✓ ✓ ✓ ✓ ✓
495329986	✓ ✗ ✓ ✗ ✓ ✓ ✓	✓ ✓ ✗ ✓ ✓ ✓ ✓	✓ ✓ ✓ ✓ ✓ ✓ ✓
534929986	✓ ✗ ✓ ✗ ✓ ✓ ✓	✓ ✓ ✗ ✓ ✓ ✓ ✓	✓ ✓ ✓ ✗ ✓ ✓ ✓

Analysis Results to display

WEDI/SNIP Levels	HIPAA Errors	Business Errors	Business Warnings
1 - X12 Integrity	☑	☑	☑
2 - Requirement	☑	☑	☑
3 - Balancing	☑	☑	☑
4 - Situational	☑	☑	☑
5 - Code Sets	☑	☑	☑
6 - Product / Type	☑	☑	☑
Trading Partner	☑	☑	☑

Action

Display report:
- ⦿ Errors and data
- ○ Errors only
- ○ Data only

[Click here for the analysis report]

Certification

Please Review the Claredi Certification Policy

Status: Certification complete

Support

You may allow Claredi Customer Support Reps to view the information in this file. Click here to review the Claredi Privacy Policy.

Done   Internet

Certification Challenge

- Each entity has unique requirements
  - Commercial business, HMO, Medicare
  - Generalist, specialist, ambulance, anesthesiologist, chiropractor, DME, etc.
- A "generic" certification is meaningless
- What does it mean to be "certified"?
- Must consider submitter capabilities and receiver requirements

Medicare 837 Professional

- Type of claim
  - Simple claim
  - Anesthesia
    - Anesthesia with CRNA
  - Ambulance
  - Spinal manipulation
  - Inpatient professional services
  - Outpatient professional services
  - Laboratory
  - Etc. (also each Bill Type for Institutional claim!)
- Different data requirements

Place of Service	Values
X098 Claim Place of Service: Office	Absent Absent Absent Absent Absent Absent Absent Absent Req
X098 Claim Place of Service: Home	Absent Absent Absent Absent Absent Req Absent Absent Absent Absent Absent
X098 Claim Place of Service: Inpatient Hospital	Absent Absent Absent Req Absent Absent Absent Req Absent Absent
X098 Claim Place of Service: Outpatient Hospital	Absent Absent Absent Req Absent Absent Absent Absent Absent
X098 Claim Place of Service: Emergency Room - Hospital	Absent Absent Absent Absent Absent Absent Absent Absent Absent Absent Absent Absent
X098 Claim Place of Service: Ambulatory Surgical Center	Absent Absent Absent Absent Absent Absent Absent Absent Absent Absent
X098 Claim Place of Service: Birthing Center	Absent Absent Absent Absent Absent Absent Absent Absent Absent Absent Absent Absent Absent Absent Absent
X098 Claim Place of Service: Military Treatment Facility	Absent Absent Absent Absent Absent Absent Absent Absent Absent Absent Absent
X098 Claim Place of Service: Skilled Nursing Facility	Absent Absent Absent Absent Absent Absent Absent Absent Absent Absent Absent Absent
X098 Claim Place of Service: Nursing Facility	Absent Absent Absent Absent Absent Absent Absent Absent Absent Absent Absent Absent
X098 Claim Place of Service: Custodial Care Facility	Absent Absent Absent Absent Absent Absent Absent Absent Absent Absent Absent Absent
X098 Claim Place of Service: Hospice	Absent Absent Absent Absent Absent Absent Absent Req Absent Absent Absent Absent Absent Absent Absent Absent Absent
X098 Claim Place of Service: Adult Living Care Facility	Absent Absent Absent Absent Absent Absent Absent Absent Absent Absent Absent
X098 Claim Place of Service: Ambulance - Land	Absent Absent Absent Absent Absent Absent Absent Absent Absent Absent Absent Absent Absent Absent Absent Absent Absent Absent
X098 Claim Place of Service: Ambulance - Air or Water	Absent Absent Absent Absent Absent Absent Absent Absent Absent Absent Absent Absent Absent Absent Absent Absent Absent Absent
X098 Claim Place of Service: Inpatient Psychiatric Facility	Absent Absent Absent Absent Absent Absent Absent Absent Absent Absent Absent Absent
X098 Claim Place of Service: Psychiatric Facility Partial Hosp.	Absent Absent Absent Absent Absent Absent Absent Absent Absent Absent Absent Absent
X098 Claim Place of Service: Community Mental Health Center	Absent Absent Absent Absent Absent Absent Absent Absent Absent Absent Absent Absent Absent Absent Absent Absent
X098 Claim Place of Service: ICF/Mentally Retarded	Absent Absent Absent Absent Absent Absent Absent Absent Absent Absent Absent Absent Absent
X098 Claim Place of Service: Residential Substance Abuse Facilit	Absent Absent Absent Absent Absent Absent Absent Absent Absent Absent Absent Absent Absent Absent
X098 Claim Place of Service: Psychiatric Residential Treat. Cntr	Absent Absent Absent Absent Absent Absent Absent Absent Absent Absent Absent Absent Absent Absent
X098 Claim Place of Service: Federally Qualified Health Center	Absent Absent Absent Absent Absent Absent Absent Absent Absent Absent Absent Absent Absent Absent Absent Absent
X098 Claim Place of Service: Mass Immunization Center	Absent Absent Absent Absent Absent Absent Absent Absent Absent Absent Absent Absent Absent Absent Absent Absent
X098 Claim Place of Service: Comprehensive Inpatient Rehab.	Absent Absent Absent Absent Absent Absent Absent Absent Absent Absent Absent Absent Absent Absent Absent

Medicare 837 Professional

- Type of Payer
  - Medicare Primary
    - without COB
    - COB to Medicaid
    - COB to Medigap
    - COB to Commercial
  - Medicare Secondary
    - without further COB
    - COB to Medicaid
    - COB to Medigap
    - COB to Commercial
- Different data requirements

Element	1	2	3	4	5	6	7	8	9	10	11	12	13	14
X098 Subscriber has claim	Req	Req	Req	Req	Req	Req	Req	Req		Req			Req	
X098 Payer sequence: Primary claim	Req	Req	Req	Req	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent
X098 Payer sequence: Secondary claim	Absent	Absent	Absent	Absent	Req	Req	Req	Req	Absent	Req	Req	Absent	Req	Req
X098 Payer sequence: Payer of last resort	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Req	Absent	Absent	Req	Absent	Absent
X098 Insured Group number absent	Req	Req	Req	Req	Req	Req	Req	Req						
X098 Claim filing indicator: Medicare secondary (MSP)	Absent	Absent	Absent	Absent	Req	Req	Req	Req	Absent	Absent	Absent	Absent	Absent	Absent
X098 Claim filing indicator: Other payer	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent			Absent		
X098 Claim filing indicator: Blue Cross / Blue Shield	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent		Absent	Absent	
X098 Claim filing indicator: Medicare primary	Req	Req	Req	Req	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent
X098 Claim filing indicator: Medicaid	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Req	Absent	Absent	Req	Absent	Absent
X098 Medicare Crossover Indicator: 4081 crossover	Absent	Absent	Absent	Absent					Req	Req		Req	Req	
X098 Medicare Crossover Indicator: Regular crossover	Absent	Absent	Absent	Absent							Req			Req
X098 Other Coverage: Primary	Absent	Absent	Absent	Absent	Req	Req	Req	Req	Req	Req	Req	Req	Req	Req
X098 Other Coverage: Secondary	Absent				Absent							Req	Req	Req
X098 Other Coverage: Payer of last resort	Absent				Absent				Absent			Absent		
X098 Other Insured Relationship: not Self	Absent													
X098 Other Insured Relationship: Self	Absent													
X098 Other Insured Group number	Absent													
X098 Other Insured Group name	Absent													
X098 Other Coverage filing indicator: Medicaid	Absent	Req	Absent	Absent	Absent	Req	Absent	Absent	Absent			Absent		
X098 Other Coverage filing indicator: Medicare secondary (MSP)	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Req	Req	Req
X098 Other Coverage filing indicator: Medicare primary	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Req	Req	Req	Absent	Absent	Absent
X098 Other Coverage filing indicator: Medigap	Absent	Absent	Req	Absent	Absent	Absent	Req	Absent	Absent	Absent		Absent	Absent	
X098 Other Coverage claim level Adjustment	Absent	Absent	Absent	Absent	Req	Req	Req	Req	Req	Req	Req	Req	Req	Req
X098 Other Payer prior payment amount	Absent	Absent	Absent	Absent					Req	Req	Req	Req	Req	Req
X098 Other Payer total Approved amount	Absent	Absent	Absent	Absent										
X098 Other Payer total Allowed amount	Absent	Absent	Absent	Absent	Req	Req	Req	Req	Req	Req	Req	Req	Req	Req

Certification of 837 Professional
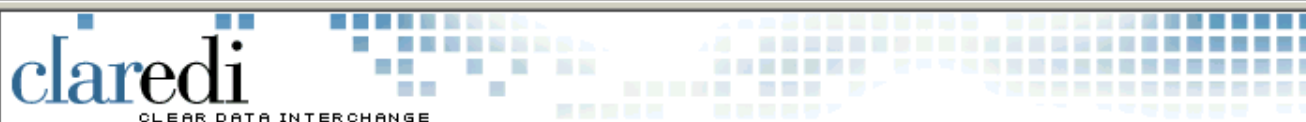
– Additional Claim elements ("features")

- Pay-to Provider
- Representative Payee
- Referring Provider
- Purchased Service Provider
- Patient Amount Paid
- Prior Authorization
- Etc.

Certification of 837 Professional

- Certifiable "capabilities"
  - Medicare type of claim
    - » Specialty, POS, other
  - Medicare payer
    - » Primary, MSP, COB
  - Additional claim "features"
    - » Claim level, service level, identifiers, COB, etc.
- Overwhelming number of possible permutations!
  - Example: 837 Medicare Professional: 33 x 14 x 20 = 9,240
- Is it useful to certify "capabilities" and "features" by themselves instead of all the permutations?
  - Example: 837 Medicare Professional: 33 + 14 + 20 = 67
- Is it feasible to do otherwise?

Trading Partner Specific

- Unavoidable under HIPAA
- Business Requirements
  - State mandates
- How do we communicate to providers and vendors
  - Companion Documents
    - Human readable
  - Computerized verification of "match"
    - One-on-one "gap" analysis

File   Edit   View   Favorites   Tools   Help

Address https://www.claredi.com/myaccount/requirements.php

Back   Search   Favorites   History

claredi
CLEAR DATA INTERCHANGE

home ▶my account HIPAA free stuff customer support

Submit File for Analysis
History
Receive Test Files
Build a Test File
My Capabilities
My Requirements
My Group
My Contract
My Invoice/Receipt
Search Directory
Change Account Info
Change Password
Feedback
Logout

Edit 'ACME Insurance non-emergency transport (cab)' Requirement

Require	Allowed	Name
●	○	AmbulanceCertificationConditionCode1
○	●	AmbulanceCertificationConditionCode2
○	●	AmbulanceCertificationConditionCode3
○	●	AmbulanceCertificationConditionCode4
○	●	AmbulanceCertificationConditionCode5
●	○	AmbulanceCertificationConditionIndicator
○	●	AmbulancePatientWeight
●	○	AmbulanceRoundTripPurposeDescription
○	●	AmbulanceStretcherPurposeDescription
●	○	AmbulanceTransportCode
●	○	AmbulanceTransportDistance
●	○	AmbulanceTransportReasonCode
○	●	AttachmentFormIdentifier
○	●	AttachmentFormIdentifier-AS
○	●	AttachmentFormIdentifier-UT
○	●	AttachmentQuestionNumber HCFA DMERC CMN Forms
○	●	AttachmentQuestionResponse1
○	●	AttachmentQuestionResponse2
○	●	AttachmentQuestionResponse3

https://www.claredi.com/myaccount/requirements.php#   Internet

claredi
CLEAR DATA INTERCHANGE

home ▸ my account │ HIPAA │ free stuff │ customer support

Details of match for Medicare B spinal manip. claim

Medicare B spinal manip. claim

Requirement Name	Requirement	Match
TransactionSetIdentifierCode	Required	✔
TransactionSetControlNumber	Required	✔
TransactionSetPurposeCode	Required	✔
TransactionSetOriginatorApplicationTransactionIdentifier	Required	✔
TransactionSetCreationDate	Required	✔
TransactionSetCreationTime	Required	✔
TransactionSetClaimOrEncounterIndicator	Required	✔
TransactionSetTransmissionTypeCode	Allowed	✔
SubmitterLastOrOrganizationName-1	Allowed	
SubmitterLastOrOrganizationName-2	Allowed	✔
SubmitterFirstName	Allowed	
SubmitterMiddleName	Allowed	
SubmitterPrimaryIdentificationNumber-46	Required	✔
SubmitterAdditionalName	Allowed	
SubmitterContactName	Required	✔
SubmitterContactCommunicationNumber1-ED	Allowed	
SubmitterContactCommunicationNumber1-EM	Allowed	
SubmitterContactCommunicationNumber1-FX	Allowed	
SubmitterContactCommunicationNumber1-TE	Allowed	✔
SubmitterContactCommunicationNumber2-ED	Allowed	
SubmitterContactCommunicationNumber2-EM	Allowed	
SubmitterContactCommunicationNumber2-EX	Allowed	
SubmitterContactCommunicationNumber2-FX	Allowed	
SubmitterContactCommunicationNumber2-TE	Allowed	

BillingProviderLastOrOrganizationalName-1	Allowed	✓
BillingProviderLastOrOrganizationalName-2	Allowed	
BillingProviderFirstName	Allowed	✓
BillingProviderMiddleName	Allowed	✓
BillingProviderNameSuffix	Allowed	
BillingProviderPrimaryIdentificationNumber-24	Allowed	
BillingProviderPrimaryIdentificationNumber-34	Allowed	✓
BillingProviderPrimaryIdentificationNumber-XX	Allowed	
BillingProviderAdditionalName	Allowed	
BillingProviderAddress1	Required	✓
BillingProviderAddress2	Allowed	
BillingProviderCityName	Required	✓
BillingProviderStateOrProvinceCode	Required	✓
BillingProviderPostalZoneOrZIPCode	Required	✓
BillingProviderCountryCode	Allowed	
BillingProviderAdditionalIdentifier-0B	Allowed	
BillingProviderAdditionalIdentifier-1A	Allowed	
BillingProviderAdditionalIdentifier-1B	Allowed	
BillingProviderAdditionalIdentifier-1C	Required	✗
BillingProviderAdditionalIdentifier-1D	Allowed	
BillingProviderAdditionalIdentifier-1G	Allowed	
BillingProviderAdditionalIdentifier-1H	Allowed	
BillingProviderAdditionalIdentifier-1J	Allowed	
BillingProviderAdditionalIdentifier-B3	Allowed	
BillingProviderAdditionalIdentifier-BQ	Allowed	
BillingProviderAdditionalIdentifier-EI	Allowed	
BillingProviderAdditionalIdentifier-FH	Allowed	
BillingProviderAdditionalIdentifier-G2	Allowed	✓
BillingProviderAdditionalIdentifier-G5	Allowed	
BillingProviderAdditionalIdentifier-LU	Allowed	
BillingProviderAdditionalIdentifier-SY	Allowed	
BillingProviderAdditionalIdentifier-U3	Allowed	
BillingProviderAdditionalIdentifier-X5	Allowed	

New paradigm

- Testing for X12/HIPAA requirements
  - Satisfies my transaction needs
  - Unit testing. Testing by "modules"
- Certification of compliance
  - Satisfies the law
  - Detailed certified "capabilities"
- Test against transaction "subsets"
  - Enables interoperability. Business needs.
- Matching of capabilities and requirements
  - Satisfies my trading partner's and my needs

Contact

Kepa Zubeldia
President and CEO
Kepa.Zubeldia@claredi.com
(801) 444-0339 x205