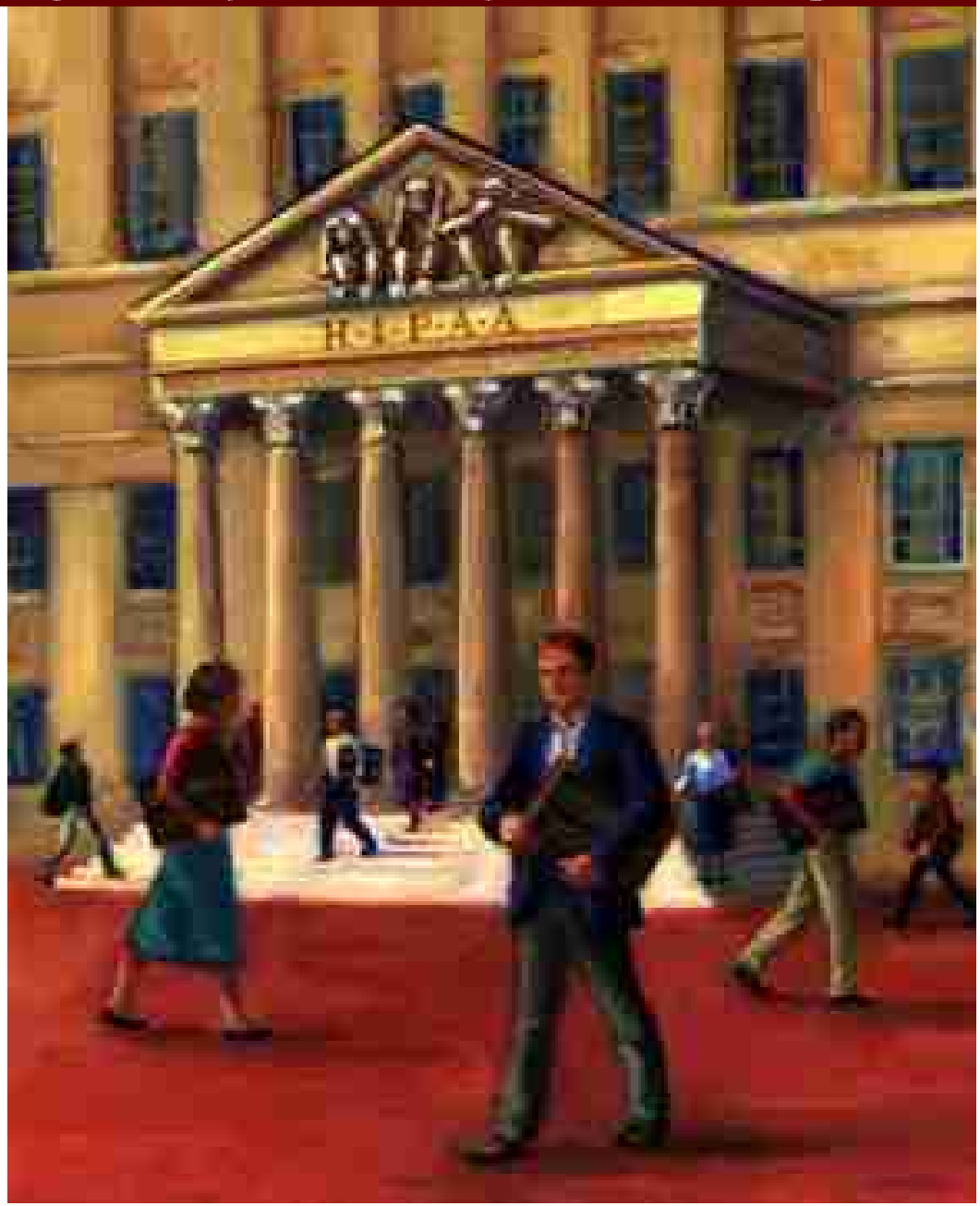
The Ninth National HIPAA Summit™
The Leading Forum on Healthcare Privacy, Confidentiality, Data Security and HIPAA Compliance

HIPAA Transactions Testing Update



Kepa Zubeldia, M.D.

September 13, 2004

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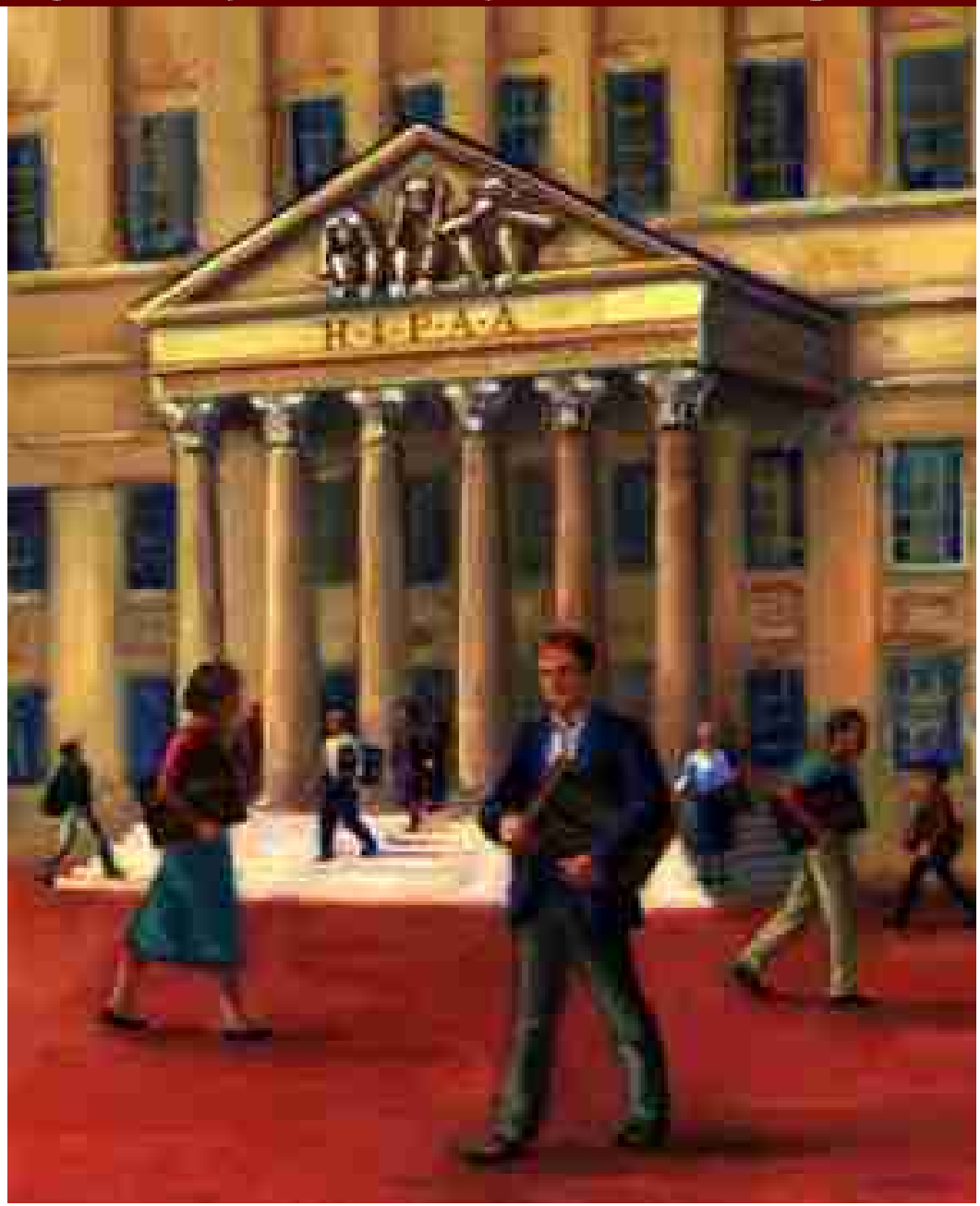
The Ninth National HIPAA Summit™
The Leading Forum on Healthcare Privacy, Confidentiality, Data Security and HIPAA Compliance

HIPAA Transactions Convergence



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Topics

- Before HIPAA – The HIPAA goal
- Reality today
- Companion Guide Portal
- Progress Report
- Convergence Project
- Open invitation

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The HIPAA Law (1996)

‘‘SEC. 1175. (a) CONDUCT OF TRANSACTIONS BY PLANS.—

‘‘(1) IN GENERAL.—If a person desires to conduct a transaction referred to in section 1173(a)(1) with a health plan as a standard transaction—

‘‘(A) the health plan may not refuse to conduct such transaction as a standard transaction;

‘‘(B) the insurance plan may not delay such transaction, or otherwise adversely affect, or attempt to adversely affect, the person or the transaction on the ground that the transaction is a standard transaction; and

‘‘(C) the information transmitted and received in connection with the transaction shall be in the form of standard data elements of health information.

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Transactions NPRM, May 17 1998

"The health care industry recognizes the benefits of EDI and many entities in that industry have developed proprietary EDI formats. **Currently, there are about 400 formats for electronic health care claims being used in the United States.** The lack of standardization makes it difficult to develop software, and the efficiencies and savings for health care providers and health plans that could be realized if formats were standardized are diminished."

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Final Rule, Transactions, August 17, 2000

"In addition, we disagree with commenters that we should add a new ''usage'' statement, ''not required unless specified by a contractual agreement,'' in the implementation guide. We believe that the usage statement would have the same effect as allowing trading partners to negotiate which conditional data elements will be used in a standard transaction. Each health plan could then include different data requirements in their contracts with their health care providers. Health care providers would then be required to use a variety of guidelines to submit transactions to different health plans. **This would defeat the purpose of standardization**."
(Page 50323)

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§ 162.915 Trading partner agreements.

A covered entity must not enter into a trading partner agreement that would do any of the following:

(a) Change the definition, data condition, or use of a data element or segment in a standard.

(b) Add any data elements or segments to the maximum defined data set.

(c) Use any code or data elements that are either marked ‘‘not used’’ in the standard’s implementation specification or are not in the standard’s implementation specification(s).

(d) Change the meaning or intent of the standard’s implementation specification(s).

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High expectations from HIPAA

The HIPAA standard transactions will be acceptable to all covered entities (payers and clearinghouses)

- If a provider or clearinghouse sends a claim that meets the HIPAA Standard (IG) then the payer is required to accept it without imposing additional requirements.

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The Reality Today

There are many additional requirements imposed by the payers

- Contractual
- Other laws and regulations
- Telecommunications
- Implementation restrictions
- Data formatting requirements
- Data content requirements

- Most additional requirements are reasonable

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Examples of Requirements

- Used / not used segments and elements
  - Functionality not yet implemented
- Data formatting requirements
  - No punctuation in names and addresses
  - Maximum of xx bytes in patient account number
  - Dollar amounts must have trailing ".00"
- Data content requirements
  - Provider identifiers (may go away with NPI)
  - Anesthesia units or minutes
  - Specific provider name spelling
  - Unique code set restrictions, procedure modifiers, etc.

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Where are these requirements?

- Payer HIPAA “Companion Guides”
- Provider Bulletins and Newsletters
- Instructions for filing different types of claims
  - DME, Anesthesia, Home Health, Ambulance, etc.
- Joe’s head
- Does anybody know why we require this?

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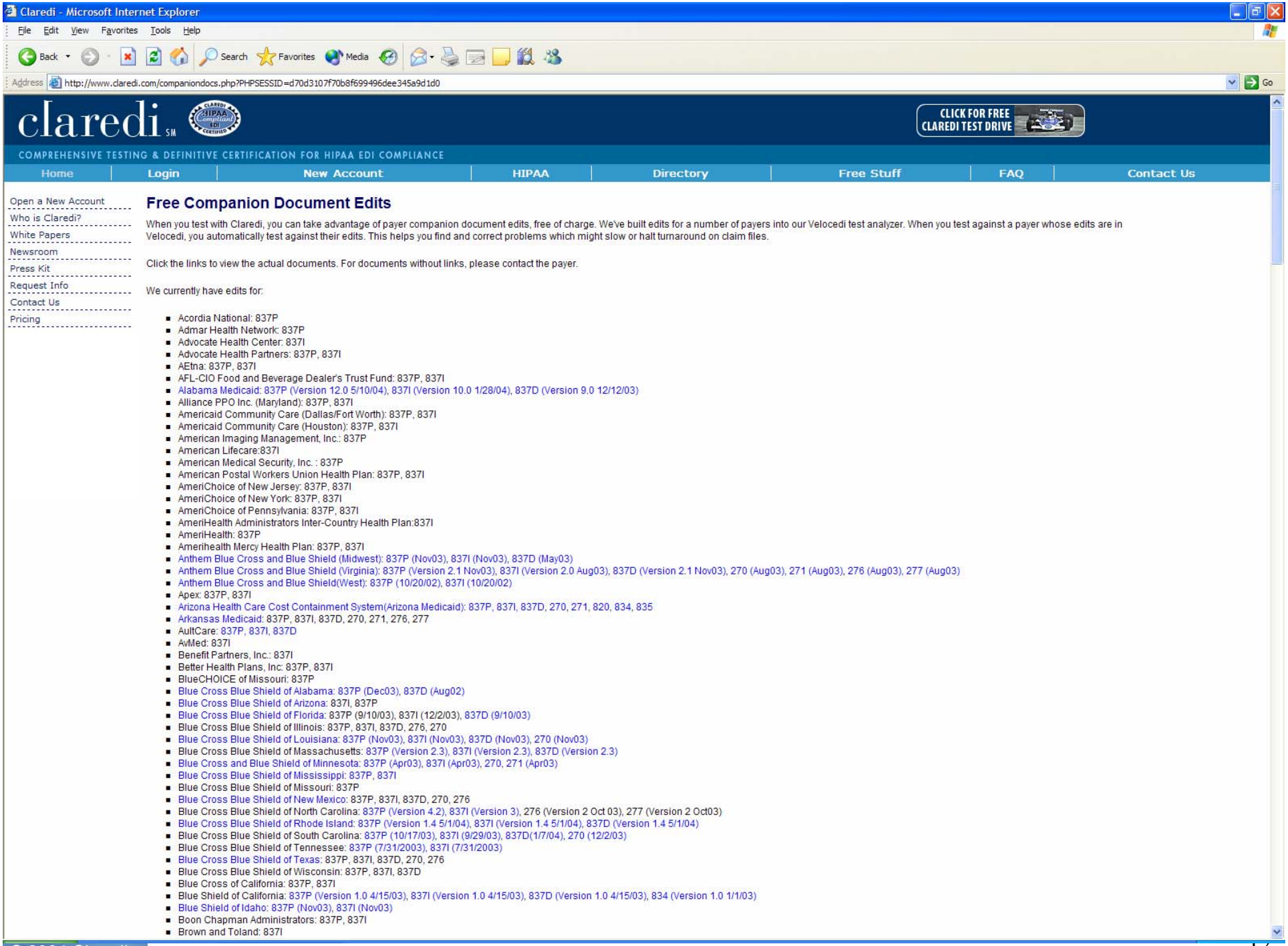
How many sets of requirements?

- Before HIPAA
  - Transactions NPRM reports 400 formats in use
  - Proprietary formats under the control of each payer or clearinghouse
- After HIPAA
  - Three standard X12 formats for claim + NCPDP
  - National standard, not under the control of any one payer or clearinghouse
  - Claredi has identified 980 “Companion Guides” as of September 1, 2004 for the X12 HIPAA transactions. Number keeps growing.



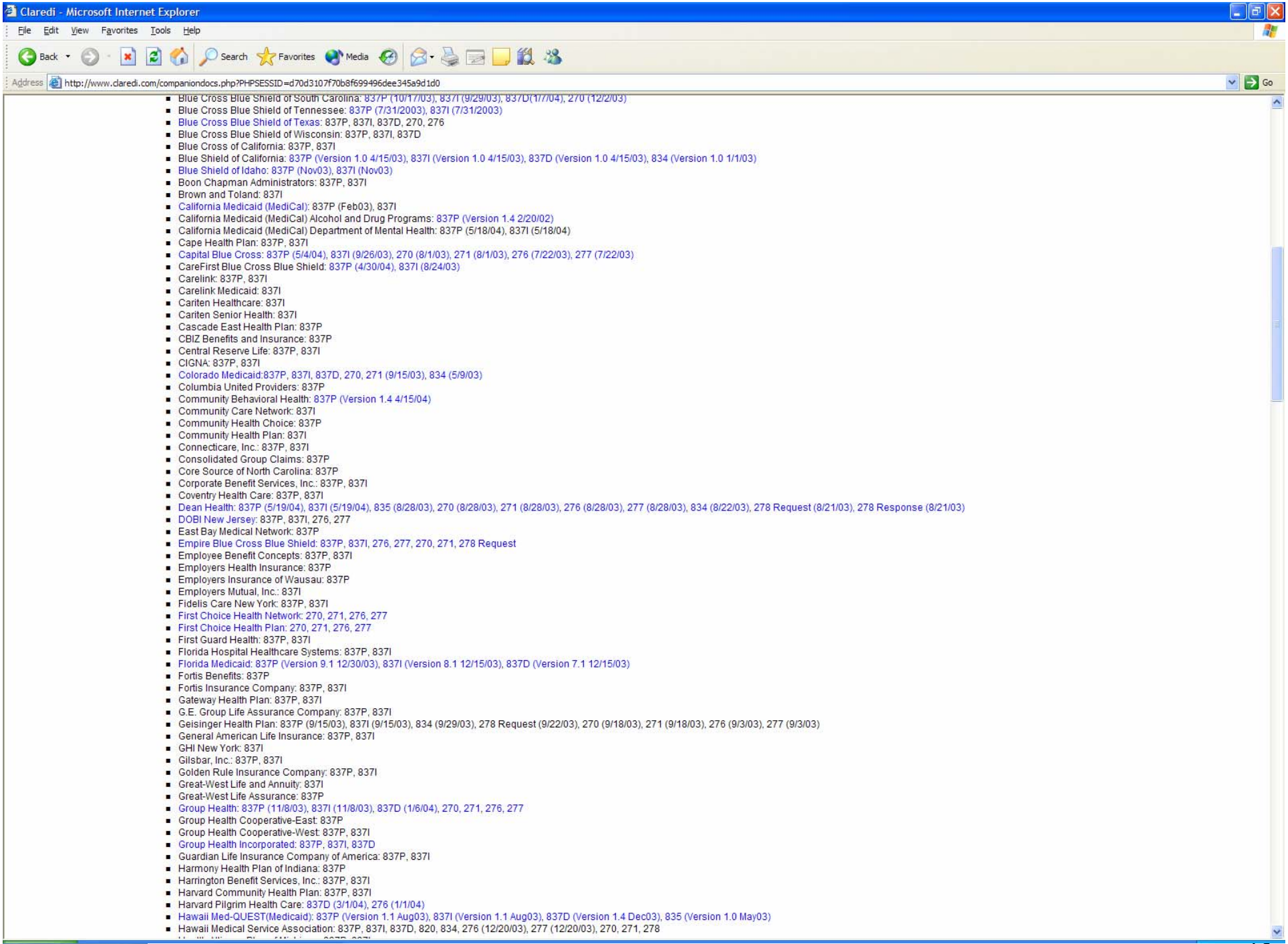
Free Companion Document Edits

When you test with Claredi, you can take advantage of payer companion document edits, free of charge. We've built edits for a number of payers into our Velocedi test analyzer. When you test against a payer whose edits are in Velocedi, you automatically test against their edits. This helps you find and correct problems which might slow or halt turnaround on claim files.

Click the links to view the actual documents. For documents without links, please contact the payer.

We currently have edits for:

- Acordia National: 837P
- Admar Health Network: 837P
- Advocate Health Center: 837I
- Advocate Health Partners: 837P, 837I
- AEtna: 837P, 837I
- AFL-CIO Food and Beverage Dealer's Trust Fund: 837P, 837I
- Alabama Medicaid: 837P (Version 12.0 5/10/04), 837I (Version 10.0 1/28/04), 837D (Version 9.0 12/12/03)
- Alliance PPO Inc. (Maryland): 837P, 837I
- Americaid Community Care (Dallas/Fort Worth): 837P, 837I
- Americaid Community Care (Houston): 837P, 837I
- American Imaging Management, Inc.: 837P
- American Lifecare:837I
- American Medical Security, Inc. : 837P
- American Postal Workers Union Health Plan: 837P, 837I
- AmeriChoice of New Jersey: 837P, 837I
- AmeriChoice of New York: 837P, 837I
- AmeriChoice of Pennsylvania: 837P, 837I
- AmeriHealth Administrators Inter-Country Health Plan:837I
- AmeriHealth: 837P
- Amerihealth Mercy Health Plan: 837P, 837I
- Anthem Blue Cross and Blue Shield (Midwest): 837P (Nov03), 837I (Nov03), 837D (May03)
- Anthem Blue Cross and Blue Shield (Virginia): 837P (Version 2.1 Nov03), 837I (Version 2.0 Aug03), 837D (Version 2.1 Nov03), 270 (Aug03), 271 (Aug03), 276 (Aug03), 277 (Aug03)
- Anthem Blue Cross and Blue Shield(West): 837P (10/20/02), 837I (10/20/02)
- Apex: 837P, 837I
- Arizona Health Care Cost Containment System(Arizona Medicaid): 837P, 837I, 837D, 270, 271, 820, 834, 835
- Arkansas Medicaid: 837P, 837I, 837D, 270, 271, 276, 277
- AultCare: 837P, 837I, 837D
- AvMed: 837I
- Benefit Partners, Inc.: 837I
- Better Health Plans, Inc: 837P, 837I
- BlueCHOICE of Missouri: 837P
- Blue Cross Blue Shield of Alabama: 837P (Dec03), 837D (Aug02)
- Blue Cross Blue Shield of Arizona: 837I, 837P
- Blue Cross Blue Shield of Florida: 837P (9/10/03), 837I (12/2/03), 837D (9/10/03)
- Blue Cross Blue Shield of Illinois: 837P, 837I, 837D, 276, 270
- Blue Cross Blue Shield of Louisiana: 837P (Nov03), 837I (Nov03), 837D (Nov03), 270 (Nov03)
- Blue Cross Blue Shield of Massachusetts: 837P (Version 2.3), 837I (Version 2.3), 837D (Version 2.3)
- Blue Cross and Blue Shield of Minnesota: 837P (Apr03), 837I (Apr03), 270, 271 (Apr03)
- Blue Cross Blue Shield of Mississippi: 837P, 837I
- Blue Cross Blue Shield of Missouri: 837P
- Blue Cross Blue Shield of New Mexico: 837P, 837I, 837D, 270, 276
- Blue Cross Blue Shield of North Carolina: 837P (Version 4.2), 837I (Version 3), 276 (Version 2 Oct 03), 277 (Version 2 Oct03)
- Blue Cross Blue Shield of Rhode Island: 837P (Version 1.4 5/1/04), 837I (Version 1.4 5/1/04), 837D (Version 1.4 5/1/04)
- Blue Cross Blue Shield of South Carolina: 837P (10/17/03), 837I (9/29/03), 837D(1/7/04), 270 (12/2/03)
- Blue Cross Blue Shield of Tennessee: 837P (7/31/2003), 837I (7/31/2003)
- Blue Cross Blue Shield of Texas: 837P, 837I, 837D, 270, 276
- Blue Cross Blue Shield of Wisconsin: 837P, 837I, 837D
- Blue Cross of California: 837P, 837I
- Blue Shield of California: 837P (Version 1.0 4/15/03), 837I (Version 1.0 4/15/03), 837D (Version 1.0 4/15/03), 834 (Version 1.0 1/1/03)
- Blue Shield of Idaho: 837P (Nov03), 837I (Nov03)
- Boon Chapman Administrators: 837P, 837I
- Brown and Toland: 837I



- Blue Cross Blue Shield of South Carolina: 837P (10/17/03), 837I (9/29/03), 837D(1/7/04), 270 (12/2/03)
- Blue Cross Blue Shield of Tennessee: 837P (7/31/2003), 837I (7/31/2003)
- Blue Cross Blue Shield of Texas: 837P, 837I, 837D, 270, 276
- Blue Cross Blue Shield of Wisconsin: 837P, 837I, 837D
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- Blue Shield of California: 837P (Version 1.0 4/15/03), 837I (Version 1.0 4/15/03), 837D (Version 1.0 4/15/03), 834 (Version 1.0 1/1/03)
- Blue Shield of Idaho: 837P (Nov03), 837I (Nov03)
- Boon Chapman Administrators: 837P, 837I
- Brown and Toland: 837I
- California Medicaid (MediCal): 837P (Feb03), 837I
- California Medicaid (MediCal) Alcohol and Drug Programs: 837P (Version 1.4 2/20/02)
- California Medicaid (MediCal) Department of Mental Health: 837P (5/18/04), 837I (5/18/04)
- Cape Health Plan: 837P, 837I
- Capital Blue Cross: 837P (5/4/04), 837I (9/26/03), 270 (8/1/03), 271 (8/1/03), 276 (7/22/03), 277 (7/22/03)
- CareFirst Blue Cross Blue Shield: 837P (4/30/04), 837I (8/24/03)
- Carelink: 837P, 837I
- Carelink Medicaid: 837I
- Cariten Healthcare: 837I
- Cariten Senior Health: 837I
- Cascade East Health Plan: 837P
- CBIZ Benefits and Insurance: 837P
- Central Reserve Life: 837P, 837I
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- Colorado Medicaid:837P, 837I, 837D, 270, 271 (9/15/03), 834 (5/9/03)
- Columbia United Providers: 837P
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- Community Care Network: 837I
- Community Health Choice: 837P
- Community Health Plan: 837I
- Connecticare, Inc.: 837P, 837I
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- Fortis Benefits: 837P
- Fortis Insurance Company: 837P, 837I
- Gateway Health Plan: 837P, 837I
- G.E. Group Life Assurance Company: 837P, 837I
- Geisinger Health Plan: 837P (9/15/03), 837I (9/15/03), 834 (9/29/03), 278 Request (9/22/03), 270 (9/18/03), 271 (9/18/03), 276 (9/3/03), 277 (9/3/03)
- General American Life Insurance: 837P, 837I
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- Group Health: 837P (11/8/03), 837I (11/8/03), 837D (1/6/04), 270, 271, 276, 277
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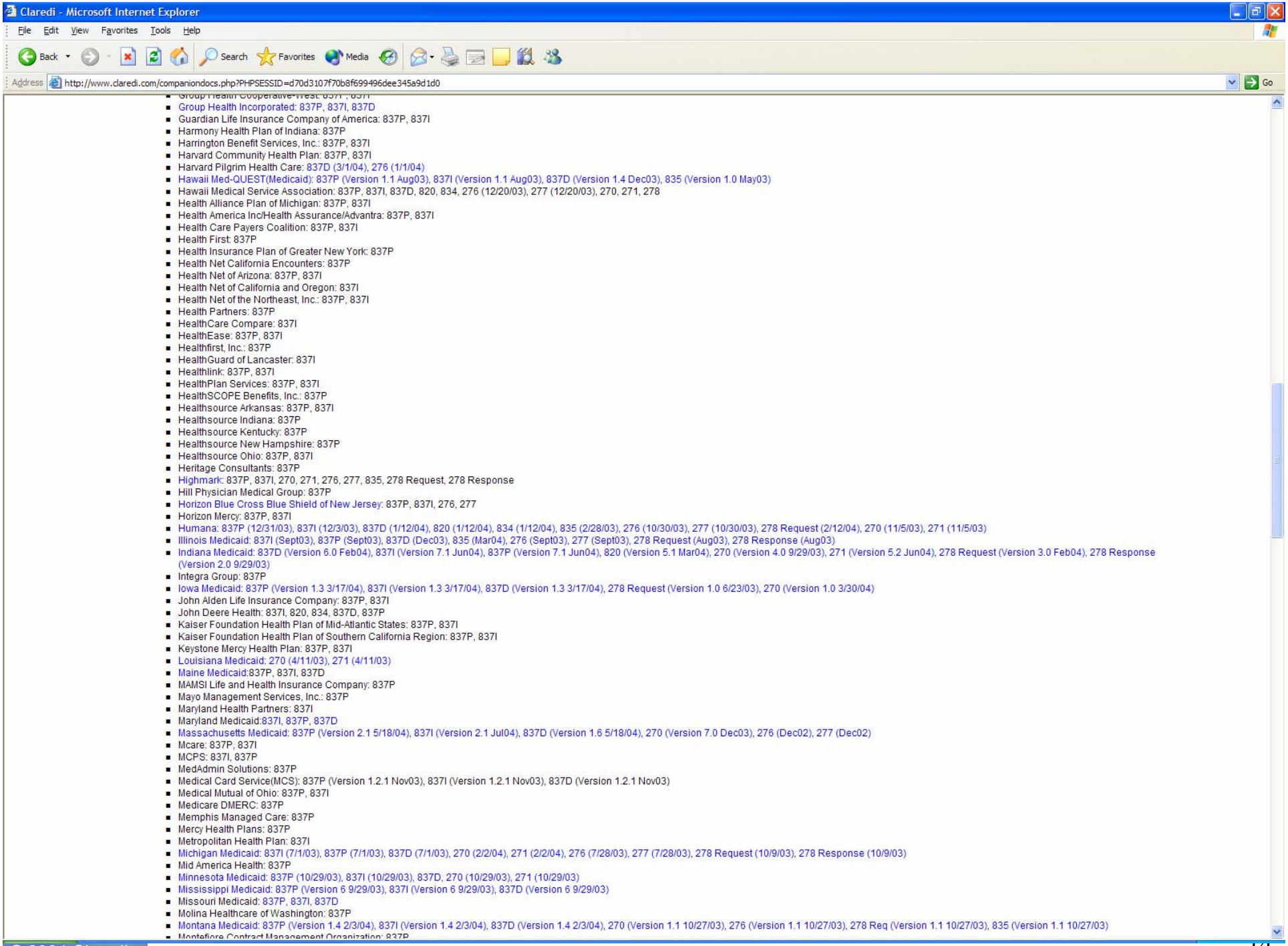
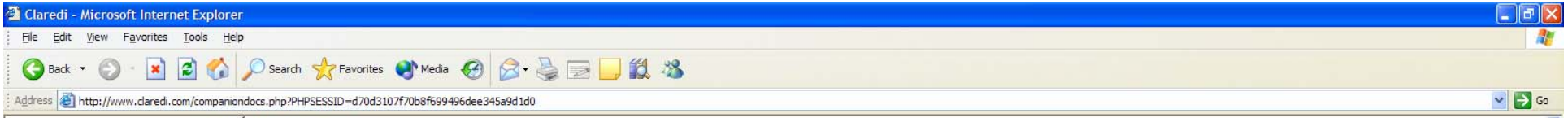
- Harvard Community Health Plan: 837P, 837I
- Harvard Pilgrim Health Care: 837D (3/1/04), 276 (1/1/04)
- Hawaii Med-QUEST(Medicaid): 837P (Version 1.1 Aug03), 837I (Version 1.1 Aug03), 837D (Version 1.4 Dec03), 835 (Version 1.0 May03)
- Hawaii Medical Service Association: 837P, 837I, 837D, 820, 834, 276 (12/20/03), 277 (12/20/03), 270, 271, 278





- Metropolitan Health Plan: 837I
- Michigan Medicaid: 837I (7/1/03), 837P (7/1/03), 837D (7/1/03), 270 (2/2/04), 271 (2/2/04), 276 (7/28/03), 277 (7/28/03), 278 Request (10/9/03), 278 Response (10/9/03)
- Mid America Health: 837P
- Minnesota Medicaid: 837P (10/29/03), 837I (10/29/03), 837D, 270 (10/29/03), 271 (10/29/03)
- Mississippi Medicaid: 837P (Version 6 9/29/03), 837I (Version 6 9/29/03), 837D (Version 6 9/29/03)
- Missouri Medicaid: 837P, 837I, 837D
- Molina Healthcare of Washington: 837P
- Montana Medicaid: 837P (Version 1.4 2/3/04), 837I (Version 1.4 2/3/04), 837D (Version 1.4 2/3/04), 270 (Version 1.1 10/27/03), 276 (Version 1.1 10/27/03), 278 Req (Version 1.1 10/27/03), 835 (Version 1.1 10/27/03)
- Montefiore Contract Management Organization: 837P
- MPLAN Inc/Health Care Group, LLC: 837P, 837I
- Mutual Group: 837P
- Mutual of Omaha: 837P, 837I
- Mutual of Omaha Medicare: 837I (5/13/04)
- National Heritage Insurance Company (Texas Medicaid): 837I, 837P, 837D
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- NEHEN, New England Healthcare EDI Network: 837P (12/10/03), 837I (12/10/03), 270 (1/1/04)
- New England Financial: 837P, 837I
- New England Medicare:837P
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- New Jersey Medicaid: 835 (May04), 837P (May04), 837I (May04), 837D (May04)
- New Mexico Medicaid: 837P (11/14/03), 837I (11/14/03), 837D
- New West Health Plan: 837P, 837I
- New York Medicaid: 873P (Version 1.5 10/3/03), 837I, 837D (Version 1.6 4/30/04), 270, 271, 276, 277, 278 Response, 278 Request
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- North American Medical Management-Northern California: 837P
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- North Dakota Medicaid: 837P, 837D (Aug03), 837I (Aug03)
- NYMI-Aetna Radiology Claims: 837P
- NYMI-Oxford: 837P
- Ohio Medicaid: 837P (Version 2 8/26/03), 837I (Version 2 8/26/03), 837D (Version 3 5/10/04), 270 (Version 2 8/26/03), 271 (Version 2 8/26/03), 276 (Version 2 8/26/03), 277 (Version 2 8/26/03)
- Oklahoma Medicaid: 837P (4/24/03), 837I (4/24/03), 837D (4/24/03), 270 (4/24/03), 271 (4/24/03), 276 (4/24/03), 277 (4/24/03), 278 Request (4/24/03), 278 Response (4/24/03), 820 (4/24/03), 834 (4/24/03), 835 (4/24/03)
- Ochsner Health Plan: 837I
- OptiCare Eye Health Network: 837P
- Optimum Choice of the Carolina's, Inc.: 837P
- Oregon Medicaid: 837P, 837I, 837D
- Oxford Health Plan (New Jersey): 276, 277
- PacifiCare: 837P (Version 2.0 Aug 03), 837I (Version 2.0 Aug03), 270 (Version 1.0 Jun03), 271 (Version 1.0 Jun03), 276 (Version 1.0 Jun03), 277 (Version 1.0 Jun03)
- PacificSource:837P (5/1/03), 837I, 837D, 835
- Palmetto GBA Medicare A: 837P
- Paramount: 837P, 837I, 276
- Parkland Community Health Plan: 837P, 837I
- Partners National Health Plans of North Carolina: 837P, 837I
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- Pennsylvania Medicaid:837P (Oct03), 837I (Oct03), 837D (Oct03), 270 (Jul03), 271 (Jul03)
- PHP TennCare: 837P, 837I
- Physicians Healthcare Plan, Inc.: 837P
- Preferred Healht Network: 837I
- Preferred Health Systems Insurance Company: 837P
- PreferredOne: 837P (6/30/04), 837I (6/30/04), 270 (6/30/04)
- Premera Blue Cross (Washington & Alaska): 837P (11/8/03), 837I (11/8/03), 837D (1/6/04), 270, 271, 276, 277
- Premier Benefit, Inc.: 837P
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- Prudential: 837P, 837I
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- Regence Blue Cross (Washington/Alaska): 837D (1/6/04), 276, 277
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- Rhode Island Medicaid: 837P, 837I, 837D
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- SecureCare of Iowa: 837P, 837I
- Selectcare: 837P
- Select Health of South Carolina: 837P, 837I
- Sentara Health Management: 837P
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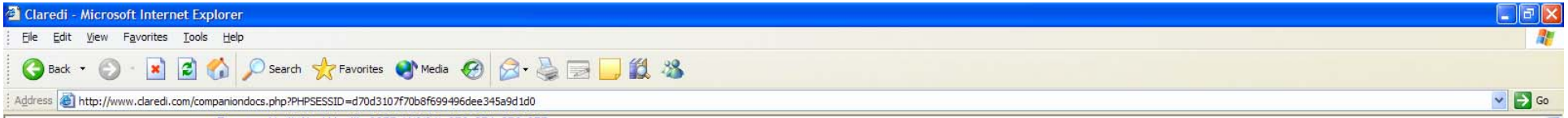

- Regence NorthWest Health: 837D (1/6/04), 270, 271, 276, 277
- Rhode Island Medicaid: 837P, 837I, 837D
- Sagamore Health Network: 837P, 837I
- Seabury and Smith: 837P, 837I
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- Select Health of South Carolina: 837P, 837I
- Sentara Health Management: 837P
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- South Carolina Medicaid: 837P (Version 1.8 4/27/04), 837I (Version 1.7 4/22/04), 837D (Version 1.7 3/19/04), 835 (Version 1.3 1/5/04), 834 (Version 1.0 7/29/03), 820 (Version 1.1 9/24/03)
- Southern Health Services, Inc.: 837P, 837I
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- State Farm Group Medical and Individual Health Insurance Companies: 837P, 837I
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- Tennessee Medicaid: 837P (Sept03), 837I, 837D
- Three Rivers Health Plans, Inc.: 837P, 837I
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- Unity Health Plan: 837I, 837P
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- University Health Plan: 837P, 837I
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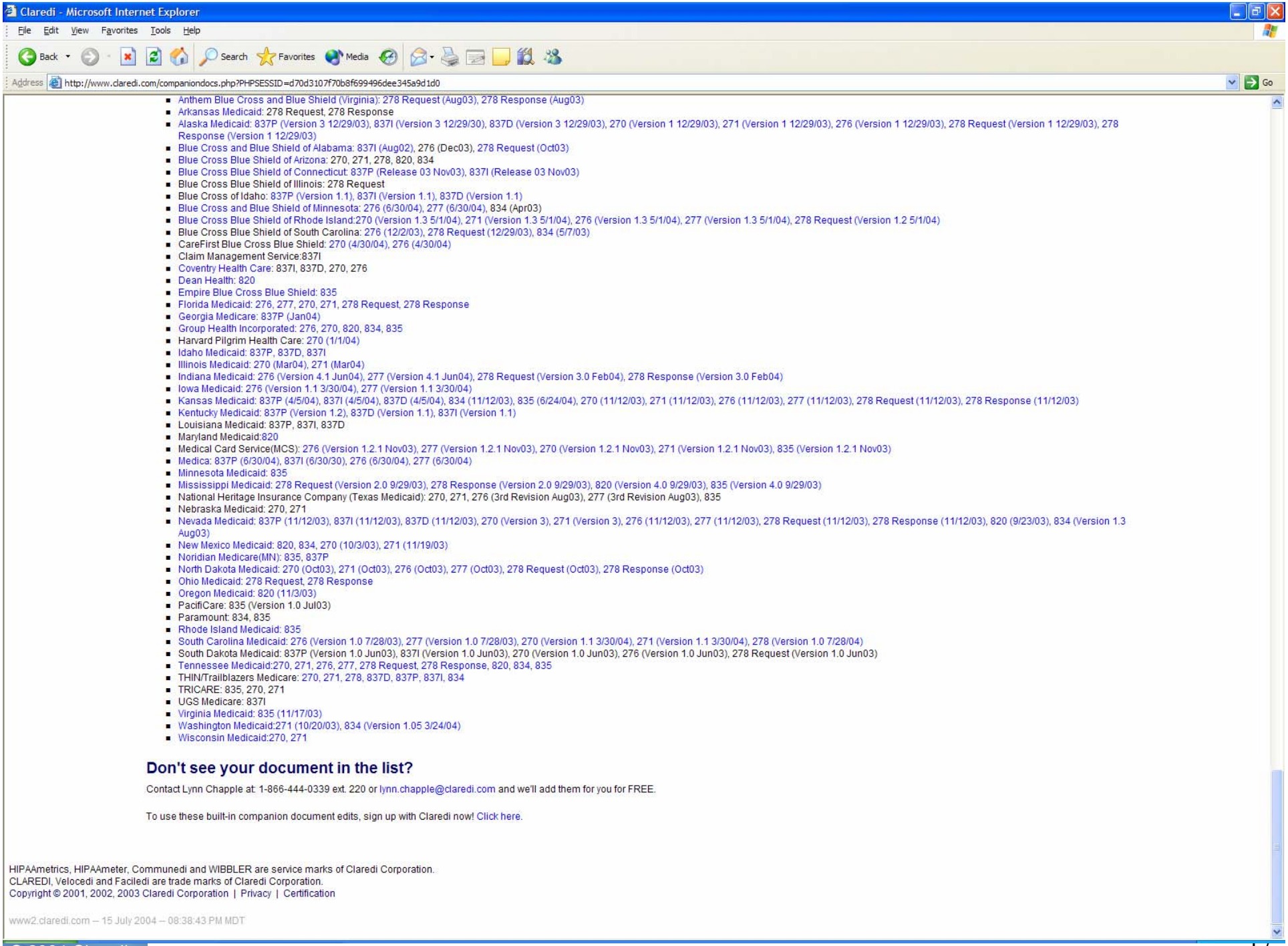
- Upper Peninsula Health Plan: 837P, 837I
- U.S. Health Care: 837I
- Utah Health Information Network (UHIN): 837P, 837I
- Utah Medicaid:837P (Version 6), 837I (Version 2), 837D (Version 4), 270, 271, 276 (Version 2), 820
- Vermont Medicaid: 837P (3/20/03) ,837I (4/1/03), 837D (3/28/03)
- Virginia Medicaid: 837D (Version 1.3 5/1/04), 837I (3/1/04), 837P (Version 1.3 5/1/04), 278 Request (2/23/04), 278 Response (2/23/04), 820 (8/5/03), 834 (5/1/04), 270 (8/6/03), 271 (8/6/03), 276 (8/5/03), 277 (8/5/03)
- Vytra Healthcare: 837P
- Washington Medicaid: 837I (Version 1.05 2/4/04), 837P (Version 1.05 2/4/04), 837D (Version 1.05 2/4/04), 270 (Version 1.02 10/20/03)
- WEA Trust: 837P (Version 2.0 10/3/03), 837I (Version 2.0 10/3/03), 837D (Version 1.0 9/29/03), 276, 835, 271 (Version 1.1), 278 Response (Version 1.0)
- WebMD: 837I, 837P, 837D
- Wellcare: 837P, 837I
- Wellmark Blue Cross and Blue Shield of Iowa/South Dakota: 837P (Version 1.03 8/1/03), 837I (Version 1.04 8/15/03), 837D (Version 1.01 7/1/03), 276 (Version 1.01 7/1/03), 270 (Version 1.01 7/1/03), 835 (Version 1.0 7/1/03)
- West Virginia Medicaid: 837P (Version 1.1 11/18/03),837I (Version 1.1 11/18/03), 837D (Version 1.1 11/18/03)
- Winterbrook: 837P, 837I
- Wisconsin Physician Services: 837P
- Wisconsin Medicaid: 837P (Jun03), 837D (Jun03), 837I (Jun03)
- Xantus Healthplan of Tennessee: 837P, 837I

Many more are in development and will be available soon.

- Alabama Medicaid: 270 (Version 5.0 11/20/03), 271 (Version 4.0 9/16/03), 276 (Version 5.0 11/20/03), 277 (Version 5.0 11/25/03), 278 Request (Version 2.0 7/24/03), 820, 834, 835
- Alabama Medicare: 837P (Dec03)
- Anthem Blue Cross and Blue Shield (Midwest): 270, 271, 276, 277, 278 Request, 278 Response, 834
- Anthem Blue Cross and Blue Shield (Virginia): 278 Request (Aug03), 278 Response (Aug03)
- Arkansas Medicaid: 278 Request, 278 Response
- Alaska Medicaid: 837P (Version 3 12/29/03), 837I (Version 3 12/29/30), 837D (Version 3 12/29/03), 270 (Version 1 12/29/03), 271 (Version 1 12/29/03), 276 (Version 1 12/29/03), 278 Request (Version 1 12/29/03), 278 Response (Version 1 12/29/03)
- Blue Cross and Blue Shield of Alabama: 837I (Aug02), 276 (Dec03), 278 Request (Oct03)
- Blue Cross Blue Shield of Arizona: 270, 271, 278, 820, 834
- Blue Cross Blue Shield of Connecticut: 837P (Release 03 Nov03), 837I (Release 03 Nov03)
- Blue Cross Blue Shield of Illinois: 278 Request
- Blue Cross of Idaho: 837P (Version 1.1), 837I (Version 1.1), 837D (Version 1.1)
- Blue Cross and Blue Shield of Minnesota: 276 (6/30/04), 277 (6/30/04), 834 (Apr03)
- Blue Cross Blue Shield of Rhode Island:270 (Version 1.3 5/1/04), 271 (Version 1.3 5/1/04), 276 (Version 1.3 5/1/04), 277 (Version 1.3 5/1/04), 278 Request (Version 1.2 5/1/04)
- Blue Cross Blue Shield of South Carolina: 276 (12/2/03), 278 Request (12/29/03), 834 (5/7/03)
- CareFirst Blue Cross Blue Shield: 270 (4/30/04), 276 (4/30/04)
- Claim Management Service:837I
- Coventry Health Care: 837I, 837D, 270, 276
- Dean Health: 820
- Empire Blue Cross Blue Shield: 835
- Florida Medicaid: 276, 277, 270, 271, 278 Request, 278 Response
- Georgia Medicare: 837P (Jan04)
- Group Health Incorporated: 276, 270, 820, 834, 835



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Claredi's Companion Guide Portal

- Free resource on the Internet
- Lists all the companion guides we have identified, with version number and date
- Links to the guides themselves
  - Only for guides available through the Internet (65%)
  - Some guides are restricted distribution
- Next task: locate the NCPDP "Payer Sheets"

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Statistics as of September 1, 2004

- 837P – 262
- 837I – 223
- 837D – 76

- 835 – 12

- 270 – 46
- 276 – 51
- 278 Request – 22

- 271 – 36
- 277 – 42
- 278 Response – 12

- 834 – 13
- 820 – 12

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Final Rule, Transactions, August 17, 2000

"In addition, we disagree with commenters that we should add a new ''usage'' statement, ''not required unless specified by a contractual agreement,'' in the implementation guide. We believe that the usage statement would have the same effect as allowing trading partners to negotiate which conditional data elements will be used in a standard transaction. Each health plan could then include different data requirements in their contracts with their health care providers. **Health care providers would then be required to use a variety of guidelines to submit transactions to different health plans. This would defeat the purpose of standardization**."
(Page 50323)

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But…

- Companion guides don't tell the whole story
  - Many edits are not documented in the guides
  - Some guides' requirements are not enforced
- Reading the guides is very difficult
  - Most providers' offices can't read more than 2-5
  - Most vendors won't implement more than 2-5
    - Medicare, Medicaid(s), Blues
- There has to be an easier way
- How do we help in **converging** these requirements into common requirements?

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HIPAA Transactions Convergence Project

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Claredi's Convergence Project

- To help the healthcare industry converge on a manageable set of requirements for the HIPAA transactions
- To help identify the divergent requirements
- To automate the identification of requirements in a machine processable format
- To provide a convergence model usable for other transactions like those in the NHII
- Free, open to the entire industry

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Convergence → Interoperability

- Data Content standards driven by NUBC, NUCC, ADA DeCC, NCPDP, WEDI, others
  - Industry should adopt these standards as reference point, or “target for convergence”
- Feedback mechanism: compare transaction requirements among participants
  - Deviation from requirements defined by Content Committees, industry associations and others
  - Deviation from other requirement from same payer
  - Deviation from requirements from other payers

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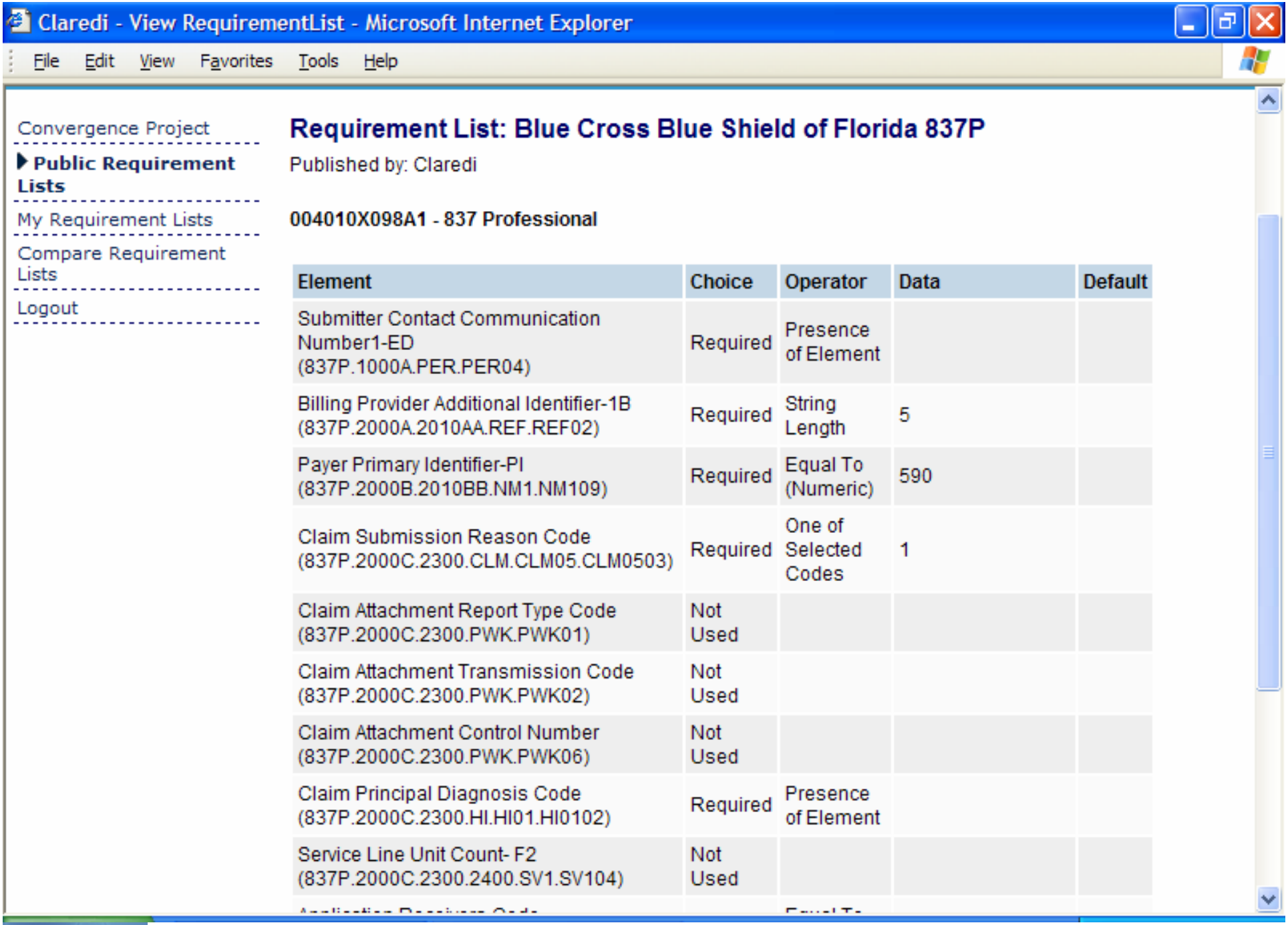
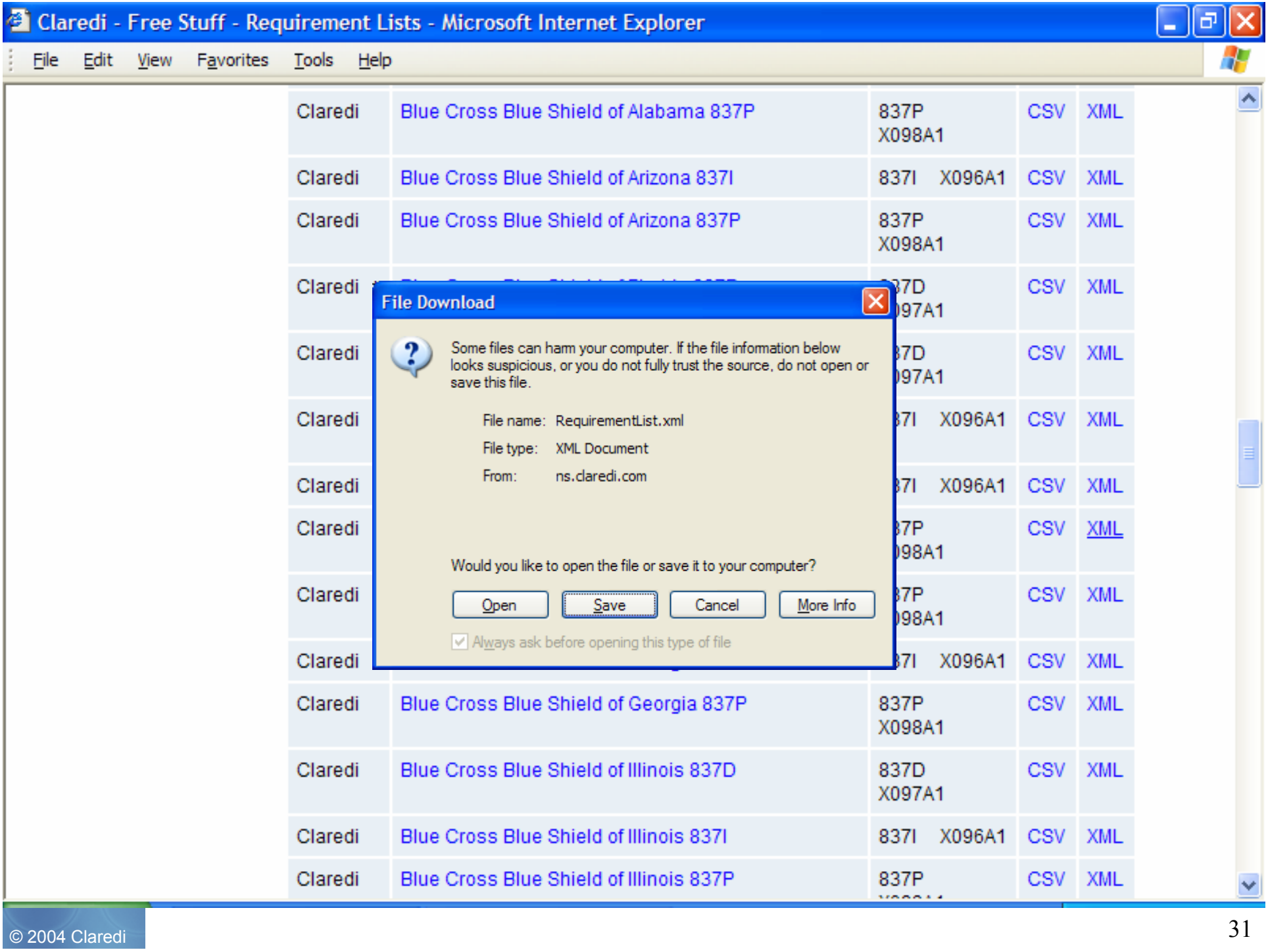
HIPAA Convergence Requirements Lists

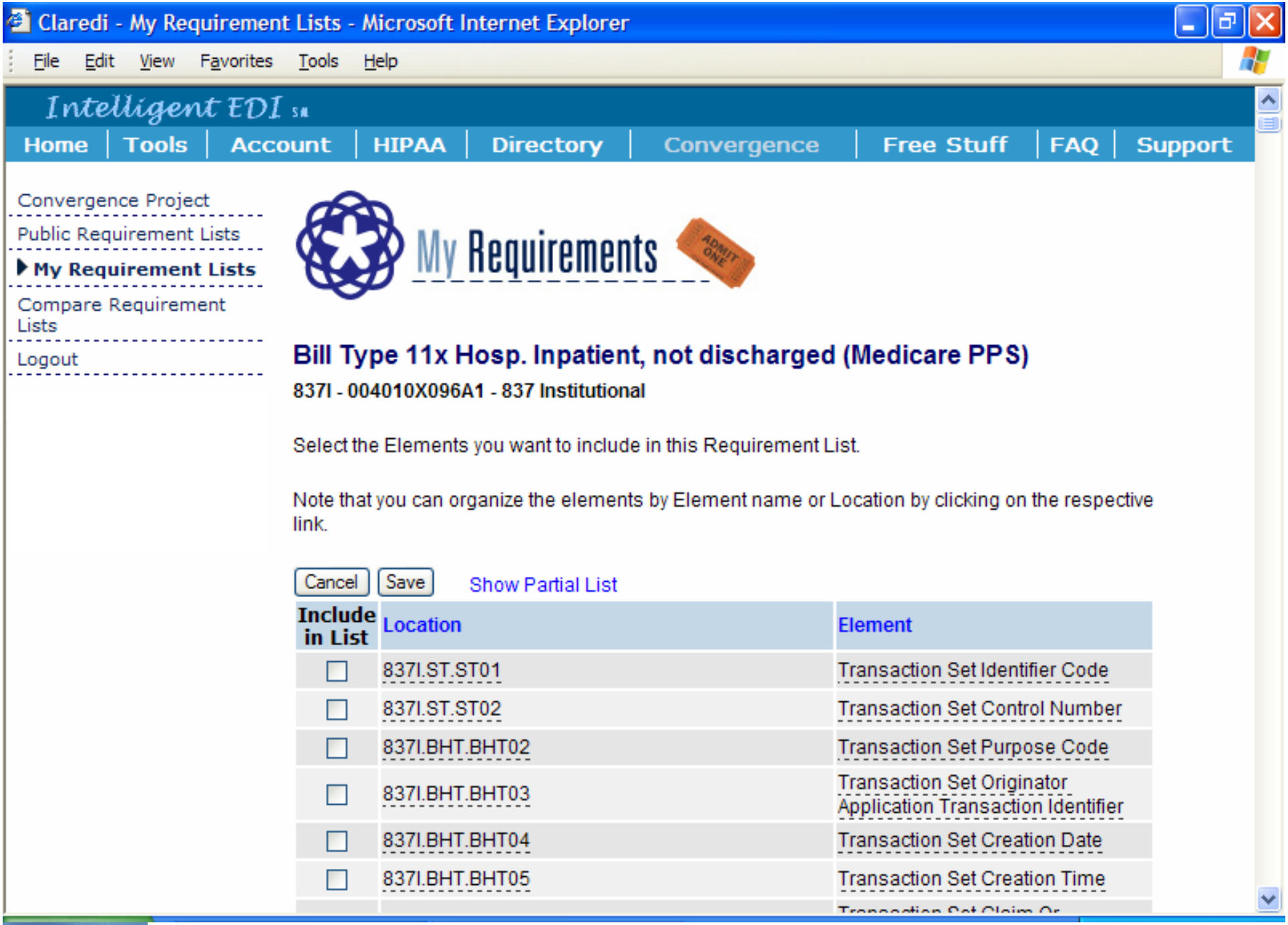
- General Convergence Lists
  - Define common requirements as target for convergence
    - Bill type
    - Type of claim
  - Lists defined by NUBC, NUCC, DeCC and NCPDP for the entire industry
- Payer Specific Lists
  - Defined by each payer for their own needs
  - Concise, limited only to payer-specific needs
  - Does not replace companion guides. Supplements them.
  - Eventually these lists **should go away** (Probability 0%)

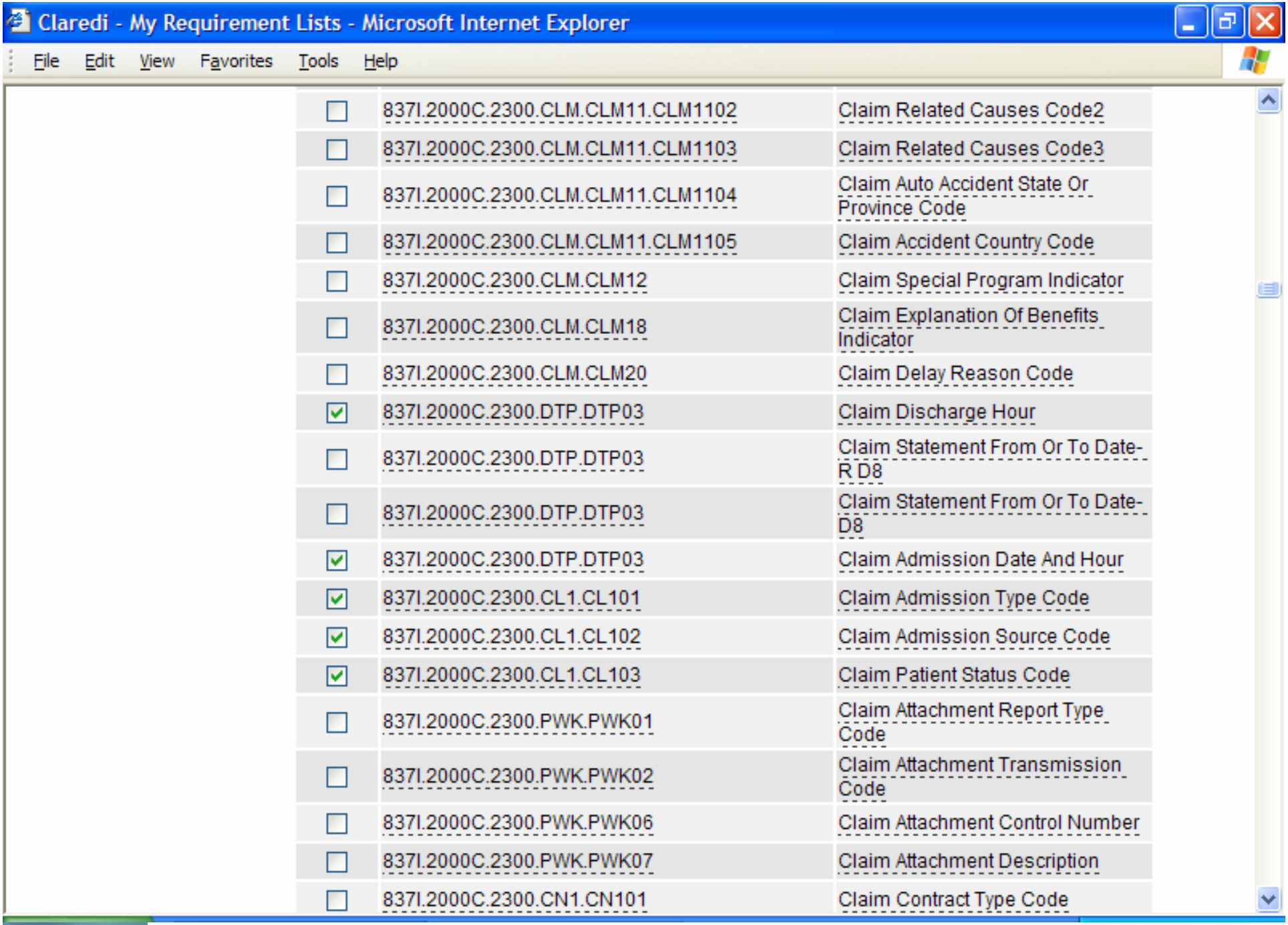
Publisher	List Name	Transaction	Downloads	
Claredi	Alabama Medicaid 837D	837D X097A1	CSV	XML
Claredi	Alabama Medicaid 837I	837I X096A1	CSV	XML
Claredi	Alabama Medicaid 837P	837P X098A1	CSV	XML
Claredi	Alaska Medicaid 837D	837D X097A1	CSV	XML
Claredi	Alaska Medicaid 837I	837I X096A1	CSV	XML
Claredi	Alaska Medicaid 837P	837P X098A1	CSV	XML
Claredi	Anthem Blue Cross and Blue Shield of Virginia 837D	837D X097A1	CSV	XML
Claredi	Anthem Blue Cross and Blue Shield of Virginia 837I	837I X096A1	CSV	XML
Claredi	Anthem Blue Cross and Blue Shield of Virginia 837P	837P X098A1	CSV	XML
Claredi	Anthem MidWest 837D	837D X097A1	CSV	XML
Claredi	Anthem MidWest 837I	837I X096A1	CSV	XML
Claredi	Anthem MidWest 837P	837P X098A1	CSV	XML

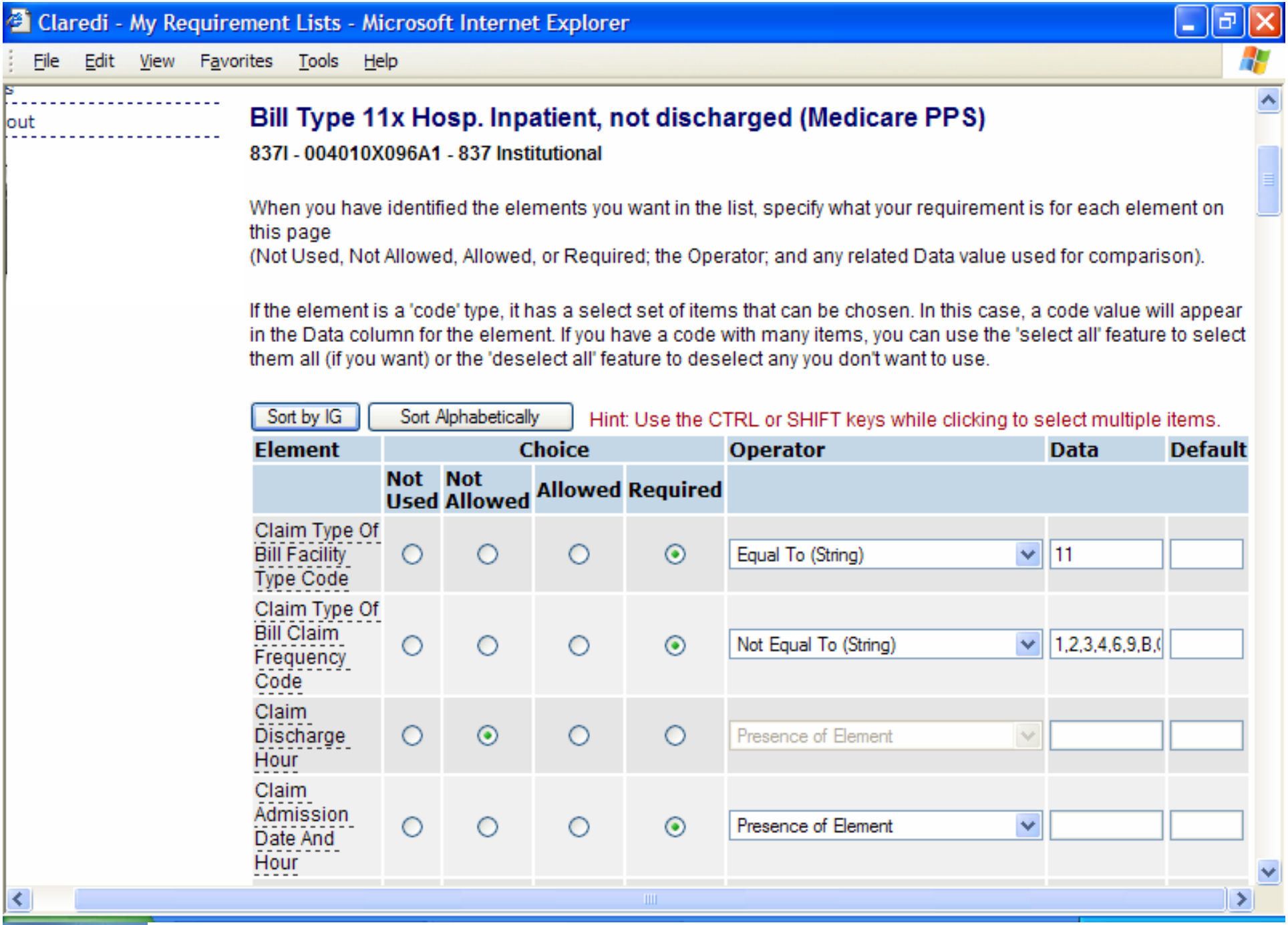
Claredi	Bill Type 11x Hosp. Inpatient, discharged (Medicare non-PPS)	837I	X096A1	CSV	XML
Claredi	Bill Type 11x Hosp. Inpatient, discharged (Medicare PPS)	837I	X096A1	CSV	XML
Claredi	Bill Type 11x Hosp. Inpatient, discharged (non-Medicare)	837I	X096A1	CSV	XML
Claredi	Bill Type 11x Hosp. Inpatient, not discharged (Medicare non-PPS)	837I	X096A1	CSV	XML
Claredi	Bill Type 11x Hosp. Inpatient, not discharged (Medicare PPS)	837I	X096A1	CSV	XML
Claredi	Bill Type 11x Hosp. Inpatient, not discharged (non-Medicare)	837I	X096A1	CSV	XML
Claredi	Bill Type 12x Hospital - Inpatient (Medicare Part B only)	837I	X096A1	CSV	XML
Claredi	Bill Type 13x Hospital - Outpatient	837I	X096A1	CSV	XML
Claredi	Bill Type 14x Hospital - Other	837I	X096A1	CSV	XML
Claredi	Bill Type 17x Hospital - Subacute Inpatient	837I	X096A1	CSV	XML
Claredi	Bill Type 18x Hospital - Swing Beds, discharged	837I	X096A1	CSV	XML
Claredi	Bill Type 18x Hospital - Swing Beds, not discharged	837I	X096A1	CSV	XML
Claredi	Blue Cross Blue Shield Anthem West of Colorado 837I	837I	X096A1	CSV	XML
Claredi	Blue Cross Blue Shield Anthem West of Colorado	837P		CSV	XML

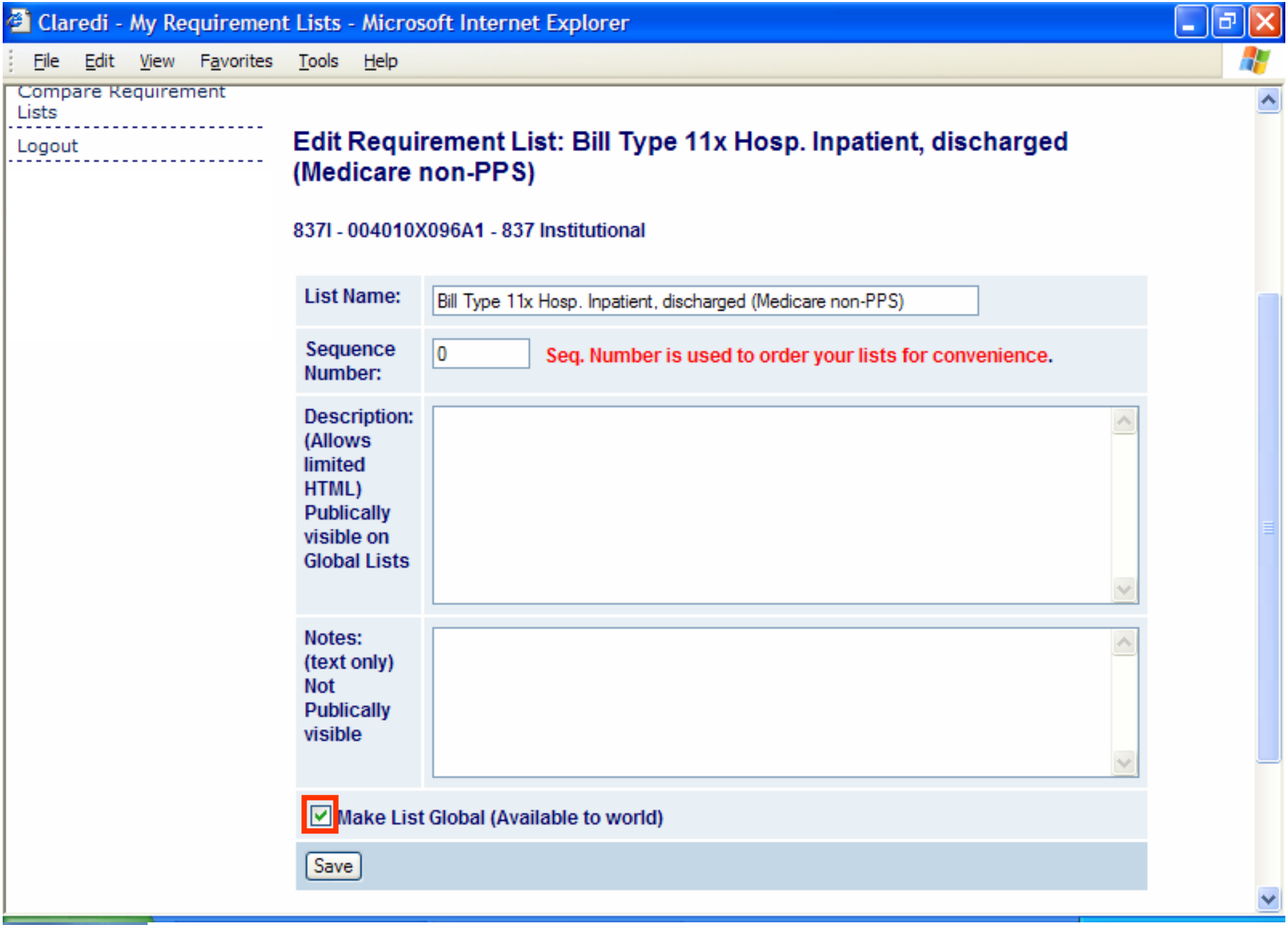


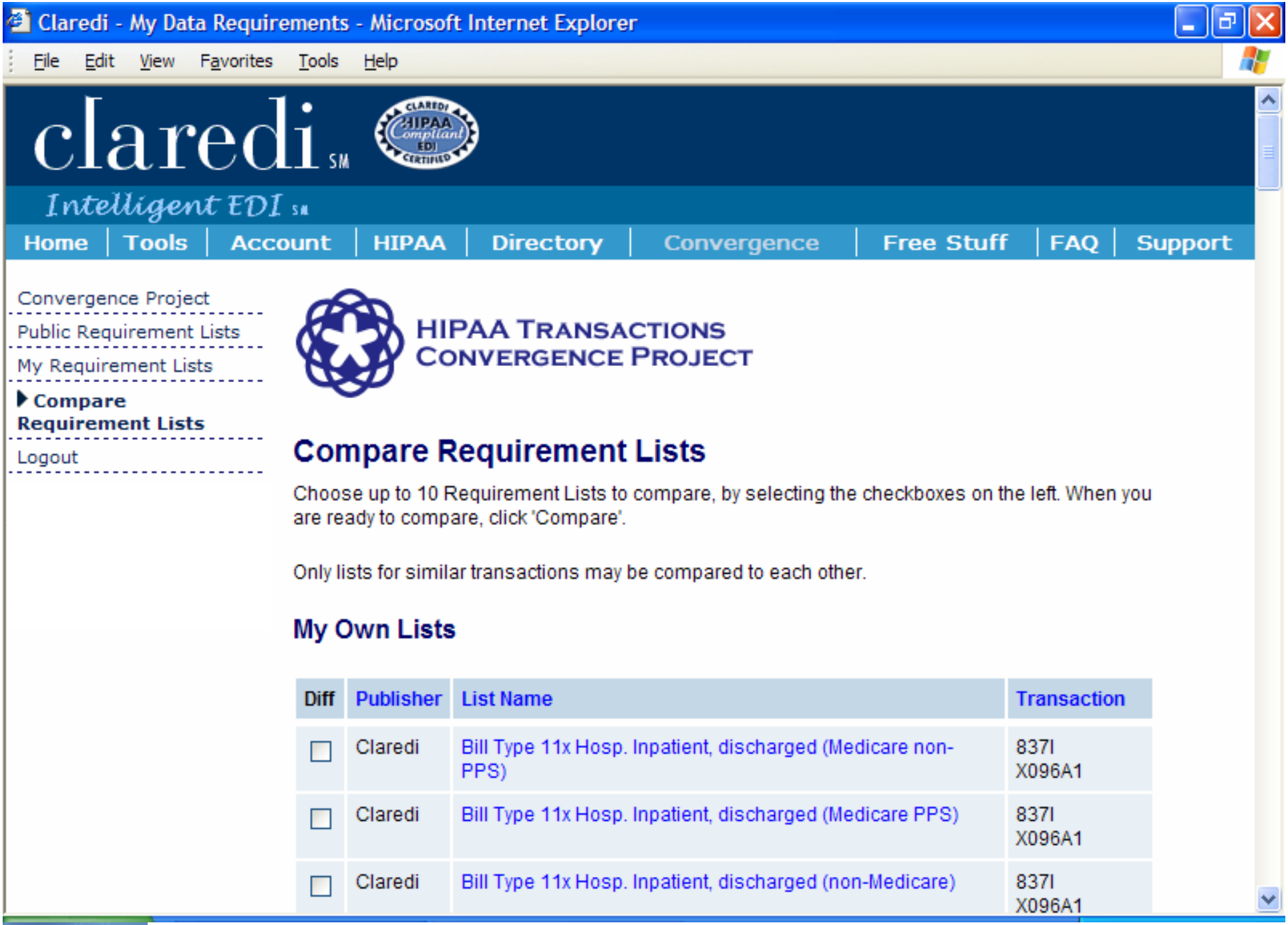


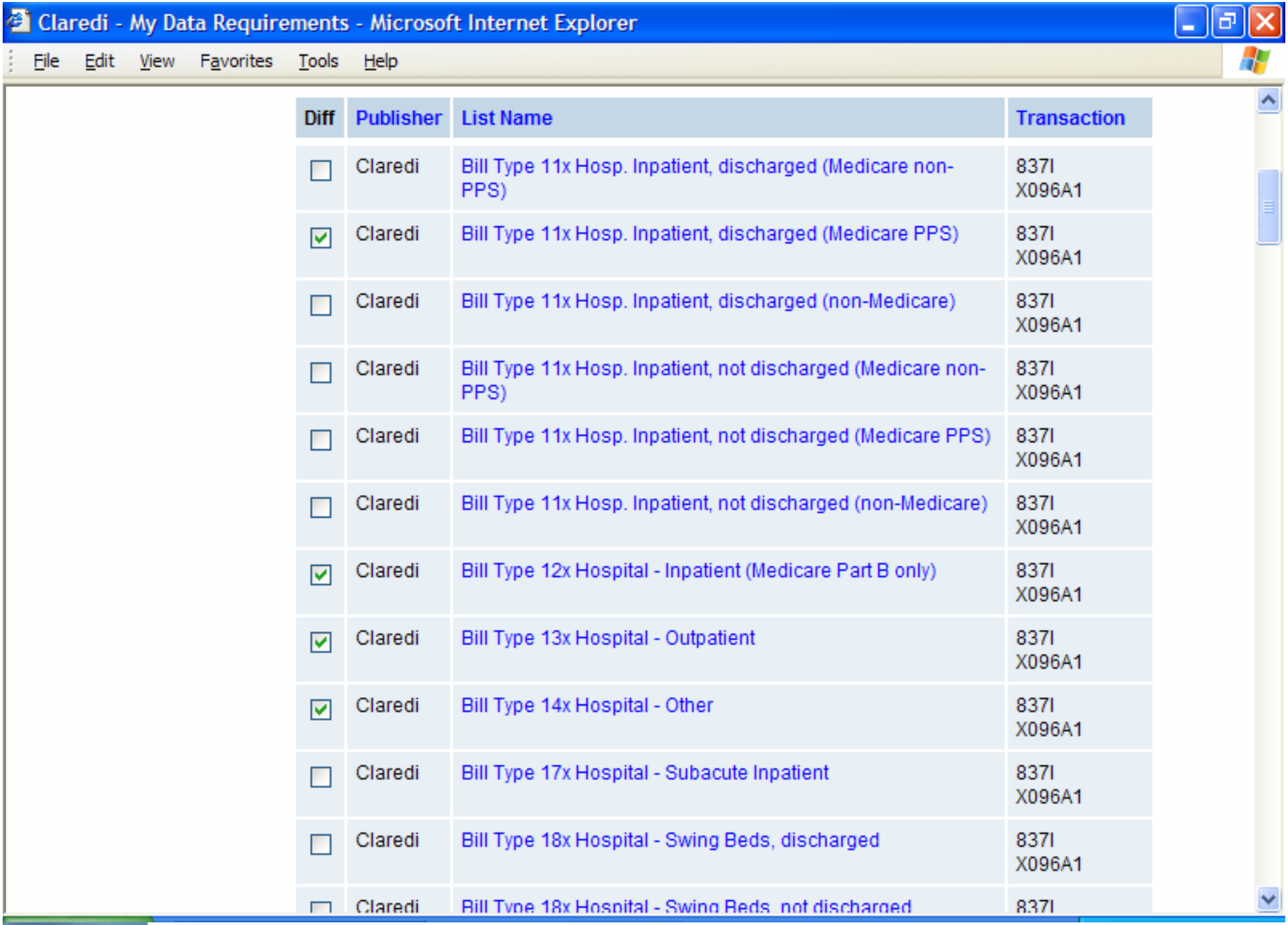


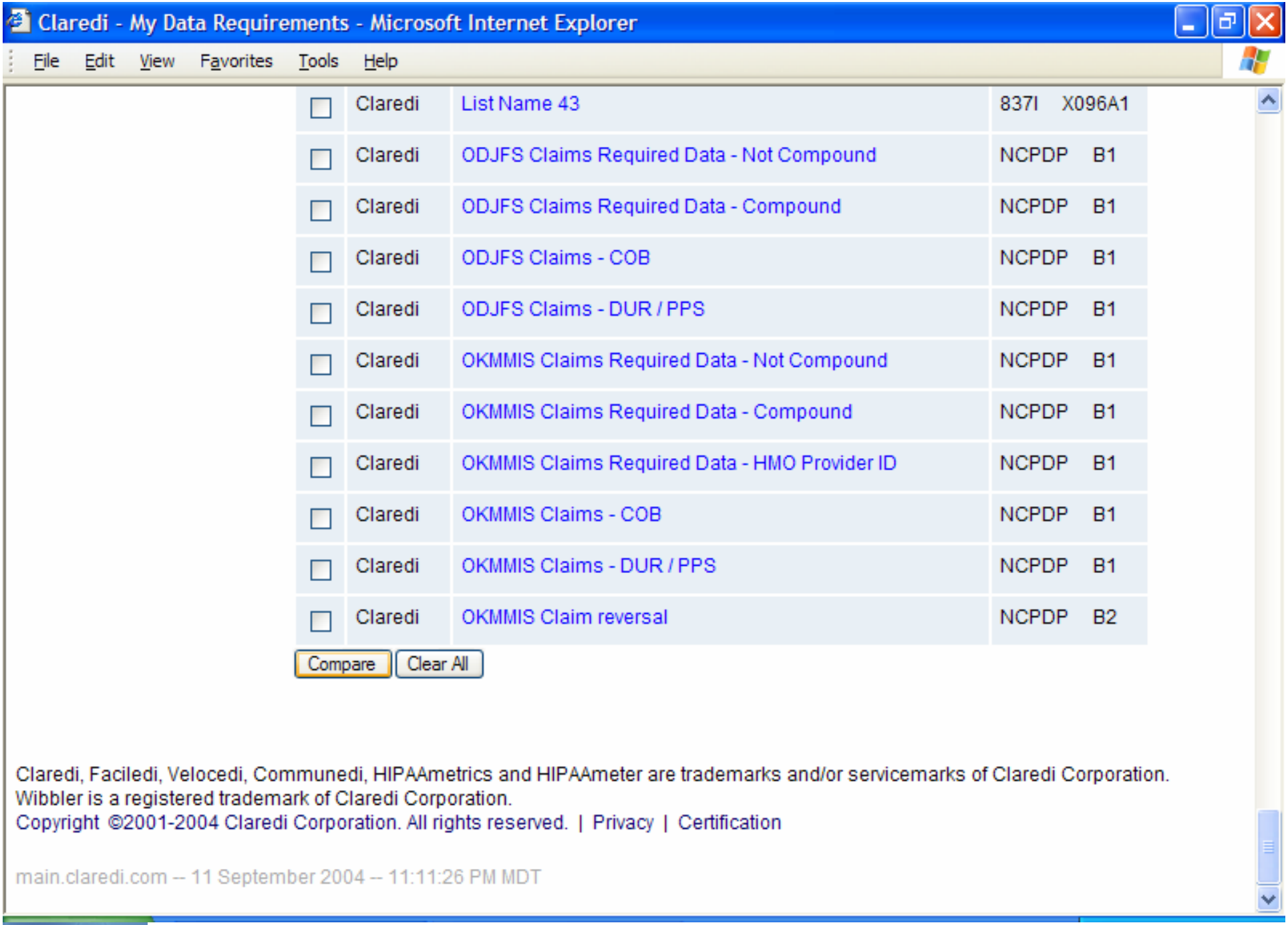












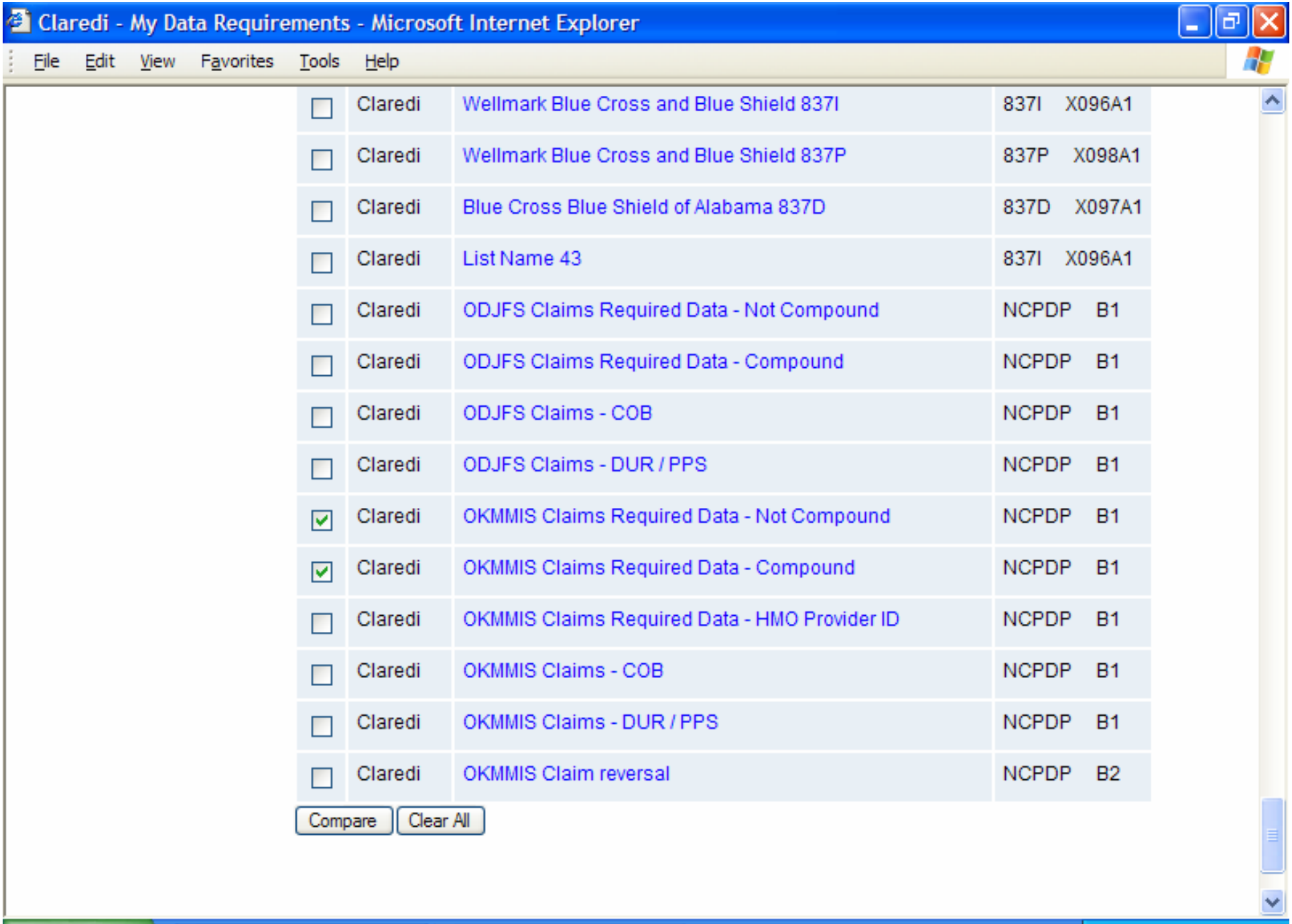
Claredi - My Data Requirements - Microsoft Internet Explorer

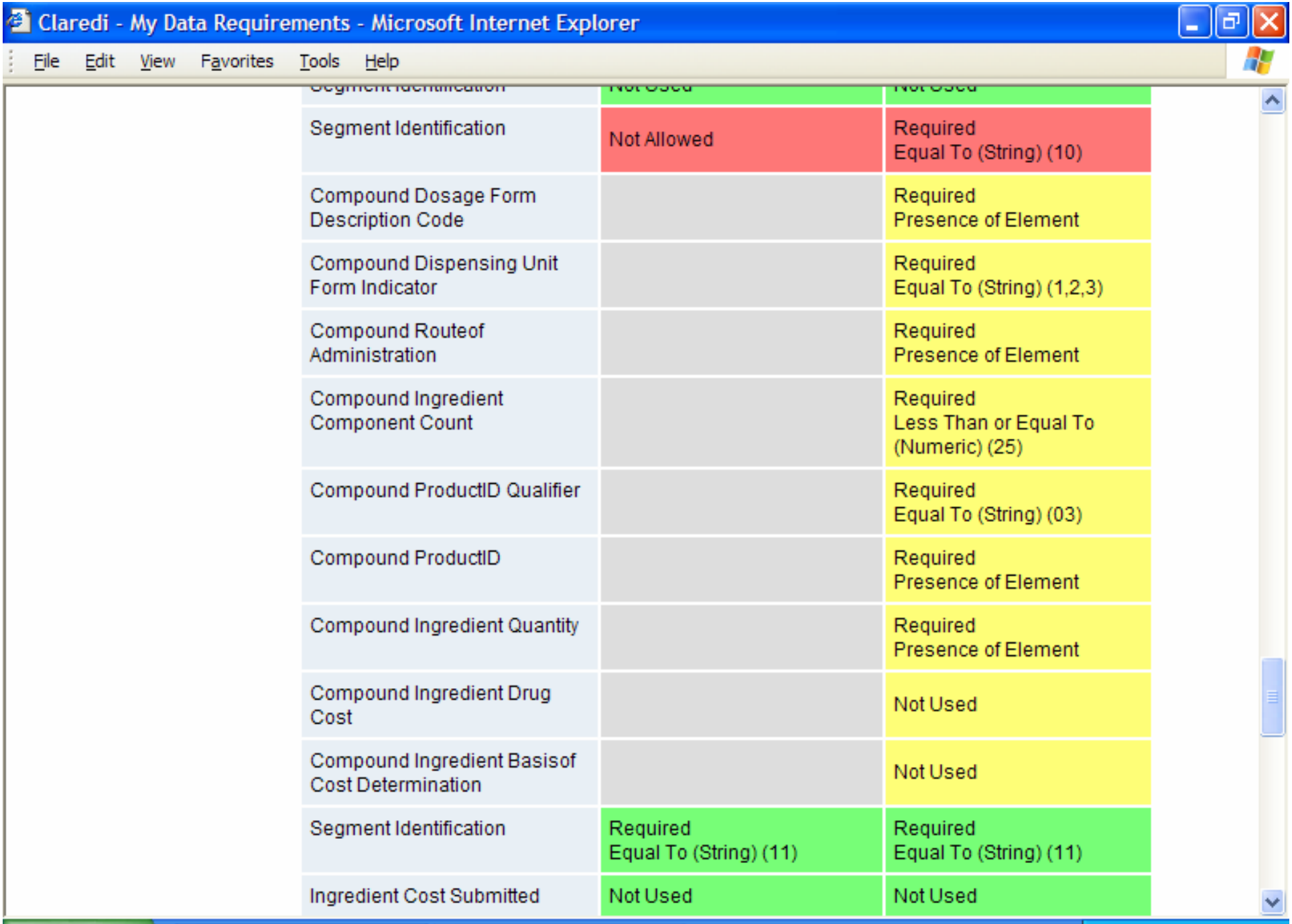
File Edit View Favorites Tools Help

Name	Bill Type 11x Hosp. Inpatient, discharged (Medicare PPS)	Bill Type 12x Hospital - Inpatient (Medicare Part B only)	Bill Type 13x Hospital - Outpatient	Bill Type 14x Hospital - Other
Claim Type Of Bill Facility Type Code	Required Equal To (String) (11)	Required Equal To (String) (12)	Required Equal To (String) (13)	Required Equal To (String) (14)
Claim Type Of Bill Claim Frequency Code	Required Equal To (String) (1)	Required Not Equal To (String) (2,3,4,6,9,A,B,C,D,E)	Required Not Equal To (String) (6,9,A,B,C,D,E)	Required Not Equal To (String) (2,3,4,6,9,A,B,C,D,E)
Claim Discharge Hour	Required Presence of Element	Not Allowed	Not Allowed	Not Allowed
Claim Statement From Or To Date- D8				Required Presence of Element
Claim Statement From Or To Date-R D8				Not Allowed
Claim Admission Date And Hour	Required Presence of Element	Required Presence of Element	Required Presence of Element	Required Presence of Element
Claim	Required		Required	Required

Home Health Mental Status Code1	Not Allowed	Not Allowed	Not Allowed	Not Allowed
Claim Principal Diagnosis Code	Required Presence of Element	Required Presence of Element	Required Presence of Element	
Claim Admitting Diagnosis Reason For Visit-BJ	Required Presence of Element	Not Allowed		
Claim Admitting Diagnosis Reason For Visit-ZZ	Not Allowed	Required Presence of Element		
Claim Diagnosis Related Group Code		Not Allowed	Not Allowed	Not Allowed
Claim Principal Procedure Code-BP	Not Allowed	Not Allowed	Not Allowed	Not Allowed
Claim Other Procedure Code1-BO	Not Allowed	Not Allowed	Not Allowed	Not Allowed
Claim Treatment Code1	Not Allowed	Not Allowed	Not Allowed	Not Allowed

Code1-BO				
Claim Treatment Code1	Not Allowed	Not Allowed	Not Allowed	Not Allowed
Claim Days Count-LA	Required Presence of Element		Not Allowed	Not Allowed
Claim Days Count-CA	Required Presence of Element	Not Allowed	Not Allowed	Not Allowed
Claim Days Count-NA	Required Presence of Element		Not Allowed	Not Allowed
Claim Days Count-CD	Required Presence of Element		Not Allowed	Not Allowed
Home Health Discipline Type Code	Not Allowed	Not Allowed	Not Allowed	Not Allowed
Home Health Total Visits Prior To Recertification Date	Not Allowed	Not Allowed	Not Allowed	Not Allowed
Home Health Total Visits Projected During	Not Allowed	Not Allowed	Not Allowed	Not Allowed





Segment Identification	Not Allowed	Required Equal To (String) (10)
Compound Dosage Form Description Code		Required Presence of Element
Compound Dispensing Unit Form Indicator		Required Equal To (String) (1,2,3)
Compound Routeof Administration		Required Presence of Element
Compound Ingredient Component Count		Required Less Than or Equal To (Numeric) (25)
Compound ProductID Qualifier		Required Equal To (String) (03)
Compound ProductID		Required Presence of Element
Compound Ingredient Quantity		Required Presence of Element
Compound Ingredient Drug Cost		Not Used
Compound Ingredient Basisof Cost Determination		Not Used
Segment Identification	Required Equal To (String) (11)	Required Equal To (String) (11)
Ingredient Cost Submitted	Not Used	Not Used

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Convergence Project Requirements Lists

- Will be published by NUBC, NUCC, ADA DeCC and NCPDP
- Payers should publish their own specific lists
- Claredi provides the infrastructure
  - Free industry access to requirement list database
  - Each list publisher maintains its own lists
- Claredi will define initial set of payer-specific lists as part of our Companion Guide implementations, to seed the directory

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The goal: Convergence

- A single web portal where the companion guides can be referenced and the requirements can be published
- Easy to read and understand requirements lists
- Downloadable in machine readable format (XML, CSV)
- Easy to compare requirements among lists
- Does not replace Companion Guides
- Ultimate goal is **convergence** of requirements
  - Only lists that should remain are the NCPDP, ADA DeCC, NUBC and NUCC-defined lists (Probability 0%)
- Free access to the industry
- Open invitation to participate to all interested parties

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Questions?

- Kepa.Zubeldia@claredi.com

Convergence Project URL

- http://www.claredi.com/convergence