

CoreSource, Inc.

HIPAA Transaction Electronic Data Interchange (EDI) Implementation Guide

For Health Care Providers

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CORESOURCE
A Trustmark Company

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1. Introduction

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 requires that the Secretary of the Department of Health and Human Services (HHS) adopt standards to support the electronic exchange of administrative and financial health care transactions primarily between health care providers and plans. These electronic transactions are referred to as Electronic Data Interchange or EDI. On October 16, 2003, CoreSource, Inc. was prepared to exchange HIPAA compliant EDI transactions with Health Care Providers.

2. Purpose of this Guide

This HIPAA EDI Implementation Guide contains the information and procedures Health Care Providers need to understand and follow in order to exchange EDI transactions with CoreSource. These transactions could include:

Health Care Claim: Dental	ASC X12N 837
Health Care Claim: Professional	ASC X12N 837
Health Care Claim: Institutional	ASC X12N 837
Eligibility for a Health Plan Request and Response	ASC X12N 270/271
Health Care Claim Status Request and Response	ASC X12N 276/277
Health Care Remittance Advice	ASC X12N 835
Referral Certification and Authorization Request and Response	ASC X12N 278
Retail Pharmacy Claims	NCPDP 5.1

This Guide is intended to convey information that is within the framework and structure of the X12N and NCPDP Version 5.1 Implementation Guides and not to contradict or exceed them.

3. Getting Started

3.1- Working with CoreSource

CoreSource will conduct EDI transactions with any Health Care Provider or their agents that otherwise would legitimately conduct non-electronic transactions with CoreSource. Some transactions will be routed through a clearinghouse while others will be transmitted directly with CoreSource. Some of the transactions routed through a clearinghouse require registration with the clearinghouse. Refer to section [3.3 Registering with a Clearinghouse](#) for a list of these transactions. Registration with CoreSource is required for all transactions that are transmitted directly with CoreSource. Refer to section [3.5 Registering with CoreSource](#) for a list of these transactions.

3.2 - CoreSource Locations & Contact Information

There are several CoreSource locations that process EDI transactions and each location is assigned a different payor ID. EDI transactions for your patient will be processed by only one of these locations. To find the CoreSource location for your patient, refer to their medical ID card and locate the mailing address for claims submission. If it is a CoreSource Inc. mailing address, refer to the table below for the CoreSource payor ID and contact information. If the address is not listed below and you are not sure where to send your claim, you may contact the CoreSource EDI HelpDesk.

<u>CoreSource Claim Submission Address</u>	<u>Payor ID</u>	<u>Email Address</u>	<u>CoreSource EDI HelpDesk Phone</u>
P.O. Box 2920 Clinton, IA 52733-2920	35182	payorid35182@coresource.com	800-689-0106
P.O. Box 8215 Little Rock, AR 72221-8215	75136	payorid75136@coresource.com	800-689-0106
P.O. Box 279 Sheldon, IA 51201-0279	35183	payorid35183@coresource.com	800-689-0106

Table 1: Cross reference of CoreSource Claim Submission addresses and contact information.

3.3 - Registering with a Clearinghouse

Emdeon is the clearinghouse to use when exchanging EDI transactions with CoreSource. The Emdeon contact information is listed below.

- Emdeon web address: www.emdeon.com
- Emdeon provider support: 1-800-845-6592 (select Option 1 – Emdeon Products or Services)

The provider must register with Emdeon before exchanging the following EDI transactions.

- Eligibility for a Health Plan Request and Response (270/271)
- Health Care Claim Status Request and Response (276/277)
- Health Care Payment and Remittance Advice (835)

3.4 - Health Care Claims

The following claim transactions are sent to CoreSource through Emdeon.

- Health Care Claim Dental, Professional and Institutional (837)

It is not required that the Provider register with Emdeon before sending Health Care Claims through Emdeon to CoreSource. It is recommended that the Provider contact Emdeon in order to ensure the successful transmission of claims.

3.5 - Registering with CoreSource

Registration with CoreSource is required before you can begin to exchange the following EDI transactions directly with CoreSource.

- Referral Certification and Authorization Request and Response (278)
- Retail Pharmacy Claims (NCPDP version 5.1)

Contact the CoreSource EDI Help Desk to register before you begin to exchange these transactions with CoreSource.

3.6 - Certification and Testing Overview

CoreSource recommends but does not require that each Provider certify their EDI transactions prior to production use. CoreSource did obtain 3rd party certification of its outbound transactions prior to production use.

Providers that wish to test EDI transactions that are exchanged with CoreSource through Emdeon, may do so by contacting Emdeon. Providers that wish to test EDI transactions exchanged directly with CoreSource may do so by contacting the CoreSource EDI Help Desk for the appropriate CoreSource location.

4. Hours of Availability for Real Time Transactions

CoreSource will respond to the following real time transactions 7 days a week, 24 hours a day:

- Eligibility for a Health Plan Request and Response (270/271)
- Health Care Claim Status Request and Response (276/277)

5. CoreSource Specific Business Rules

5.1 Companion Guides

CoreSource will provide a Companion Guide for the Referral Certification and Authorization Request and Response (278) transaction. Contact the CoreSource EDI Help Desk for further information.

5.2 Eligibility and Claim Inquiry Transaction Use

Eligibility and claim inquiries are supported to enable a Provider to establish eligibility prior to claim submission. Eligibility and claim data may not be requested by a Provider not involved in provision of health care services to a purported CoreSource patient, unless the Provider has been approached by the purported CoreSource patient or other Provider to provide health care services to that individual. Searches of eligibility and claim data of possible beneficiaries who are not currently receiving services, or for whom a Provider has not been approached to furnish services is prohibited.

The ratio of claims to eligibility inquiries per Provider will be monitored. Providers will be contacted if their ratio suggests possible overuse of eligibility and claim inquiries. Providers that are determined to have abused their query privileges may lose eligibility query for 1 year after the date of determination of abuse.