

Athens Area Health Plan Select, Inc.

HIPAA EDI Companion Guide

**Refers to the ASCX12N National
Electronic Data Interchange
Transaction Set Implementation
and Addenda Guides, version
004010A1**

Companion Guide Version 4.0

October 14, 2003

Disclosure Statement

This document is intended to be a companion guide for use in conjunction with the ASCX12N National Electronic Data Interchange Transaction Set Implementation and Addenda Guides. The information in this document is provided for Athens Area Health Plan Select, Inc. (AAHPS) and its associated Trading Partners.

This document contains clarifications as permitted by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Standard for Electronic Transactions. This document is not intended to convey information that exceeds the requirements or usages of data expressed in the ASCX12N National Electronic Data Interchange Transaction Set Implementation and Addenda Guides defined by HIPAA.

This document is not intended, and should not be regarded, as a substitute for the ASCX12N National Electronic Data Interchange Transaction Set Implementation and Addenda Guides.

AAHPS may make improvements and/or changes to the information contained in this document without notice. Please refer to www.aahps.com for the most recent version of this document.

2003 Athens Area Health Plan Select, Inc.

This document may be copied and distributed without direct permission from the author.

Preface

This companion guide is intended to convey information that is within the framework of the ASC X12N Implementation Guides adopted for use under HIPAA. This companion guide to the ASCX12N National Electronic Data Interchange Transaction Set Implementation and Addenda Guides adopted under HIPAA will clarify and specify the data content being requested when data is transmitted electronically to AAHPS. Transmissions based on this companion guide, used in tandem with the X12N Implementation Guides, are compliant with X12 syntax, those guides, and HIPAA.

Table of Contents

1. Introduction
 - 1.1. Scope
 - 1.2. References
2. Contingency Plan
 - 2.1. Basic Premise
 - 2.2. Background
 - 2.3. Specifics
 - 2.4. Special Arrangements
3. Getting Started
 - 3.1. Communicate Plans
 - 3.2. Initiate Testing
 - 3.3. Formalize Agreement(s)
4. Contact Information
 - 4.1. EDI Customer Service and Technical Assistance
 - 4.2. Non-EDI Customer Service and Assistance
 - 4.3. Applicable Websites
5. 837 Health Care Claim: Institutional
 - 5.1. General Notes
 - 5.2. Data Content and Limitations
6. 837 Health Care Claim: Professional
 - 6.1. General Notes
 - 6.2. Data Content and Limitations
7. 837 Health Care Claim: Professional
 - 7.1. General Notes
 - 7.2. Data Content and Limitations

Appendix A: Trading Partner Agreement

Appendix B: Frequently Asked Questions

1. Introduction

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 is intended to provide better access to health insurance, limit fraud and abuse, and reduce administrative costs of the health care industry. The provisions for administrative simplification contained within HIPAA require the Secretary of the Department of Health and Human Services (HHS) to adopt standards to support the electronic exchange of administrative and financial health care transactions. These transactions primarily occur between health care providers and health insurance plans or clearinghouses. HIPAA directs the Secretary of HHS to adopt standards for transactions to enable health information to be exchanged electronically and to adopt specifications for implementing each standard.

1.1 Scope

This companion guide explains the procedures and requirements necessary for Trading Partners of Athens Area Health Plan Select, Inc. (AAHPS) to transmit HIPAA standard transactions. These transactions could include:

- 837 Health Care Claim: Dental
- 837 Health Care Claim: Professional
- 837 Health Care Claim: Institutional
- 835 Health Care Claim Payment/Advice
- 270/271 Health Care Eligibility Benefit Inquiry and Response
- 276/277 Health Care Claim Status Request and Response
- 278 Health Care Services Review-Request for Review and Response
- 834 Benefit Enrollment and Maintenance
- 820 Payroll Deducted and Other Group Premium Payment for Insurance Products

This companion guide is intended to convey information that is within the framework of the ASC X12N Implementation Guides adopted for use under HIPAA. Transmissions based on this companion guide, used in tandem with the X12N Implementation Guides, are compliant with X12 syntax, those guides, and HIPAA.

1.2 References

Additional information on the HIPAA Final Rule for Standards for Electronic Transmissions and the endorsed Implementation Guides can be found at:

- <http://www.cms.gov/hipaa/hipaa2> (HIPAA Administrative Simplification)
- <http://www.wpc-edi.com> (Washington Publishing Company)

2. Contingency Plan

2.1 Basic Premise

After October 16, 2003, business with HPS can be conducted without change.

2.2 Background

The Center for Medicare and Medicaid Services (CMS) has urged the adoption of contingency plans to help advance the implementation of the defined HIPAA standard transactions. These plans are to prevent any significant disruption in healthcare administrative and financial services.

To that end, AAHPS has announced a contingency plan which supports the following goals:

- To provide the same level of service and method of conducting business,
- To supply and accommodate HIPAA standard transactions where capable, and
- To offer a web-enabled solution for HIPAA standard transactions by first quarter of 2004.

2.3 Specifics

AAHPS will accommodate the following transactions in the existing format (paper, telephone, and electronic WebMD proprietary) and HIPAA format ***without special arrangements***:

- Claims (837): Institutional, Professional, Dental

HPS will accommodate the following transactions in the existing format (paper or telephone) without special arrangements; however, ***requires special arrangements for the HIPAA format***:

- Remittance Advice (835)
- Benefit Enrollment and Member Maintenance (834)
- Patient Insurance Eligibility (270/271)
- Claim Status (276/277)
- Patient Referral and Authorization (278)
- Payroll Deducted and Group Premium Payments (820)

2.4 Special Arrangements

Please contact AAHPS Provider Relations to discuss your HIPAA transaction needs and receive information describing options available.

3. Getting Started

3.1 Communicate Plans

Please advise AAHPS Provider Relations of your intention to use any of the HIPAA standard transactions. AAHPS Provider Relations will help you understand the processes necessary for implementing any production HIPAA standard transactions.

3.2 Initiate Testing

WebMD has been designated as AAHPS's clearinghouse for all healthcare claims (837 transactions). WebMD will guide you through a process to ensure your 837 transactions can properly be transmitted to AAHPS. Please establish a relationship with WebMD to begin using the following HIPAA standard transactions with AAHPS:

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

AAHPS has established internal processes for specific HIPAA standard transactions. AAHPS will guide you through a process to ensure your HIPAA standard transactions can properly be transmitted to AAHPS. Please contact AAHPS Provider Relations to begin using the following HIPAA standard transactions with AAHPS:

- 835 Health Care Claim Payment/Advice
- 270/271 Health Care Eligibility Benefit Inquiry and Response
- 276/277 Health Care Claim Status Request and Response
- 278 Health Care Services Review-Request for Review and Response
- 834 Benefit Enrollment and Maintenance
- 820 Payroll Deducted and Other Group Premium Payment for Insurance Products

3.3 Formalize Agreement(s)

A Trading Partner Agreement (TPA) must be signed prior to production implementation of any HIPAA transaction. AAHPS has a pre-written Trading Partner Agreement available for review (Appendix A). The Trading Partner Agreement is a legal document which may require the advice of legal counsel.

4. Contact information

4.1 EDI Customer Service and Technical Assistance

Electronic Data Interchange (EDI) customer service and technical assistance requests focus solely on the generation, processing, and/or transmission of a HIPAA standard transaction. EDI customer service and technical assistance requests will not focus on transaction results such as claim payment and remittance advice, member maintenance, or member eligibility.

Please contact WebMD Customer Solutions at (800) 845.6592 for information on the following HIPAA standard transactions:

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

Please contact AAHPS Provider Relations for information on the following HIPAA standard transactions:

- 835 Health Care Claim Payment/Advice
- 270/271 Health Care Eligibility Benefit Inquiry and Response
- 276/277 Health Care Claim Status Request and Response
- 278 Health Care Services Review-Request for Review and Response
- 834 Benefit Enrollment and Maintenance
- 820 Payroll Deducted and Other Group Premium Payment for Insurance Products

4.2 Non-EDI Customer Service and Assistance

Non-EDI customer service and assistance requests focus solely on transaction results such as claim payment and remittance advice, member maintenance, or member eligibility. Non-EDI customer service and assistance requests will not focus on the generation, processing, and/or transmission of a HIPAA standard transaction.

Please contact AAHPS Provider Relations for Non-EDI Customer Service and Assistance.

4.3 Applicable Websites

- <http://www.healthplanselect.com> (Athens Area Health Plan Select)
- <http://www.webmdenvoy.com> (WebMD Clearinghouse)

5. 837 Health Care Claim: Institutional

5.1 General Notes

Currently, AAHPS does not support payer-to-payer Coordination of Benefits (COB) using Loop 2320.

5.2 Data Content and Limitations

In addition to the WebMD EDI Companion Guides, please refer to the following information when setting up your system for the 837 Institutional Claims:

Loop	Name	Value	Comments
2010AA	Billing Provider Name	NM108 = 24 NM109 = Tax ID	Billing entities are identified by the Federal Tax ID Number.
2010AA	Billing Provider Contact Information	PER03 = TE	Only telephone contact information is supported.
2010AB	Pay-To Provider Name	NM108 = 24 NM109 = Tax ID	Pay-to providers are identified by the Federal Tax ID Number.
2010BC	Payer Name	NM103 = Health Plan Select NM108 = PI NM109 = 95691	AAHPS is formally identified by the NAIC number.
2010BC	Payer Address	N3 = PO Box 382767	AAHPS uses a lockbox to receive paper correspondence.
2010BC	Payer City/State/Zip Code	N401 = Birmingham N402 = AL N403 = 352382767	AAHPS uses a lockbox to receive paper correspondence.
2300	Diagnosis Related Group (DRG) Information		AAHPS stipulates use of DRG in certain provider contracts. Review your contract for specifics.
2300	Other Diagnosis Information		AAHPS is limited to nine (9) additional diagnosis codes.
2300	Other Procedure Information		AAHPS is limited to five (5) additional procedure codes.
2300	Occurrence Span Information		AAHPS is limited to six (6) occurrence spans.
2300	Occurrence Information		AAHPS is limited to eight (8) occurrence information codes.
2310A	Attending Physician Name	NM108 = 24 NM109 = Tax ID	AAHPS identifies providers by the Federal Tax ID Number.
2310B	Operating Physician Name	NM108 = 24 NM109 = Tax ID	AAHPS identifies providers by the Federal Tax ID Number.

Loop	Name	Value	Comments
2310C	Other Physician Name	NM108 = 24 NM109 = Tax ID	AAHPS identifies providers by the Federal Tax ID Number.
2320	Other Subscriber Information		AAHPS requires information on other known subscribers for adjudication.
2320	Claim Level Adjustment		Suggested, if available; however, does not impact adjudication.
2330B	Other Payer Name		AAHPS requires information on other known payers.
2400	Service Line Number		AAHPS is limited to 499 claim lines.
2420A	Attending Physician Name		AAHPS is limited to claim level physician designations.
2420B	Operating Physician Name		AAHPS is limited to claim level physician designations.
2420C	Other Provider Name		AAHPS is limited to claim level physician designations.
2430	Service Line Adjudication Information		AAHPS requires information on other known subscribers for adjudication.

6. 837 Health Care Claim: Professional

6.1 General Notes

Currently, AAHPS does not support payer-to-payer Coordination of Benefits (COB) using Loop 2320.

6.2 Data Content and Limitations

In addition to the WebMD EDI Companion Guides, please refer to the following information when setting up your system for the 837 Professional Claims:

Loop	Name	Value	Comments
2010AA	Billing Provider Name	NM108 = 24 NM109 = Tax ID	Billing entities are identified by the Federal Tax ID Number.
2010AA	Billing Provider Contact Information	PER03 = TE	Only telephone contact information is supported.
2010AB	Pay-To Provider Name	NM108 = 24 NM109 = Tax ID	Pay-to providers are identified by the Federal Tax ID Number.
2010BB	Payer Name	NM103 = Health Plan Select NM108 = PI NM109 = 95691	AAHPS is formally identified by the NAIC number.
2010BB	Payer Address	N3 = PO Box 382767	AAHPS uses a lockbox to receive paper correspondence.
2010BB	Payer City/State/Zip Code	N401 = Birmingham N402 = AL N403 = 352382767	AAHPS uses a lockbox to receive paper correspondence.
2300	Health Care Diagnosis Code		AAHPS is limited to reviewing four (4) diagnosis codes during adjudication.
2310A	Referring Physician Name	NM108 = 24 NM109 = Tax ID	AAHPS identifies providers by the Federal Tax ID Number.
2310B	Rendering Physician Name	NM108 = 24 NM109 = Tax ID	AAHPS identifies providers by the Federal Tax ID Number.
2310C	Purchased Service Provider Name	NM108 = 24 NM109 = Tax ID	AAHPS identifies providers by the Federal Tax ID Number.
2310E	Supervising Provider Name	NM108 = 24 NM109 = Tax ID	AAHPS identifies providers by the Federal Tax ID Number.
2320	Other Subscriber Information		AAHPS requires information on other known subscribers for adjudication.

Loop	Name	Value	Comments
2320	Claim Level Adjustment		Suggested, if available; however, does not impact adjudication.
2330B	Other Payer Name		AAHPS requires information on other known payers.
2400	Service Line		AAHPS is limited to 499 claim lines.
2400	Professional Service		AAHPS is limited to using four (4) diagnosis code pointers.
2420A	Rendering Provider Name		AAHPS is limited to claim level physician designations.
2420B	Purchased Service Provider Name		AAHPS is limited to claim level physician designations.
2420C	Supervising Provider Name		AAHPS is limited to claim level physician designations.
2420E	Ordering Provider Name		AAHPS is limited to claim level physician designations.
2420F	Referring Provider Name		AAHPS is limited to claim level physician designations.
2430	Service Line Adjudication Information		AAHPS requires information on other known subscribers for adjudication.

7. 837 Health Care Claim: Dental

7.1 General Notes

7.2 Data Content and Limitations

In addition to the WebMD EDI Companion Guides, please refer to the following information when setting up your system for the 837 Professional Claims:

Loop	Name	Value	Comments
2010AA	Billing Provider Name	NM108 = 24 NM109 = Tax ID	Billing entities are identified by the Federal Tax ID Number.
2010AA	Billing Provider Contact Information	PER03 = TE	Only telephone contact information is supported.
2010AB	Pay-To Provider Name	NM108 = 24 NM109 = Tax ID	Pay-to providers are identified by the Federal Tax ID Number.
2010BB	Payer Name	NM103 = Health Plan Select NM108 = PI NM109 = 95691	AAHPS is formally identified by the NAIC number.
2010BB	Payer Address	N3 = PO Box 382767	AAHPS uses a lockbox to receive paper correspondence.
2010BB	Payer City/State/Zip Code	N401 = Birmingham N402 = AL N403 = 352382767	AAHPS uses a lockbox to receive paper correspondence.
2310A	Referring Physician Name	NM108 = 24 NM109 = Tax ID	AAHPS identifies providers by the Federal Tax ID Number.
2310B	Rendering Physician Name	NM108 = 24 NM109 = Tax ID	AAHPS identifies providers by the Federal Tax ID Number.
2420A	Rendering Provider Name		AAHPS is limited to claim level physician designations.

Appendix A

Athens Area Health Plan Select, Inc. TRADING PARTNER AGREEMENT

THIS AGREEMENT is entered into on this _____ day of _____, 20____, between Athens Area Health Plan Select, Inc. (hereinafter referred to as “AAHPS”) and _____ (hereinafter referred to as “TRADING PARTNER”).

WITNESSETH:

WHEREAS, TRADING PARTNER agrees to perform certain functions or activities for AAHPS that are subject to certain transaction standards; and

WHEREAS, TRADING PARTNER agrees to conduct these transactions according to the limitations set forth in this agreement.

NOW, THEREFORE, AAHPS and TRADING PARTNER agree as follows:

- I. **Definitions.** The following terms shall have the meaning ascribed to them in this Section. Other capitalized terms shall have the meaning ascribed to them in the context in which they first appear.
 1. **Agreement** shall refer to this document.
 2. **Contract** shall mean the following agreement(s) between AAHPS and TRADING PARTNER (list agreements between COVERED ENTITY and TRADING PARTNER transferring Information).
 3. **HHS Transaction Standard Regulation** shall mean the Code of Federal Regulations at Title 45, Sections 160 and 162.
 4. **Individual** shall mean the person who is the subject of the Information, and has the same meaning as the term “individual” is defined by 45 C.F.R. 164.501.
 5. **Information** shall mean any “health information” provided and/or made available by COVERED ENTITY to TRADING PARTNER, and has the same meaning as the term “health information” is defined by 45 C.F.R. 160.102.
 6. **Parties** shall mean AAHPS and TRADING PARTNER.
 7. **Secretary** shall mean the Secretary of HHS and any other officer or employee of the department of Health and Human Services to whom the authority involved has been delegated.

- II. **Term.** The term of this Agreement shall commence as of _____ (the “Effective Date”), and shall expire when all of the

Information provided by AAHPS to TRADING PARTNER is destroyed or returned to AAHPS pursuant to this agreement.

III. TRADING PARTNER Obligations:

- (a) **No Changes.** TRADING PARTNER hereby agrees that for the Information, it will not to change any definition, data condition or use of a data element or segment as proscribed in the HHS Transaction Standard Regulation. (Ref. 162.915(a))
- (b) **No Additions.** TRADING PARTNER hereby agrees that for the Information, it will not to add any data elements or segments to the maximum denied data set as proscribed in the HHS Transaction Standard Regulation. (Ref. 162.915(b))
- (c) **No Unauthorized Uses.** TRADING PARTNER hereby agrees that for the information, it will not to use any code or data elements that are either marked “not used” in the HHS Transaction Standard’s implementation specifications or are not in the HHS Transaction Standard’s implementation specifications. (Ref. 162.915 (c))
- (d) **No Changes to Meaning or Intent.** TRADING PARTNER hereby agrees that for the Information, it will not to change the meaning or intent of any of the HHS Transaction Standard’s implementation specifications. (ref.162.915(d))

IV. Concurrence for Test Modifications to HHS Transaction Standards.
TRADING

PARTNER agrees and understands that there exists the possibility that AAHPS or others may request an exception from the uses of a standard in the HHS Transaction Standards.

If this occurs, TRADING PARTNER agrees that it will participate in such test modification. (Ref. 162.904(a)(4)).

V. Incorporation of Modifications to HHS Transaction Standards.

TRADING PARTNER agrees and understands that from time-to-time, HHS may modify and set compliance dates for the HHS Transaction Standards. TRADING PARTNER agrees to incorporate by reference into this Agreement any such modifications or changes. (ref. 160.140)

VI. Code Set Retention. Both Parties understand and agree to keep open code sets being processed or used in this Agreement for at least the current billing period or any appeal period, which ever is longer. (ref.162.925(c)(2))

VII. **Property Rights.** The information shall be and remain the property of AAHPS.

TRADING PARTNER agrees that it acquires no title or rights to the Information, including any de-identified information, as a result of this Agreement.

VIII. **Termination of Agreement.** TRADING PARTNER agrees that AAHPS has the right to immediately terminate this Agreement seek relief under the Disputes Article if AAHPS determines that TRADING PARTNER has violated a material term of this Agreement.

(Ref. 164.506(e)(2)(ii)(B)).

IX. **Choice of Law.** This Agreement shall be governed by the law of the State of Georgia.

X. **Disputes.** Any controversy or claim arising out of or relating to the Agreement will be finally settled by compulsory arbitration in accordance with the Commercial Arbitration Rules of the American Arbitration Association (“AAA”), except for injunctive relief as described below in article (or in court of competent jurisdiction).

XI. **Injunctive Relief.** Notwithstanding any rights or remedies provided for in the Disputes Article, AAHPS retains all rights to seek injunctive relief to prevent or stop the unauthorized use or disclosure of Information by TRADING PARTNER or any agent, contractor or third party that received Information from TRADING PARTNER.

XII. **Miscellaneous:**

(a) **Binding Nature and Assignment.** This Agreement shall be binding on the Parties hereto and their successors and assigns, but neither Party may assign this Agreement without the prior written consent of the other, which consent shall not be unreasonably withheld. (Optional)

(b) **Notices.** Whenever under this Agreement one party is required to give notice to the other, such notice shall be deemed given if mailed by First Class United States mail, postage prepaid, and addressed as follows: (Optional)

AAHPS: Athens Area Health Plan Select, Inc.
295 West Clayton Street

Athens, Georgia 30601
Attn: Privacy Manager

TRADING PARTNER:

Either Party may at any time change its address for notification purposes by mailing a notice stating the change and setting forth the new address.

- XIII. **Good Faith.** The Parties agree to exercise good faith in the performance of this Agreement.
- XIV. **Article Headings.** The article headings used are for reference and convenience only, and shall not enter into the interpretation of this Agreement.
- XV. **Force Majeure.** TRADING PARTNER shall be excused from performance under this Agreement for any period TRADING PARTNER is prevented from performing any services pursuant hereto, in whole or in part, as a result of an Act of God, war, civil disturbance, court order, labor dispute or other cause beyond its reasonable control, and such nonperformance shall not be grounds for termination.
- XVI. **Attorney's Fees.** Except as otherwise specified in this Agreement, if any legal action or other proceeding is brought for the enforcement of this Agreement, or because of an alleged dispute, breach, default, misrepresentation, or injunctive action, in connection with any of the provisions of this Agreement, each party shall bear their own legal expenses and the other cost incurred in that action or proceeding.
- XVII. **Entire Agreement.** This Agreement consists of this document and the agreements identified in Article I, and constitutes the entire agreement between the Parties. There are no understandings or agreements relating to this Agreement which are not fully expressed in this Agreement and no change, waiver or discharge of obligations arising under this Agreement shall be valid unless in writing and executed by the Party against whom such change, waiver or discharge is sought to be enforced.
- XVIII. **Indemnification.** AAHPS hereby covenants and agrees to indemnify, defend, and hold harmless the TRADING PARTNERS' officers, directors, employees, and affiliates, from and against any

and all liability, loss, cost, or expense (including, without limitation, reasonable attorneys' fees), arising out of the material breach of this Agreement or the gross negligence or willful misconduct of AAHPS in the performance of its duties and obligations pursuant to this Agreement.

TRADING PARTNERS hereby covenants and agrees to indemnify, defend, and hold harmless AAHPS, and AAHPS's officers, directors, employees, and affiliates, from and against any and all liability, loss, cost, or expense (including, without limitation, reasonable attorney's fees), arising out of the material breach of this Agreement or the gross negligence or willful misconduct of the Client in the performance of its duties and obligations pursuant to this Agreement.

The Party seeking indemnification shall promptly notify in writing the Party from whom indemnification is sought of any claim asserted against it for which such indemnification is sought, and shall promptly deliver to the Party from whom indemnification is sought a true copy of any such claim including, but not limited to, a true copy of any summons or other process, pleading, or notice issued in any lawsuit or other proceeding to assert or enforce such claim. Where acceptance of its obligation to indemnify is deemed proper by the indemnifying Party, such Party reserves the right to control the investigation, trial, and defense of such lawsuit or action (including all negotiations to effect settlement) and any appeal arising therefrom and to employ or engage attorneys of its own choice.

The Party seeking indemnification may, at its own cost, participate in such investigation, trial, and defense of such lawsuit or action and any appeal arising therefrom. The Party seeking indemnification and its employees, agents, servants, and representatives shall provide full cooperation to the indemnifying part at all times during the pendency of the claim or lawsuit, including without limitation, providing them with all available information with respect thereto.

IN WITNESS WHEREOF, TRADING PARTNER and COVERED ENTITY have caused this Agreement to be signed and delivered by their duly authorized representatives, as of the date set forth above.

TRADING PARTNER

By: _____

Print Name: _____

Title: _____

ATHENS AREA HEALTH PLAN SELECT

By: _____

Print Name: _____

Title: _____

Appendix B

Frequently Asked Questions

1. What is the web-enabled solution for HIPAA standard transactions?
 - a. ePower by CSC Inc. will display information from the same database accessed by HPS employees.
2. Why can't I send all HIPAA standard transactions to WebMD?
 - a. HPS relies upon their software vendor, CSC Inc., to provide the relationship with WebMD. CSC Inc. has opted to use WebMD for the 837 and use the ePower product for all remaining transactions.
3. Why does HPS recommend only using the 837 until the web-enabled solution is ready?
 - a. HPS can currently accommodate any HIPAA standard transaction; however, the internal processes are temporary, cumbersome, and labor intensive.
4. What are the special arrangements for using HIPAA standard transactions (except 837) prior to the web-enabled solution?
 - a. Submitters must furnish proof of transaction certification from a third-party entity (i.e. ClarEDI or EDIFECs).
 - b. Submitters must email transactions as an attachment less than 5 MB to HPS. An email address will be provided upon request.
 - c. **For inbound and inquiry/response transactions:** A rejected status in the TA1 or 997 files will result in the rejection of the entire transaction. An accepted status in the TA1 and 997 will result in the acceptance of the entire transaction for processing. The TA1 and 997 files, response transaction, or report will be provided to you via email for your review, correction, and/or resubmission.
 - d. **For outbound transactions:** A transaction file will be sent to the email address on file with HPS when appropriate or agreed upon.
5. How long is the testing period for the 837?
 - a. Testing of the 837 is done with WebMD/Envoy. Contact WebMD/Envoy for their testing requirements.
6. How long is the testing period for transactions other than the 837?
 - a. Testing will cease upon agreement to a trading partner agreement and sufficient comfort levels with the results of testing.
7. Why is a trading partner agreement required?
 - a. HPS seeks to clarify the mutual agreement to exchange legal, HIPAA standard transactions with each submitter via a trading partner agreement.