Acme Health Plan

**HIPAA Transaction
Standard Companion Guide**

**Refers to the Implementation Guides
Based on X12 Transactions**

**CAQH CORE Master Companion Guide
Template**

May 2022

Disclosure Statement

This document …

Preface

This Companion Guide to the X12N Implementation Guides clarifies and specifies the data content when exchanging electronically with Acme Health Plan. Transmissions based on this companion guide, used in tandem with the X12 Implementation Guides, are compliant with both X12 syntax and those guides. This Companion Guide is intended to convey information that is within the framework of the X12 Implementation Guides. The Companion Guide is not intended to convey information that in any way exceeds the requirements or usages of data expressed in the Implementation Guides.

EDITOR'S NOTE:
This page is blank because major sections of a book should begin on a right hand page.

Table of Contents

1 INTRODUCTION

This section describes how X12 Implementation Guides (IGs) will be detailed with the use of a table. The tables contain a row for each segment that Acme Health Plan has something additional, over and above, the information in the IGs. That information can:

1. Limit the repeat of loops, or segments
2. Limit the length of a simple data element
3. Specify a sub-set of the IGs internal code listings
4. Clarify the use of loops, segments, composite and simple data elements
5. Any other information tied directly to a loop, segment, composite or simple data element pertinent to trading electronically with Acme Health Plan

In addition to the row for each segment, one or more additional rows are used to describe Acme Health Plan's usage for composite and simple data elements and for any other information. Notes and comments should be placed at the deepest level of detail. For example, a note about a code value should be placed on a row specifically for that code value, not in a general note about the segment.

The following table specifies the columns and suggested use of the rows for the detailed description of the transaction set companion guides.

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
193	2100C	NM1	Subscriber Name			This type of row always exists to indicate that a new segment has begun. It is always shaded at 10% and notes or comment about the segment itself goes in this cell.
195	2100C	NM109	Subscriber Primary Identifier		15	This type of row exists to limit the length of the specified data element.
196	2100C	REF	Subscriber Additional Identification			
197	2100C	REF01	Reference Identification Qualifier	18, 49, 6P, HJ, N6		These are the only codes transmitted by Acme Health Plan.
			Plan Network Identification Number	N6		This type of row exists when a note for a particular code value is required. For example, this note may say that value N6 is the default. Not populating the first 3 columns makes it clear that the code value belongs to the row immediately above it
218	2110C	EB	Subscriber Eligibility or Benefit Information			
231	2110C	EB13-1	Product/Service ID Qualifier	AD		This row illustrates how to indicate a component data element in the Reference column and also how to specify that only one code value is applicable.

SCOPE

This section specifies the appropriate and recommended use of the Companion Guide.

OVERVIEW

This section specifies how to use the various sections of the document in combination with each other.

REFERENCES

This section specifies additional documents useful for the read. For example, the X12 Implementation Guides that this document is a companion to.

ADDITIONAL INFORMATION

This section, completed by the payer, includes other information useful to the reader. For example:

- Assumptions regarding the reader
- Advantages / benefits of EDI

2 GETTING STARTED

WORKING WITH ACME HEALTH PLAN

This section describes how to interact with Acme Health Plan's EDI Department.

TRADING PARTNER REGISTRATION

This section describes how to register as a trading partner with Acme Health Plan.

CERTIFICATION AND TESTING OVERVIEW

This section provides a general overview of what to expect during any certification and testing phases.

3 TESTING WITH THE PAYER

This section contains a detailed description of the testing phase.

4 CONNECTIVITY WITH THE PAYER/COMMUNICATIONS

PROCESS FLOWS

This section contains process flow diagrams and appropriate text.

TRANSMISSION ADMINISTRATIVE PROCEDURES

This section provides Acme Health Plan's specific transmission administrative procedures.

RE-TRANSMISSION PROCEDURE

This section provides Acme Health Plan's specific procedures for re-transmissions.

COMMUNICATION PROTOCOL SPECIFICATIONS

This section describes Acme Health Plan's communication protocol(s).

PASSWORDS

This section describes Acme Health Plan's use of passwords.

5 CONTACT INFORMATION

EDI CUSTOMER SERVICE

This section contains detailed information concerning EDI Customer Service, especially contact numbers.

EDI TECHNICAL ASSISTANCE

This section contains detailed information concerning EDI Technical Assistance, especially contact numbers.

PROVIDER SERVICE NUMBER

This section contains detailed information concerning the payment of claims, especially contact numbers.

APPLICABLE WEBSITES/E-MAIL

This section contains detailed information about useful web sites and email addresses.

6 CONTROL SEGMENTS/ENVELOPES

ISA-IEA

This section describes Acme Health Plan's use of the interchange control segments. It includes a description of expected sender and receiver codes, authorization information, and delimiters.

GS-GE

This section describes Acme Health Plan's use of the functional group control segments. It includes a description of expected application sender and receiver codes. Also included in this section is a description concerning how Acme Health Plan expects functional groups to be sent and how Acme Health Plan will send functional groups. These discussions will describe how similar transaction sets will be packaged and Acme Health Plan's use of functional group control numbers.

ST-SE

This section describes Acme Health Plan's use of transaction set control numbers.

7 PAYER SPECIFIC BUSINESS RULES AND LIMITATIONS

This section describes Acme Health Plan's business rules, for example:
1. Billing for specific services such as DME, Ambulance, Home Health
2. Communicating payer specific edits
3. Level of CORE Certification

8 ACKNOWLEDGEMENTS AND/OR REPORTS

This section contains information and examples on any applicable payer acknowledgements

REPORT INVENTORY

This section contains a listing/inventory of all applicable acknowledgement reports

9 TRADING PARTNER AGREEMENTS

This section contains general information concerning Trading Partner Agreements (TPA). An actual TPA may optionally be included in an appendix.

TRADING PARTNERS

An EDI Trading Partner is defined as any Acme customer (provider, billing service, software vendor, employer group, financial institution, etc.) that transmits to, or receives electronic data from Acme.

Payers have EDI Trading Partner Agreements that accompany the standard implementation guide to ensure the integrity of the electronic transaction process. The Trading Partner Agreement is related to the electronic exchange of information, whether the agreement is an entity or a part of a larger agreement, between each party to the agreement.

For example, a Trading Partner Agreement may specify among other things, the roles and responsibilities of each party to the agreement in conducting standard transactions.

10 TRANSACTION SPECIFIC INFORMATION

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APPENDICES

This section contains one or more appendices.

1. Implementation Checklist

This appendix contains all necessary steps for going live with Acme Health Plan.

2. Business Scenarios

This appendix contains free format text descriptions of typical business scenarios. The transmission examples for these scenarios are included in Appendix 3.

3. Transmission Examples

This appendix contains actual data streams linked to the business scenarios from Appendix 2.

4. Frequently Asked Questions

This appendix contains a compilation of questions and answers relative to Acme Health Plan and its providers. Typical question would involve a discussion about code sets and their effective dates.

5. Change Summary

This section describes the differences between the current Companion Guide and previous guide(s).