SANFORD
HEALTH PLAN

Standard Companion Guide
Transaction Information

Instructions related to 837 Health care Institutional & Professional Claims Transactions based on ASC X12 Implementation Guides, version 005010

ASC X12N 837I (005010X223, 005010X223A1 & 005010223A2)
ASC X12N 837P (005010X222 & 005010222A1)

Companion Guide Version Number: 1.0
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Preface

Sanford Health Plan® is accepting X12N 837 Institutional (837I) & X12N 837 Professional (837P) Health Care Claims, as mandated by the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The X12N 837I and 837P versions of the 5010 Standards for Electronic Data Interchange Technical Report Type 3 and Errata (also referred to as Implementation Guides) for the Health Care Institutional and Professional Claims has been established as the standard for Health Care claims transaction compliance.

This document has been prepared to serve as Sanford Health Plan's specific companion guide to the 837I and 837P Transaction Sets. This document supplements but does not contradict any requirements in the 837 I & P Technical Report, Type 3. The primary focus of the document is to clarify specific segments and data elements that should be submitted to Sanford Health Plan on the 837 Institutional & Professional Claim Transactions. This document will be subject to revisions as new versions of the 837 Institutional & Professional Health Care Claim Transaction Set Technical Reports are released.

This document has been designed to aid both the technical and business areas. It contains Sanford Health Plan's specifications for the transactions as well as contact information and key points.

Table of Contents

1 Transaction Instruction (TI)

TI Introduction

1.1 Background

In order to submit a valid transaction, please refer to the National Electronic Data Interchange Transaction Set Technical Report & Errata for the Health Care Claim: Institutional ASC X12N 837 (005010X223, 005010X223A1, 005010X223A2 & 005010X223E1) and the Health Care Claim: Professional ASC X12N 837 (005010X222, 005010X222A1 & 005010X222E1). The Technical Reports can be ordered from the Washington Publishing Company's website at www.wpc-edi.com.

Sanford Health Plan's billing guidelines are not included in this document. Please refer to our website at http://www.sanfordhealth.org/ for these guidelines, or contact Provider Services at 800-601-5086.

Please note Sanford Health Plan is not responsible for any software utilized by the submitter for the creation of an ASC X12N 837I or ASC X12N 837P transactions.

1.2 Intended Use

The Transaction Instruction component of this companion guide must be used in conjunction with an associated ASC X12 Implementation Guide. The instructions in this companion guide are not intended to be stand-alone requirements documents. This companion guide conforms to all the requirements of any associated ASC X12 Implementation Guides and is in conformance with ASC X12's Fair Use and Copyright statements.

2 Included ASC X12 Implementation Guides

This table lists the X12N Implementation Guides for which specific transaction Instructions apply and which are included in Section 3 of this document.

Unique ID	Name
[005010X222	Health Care Claim: Professional (837)]
[005010X223	Health Care Claim: Institutional (837)]

Delimiters Supported

A delimiter is a character used to separate two data elements (or sub-elements) or to terminate a segment. The delimiters are an integral part of the data.

Delimiters are specified in the interchange header segment, ISA. The ISA segment is a 105 byte fixed length record. The data element separator is byte number 4; the component element separator is byte number 105; and the segment terminator is the byte that immediately follows the component element separator.

Once specified in the interchange header, the delimiters are not to be used in a data element value elsewhere in the interchange. Sanford Health Plan HP will implement the following delimiters:

CHARACTER	NAME	DELIMITER
*	Asterisk	Data Element Separator
:	Colon	Sub-element Separator
^	Carrot	Repetition separator
~	Tilde	Segment Terminator

3 Provider Billing Requirements

The 837 Health Care Claim transactions provide a large amount of provider data at both the claim level and the service line level. SHP's claim adjudication system only utilizes the provider data present at the claim level. Much of the provider data is situational and must be provided if the condition is met.

The Billing/Pay-To loop (2000A) is a required loop. At minimum the transaction must have a billing provider. The pay-to, rendering (professional claim) or service facility loops are dependent upon what is entered in the billing loop.

- **Billing Provider Name loop (2010AA)** – is a required loop used to identify the original entity that submitted the electronic claim/encounter. The billing provider entity may be a health care provider, a billing service or some other representative of the provider.

- **Pay-To Provider Name loop (2010AB)** – is a situational loop, required if the pay-to provider is a different entity from the billing provider.

- **Rendering Provider Name (2310B)** – PROFESSIONAL ONLY is a situational loop, required if the rendering provider information is different than that carried in either the billing provider or pay-to provider (2010AA/AB) loops.

Depending on the scenario one or more of the previously mentioned loops might be present in the 837 Health Care Claim transactions. Refer to the scenarios below to determine the loops to be included in your transaction.

4 Scenarios

4.1 Billing Agent Scenario: (Professional or Institutional Claims)

In this scenario the provider, provider group or facility (institutional claims) contracts with a billing agent to perform their billing and reconciliation functions. In this case the following information should be provided:

- Billing Provider Name loop (2010AA) – this loop will contain the billing agent information.
- Pay-To Provider Name loop (2010AB) – this loop will contain the provider, provider group or facility (institutional claims) information. The entity receiving payment for the claim.
- Rendering Provider Name loop (2310B) – PROFESSIONAL CLAIMS. This loop will only be included of the rendering provider is different from the pay-to provider.

4.2 Provider Group Scenario: (Professional Claims)

In this scenario the provider, who performed the services, is a member of a group. In this case the following information should be provided:

- Billing Provider Name loop (2010AA) – this loop will contain the provider group information.
- Pay-To Provider Name loop (2010AB) – this loop will be included if payment is being made to the rendering provider and not the group. It will contain the rendering provider information.
- Rendering Provider Name loop (2310B) – this loop will only be included if the provider group us being paid for the claim (the pay-to provider loop (2010AB) is not included in the transaction). The rendering provider information will be provided in this loop.

4.3 Individual Provider Scenario: (Professional Claims)

In this scenario the provider is submitting the claim for payment. In this case the following information should be provided:

- Billing Provider Name loop (2010AA) – this loop will contain the rendering provider information.
- Pay-To Provider Name loop (2010AB) – this loop will not be included.
- Rendering Provider Name loop (2310B) – this loop will not be included.

4.4 Service Facility Scenario: (Institutional Claims)

In this scenario the facility is submitting the claim for payment. In this case the following information should be provided:

- Billing Provider Name loop (2010AA) – this loop will contain the facility information.
- Pay-To Provider Name loop (2010AB) – this loop will not be included.

Note: If a clearinghouse is employed to format and transmit the 837 transaction, the clearinghouse information should be sent in the Submitter Name loop (1000A).

5 Instruction Tables

837 Health Care Claim: Institutional

Table 1 – INTERCHANGE CONTROL HEADER

Loop ID	Segment ID	Segment Name	Data Element	Element Name	Usage	Description
NA	ISA	Usage Indicator	ISA15	Usage Indicator	R	"P"=Production "T"=Test

Table 2 – Header

Loop ID	Segment ID	Segment Name	Data Element	Element Name	Usage	Description
NA	BHT	Beginning of Hierarchical Transaction	BHT02	Transaction Set Purpose Code	R	'**00**' = Original
NA	BHT	Beginning of Hierarchical Transaction	BHT06	Claim or Encounter Identifier	R	'**CH**' SHP uses chargeable claims only
1000A	NM1	Submitter Name	NM109	Submitter Identifier	R	SHP will work with trading partners prior to implementation to determine the six-digit submitter code.
1000B	NM1	Receiver Name	NM109	Receiver Primary Identifier	R	'**SHP**'

Table 3 - Detail, Billing/Pay-To Provider Hierarchical Level

Loop ID	Segment ID	Segment Name	Data Element	Element Name	Usage	Description
2010AA	NM1	Billing Provider Name	NM108	Identification Code Qualifier	R	National Provider Identifier (NPI) is mandated by Sanford Health Plan. Qualifier "XX" must be submitted here. Employer's Identification Number or the Social Security Number of the provider can be carried in the REF in this loop.

Loop ID	Segment ID	Segment Name	Data Element	Element Name	Usage	Description
2010AA	MN1	Billing Provider Name	NM109	Billing Provider Identifier	R	National Provider Identifier (NPI) is mandated by Sanford Health Plan. Employer's Identification Number or the Social Security Number of the provider can be carried in the REF in this loop.
2010AA	REF	Billing Provider Secondary Identification	REF01	Reference Identification Qualifier	S	'EI' Employer's Identification Number can be submitted in REF102.
2010AB	NM1	Pay-To Provider Name	NM108	Identification Code Qualifier	S	National Provider Identifier (NPI) is mandated by Sanford Health Plan. Qualifier "XX" must be submitted here. Employer's Identification Number or the Social Security Number of the provider can be carried in the REF in this loop.
2010AB	NM1	Pay-To Provider Name	NM109	Pay-to Provider Primary Identification Number	R	National Provider Identifier (NPI) is mandated by Sanford Health Plan. Employer's Identification Number or the Social Security Number of the provider can be carried in the REF in this loop.
2010AB	REF	Pay-To Provider Secondary Identification	REF01	Reference Identification Qualifier	S	'EI' Employer's Identification Number can be submitted in REF102.

Table 4 - Detail, Subscriber Hierarchical Level

Loop ID	Segment ID	Segment Name	Data Element	Element Name	Usage	Description
2000B	SBR	Subscriber Information	SBR01	Payer Responsibility Sequence Number Code	R	This data element is NOT a payer counter. It is a code that indicates the order of responsibility for payment.
2000B	SBR	Subscriber Information	SBR09	Claim Filing Indicator Code	S	'**HM'**
2010BA	NM1	Subscriber Name	NM108	Identification Code Qualifier	R	'**MI**' SHP will use 'ZZ' once HIPAA Indivi Identifier has been adopted.
2010BA	NM1	Subscriber Name	NM109	Subscriber Primary Identifier	R	Each SHP member is uniquely identified (an 11-digit number). SHP strongly recommends treating all patient members as subscribers. If 2010CA loop is used (when subscriber and patient are not the same), fill patient member number (digit) OR subscriber number (first 9- digit).
2010BA	DMG	Subscriber Demographic Information	DMG03	Subscriber Gender Code	R	Must be either "**M**" or "**F**" SHP does not use "U" for unknown".
2010BC	NM1	Payer Name	NM103	Payer Name	R	'**SHP**' – Destination payer name
2010BC	NM1	Payer Name	NM108	Identification Code Qualifier	R	'**PI**' = Payor Identification Use 'PI' Payer Identifier until the National Plan ID is mandated.
2010BC	NM1	Payer Name	NM109	Payer Primary Identifier	R	'**SHP**'

Table 4 - Detail, Patient Hierarchical Level

Loop ID	Segment ID	Segment Name	Data Element	Element Name	Usage	Description
2010CA	NM1	Patient Name	NM108	Identification Code Qualifier	S	'**MI**' SHP will use 'ZZ' once HIPAA Individual Identifier has been adopted.
2010CA	NM1	Patient Name	NM109	Patient Primary Identifier	S	Each SHP member is uniquely identified (an 11-digit number). If 2010CA loop is used (when subscriber and patient are not the same), fill in here with the patient's SHP member number (11-digit) and fill in Element NM109 of loop 2010BA with the patient member number (11-digit) as well OR subscriber number (first 9-digit).
2010CA	DMG	Patient Demographic Information	DMG03	Gender Code	R	Must be either "**M**" or "**F**" SHP does not use "U" for unknown".
2300	DTP	Statement Dates	DTP03	Date Time Period	R	From and Through dates must equal total of accommodation units on inpatient claims.
2300	DTP	Admission Date/Hour	DTP03	Date Time Period	S	Date of Admission required on inpatient claims.
2300	CL1	Institutional Claim Code			**R**	SHP requires Admission Type Code and Admission Source Code for hospital based in this field. If Admission Source Code is used, Admission Type Code must be submitted as well.

Loop ID	Segment ID	Segment Name	Data Element	Element Name	Usage	Description
2300	PWK	Claim Supplemental Information	PWK02	Attachment Transmission Code	R	Use '**AA**' -- Available on Request at Provider Site.
2300	REF	Original Reference Number (ICN/DCN)	REF02	Claim Original Reference Number	R	The control number assigned to the original bill by the payer to identify a unique claim. If this is a correction to a previously submitted claim use the SHP claim number prefixed by an '**RC**'.
2300	REF	Prior Authorization or Referral Number	REF02	Reference Identification	S	If submitted, SHP requires a numeric value with maximum of 9 digits.
2310E	NM1	Service Facility Name	NM108	Identification Code Qualifier	S	National Provider Identifier (NPI) is mandated by Sanford Health Plan. Qualifier "XX" must be submitted here. Employer's Identification Number or the Social Security Number of the provider can be carried in the REF in this loop.
2310E	NM1	Service Facility Name	NM109	Service Facility Primary Identifier	R	National Provider Identifier (NPI) is mandated by Sanford Health Plan. Employer's Identification Number or the Social Security Number of the provider can be carried in the REF in this loop.
2310E	REF	Service Facility Secondary Identification	REF01	Reference Identification Qualifier	S	'EI' Employer's Identification Number can be submitted in REF102

Loop ID	Segment ID	Segment Name	Data Element	Element Name	Usage	Description
2400	SV2	Institutional Service Line	SV201	Product/Service ID	S	SHP requires CPT/HCPCS codes.
2400	SV2	Institutional Service Line	SV202	Composite Medical Procedure Identifier		SHP requires CPT/HCPCS codes.

837 Health Care Claim: Professional

Table 1 – INTERCHANGE CONTROL HEADER

Loop ID	Segment ID	Segment Name	Data Element	Element Name	Usage	Description
NA	ISA	Usage Indicator	ISA15	Usage Indicator	R	"P"=Production "T"=Test

Table 2 – Header

Loop ID	Segment ID	Segment Name	Data Element	Element Name	Usage	Description
NA	BHT	Beginning of Hierarchical Transaction	BHT02	Transaction Set Purpose Code	R	'**00**' = Original
NA	BHT	Beginning of Hierarchical Transaction	BHT06	Claim or Encounter Identifier	R	'**CH**' SHP uses chargeable claims only
1000A	NM1	Submitter Name	NM109	Submitter Identifier	R	SHP will work with trading partners prior to implementation to determine the six-digit submitter code.
1000B	NM1	Receiver Name	NM109	Receiver Primary Identifier	R	'**SHP**'

Table 3 - Detail, Billing/Pay-To Provider Hierarchical Level

Loop ID	Segment ID	Segment Name	Data Element	Element Name	Usage	Description
2010AA	NM1	Billing Provider Name	NM108	Identification Code Qualifier	R	National Provider Identifier (NPI) is mandated by Sanford Health Plan. Qualifier "XX" must be submitted here. Employer's Identification Number or the Social Security Number of the provider must be carried in the REF in this loop.
2010AA	MN1	Billing Provider Name	NM109	Billing Provider Identifier	R	National Provider Identifier (NPI) is mandated by Sanford Health Plan. Employer's Identification Number or the Social Security Number of the provider must be carried in the REF in this loop.
2010AA	REF	Billing Provider Secondary Identification	REF01	Reference Identification Qualifier	S	'EI' Employer's Identification Number can be submitted in REF102.
2010AB	NM1	Pay-To Provider Name	NM108	Identification Code Qualifier	S	National Provider Identifier (NPI) is mandated by Sanford Health Plan. Qualifier "XX" must be submitted here. Employer's Identification Number or the Social Security Number of the provider must be carried in the REF in this loop.
2010AB	NM1	Pay-To Provider Name	NM109	Pay-to Provider Primary Identification Number	R	National Provider Identifier (NPI) is mandated by Sanford Health Plan. Employer's Identification Number or the Social Security Number of the provider must be carried in the REF in this loop.
2010AB	REF	Pay-To Provider Secondary Identification	REF01	Reference Identification Qualifier	S	'EI' Employer's Identification Number can be submitted in REF102.

Table 4 - Detail, Subscriber Hierarchical Level

Loop ID	Segment ID	Segment Name	Data Element	Element Name	Usage	Description
2000B	SBR	Subscriber Information	SBR01	Payer Responsibility Sequence Number Code	R	This data element is NOT a payer counter. It is a code that indicates the order of responsibility for payment.
2000B	SBR	Subscriber Information	SBR09	Claim Filing Indicator Code	S	'**HM'**
2010BA	NM1	Subscriber Name	NM108	Identification Code Qualifier	R	'**MI**' SHP will use 'ZZ' once HIPAA Individual Identifier has been adopted.
2010BA	NM1	Subscriber Name	NM109	Subscriber Primary Identifier	R	Each SHP member is uniquely identified (an 11-digit number). SHP strongly recommends treating all patient members as subscribers. If 2010CA loop is used (when subscriber and patient are not the same), fill patient member number (11-digit) OR subscriber number (first 9-digit).
2010BA	DMG	Subscriber Demographic Information	DMG03	Subscriber Gender Code	R	Must be either "**M**" or "**F**" SHP does not use "U" for unknown".
2010BB	NM1	Payer Name	NM103	Payer Name	R	'**SHP**' – Destination payer name
2010BB	NM1	Payer Name	NM108	Identification Code Qualifier	R	'**PI**' = Payor Identification Use 'PI' Payer Identifier until the National Plan ID is mandated.
2010BB	NM1	Payer Name	NM109	Payer Primary Identifier	R	'**SHP**'

Table 4 - Detail, Patient Hierarchical Level

Loop ID	Segment ID	Segment Name	Data Element	Element Name	Usage	Description
2010CA	NM1	Patient Name	NM108	Identification Code Qualifier	S	'**MI**' SHP will use 'ZZ' once HIPAA Individual Identifier has been adopted.
2010CA	NM1	Patient Name	NM109	Patient Primary Identifier	S	Each SHP member is uniquely identified (an 11-digit number). If 2010CA loop is used (when subscriber and patient are not the same), fill in here with the patient's SHP member number (11-digit) and fill in Element NM109 of loop 2010BA with the patient member number (11-digit) as well OR subscriber number (first 9-digit).
2010CA	DMG	Patient Demographic Information	DMG03	Gender Code	R	Must be either "**M**" or "**F**" SHP does not use "U" for unknown".
2300	CLM	Claim Information	CLM05-3	Claim Frequency Code	R	Claim submission reason code. Use "**1**" Original for new claims
2300	PWK	Claim Supplemental Information	PWK02	Attachment Transmission Code	R	Use '**AA**' -- Available on Request at Provider Site.
2300	REF	Prior Authorization or Referral Number	REF02	Reference Identification	R	If submitted, SHP requires a numeric value with maximum of 9 digits.

Loop ID	Segment ID	Segment Name	Data Element	Element Name	Usage	Description
2300	REF	Original Reference Number (ICN/DCN)	REF02	Claim Original Reference Number	R	The control number assigned to the original bill by the payer to identify a unique claim. If this is a correction to a previously submitted claim use the SHP claim number prefixed by an '**RC**'.
2310B	NM1	Rendering Provider Name	NM108	Identification Code Qualifier	R	National Provider Identifier (NPI) is mandated by Sanford Health Plan. Qualifier "XX" must be submitted here. Employer's Identification Number or the Social Security Number of the provider must be carried in the REF in this loop.
2310B	NM1	Rendering Provider Name	NM109	Rendering Provider Primary Identifier	R	National Provider Identifier (NPI) is mandated by Sanford Health Plan. Employer's Identification Number or the Social Security Number of the provider must be carried in the REF in this loop.
2310B	REF	Rendering Provider Secondary Identification	REF01	Reference Identification Qualifier	S	'EI' Employer's Identification Number can be submitted in REF102.
2310D	NM1	Service Facility Location	NM101 – NM109		S	This loop is required when the location of health care service is different than that carried in the 2010AA (Billing Provider) or 2010AB (Pay-To-Provider) loops

Loop ID	Segment ID	Segment Name	Data Element	Element Name	Usage	Description
2400	SV1	Professional Service	SV101 - 1	Product/Service ID Qualifier	R	Use "**HC**" Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes.
2400	SV1	Professional Service	SV101 - 3	Procedure Modifier	R	Required when a modifier clarifies/improves the reporting accuracy of the associated procedure code. Standard modifiers are required for technical and professional component services. Submit modifier **TC** if billing for technical component; submit modifier **26** if billing for professional component services. Please continue to bill with standard modifiers when other services require them. Refer to the CPT and HCPCS manuals for a complete listing of standard modifiers.

Interchange Control Header Segment (ISA)

HEADER					
Data Element	**Element Name**	**Size**	**Usage**	**Expected Value**	**Comments**
ISA01	Authorization Information Qualifier	2	R	**00**	No Authorization Information Present.
ISA02	Authorization Information	10	R	[Submitter-specific ID number, or ten-space placeholder]	If no Authorization Information number is present, simply enter10 spaces in this field.
ISA03	Security Information Qualifier	2	R	**00**	No Security Information Present.
ISA04	Security Information/Password	10	R	[Submitter-specific ID number, or ten-space placeholder]	If no Authorization Information number is present, simply enter10 spaces in this field.
ISA05	Interchange ID Qualifier/Trading Partner Qualifier	2	R		Refer to the implementation guide for a list of valid qualifiers
ISA06	Interchange Sender ID/Trading Partner ID	15	R		Refer to the implementation guide specifications
ISA09	Interchange Date	6	R	The date (ISA09) is expected to be no more than 7 days before the file is received. Any date that does not meet this criterion may cause the file to be rejected.	Date format: YYMMDD
ISA10	Interchange Time	4	R		Refer to the implementation guide specifications. Time format: HHMM
ISA11	Interchange Control Standards ID	1	R	'**U**'	Use the value specified in the implementation guide

HEADER					
Data Element	**Element Name**	**Size**	**Usage**	**Expected Value**	**Comments**
ISA12	Interchange Control Version Number	5	R	'**00501**'	Use the current standard approved for the ISA/IEA envelope. Other standard will not be accepted
ISA13	Interchange Control Number/Last Control Number	9	R	[Sender-specific control number]	Assigned and maintained by the interchange sender, must be identical to the associated Interchange Trailer, IEA02. Must increment by one number at the end of the value with each file submitted within the same business day (12:00 am to 11:59 pm).
ISA14	Acknowledgement Request	1	R	'**0**'	Use '0' No Acknowledgement Requested. SHP will not be generating the TA1 Interchange Acknowledgement or the 997 Functional Acknowledgement.
ISA15	Usage Indicator/ Acknowledgment Test Indicator	1	R	'**P**' = Production '**T**' = Test	The Usage Indicator should be set appropriately. The value in this element will be verified against the accounts "test" status in ETS and rejected if they do not match
ISA16	Component Element Sub-Element) Separator	1	R		The delimiter must be a unique character not found in any of the data included in the transaction set. This element contains the delimiter that will be used to separate component data elements within a composite data structure. This value must be different from the data element separator and the segment terminator.

Interchange Control Trailer Segment (IEA)

TRAILER					
Data Element	**Element Name**	****	**Usage**	**Expected Value**	**Comments**
IEA01	Number of Included Functional Groups	1/5	R		Count of the number of functional groups in the interchange. Multiple functional groups may be sent in one ISA/IEA envelope. This is the count of GS/GE functional groups included in the interchange structure. Limit the ISA/IEA envelope to one type of functional group i.e. functional identifier code 'HC' Health Care Claim (837). Segregate professional and institutional functional groups into separate ISA/IEA envelopes.
IEA02	Interchange Control Number	9	R		The interchange control number in IEA02 must be identical to the associated interchange header value sent in ISA13. The interchange control number in IEA02 will be compared to the number sent in ISA13. If the numbers do not match the file will be rejected.

Functional Group Header Segment (GS)

HEADER					
Data Element	**Element Name**	**Size**	**Usage**	**Expected Value**	**Comments**
GS01	Functional Identifier Code	2	R	'**HC**' = Health Care Claim	Use the value specified in the implementation guide
GS02	Application Sender's Code	2/15	R		SHP will work with the sender to define a unique submitting code.
GS03	Application Receiver's Code	2/15	R	**'SHP'**	This field will identify how the file is received by SHP. Use "SHP"
GS04	Date	8	R		Refer to the implementation guide specifications. Date format: CCYYMMDD
GS05	Time	4/8	R		Refer to the implementation guide specification. Time format: HHMM
GS06	Group Control Number/Last Control Number	1/9	R		The group control number in GS06, must be identical to the associated group trailer GE02. This value is defined by the sender's system. If SHP eventually implements the 997, this number will be used to identify the functional group being acknowledged.
GS07	Responsible Agency Code	1/2	R	'**X**' = Accredited Standards Committee X12	Use the value specified in the implementation guide
GS08	ANSI Version/Release Industry ID Code	1/12	R	Institutional Addenda Approved for Publication by ASCX12N: '005010X223' Professional Addenda Approved for Publication by ASCX12N: '005010X222'	Use the current standard approved for publication by ASCX12. Other standards will not be accepted.

Functional Group Trailer Segment (GE)

TRAILER					
Data Element	**Element Name**	**Size**	**Usage**	**Expected Value**	**Comments**
GE01	Number of transaction Sets Included	1/6	R		Count of the number of transaction sets in the functional group. Multiple transaction sets may be sent in one GS/GE functional group. Only similar transaction sets may be included in the functional group.
GE02	Group Control Number	1/9	R		The group control number in GE02 must be identical to the associated functional group header value sent in GS06. The group control number in GE02 will be compared to the number sent in GS06. If the numbers do not match the entire file will be rejected.

6 Submitter Reports

- When a compliant file is received, the submitter report (CA277) will typically be available within one business day.

- Submitter reports (CA277) include basic file information: submission status, submission date, reasons for file rejections, and file totals.

7 File Naming convention

Inbound file names (837 files) should follow the following standard,

Sanford[mmddyyyy].837[P or I]

8 Connecting to Sanford Health Plan

Contact Information

If you have any questions, please contact the Sanford Health Plan EDI information desk.

E-mail: healthplan_edi@sanfordhealth.org
Telephone: 605-328-6868
Fax: 605-328-6811 Attn: EDI

Setup Process

Trading partners wishing to participate in Electronic Claims Submission must sign an agreement with Sanford Health Plan. The form is available in Appendix A or can be obtained via fax or on the SHP website at http://www.sanfordhealthplan.org/providers/electronicdatainterchange/

When the setup has been completed, EDI Operations will notify the submitter of the testing procedures. Once EDI Operations reviews testing procedures with the submitter, test claims can be sent to SHP.

Secure ftp submission

EDI Operations will setup a username and password account on Sanford Health Plan's secure FTP server. Once the username and password are assigned, the submitter can start uploading claim transactions to the test environment. Sanford Health Plan will notify the submitter upon the successful completion of testing.

SHP is using SSL based ftp client. In order to be able to connect to SHP ftp server, submitter must install ftp software that supports SSL connection. A free FTP software, Filezilla is available at http://filezilla-project.org/.

SHP ftp hostname is ftp.sanfordhealth.org, and Port# is 990.

Testing

During the testing process, Usage Indicator (ISA15) at the Interchange Control Header Segment must enter "**T**". SHP will examine submitted test transactions for required elements, and will also ensure that the submitter gets a response during the testing process.

When submitter is ready to send an 837 transaction to the production environment, EDI Operations at SHP must be notified. Usage Indicator (ISA15) at the Interchange Control Header Segment must enter "**P**". SHP will move the submitter to the production environment.

Trading Partner Testing

Trading partners wishing to submit claims electronically to Sanford Health Plan must first submit an error free test file and receive verification from Sanford Health Plan that the file loaded correctly, prior to submitting a production file for processing.

9 TI Change Summary

Revision	Revision Date	Comments
1	07/12/2011	Version 5010

TRADING PARTNER AGREEMENT

Between SANFORD HEALTH PLAN

And

TRADING PARTNER (Clearing House/Direct Submitter)

1.0 IDENTITY OF PARTIES

A. Sanford Health Plan is the issuing agency for this Agreement. It will be referred as "SHP" in this Agreement. Sanford Health Plan EDI Department is referred as "EDI Operations". Sanford Health Plan and EDI Department's address is: 300 Cherapa Place Suite 201, Sioux Falls, SD 57103.

To contact EDI Department, please send your e-mail to healthplan_edi@sanfordhealth.org

B. Trading Partner is defined as all entities wishing to establish EDI transaction with Sanford Health Plan. This includes Clearing Houses, individual physicians or health care providers. It is referred as "Trading Partner" or "submitter".

2.0 DURATION OF AGREEMENT

This Agreement is effective on the date of signature by SHP and will remain in effect unless a written notice from either party is issued wishing to terminate the Agreement. This Agreement may be modified at any time upon mutual consent of the parties.

3.0 SCOPE OF SERVICES

A. Upon signing this Agreement, EDI Operations at SHP will setup a user-ID and password account on SHP ftp server or web portal for the Trading Partner wishing to upload data electronically.

B. SHP and the Trading Partner must go through a testing phase. During the testing process, Usage Indicator (ISA15) at the Interchange Control Header Segment must enter "T". SHP will examine submitted test transactions for required elements, and will also ensure that the submitter gets a response during the testing process.

C. When submitter is ready to send a transaction to the production environment, EDI Operations at SHP must be notified. Usage Indicator (ISA15) at the Interchange Control Header Segment must enter "P". SHP will move the submitter to the production environment.

D. The submitted file will be processed the same day it is received. Acknowledgement will not be sent to the submitter unless submitter chooses to have this option available.

4.0 TECHNICAL SPECIFICATION

A. SHP is using SSL based ftp client. In order to be able to connect to SHP ftp server, Trading Partner must install ftp software that supports SSL connection. It is up to the Trading Partner to get this software package.

B. Please refer to the applicable SHP Companion Guide for transaction requirements.

5.0 PRIVACY

SHP and EDI Operations shall comply with all applicable federal and state laws and regulations regarding maintaining the confidentiality of all Trading Partners' records and the information contained therein. SHP and EDI Operations shall not use confidential information for any purpose other than carrying out EDI obligations under this Agreement. SHP and EDI Operation shall establish and enforce policies and procedures for safeguarding the confidentiality of such data. SHP and EDI Operation may be held civilly or criminally liable for improper disclosure.

SHP shall comply with the security of medical data provisions of the Health Insurance Portability and Accountability Act of 1996 and the accompanying regulations. SHP shall comply with the privacy of medical data provision of the Health Insurance Portability and Accountability Act of 1996, including the use of standard transactions in any electronic transactions performed.

6.0 Requested Transactions covered by this agreement:

☐ X12 270/271	☐ X12 820
☐ X12 277ca	☐ X12 834
☐ X12 276/277	☐ X12 835
☐ X12 997/999	☐ X12 837 P/I/D

Check all that apply

7.0 Covered Entity Attestation

☐ Yes, Trading Partner is a covered entity

By the signature below, the Trading Partner hereby represents and warrants that they are a "**Covered Entity**" and in compliance with applicable provisions of the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") as amended by the Health Information Technology for Economic and Clinical Health Act ("HITECH") (enacted as part of the American Recovery and Reinvestment Act of 2009) and the Affordable Care Act ("ACA") (Public Law Nos. 111-148 and 111-152, enacted in March 2010) and the standards, operating rules, and related regulations and guidance promulgated thereunder (referred to collectively, hereinafter, as "the HIPAA requirements"), as may be amended from time to time.

The undersigned representative of the Trading Partner affirms that he or she is duly empowered to represent the Trading Partner for purposes of this attestation and has knowledge confirming the accuracy of this attestation.

Name: _____

Legal Business Name: _____

☐ *Provider* ☐ Clearinghouse/Billing Service ☐ Other _____

Provider's Name: _____

NPI: _____

Tax ID: _____

Address: _____

City _____State _____

Zip Code _____

Technical Representative Name: _____

Technical Representative Telephone Number: _____

Technical Representative E-mail Address: _____

IN WITNESS WHEREOF, the parties hereto have executed this Agreement

This _____ Day of _____, 20_____.

For Sanford Health Plan

Date: _____

BY: _____

G. Wyatt York
DIRECTOR IT-HEALTH PLAN/R&D, INFORMATION SYSTEMS

For the Trading Partner

Date: _____

BY: _____

Printed Name: _____

Position (Title) _____