

## **DHS Weekly Provider Message August 20, 2003**

This week we want to provide you with an update on the status of DHS and Trading Partner HIPAA-readiness and to reiterate the steps you need to take to begin the testing process with DHS. Also, included in this email is important information about DHS companion guides for the 835, 834 and 820, a link to a transaction test data generator tool and some information on local codes.

### **DHS and Trading Partner Readiness**

During the week of August 11<sup>th</sup>, DHS conducted its first external pilot for the 837P and 835 transactions. The pilot was successful on August 19. The pilot confirmed our understanding of the complexity of transitioning to HIPAA compliant transactions and strengthened our belief in increased communications with our trading partners. The road to HIPAA compliance can only be achieved through strong communications and collaboration.

DHS is still planning to begin its controlled business-to-business testing on or before September 2 for the 837P and encourages you to escalate your testing activities either directly or through your vendor or clearinghouse. The sooner you successfully complete testing, the greater the likelihood of success with submission of your electronic claim.

With fewer than 60 days remaining for HIPAA Compliance, DHS is urging its trading partners to become HIPAA ready as soon as possible. To date, less than 50 trading partners, trading partner vendors, or clearinghouses have begun testing with EDIFECs, the DHS required third party testing service. Of those, only 13 have successfully passed level 7 testing for the 837P. With time running out everyone needs to accelerate their testing efforts. The following guidelines identify what you should be doing to complete testing.

**Step 1:** From the DHS website, download the EDI Trading Partner Agreement, complete it and send it to the DHS EDI Registration Team. The packet can be found here:

[http://www.dhs.state.or.us/admin/hipaa/elec\\_business.html#packets](http://www.dhs.state.or.us/admin/hipaa/elec_business.html#packets)

**Step 2:** Once your EDI Registration Packet has been received and processed you will receive an invitation to the DHS EDI third party testing service sponsored by EDIFECs. Once you access the DHS testing web site you will be able to download DHS companion guides and begin testing transactions. Companion Guides can be found here:

[http://www.dhs.state.or.us/admin/hipaa/elec\\_business.html#packets](http://www.dhs.state.or.us/admin/hipaa/elec_business.html#packets)

**Step 3:** Once you have completed your third party testing, you will receive another invitation from the DHS EDI Testing Team that will confirm your testing results and notify you as to the next steps regarding controlled business-to-business testing with DHS.

**Step 4:** You will work with a DHS EDI Testing Team member to establish connectivity and throughout the business-to-business process regarding test results. As testing questions come up please submit them to the following email address:

[DHS.HIPAA TESTING@state.or.us](mailto:DHS.HIPAA TESTING@state.or.us)

**Step 5:** Upon receiving notification from a DHS EDI Testing Team member that you have passed business-to-business testing you may begin sending and receiving HIPAA transactions.

DHS recommends the following actions:

- Whether you have a software vendor to create your own transactions or you use a clearinghouse vendor, ask where the vendor is in the testing phase with DHS. Encourage your vendor to provide you weekly notifications of its testing progress.
- If you have not yet decided on an electronic solution, investigate alternatives as soon as possible. To assist you in your efforts, we have included two attachments from CMS's website entitled "Helpful HIPAA Resources for Medicaid Providers" and "Questions to ask Vendors, TPAs, or Clearinghouses." In addition, please use the websites listed below or call the DHS EDI Registration and Testing Team at 503-947-5347 to address testing issues.

<http://www.dhs.state.or.us/admin/hipaa/>  
<https://www.hipaadesk.com/?ordhs>

### **DHS Companion Guides**

Also attached to this e-mail are the draft companion guides for the 835, 820 and 834 transactions. We have developed these documents from work sessions that we have conducted with representatives of the trading partner community and would like to present them for your review and input prior to publishing them. Please submit your comments or questions to HIPAATESTING by the close of business on Friday, August 29<sup>th</sup>. Our goal is to have them published by the close of business on Friday, September 5<sup>th</sup>.

### **Local Codes**

DHS will continue to accept local codes with valid dates of service. Fee for Service and Encounter Claim processing will occur in the MMIS system using current criteria and edit checks. Trading partners should refer to the specific Companion Guide, for their line of business, for valid codes and their effective dates of service.

DHS continues to work collaboratively with Managed Care Organizations (MCO) to map the 837 HIPAA Adjustment Reason Codes to the current Delete and Disposition Reason Codes.

DHS will meet with Managed Care Trading Partners to assign appropriate mapping of the HIPAA Adjustment Reason Codes to current Disposition and Delete Reason Codes.

Unmapped codes will default to an error message.

The department's goal is to accommodate the MCOs by allowing them to report one code to their providers and DHS.

## Oregon DHS Companion Guide for 820 Capitation Payment

The objectives of this document are:

- \*To clarify what information is required by Dept. of Human Services (DHS) OMAP where the guide indicates that the choice is dependent on the Payer.
- \*To point out preferred selections for data elements where multiple alternatives exist.

This Companion Guide supplements the 820 Implementation Guide Version 004010X061A1.

In order to create an OMAP HIPAA compliant transaction, you must first meet the requirements of the Implementation Guide and then incorporate the payer (OMAP) specific requirements.

OMAP processes all alpha characters in upper case. No special characters used.

Every effort has been made to prevent errors in this document. However if there is a discrepancy between this document and the Implementation Guide, the Implementation Guide is the final authority.

### ISA - Interchange Control Header - page B3

Usage: Required

Segment Max Use within Loop: 1

Loop Repeat: None

Loop ID: None

Example: ISA\*00\*bbbbbbbb\*00\*bbbbbbbb\*ZZ\*123456789bbbb\*ZZ\*ORDHSOMAP\*010801\*1452\*U\*00401\*000000001\*0\*P\*::~

SEGMENT	ELEMENT	USE	Min/Max	ATTRIBUTES		Comments
				Data Type	Codes/Values	
ISA01	Authorization Information Qualifier	R	2/2	ID	00	
ISA03	Security Information Qualifier	R	2/2	ID	00	
ISA05	Sender Interchange ID Qualifier	R	2/2	ID	ZZ	
ISA06	Interchange Sender ID	R	15/15	AN		The sender's identification number as specified in the trading partner's agreement between the sender and OMAP.
ISA07	Interchange Receiver ID Qualifier	R	2/2	ID	ZZ	
ISA08	Interchange Receiver ID	R	15/15	AN	ORDHSOMAP	



## GS - Functional Group Header - page B9

Usage: Required  
 Segment Max Use within Loop: 1  
 Loop Repeat: None  
 Loop ID: None

Example: GS\*HC\*123456789\*ORDHSOMAP\*20010801\*1452\*000000001\*X\*004010X061A1~

SEGMENT	ELEMENT	USE	Min/Max	ATTRIBUTES		Comments
				Data Type	Codes/Values	
GS02	Application Senders Code	R	2/15	AN		Assigned by Oregon DHS OMAP.
GS03	Application Receiver's Code	R	2/15	AN	ORDHSOMAP	
GS06	Group Control Number	R	1/9	N0		Assigned by Sender
GS08	Version/Release/Industry Identifier Code	R	1/12	AN	004010X061A1	

## BPR -- Financial Information - page 35

Usage: Required  
 Segment Max Use within Loop: 1  
 Loop Repeat: 1  
 Loop ID: None

Example: BPR\*I\*100000\*C\*CHK\*\*\*\*\*1930592162\*\*\*\*\*19970401~

SEGMENT	ELEMENT	USE	Min/Max	ATTRIBUTES		Comments
				Data Type	Codes/Values	
BPR01	Transaction Handling Code	R	1/2	ID	I	
BPR02	Total Premium Payment Amount	R	1/18	R		
BPR03	Credit/Debit Flag Code	R	1/1	ID	C	
BPR04	Payment Method Code	R	3/3	ID	CHK	
BPR10	Originating Company Identifier	S	10/10	AN	1930592162	OR DHS Federal Tax ID number preceded by a one (1).
BPR16	Check Issue or EFT Effective Date	R	8/8	DT		

## TRN -- Reassociation Key - page 43

Usage: Required  
 Segment Max Use within Loop: 1  
 Loop Repeat: 1  
 Loop ID: None

Example: TRN\*3\*12345\*1512345678\*~

SEGMENT	ELEMENT	USE	Min/Max	ATTRIBUTES		Comments
				Data Type	Codes/Values	
TRN01	Trace Type Code	R	1/2	ID	3	
TRN02	Check or EFT Trace Number	R	1/30	AN		
TRN03	Originating Company Identifier	S	10/10	AN	1930592162	

## REF -- Premium Receivers Identification Key - page 48

Usage: Situational  
 Segment Max Use within Loop: >1  
 Loop Repeat: >1  
 Loop ID: None

Example: REF\*38\*123456789~

SEGMENT	ELEMENT	USE	Min/Max	ATTRIBUTES		Comments
				Data Type	Codes/Values	
REF01	Reference Identification Qualifier	R	2/3	ID	38	One occurrence of this segment is required for HIPAA Health Plan Capitation Payments.
REF02	Premium Receiver Reference Identifier	R	1/30	AN		The pre-paid health plan number assigned by OMAP

## DTM -- Coverage Period - page 54

Usage: Situational  
 Segment Max Use within Loop: 1  
 Loop Repeat: 1  
 Loop ID: None

Example: DTM\*582\*\*\*\*RD8\*19970101-19970130~

SEGMENT	ELEMENT	USE	Min/Max	ATTRIBUTES		Comments
				Data Type	Codes/Values	
DTM01	Date Time Qualifier	R	3/3	ID	582	
DTM05	Date Time Period Format Qualifier	R	2/3	ID	RD8	
DTM06	Coverage Period	R	1/35	AN	CCYYMMDD- CCYYMMDD	Used to relay the start and end date of the coverage period associated with this capitation payment.

## N1 -- Premium Receiver's Name - page 56

Usage: Required  
 Segment Max Use within Loop: 1  
 Loop Repeat: 1  
 Loop ID: 1000A

Example: N1\*PE\*XYZ INSURANCE\*F1\*123456789~

SEGMENT	ELEMENT	USE	Min/Max	ATTRIBUTES		Comments
				Data Type	Codes/Values	
N101	Entity Identifier Code	R	2/3	ID	PE	
N102	Information Receiver Last or Organization Name	S	1/60	AN		This element is required in HIPAA. The Health Plan name or Oregon Dental Service name.
N103	Identification Code Qualifier	S	1/2	ID	FI	
N104	Receiver Identifier	S	2/80	AN		This element required for HIPAA transaction. The Health Plan or Dental Service TIN.

## N1 -- Premium Payer's Name - page 62

Usage: Required

Segment Max Use within Loop: 1

Loop Repeat: 1

Loop ID: 1000B

Example: N1\*PR\*ABC COMPANY\*F1\*930592162~

SEGMENT	ELEMENT	USE	Min/Max	ATTRIBUTES		Comments
				Data Type	Codes/Values	
N101	Entity Identifier Code	R	2/3	ID	PR	
N102	Premium Payer Name	S	1/60	AN	State of Oregon Dept of Human Services	This element required in HIPAA Health Capitation Payments
N103	Identification Code Qualifier	S	1/2	ID	FI	This element required in HIPAA Health Capitation Payments
N104	Premium Payer Identifier	S	2/80	AN	930592162	DHS Federal Tax ID

## ENT -- Individual Remittance - page 86

Usage: Situational

Segment Max Use within Loop: 1

Loop Repeat: >1

Loop ID: 2000B

Example: ENT\*1\*2J\*ZZ\*030668776~

SEGMENT	ELEMENT	USE	Min/Max	ATTRIBUTES		Comments
				Data Type	Codes/Values	
ENT02	Entity Identifier Code	R	2/3	ID	2J	
ENT03	Identification Code Qualifier	R	1/2	ID	ZZ	The member ID assigned by OMAP.
ENT04	Receiver's Individual Identifier	R	2/80	AN		The OMAP prime number.

## NM1 -- Individual Name - page 88

Usage: Situational

Segment Max Use within Loop: 1

Loop Repeat: >1

Loop ID: 2100B

Example: NM1\*QE\*1\*SHEPARD\*JESSICA\*\*\*\*N\*999887777A~

SEGMENT	ELEMENT	USE	Min/Max	ATTRIBUTES		Comments
				Data Type	Codes/Values	
NM101	Entity Identifier Code	R	2/3	ID	QE	
NM102	Entity Type Qualifier	R	1/1	ID	1	
NM103	Individual Last Name	S	1/35	AN		
NM104	Individual First Name	S	1/25	AN		
NM105	Individual Middle Name	S	1/25	AN		
NM108	Identification Code Qualifier	S	1/2	ID	N	
NM109	Individual Identifier	S	2/80	AN		The OMAP prime number.

## RMR -- Individual Premium Remittance Detail - page 91

Usage: Situational

Segment Max Use within Loop: 1

Loop Repeat: >1

Loop ID: 2300B

Example: RMR\*AZ\*123456789\*\*250.00~

SEGMENT	ELEMENT	USE	Min/Max	ATTRIBUTES		Comments
				Data Type	Codes/Values	
RMR01	Reference Identification Qualifier	R	2/3	ID	AZ	
RMR02	Insurance Remittance Reference Number	R	1/30	AN		
RMR04	Detail Premium Payment Amount	R	1/18	R		The amount paid for this weekly/monthly capitation payment.

## DTM -- Individual Coverage Period - page 94

Usage: Situational

Segment Max Use within Loop: 1

Loop Repeat: >1

Loop ID: 2300B

Example: DTM\*582\*\*\*\*RD8\*19970101-19970130~

SEGMENT	ELEMENT	USE	Min/Max	ATTRIBUTES		Comments
				Data Type	Codes/Values	
DTM01	Date/Time Qualifier	R	3/3	ID	582	Relates to the RMR segment for the individual
DTM05	Date Time Period Format Qualifier	R	2/3	ID	RD8	
DTM06	Coverage Period	R	1/35	AN		The first and last days of capitation coverage.

## Oregon DHS Companion Guide for 834 Enrollment File

The objectives of this document are:

- \*To clarify what information is required by Dept. of Human Services (DHS) OMAP where the guide indicates that the choice is dependent on the Payer.
- \*To point out preferred selections for data elements where multiple alternatives exist.

This Companion Guide supplements the 834 Implementation Guide Version 004010X095A1.

In order to create an OMAP HIPAA compliant transaction, you must first meet the requirements of the Implementation Guide and then incorporate the payer (OMAP) specific requirements.

OMAP processes all alpha characters in upper case. No special characters used.

Every effort has been made to prevent errors in this document. However if there is a discrepancy between this document and the Implementation Guide, the Implementation Guide is the final authority.

### ISA - Interchange Control Header - Page B3

Usage: Required  
 Segment Max Use within Loop: 1  
 Loop Repeat: None  
 Loop ID: None

Example: ISA\*00\*bbbbbbbb\*00\*bbbbbbbb\*ZZ\*123456789bbbb\*ZZ\*381791480bbbb\*010801\*1452\*U\*00401\*000000001\*1\*P\*:-~

SEGMENT	ELEMENT	USE	Min/Max	ATTRIBUTES		Comments
				Data Type	Codes/Values	
ISA01	Authorization Information Qualifier	R	2/2	ID	00	Always '00' (zero, zero) No authorization
ISA03	Security Information Qualifier	R	2/2	ID	00	Always = '00' (zero, zero). No authorization
ISA05	Sender Interchange ID Qualifier	R	2/2	ID	ZZ	ZZ = Mutually defined
ISA06	Interchange Sender ID	R	15/15	AN		The sender's identification number as specified in the trading partner's agreement between OMAP (sender) and the receiver.
ISA07	Interchange Receiver ID Qualifier	R	2/2	ID	ZZ	ZZ = Mutually defined

**GS - Functional Group Header - Page B8**

Usage: Required  
 Segment Max Use within Loop: 1  
 Loop Repeat: None  
 Loop ID: None

Example: GS\*BE\*ORDHSOMAP\*381791480\*20010801\*1452\*000000001\*X\*004010X095A1~

SEGMENT	ELEMENT	USE	Min/Max	ATTRIBUTES		Comments
				Data Type	Codes/Values	
GS01	Functional Identifier Code	R	2/2	ID	BE	BE = Benefit Enrollment and Maintenance sets
GS02	Application Senders Code	R	2/15	AN	ORDHSOMAP	ORDHSOMAP
GS03	Application Receiver's Code	R	2/15	AN		Specified in the Trading Partner Agreement between OMAP and the receiver.

**BGN -- Beginning Segment - Page 28**

Usage: Required  
 Segment Max Use within Loop: 1  
 Loop Repeat: 1  
 Loop ID: None

Example: BGN\*00\*11227\*19970920\*1200\*ES\*\*2~

SEGMENT	ELEMENT	USE	Min/Max	ATTRIBUTES		Comments
				Data Type	Codes/Values	
BGN01	Transaction Set Purpose Code	R	2/2	ID	00	00 = Original
BGN02	Transaction Set Identifier Code	R	1/30	AN		Assigned by the sender to uniquely identify this occurrence of the transaction for future reference
BGN08	Action Code	R	1/2	ID	2, 4	2 = Change (Update). For weekly reporting on 834. 4 = Verify. For monthly reporting on 834.

**N1 -- Sponsor Name - Page 35**

Usage: Required  
 Segment Max Use within Loop: 1  
 Loop Repeat: 1  
 Loop ID: 1000A

Example: N1\*P5\*OREGON DHS OMAP\*FI\*1930592162~

SEGMENT	ELEMENT	USE	Min/Max	ATTRIBUTES		Comments
				Data Type	Codes/Values	
N101	Entity Identifier Code	R	2/3	ID	P5	P5 = Plan Sponsor
N102	Plan Sponsor Name	S	1/60	AN	OREGON DHS OMAP	OREGON DHS OMAP
N103	Identification Code Qualifier	R	1/2	ID	FI	FI = Federal Tax ID #
N104	Sponsor Identifier	R	2/80	AN	1930592162	Oregon DHS federal tax ID number preceded by a one (1).

**N1 -- Payer - Page 37**

Usage: Required  
 Segment Max Use within Loop: 1  
 Loop Repeat: 1  
 Loop ID: 1000B

Example: N1\*IN\*\*FI\*12356799~

SEGMENT	ELEMENT	USE	Min/Max	ATTRIBUTES		Comments
				Data Type	Codes/Values	
N101	Entity Identifier Code	R	2/3	ID	IN	IN = Insurer
N103	Identification Code Qualifier	R	2/2	ID	FI	FI = Federal Tax ID #
N104	Insurer Identification Code	R	2/80	AN		Managed Care Plan's Tax ID Number (TIN)

**INS -- Member Level Detail - Page 43**

Usage: Required  
 Segment Max Use within Loop: 1  
 Loop Repeat: >1  
 Loop ID: 2000

Example: INS\*Y\*18\*021\*28\*A\*E\*FT~

SEGMENT	ELEMENT	USE	ATTRIBUTES			Comments
			Min/Max	Data Type	Codes/Values	
INS01	Insured Indicator	R	1/1	ID	Y	Y= Yes
INS02	Individual Relationship Code	R	2/2	ID	18	18 = Self
INS03	Maintenance Type Code	R	3/3	ID	021,024,030	In a Weekly reporting: 021 = New Enrollee 024 = Closed Enrollee  In a Monthly reporting: 030 = Ongoing Enrollee
INS04	Maintenance Reason Code	S	2/3	ID		Reason code for enrollment termination.
INS05	Benefit Status Code	R	1/1	ID	A	A = Active

**REF -- Subscriber Number - Page 51**

Usage: Required  
 Segment Max Use within Loop: 1  
 Loop Repeat: >1  
 Loop ID: 2000

Example: REF\*OF\*920399398~

SEGMENT	ELEMENT	USE	ATTRIBUTES			Comments
			Min/Max	Data Type	Codes/Values	
REF01	Reference Identification Qualifier	R	2/3	ID	0F	0F =Subscriber Number
REF02	Subscriber Identifier	R	1/30	AN		Member's prime number

**REF -- Member Policy Number - Page 53**

Usage: Situational  
 Segment Max Use within Loop: 1  
 Loop Repeat: >1  
 Loop ID: 2000

Example: REF\*1L\*9CC4123~

SEGMENT	ELEMENT	USE	Min/Max	ATTRIBUTES		Comments
				Data Type	Codes/Values	
REF01	Reference Identification Qualifier	R	2/3	ID	1L	1L = Group or Policy Number
REF02	Insured Group or Policy Number	R	1/30	AN		Six digit Managed Care Plan number assigned by OMAP

**REF -- Member Identification Number - Page 55**

Usage: Situational  
 Segment Max Use within Loop: 5  
 Loop Repeat: >1  
 Loop ID: 2000

Example: REF\*3H\*920399398~

SEGMENT	ELEMENT	USE	Min/Max	ATTRIBUTES		Comments
				Data Type	Codes/Values	
REF01	Reference Identification Qualifier	R	2/3	ID	3H	3H = Case Number
REF02	Subscriber Supplemental Identifier	R	1/30	AN		Member's prime number

**DTP -- Member Level Dates - Page 59**

Usage: Situational  
 Segment Max Use within Loop: 20  
 Loop Repeat: >1  
 Loop ID: 2000

One repeat of the segment for the beginning date of PHP coverage, and one repeat for the ending date of coverage.

Example: DTP\*356\*D8\*\*19960705~

SEGMENT	ELEMENT	USE	Min/Max	ATTRIBUTES		Comments
				Data Type	Codes/Values	
DTP01	Date Time Qualifier	R	3/3	ID	356,357	356 = Beginning date of PHP coverage. 357 = Ending date of PHP coverage.

**NM1 -- Member Name - Page 61**

Usage: Required  
 Segment Max Use within Loop: 1  
 Loop Repeat: 1  
 Loop ID: 2100A

Example: NM1\*IL\*1\*SMITH\*JOHN\*M\*\*SR\*34\*88888888~

SEGMENT	ELEMENT	USE	Min/Max	ATTRIBUTES		Comments
				Data Type	Codes/Values	
NM101	Entity Identifier Code	R	2/3	ID	IL	IL = Insured or Subscriber
NM102	Entity Type Qualifier	R	1/1	ID	1	1 = Person
NM108	Identification Code Qualifier	S	1/2	ID	34	34 = Social Security Number

**PER -- Member Communications Numbers - Page 64**

Usage: Situational  
 Segment Max Use within Loop: 1  
 Loop Repeat: 1  
 Loop ID: 2100A

Example: PER\*IP\*\*TE\*8015554321~

SEGMENT	ELEMENT	USE	Min/Max	ATTRIBUTES		Comments
				Data Type	Codes/Values	
PER01	Contact Function Code	R	2/2	ID	IP	IP = Insured Party
PER03	Communication Number Qualifier	R	2/2	ID	TE	TE = Telephone Number

## AMT -- Member Policy Amounts - Page 75

Usage: Situational  
 Segment Max Use within Loop: 4  
 Loop Repeat: 1  
 Loop ID: 2100A

Example: AMT\*P3\*100~

SEGMENT	ELEMENT	USE	Min/Max	ATTRIBUTES		Comments
				Data Type	Codes/Values	
AMT01	Amount Qualifier Code	R	1/3	ID		P3 = Premium Amount (OMAP: Capitation Amount)
AMT02	Contract Amount	R	1/18	R		Capitation amount paid

## LUI -- Member Language - Page 78

Usage: Situational  
 Segment Max Use within Loop: 5  
 Loop Repeat: 1  
 Loop ID: 2100A

Example: LUI\*LD\*123\*\*7~

SEGMENT	ELEMENT	USE	Min/Max	ATTRIBUTES		Comments
				Data Type	Codes/Values	
LUI01	Identification Code Qualifier	S	1/2	ID	LD	OMAP uses: LD = NISCO Z39.53 language codes
LUI04	Language Use Indicator	S	1/2	ID	7	7 = Language Speaking

## HD -- Health Coverage - Page 128

Usage: Situational  
 Segment Max Use within Loop: 1  
 Loop Repeat: 99  
 Loop ID: 2300

Example: HD\*021\*\*HMO\*PLAN A BCD\*FAM~

SEGMENT	ELEMENT	USE	Min/Max	ATTRIBUTES		Comments
				Data Type	Codes/Values	
HD01	Maintenance Type Code	R	2/3	ID	021,024,030	New = 021, Closed = 024, Ongoing = 030
HD03	Insurance Line Code	R	2/3	ID	DCP,HMO,AK	Dental = DCP, Health = HMO, Mental = AK
HD04	Plan Coverage Description	S	1/50	AN		OMAP specific description codes - See table below*

*CODE	DESCRIPTION
AMT-ORIG-ADJUST	Original Adjustment Amount
DATE-END-PREV-ENRL-PHP	PHP Enrollment Previous End Date
CODE-NOTE-FRMT-PRNT-IREG	Alternate Format
DATE-DELV-EXP	Expected Child Birth Delivery Date
CODE-BR-OFF	Branch Office Code
CODE-CNTY-FIPS-RES	Residence FIPS Country Code
CODE-WKR-ID	Worker Identification Code
CODE-DIV-DHR	DHS Division Code
CODE-LVL-SVC-PHP	PHP Service Level Code
CODE-GRP-REQR-PHP-1CHAR	PHP Contract Requirement Group Code
CODE-PKG-BEN-MEDL	Medical Benefit Package Code
CODE-PROG-ELIG	Program Eligibility Code
CODE-REAS-LVL-SVC-PHP	PHP Service Level Reason Code
CODE-RPT-ELIG-PROG	Program Eligibility Reporting Code (PERC)

## **Oregon DHS Companion Guide for 835 Encounter Payment/Advice**

The objectives of this document are:

\*To clarify what information is being returned by the Dept. Of Human Services (DHS) OMAP where the guide indicates that the choice is dependent on the Payer.

This Companion Guide supplements the 835 Payment/Advice Implementation Guide Version 004010X091A1.

Every effort has been made to prevent errors in this document. However, if there is a discrepancy between this document and the Implementation guide, the Implementation Guide is the final authority.

**OMAP is working with the HIPAA Technical Subcommittee to verify the appropriate location for the Plan Tracking Number and the HIPAA Adjustment Reason Codes.**

### ISA - Interchange Control Header

Usage: Required  
 Segment Max Use within Loop: 1  
 Loop Repeat: None  
 Loop ID: None

Example: ISA\*00\*bbbbbbbb\*00\*bbbbbbbb\*ZZ\*123456789bbbb\*ZZ\*381791480bbbb\*010801\*1452\*U\*00401\*00000001\*0\*P\*::~

SEGMENT	ELEMENT	USE	Min/Max	ATTRIBUTES		Comments
				Data Type	Codes/Values	
ISA01	Authorization Information Qualifier	R	2/2	ID	00	Always '00' (zero, zero), No authorization
ISA03	Information Security Qualifier	R	2/2	ID	00	Always '00' (zero, zero), No authorization
ISA05	Sender Interchange ID	R	2/2	ID	30	ZZ = Mutually defined
ISA06	Interchange Sender ID	R	15/15	AN		ORDHSOMAP
ISA07	Interchange ID Qualifier	R	2/2	ID	30	ZZ = Mutually defined
ISA08	Interchange receiver ID	R	15/15	AN		
ISA16	Component element	R	1/1	not defined	:	DHS will use a colon (:)

**GS - Functional Group Header**

Usage: Required  
Loop Repeat: None  
Loop ID: None

Example: GS\*HP\*ORDHSOMAP\*512486\*20030701\*1452\*00000001\*X\*004010X091A1~

SEGMENT	ELEMENT	USE	Min/Max	ATTRIBUTES		Comments
				Data Type	Codes/Values	
GS02	Application Senders Code	R	2/15	AN		ORDHSOMAP
GS03	Application Receiver's Code	R	2/15	AN		Established at time of Trading Partner Setup

**BPR -- Financial Information - page 44**

Usage: Required  
Segment Max Use within Loop: 1  
Loop Repeat: 1  
Loop ID: None

Example: BPR\*I\*150000\*C\*CHK\*\*\*\*\*20030711\*~

SEGMENT	ELEMENT	USE	Min/Max	ATTRIBUTES		Comments
				Data Type	Codes/Values	
BPR01	Transaction Handling Code	R	1/2	ID		H = Notification only
BPR03	Credit/Debit Flag Code	R	1/1	ID	C	C = Credit
BPR04	Payment Method Code	R	3/3	ID		NON = Information only

**TRN -- Reassociation Trace Number - page 52**

Usage: Required  
Segment Max Use within Loop: 1  
Loop Repeat: 1  
Loop ID: None

Example: TRN\*1\*12345\*1512345678~

SEGMENT	ELEMENT	USE	Min/Max	ATTRIBUTES		Comments
				Data Type	Codes/Values	
TRN01	Trace Type Code	R	1/1	ID	1	
TRN02	Check or EFT Trace Number	R	1/30	AN		Remittance advice number
TRN03	Payer Identifier	R	10/10	AN		OMAP number = 1930592162

**N1 -- Payer Identification - page 62**

Usage: Required  
Segment Max Use within Loop: 1  
Loop Repeat: 1  
Loop ID: 1000A

Example: N1\*PR\*OR DHS OMAP~

SEGMENT	ELEMENT	USE	Min/Max	ATTRIBUTES		Comments
				Data Type	Codes/Values	
N102	Payer Name	S	1/60	AN		OR DHS OMAP

**N3 -- Payer Address - page 64**

Usage: Required  
 Segment Max Use within Loop: 1  
 Loop Repeat: 1  
 Loop ID: 1000A

Example: N3\*500 SUMMER STREET NE\*3RD FLOOR~

SEGMENT	ELEMENT	USE	Min/Max	ATTRIBUTES		Comments
				Data Type	Codes/Values	
N301	Payer Address Line	R	1/55	AN		500 SUMMER STREET NE
N302	Payer Address Line	S	1/55	AN		3RD FLOOR

**N4 -- Payer City, State, Zip Code - 65**

Usage: Required  
 Segment Max Use within Loop: 1  
 Loop Repeat: 1  
 Loop ID: 1000A

Example: N4\*SALEM\*OR\*973100315~

SEGMENT	ELEMENT	USE	Min/Max	ATTRIBUTES		Comments
				Data Type	Codes/Values	
N401	Payer City Name	R	2/30	AN		SALEM
N402	Payer State or Province Code	R	2/2	ID		OR
N403	Payer Zip Code	R	3/15	ID		973010315

**N1 -- Payee Identification - page 72**

Usage: Required  
 Segment Max Use within Loop: 1  
 Loop Repeat: 1  
 Loop ID: 1000B

Example: N1\*PE\* CYBILS MENTAL HOSPITAL\*FI\*121236~

SEGMENT	ELEMENT	USE	Min/Max	ATTRIBUTES		Comments
				Data Type	Codes/Values	
N103	Identification Code Qualifier	R	1/2	ID	FI	
N104	Identification Code	R	2/80	AN		
N404	Country Code	S	2/3	ID		

**REF -- Payee Additional Identification - page 77**

Usage: Situational  
 Segment Max Use within Loop: >1  
 Loop Repeat: 1  
 Loop ID: 1000B

Example: REF\*PQ\*123456~

SEGMENT	ELEMENT	USE	Min/Max	ATTRIBUTES		Comments
				Data Type	Codes/Values	
REF02	Additional Payee Identifier	R	1/30	AN		Should match value in PLB01 if the PLB segment is used

**LX -- Header Number - page 79**

Usage: Situational  
Segment Max Use within Loop: 1  
Loop Repeat: > 1  
Loop ID: 2000

Example: LX\*1~

SEGMENT	ELEMENT	USE	Min/Max	ATTRIBUTES		Comments
				Data Type	Codes/Values	
LX01	Assigned Number	R	1/6	N0		The number will be incremented by 1 for each Provider within the ST/SE envelope.

**CLP -- Claim Payment Information - page 89**

Usage: Required  
Segment Max Use within Loop: 1  
Loop Repeat: >1  
Loop ID: 2100

Example: CLP\*7722337\*1\*211366.97\*138018.4\*\*MC\*119932404007801~

SEGMENT	ELEMENT	USE	Min/Max	ATTRIBUTES		Comments
				Data Type	Codes/Values	
CLP01	Patient Control Number	R	1/38	AN		Patient Account Number sent on claim.
CLP04	Claim Payment Amount	R	1/18	R		The Actual Provider Payment amount
CLP05	Patient Responsibility Amount	S	1/18	R		
CLP06	Claim Filing Indicator Code	R	1/2	ID		MC
CLP07	Payer Claim Control Number	S	1/30	AN		Payer Claim Number

**CAS -- Claim Adjustment page 95**

Usage: Situational  
Segment Max Use within Loop: 99  
Loop Repeat: >1  
Loop ID: 2100

Example: CAS\*PR\*1\*793~

SEGMENT	ELEMENT	USE	Min/Max	ATTRIBUTES		Comments
				Data Type	Codes/Values	
CAS						OMAP will process two repeats.

**NM1 -- Patient Name - page 102**

Usage: Required  
Segment Max Use within Loop: 1  
Loop Repeat: >1  
Loop ID: 2100

Example: NM1\*QC\*1\*SHEPARD\*SAM\*O\*\*\*HN\*66666666A~

SEGMENT	ELEMENT	USE	Min/Max	ATTRIBUTES		Comments
				Data Type	Codes/Values	
NM108	Identification Code Qualifier	S	1/2	ID		MR
NM109	Patient Identifier	S	2/80	AN		The OMAP Prime Number

**DTM -- Claim Date - page 130**

Usage: Situational  
Segment Max Use within Loop: 4  
Loop Repeat: >1  
Loop ID: 2100

Example: DTM\*233\*19960916~

SEGMENT	ELEMENT	USE	Min/Max	ATTRIBUTES		Comments
				Data Type	Codes/Values	
DTM01	Date Time Qualifier	R	3/3	ID		232 = Claim Statement Period Start 233 = Claim Statement Period End
DTM02	Claim Date	R	8/8	DT		



**DTM -- Service Date - page 146**

Usage: Situational

Segment Max Use within Loop: 3

Loop Repeat: 999

Loop ID: 2110

Example: DTM\*472\*19961031~

SEGMENT	ELEMENT	USE	Min/Max	ATTRIBUTES		Comments
				Data Type	Codes/Values	
DTM01	Date Time Qualifier	R	3/3	ID		OMAP processes up to two repeats
DTM02	Service Date	R	8/8	DT		All codes supported

**CAS -- Service Adjustment - page 148**

Usage: Situational  
Segment Max Use within Loop: 99  
Loop Repeat: 999  
Loop ID: 2110

Example: CAS\*CO\*A2\*20~

SEGMENT	ELEMENT	USE	Min/Max	ATTRIBUTES		Comments
				Data Type	Codes/Values	
CAS01	Claim Adjustment Group Code	R	1/2	ID		OMAP processes up to 2 repeats
CAS02	Claim Adjustment Reason Code	R	1/5	ID		
CAS03	Adjustment Amount	R	1/18	R		
CAS04	Adjustment Quantity	S	1/15	R		
CAS05	Claim Adjustment Reason Code	S	1/5	ID		
CAS06	Adjustment Amount	S	1/18	R		
CAS07	Adjustment Quantity	S	1/15	R		
CAS08	Claim Adjustment Reason Code	S	1/5	ID		
CAS09	Adjustment Amount	S	1/18	R		
CAS10	Adjustment Quantity	S	1/15	R		
CAS11	Claim Adjustment Reason Code	S	1/5	ID		
CAS12	Adjustment Amount	S	1/18	R		
CAS13	Adjustment Quantity	S	1/15	R		
CAS14	Claim Adjustment Reason Code	S	1/5	ID		
CAS15	Adjustment Amount	S	1/18	R		
CAS16	Adjustment Quantity	S	1/15	R		
CAS17	Claim Adjustment Reason Code	S	1/5	ID		
CAS18	Adjustment Amount	S	1/18	R		
CAS19	Adjustment Quantity	S	1/15	R		

**REF -- Service Identification - page 154**

Usage: Situational  
Segment Max Use within Loop: 7  
Loop Repeat: 999  
Loop ID: 2110

Example: REF\*6R\*100~

SEGMENT	ELEMENT	USE	Min/Max	ATTRIBUTES		Comments
				Data Type	Codes/Values	
REF01	Reference Identification Qualifier	R	2/3	ID		OMAP process the first repeat 6R = Provider Control Number
REF02	Provider Identifier	R	1/30	AN		The Line Item Control Number submitted in the 837.

**REF -- Rendering Provider Information - page 156**

Usage: Situational  
Segment Max Use within Loop: 10  
Loop Repeat: 10  
Loop ID: 2110

Example: REF\*1D\*123456~

SEGMENT	ELEMENT	USE	Min/Max	ATTRIBUTES		Comments
				Data Type	Codes/Values	
REF01	Reference Identification Qualifier	R	2/3	ID		Reference Identification Qualifier sent on 837 1D = Medicaid Provider Number 1G Provider UPIN Number
REF02	Rendering Provider ID	R	1/30	AN		
QTY02	Service Supplemental Quantity Amount	R	1/15	R		

**LQ -- Health Care Remark Codes - page 162**

Usage: Situational  
Segment Max Use within Loop: 99  
Loop Repeat: 999  
Loop ID: 2110

Example: LQ\*HE\*12345~

SEGMENT	ELEMENT	USE	Min/Max	ATTRIBUTES		Comments
				Data Type	Codes/Values	
LQ01	Code List Qualifier Code	R	1/3	ID		OMAP provides up to 8 repeats HE = Claim Payment Remark Codes
LQ02	Remark Code	R	1/30	AN		

### PLB -- Provider Adjustment

Usage: Situational  
Segment Repeat: >1  
Loop ID: None

Example: PLB\*123456\*19960930\*CV:9876514\*1.27~

SEGMENT	ELEMENT	USE	Min/Max	ATTRIBUTES		Comments
				Data Type	Codes/Values	
PLB01	Provider Identifier	R	1/30	AN		OMAP provides up to 2 repeats. Billing Provider Number
PLB02	Fiscal Period Date	R	8/8	DT		
PLB03	Adjustment Identifier	R				
PLB03-1	Adjustment Reason Code	R	2/2	ID		
PLB03-2	Provider Adjustment Identifier	S	1/30	AN		
PLB04	Provider Adjustment Amt	R	1/18	R		
PLB05	Adjustment Identifier	S				
PLB05-1	Adjustment Reason Code	R	2/2	ID		
PLB05-2	Provider Adjustment Identifier	S	1/30	AN		
PLB06	Provider Adjustment Amt	R	1/18	R		
PLB07	Adjustment Identifier	S				
PLB07-1	Adjustment Reason Code	R	2/2	ID		
PLB07-2	Provider Adjustment Identifier	S	1/30	AN		
PLB08	Provider Adjustment Amt	S	1/18	R		
PLB09	Provider Adjustment Identifier	S				
PLB09-1	Adjustment Reason Code	R	2/2	ID		
PLB09-2	Provider Adjustment Identifier	S	1/30	AN		
PLB10	Provider Adjustment Amt	S	1/18	R		
PLB11	Adjustment Identifier	S				
PLB11-1	Adjustment Reason Code	R	2/2	ID		
PLB11-2	Provider Adjustment Identifier	S	1/30	AN		
PLB12	Provider Adjustment Amt	S	1/18	R		
PLB13	Adjustment Identifier	S				
PLB13-1	Adjustment Reason Code	R	2/2	ID		
PLB13-2	Provider Adjustment Identifier	S	1/30	AN		
PLB14	Provider Adjustment Amt	S	1/18	R		

## **Oregon DHS Companion Guide for 835 Fee For Service Payment/Advice**

The objectives of this document are:

\*To clarify what information is being returned by the Dept. Of Human Services (DHS) OMAP where the guide indicates that the choice is dependent on the Payer.

This Companion Guide supplements the 835 Payment/Advice Implementation Guide Version 004010X091A1.

Every effort has been made to prevent errors in this document. However, if there is a discrepancy between this document and the Implementation guide, the Implementation Guide is the final authority.

### ISA - Interchange Control Header

Usage: Required  
 Segment Max Use within Loop: 1  
 Loop Repeat: None  
 Loop ID: None

Example: ISA\*00\*bbbbbbbb\*00\*bbbbbbbb\*ZZ\*123456789bbbb\*ZZ\*381791480bbbb\*010801\*1452\*U\*00401\*000000001\*0\*P\*::~

SEGMENT	ELEMENT	USE	Min/Max	ATTRIBUTES		Comments
				Data Type	Codes/Values	
ISA01	Authorization Information Qualifier	R	2/2	ID	00	Always '00' (zero, zero), No authorization
ISA03	Information Security Qualifier	R	2/2	ID	00	Always '00' (zero, zero), No authorization
ISA05	Sender Interchange ID	R	2/2	ID	30	ZZ = Mutually defined
ISA06	Interchange Sender ID	R	15/15	AN		ORDHSOMAP
ISA07	Interchange ID Qualifier	R	2/2	ID	30	ZZ = Mutually defined
ISA08	Interchange receiver ID	R	15/15	AN		
ISA16	Component element	R	1/1	not defined	:	DHS will use a colon (:)

**GS - Functional Group Header**

Usage: Required  
Loop Repeat: None  
Loop ID: None

Example: GS\*HP\*ORDHSOMAP\*512486\*20030701\*1452\*00000001\*X\*004010X091A1~

SEGMENT	ELEMENT	USE	Min/Max	ATTRIBUTES		Comments
				Data Type	Codes/Values	
GS02	Application Senders Code	R	2/15	AN		ORDHSOMAP
GS03	Application Receiver's Code	R	2/15	AN		Established at time of Trading Partner Setup

**BPR -- Financial Information - page 44**

Usage: Required  
Segment Max Use within Loop: 1  
Loop Repeat: 1  
Loop ID: None

Example: BPR\*I\*150000\*C\*CHK\*\*\*\*\*20030711\*~

SEGMENT	ELEMENT	USE	Min/Max	ATTRIBUTES		Comments
				Data Type	Codes/Values	
BPR01	Transaction Handling Code	R	1/2	ID		I = Notification only
BPR03	Credit/Debit Flag Code	R	1/1	ID	C	C = Credit
BPR04	Payment Method Code	R	3/3	ID		CHK - Check

**TRN -- Reassociation Trace Number - page 52**

Usage: Required  
Segment Max Use within Loop: 1  
Loop Repeat: 1  
Loop ID: None

Example: TRN\*1\*12345\*1512345678~

SEGMENT	ELEMENT	USE	Min/Max	ATTRIBUTES		Comments
				Data Type	Codes/Values	
TRN01	Trace Type Code	R	1/1	ID	1	
TRN02	Check or EFT Trace Number	R	1/30	AN		Remittance advice number
TRN03	Payer Identifier	R	10/10	AN		OMAP number = 1930592162

**N1 -- Payer Identification - page 62**

Usage: Required  
Segment Max Use within Loop: 1  
Loop Repeat: 1  
Loop ID: 1000A

Example: N1\*PR\*OR DHS OMAP~

SEGMENT	ELEMENT	USE	Min/Max	ATTRIBUTES		Comments
				Data Type	Codes/Values	
N102	Payer Name	S	1/60	AN		OR DHS OMAP

**N3 -- Payer Address - page 64**

Usage: Required  
 Segment Max Use within Loop: 1  
 Loop Repeat: 1  
 Loop ID: 1000A

Example: N3\*500 SUMMER STREET NE\*3RD FLOOR~

SEGMENT	ELEMENT	USE	Min/Max	ATTRIBUTES		Comments
				Data Type	Codes/Values	
N301	Payer Address Line	R	1/55	AN		500 SUMMER STREET NE
N302	Payer Address Line	S	1/55	AN		3RD FLOOR

**N4 -- Payer City, State, Zip Code - 65**

Usage: Required  
 Segment Max Use within Loop: 1  
 Loop Repeat: 1  
 Loop ID: 1000A

Example: N4\*SALEM\*OR\*973100315~

SEGMENT	ELEMENT	USE	Min/Max	ATTRIBUTES		Comments
				Data Type	Codes/Values	
N401	Payer City Name	R	2/30	AN		SALEM
N402	Payer State or Province Code	R	2/2	ID		OR
N403	Payer Zip Code	R	3/15	ID		973010315

**N1 -- Payee Identification - page 72**

Usage: Required  
 Segment Max Use within Loop: 1  
 Loop Repeat: 1  
 Loop ID: 1000B

Example: N1\*PE\* CYBILS MENTAL HOSPITAL\*FI\*121236~

SEGMENT	ELEMENT	USE	Min/Max	ATTRIBUTES		Comments
				Data Type	Codes/Values	
N103	Identification Code Qualifier	R	1/2	ID	FI	
N104	Identification Code	R	2/80	AN		
N404	Country Code	S	2/3	ID		

**REF -- Payee Additional Identification - page 77**

Usage: Situational  
 Segment Max Use within Loop: >1  
 Loop Repeat: 1  
 Loop ID: 1000B

Example: REF\*PQ\*123456~

SEGMENT	ELEMENT	USE	Min/Max	ATTRIBUTES		Comments
				Data Type	Codes/Values	
REF02	Additional Payee Identifier	R	1/30	AN		Should match value in PLB01 if the PLB segment is used

**LX -- Header Number - page 79**

Usage: Situational  
Segment Max Use within Loop: 1  
Loop Repeat: > 1  
Loop ID: 2000

Example: LX\*1~

SEGMENT	ELEMENT	USE	Min/Max	ATTRIBUTES		Comments
				Data Type	Codes/Values	
LX01	Assigned Number	R	1/6	N0		The number will be incremented by 1 for each Provider within the ST/SE envelope.

**CLP -- Claim Payment Information - page 89**

Usage: Required  
Segment Max Use within Loop: 1  
Loop Repeat: >1  
Loop ID: 2100

Example: CLP\*7722337\*1\*211366.97\*138018.4\*\*MC\*119932404007801~

SEGMENT	ELEMENT	USE	Min/Max	ATTRIBUTES		Comments
				Data Type	Codes/Values	
CLP01	Patient Control Number	R	1/38	AN		Patient Account Number sent on claim.
CLP04	Claim Payment Amount	R	1/18	R		The Actual Provider Payment amount
CLP05	Patient Responsibility Amount	S	1/18	R		The Copay amount the patient is responsible to pay.
CLP06	Claim Filing Indicator Code	R	1/2	ID		MC
CLP07	Payer Claim Control Number	S	1/30	AN		Payer Claim Number

**CAS -- Claim Adjustment page 95**

Usage: Situational  
Segment Max Use within Loop: 99  
Loop Repeat: >1  
Loop ID: 2100

Example: CAS\*PR\*1\*793~

SEGMENT	ELEMENT	USE	Min/Max	ATTRIBUTES		Comments
				Data Type	Codes/Values	
CAS						OMAP will process two repeats.

**NM1 -- Patient Name - page 102**

Usage: Required  
Segment Max Use within Loop: 1  
Loop Repeat: >1  
Loop ID: 2100

Example: NM1\*QC\*1\*SHEPARD\*SAM\*O\*\*\*HN\*66666666A~

SEGMENT	ELEMENT	USE	Min/Max	ATTRIBUTES		Comments
				Data Type	Codes/Values	
NM108	Identification Code Qualifier	S	1/2	ID		MR
NM109	Patient Identifier	S	2/80	AN		The OMAP Prime Number

**DTM -- Claim Date - page 130**

Usage: Situational  
Segment Max Use within Loop: 4  
Loop Repeat: >1  
Loop ID: 2100

Example: DTM\*233\*19960916~

SEGMENT	ELEMENT	USE	Min/Max	ATTRIBUTES		Comments
				Data Type	Codes/Values	
DTM01	Date Time Qualifier	R	3/3	ID		232 = Claim Statement Period Start 233 = Claim Statement Period End
DTM02	Claim Date	R	8/8	DT		



**DTM -- Service Date - page 146**

Usage: Situational

Segment Max Use within Loop: 3

Loop Repeat: 999

Loop ID: 2110

Example: DTM\*472\*19961031~

SEGMENT	ELEMENT	USE	Min/Max	ATTRIBUTES		Comments
				Data Type	Codes/Values	
DTM01	Date Time Qualifier	R	3/3	ID		OMAP processes up to two repeats
DTM02	Service Date	R	8/8	DT		All codes supported

**CAS -- Service Adjustment - page 148**

Usage: Situational  
Segment Max Use within Loop: 99  
Loop Repeat: 999  
Loop ID: 2110

Example: CAS\*CO\*A2\*20~

SEGMENT	ELEMENT	USE	Min/Max	ATTRIBUTES		Comments
				Data Type	Codes/Values	
CAS01	Claim Adjustment Group Code	R	1/2	ID		OMAP processes up to 2 repeats
CAS02	Claim Adjustment Reason Code	R	1/5	ID		
CAS03	Adjustment Amount	R	1/18	R		
CAS04	Adjustment Quantity	S	1/15	R		
CAS05	Claim Adjustment Reason Code	S	1/5	ID		
CAS06	Adjustment Amount	S	1/18	R		
CAS07	Adjustment Quantity	S	1/15	R		
CAS08	Claim Adjustment Reason Code	S	1/5	ID		
CAS09	Adjustment Amount	S	1/18	R		
CAS10	Adjustment Quantity	S	1/15	R		
CAS11	Claim Adjustment Reason Code	S	1/5	ID		
CAS12	Adjustment Amount	S	1/18	R		
CAS13	Adjustment Quantity	S	1/15	R		
CAS14	Claim Adjustment Reason Code	S	1/5	ID		
CAS15	Adjustment Amount	S	1/18	R		
CAS16	Adjustment Quantity	S	1/15	R		
CAS17	Claim Adjustment Reason Code	S	1/5	ID		
CAS18	Adjustment Amount	S	1/18	R		
CAS19	Adjustment Quantity	S	1/15	R		

**REF -- Service Identification - page 154**

Usage: Situational  
Segment Max Use within Loop: 7  
Loop Repeat: 999  
Loop ID: 2110

Example: REF\*6R\*100~

SEGMENT	ELEMENT	USE	Min/Max	ATTRIBUTES		Comments
				Data Type	Codes/Values	
REF01	Reference Identification Qualifier	R	2/3	ID		OMAP process the first repeat 6R = Provider Control Number
REF02	Provider Identifier	R	1/30	AN		The Line Item Control Number submitted in the 837.

**REF -- Rendering Provider Information - page 156**

Usage: Situational  
Segment Max Use within Loop: 10  
Loop Repeat: 10  
Loop ID: 2110

Example: REF\*1D\*123456~

SEGMENT	ELEMENT	USE	Min/Max	ATTRIBUTES		Comments
				Data Type	Codes/Values	
REF01	Reference Identification Qualifier	R	2/3	ID		Reference Identification Qualifier sent on 837 1D = Medicaid Provider Number 1G Provider UPIN Number
REF02	Rendering Provider ID	R	1/30	AN		
QTY02	Service Supplemental Quantity Amount	R	1/15	R		

**LQ -- Health Care Remark Codes - page 162**

Usage: Situational  
Segment Max Use within Loop: 99  
Loop Repeat: 999  
Loop ID: 2110

Example: LQ\*HE\*12345~

SEGMENT	ELEMENT	USE	Min/Max	ATTRIBUTES		Comments
				Data Type	Codes/Values	
LQ01	Code List Qualifier Code	R	1/3	ID		OMAP provides up to 8 repeats HE = Claim Payment Remark Codes
LQ02	Remark Code	R	1/30	AN		

**PLB -- Provider Adjustment**

Usage: Situational  
Segment Repeat: >1  
Loop ID: None

Example: PLB\*123456\*19960930\*CV:9876514\*1.27~

SEGMENT	ELEMENT	USE	Min/Max	ATTRIBUTES		Comments
				Data Type	Codes/Values	
PLB01	Provider Identifier	R	1/30	AN		OMAP provides up to 2 repeats. Billing Provider Number
PLB02	Fiscal Period Date	R	8/8	DT		
PLB03	Adjustment Identifier	R				
PLB03-1	Adjustment Reason Code	R	2/2	ID		
PLB03-2	Provider Adjustment Identifier	S	1/30	AN		
PLB04	Provider Adjustment Amt	R	1/18	R		Amount Providers remittance has been adjusted.
PLB05	Adjustment Identifier	S				
PLB05-1	Adjustment Reason Code	R	2/2	ID		
PLB05-2	Provider Adjustment Identifier	S	1/30	AN		
PLB06	Provider Adjustment Amt	R	1/18	R		
PLB07	Adjustment Identifier	S				
PLB07-1	Adjustment Reason Code	R	2/2	ID		
PLB07-2	Provider Adjustment Identifier	S	1/30	AN		
PLB08	Provider Adjustment Amt	S	1/18	R		
PLB09	Provider Adjustment Identifier	S				
PLB09-1	Adjustment Reason Code	R	2/2	ID		
PLB09-2	Provider Adjustment Identifier	S	1/30	AN		
PLB10	Provider Adjustment Amt	S	1/18	R		
PLB11	Adjustment Identifier	S				
PLB11-1	Adjustment Reason Code	R	2/2	ID		
PLB11-2	Provider Adjustment Identifier	S	1/30	AN		
PLB12	Provider Adjustment Amt	S	1/18	R		
PLB13	Adjustment Identifier	S				
PLB13-1	Adjustment Reason Code	R	2/2	ID		
PLB13-2	Provider Adjustment Identifier	S	1/30	AN		
PLB14	Provider Adjustment Amt	S	1/18	R		

## Helpful HIPAA Resources for Medicaid Providers

June 2003

If you provide health care services to Medicaid beneficiaries, you may find the following information helpful in terms of making sure you are ready to meet the October 16, 2003 deadline for Administrative Simplification under HIPAA:

- A *HIPAA Web site dedicated to Medicaid* is located at:  
<http://www.cms.hhs.gov/medicaid/hipaa/adminsim/>
- An internet browser-based *HIPAA information model to help providers* and others to conduct a HIPAA gap analysis, showing HIPAA impacts and where action will be needed to become compliant has been developed by CMS and is located at:  
[www.mhccm.org](http://www.mhccm.org).
- If you would like to speak with someone at the state Medicaid office about HIPAA, see the *contact list for the names, phone numbers and e-mail addresses* of the Medicaid HIPAA Coordinator at:  
<http://www.cms.hhs.gov/medicaid/hipaa/adminsim/stcoord.pdf>
- *White papers* covering a wide variety of HIPAA-related topics are available at:  
<http://www.cms.hhs.gov/medicaid/hipaa/adminsim/whitepap.htm>
- A number of useful *HIPAA-related conference presentations* are available at:  
<http://www.cms.hhs.gov/medicaid/hipaa/adminsim/events.htm>
- Two *HIPAA Risk Assessment Checklists*, one for Transactions and one for Privacy, have been developed and provided to states as self-assessment tools to gauge where they are in the overall picture of HIPAA implementation and compliance. Providers may find them useful, as well. They are located on the Web at: <http://www.cms.hhs.gov/medicaid/hipaa/adminsim/>
- *Contingency Planning and Direct Data Entry (DDE) Technical Assistance* packages are available on the Web at:  
<http://www.cms.hhs.gov/medicaid/hipaa/adminsim/cptap.asp>
- *Provider HIPAA Readiness Checklist* - To get started moving toward compliance with the Electronic Transactions and Code Set Requirements.  
<http://cms.hhs.gov/hipaa/hipaa2/ReadinessChkLst.pdf>. This is also available in Spanish at: <http://www.cms.hhs.gov/hipaa/hipaa2/education/default.asp#checklist>

- Informational papers designed to help health care professionals with the realities of HIPAA are available on the web in both English or Spanish:
  1. *HIPAA 101* - Educate yourself and your staff on the basics of HIPAA law. <http://cms.hhs.gov/hipaa/hipaa2/education/infoserie/1-HIPAA101toasted3.PDF>
  2. *Are you a covered entity?* - Determine whether you are a covered entity under HIPAA. <http://cms.hhs.gov/hipaa/hipaa2/education/infoserie/2-CoveredEntity.PDF>
  3. *Key HIPAA dates and tips for getting ready* - Be aware of the HIPAA deadlines right around the corner and take steps to prepare for compliance. <http://cms.hhs.gov/hipaa/hipaa2/education/infoserie/3-KeyHIPAADatesandtips.PDF>
  4. *What electronic transactions and code sets are standardized under HIPAA?* - Review your business operations and the HIPAA Electronic Transactions & Code Sets. <http://cms.hhs.gov/hipaa/hipaa2/education/infoserie/4-tcs.PDF>
  5. *Is your software vendor or billing service ready for HIPAA?* - Communicate with your vendors, billing services and clearinghouses. Know what questions you should be asking them. <http://cms.hhs.gov/hipaa/hipaa2/education/infoserie/5-VendorBillingservice.PDF>
  6. *What to expect from your health plans* - Insure you have the necessary two-way communication with each of your health plans. This is essential for compliance. <http://cms.hhs.gov/hipaa/hipaa2/education/infoserie/6-whattoexpectfromhealthplansver2.PDF>
  7. *What you need to know about testing* - Test your office operations and insure that those who electronically process claims on your behalf have a testing plan in place. <http://cms.hhs.gov/hipaa/hipaa2/education/infoserie/7-testingandcertificationver2.pdf>
  8. *Trading Partner Agreements* - Investigate and understand your Trading Partner Agreements with your health plans. <http://cms.hhs.gov/hipaa/hipaa2/education/infoserie/8-TPAver2.pdf>
  9. *Final steps for compliance with electronic transactions and code sets* - Take those final steps towards compliance and do not hesitate to get the help you need. <http://cms.hhs.gov/hipaa/hipaa2/education/infoserie/9-Finalsteps.PDF>
  10. *Enforcement* - Learn about CMS' enforcement approach. <http://cms.hhs.gov/hipaa/hipaa2/education/infoserie/10-Enforcement.PDF>
- The Medicare HIPAA Web site is available at <http://www.cms.hhs.gov/hpaa/hipaa2> and contains information on roundtables, workshops, satellite broadcasts, etc.



**October 16, 2003**  
**Deadline for Electronic Transactions and Code Sets**  
**QUESTIONS TO ASK VENDORS, TPAs OR CLEARINGHOUSES**

If you have determined you are a covered health care provider and must comply with HIPAA, it is important to communicate often with your software vendor about their progress towards HIPAA compliance. For instance, your vendor should supply you with upgraded software that will allow you to conduct electronic transactions according to HIPAA standards come October 16, 2003. They should also be testing their software with you and your payers. If you are using a clearinghouse, or billing service or third party administrator (TPA), it is equally important to stay abreast of their HIPAA activities. As the covered health care provider it is your responsibility to ensure that on or after October 16, 2003, the transactions you conduct electronically, or the TPA or clearinghouse conducts on your behalf, are compliant with HIPAA requirements.

***Talk to your Vendor / TPA / Clearinghouse Now! Ask them these questions***

**1. Are you working on developing software to meet your HIPAA needs?**  
**Specifically:**

- What HIPAA transactions does your product support? Claims and encounter information? Payment and remittance? Claims status inquiry? Eligibility inquiry? Referral and authorization inquiry?
- Which products do you now sell or support currently, which **will not** be supported after October 16<sup>th</sup> deadline or will not be HIPAA compliant.
- What software updates are needed for HIPAA compliance?
- Does my office need a particular release of your software to implement the HIPAA transactions or is an entire upgrade from our current version required?
- Can I upgrade to the various electronic transactions incrementally?
- What is the minimum hardware requirement for servers and workstations to run the HIPAA compliant version?
- When will the software updates be available?
- What training, support and services are available to help my office?
- Do you charge extra for training and support services?
- How do you remain current on the latest HIPAA developments? Do you belong to any of the HIPAA-related workgroups?
- Who specifically can I contact for HIPAA electronic transactions questions?

**IMPORTANT:** Do not assume your vendor or clearinghouse is HIPAA compliant. Communicate with them often to determine their progress. Their HIPAA readiness will directly impact your HIPAA readiness!

## 2. Will your software be able to support HIPAA transactions and code set requirements? Specifically:

- Do you use the official Implementation Guides for the HIPAA transactions? Is your software using the latest version of the guides (4010A)?
- Do you have the companion guides for my payers with whom I file directly?
- How does your product support collecting the required and situational claim data?
- Will your software support the required HIPAA code sets for Medical and Non-Medical?
- Is there a process for cross-walking from current codes to the HIPAA mandated codes?
- What new data will I need to start collecting?
- Are there any edits built into your software?
- Do you have a price list for the various upgrades, or new version of software?
- (For Clearinghouses) How can we submit transactions directly to you? Are there any changes in connectivity?

## 3. What are your electronic transactions and code set testing plans?

- How much lead time is required to install and test the software?
- How will current claims processing with existing formats proceed while testing new ones?
- Has your testing process included all of the seven types recommended by WEDI SNIP?
- Has the software received third-party certification that it can generate HIPAA compliant transactions?
- Will you send me a testing schedule that includes internal testing, testing with Medicare, testing with commercial payers, and testing with a clearinghouse (if applicable)?
- Have you tested successfully with any of my payers? Which ones?
- What are your contingency plans if you cannot be ready on time?

### Need Help? CMS has many resources to help you prepare for October 16, 2003

- Have you read our ten-part information series on electronic transactions and code sets? It is available to download for free at: <http://www.cms.hhs.gov/hipaa/hipaa2/education/infoserie/>
- Or, View our webcast at: [http://www.eventstreams.com/cms/tm\\_001/](http://www.eventstreams.com/cms/tm_001/)
- Visit us on the web at: <http://www.cms.hhs.gov/hipaa/hipaa2>
- Send us an e-mail at [askhipaa@cms.hhs.gov](mailto:askhipaa@cms.hhs.gov) or call us toll-free at 866-282-0659