

# HIPAA X12 Transactions and Code Sets Testing and Certification

The HIPAA Colloquium at Harvard University

August 20, 2002

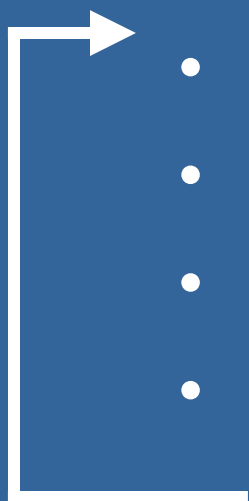
Kepa Zubeldia, MD, Claredi

# Topics

- Current testing process
- The WEDI SNIP testing model
- Certification, what is it?
- Myths
- The ASCA extension and testing
- Measuring progress
- Trading partner specific issues
- Paradigm change

# Testing today

- Find trading partner that agrees to test with you
  - Typically one that will eventually benefit from your transactions.
  - They must be ready. Or “readier” than you are.
- Send or get test files
- Get test report from/to trading partner
- Correct errors found with trading partner
- Repeat the cycle until no more errors



# Graphical view

- EDI Submitter contract
- Telecom / connectivity
- X12 syntax
- HIPAA syntax
- Situational requirements
- Code sets
- Balancing
- Line of business testing
- Trading partner specifics

1-2 days

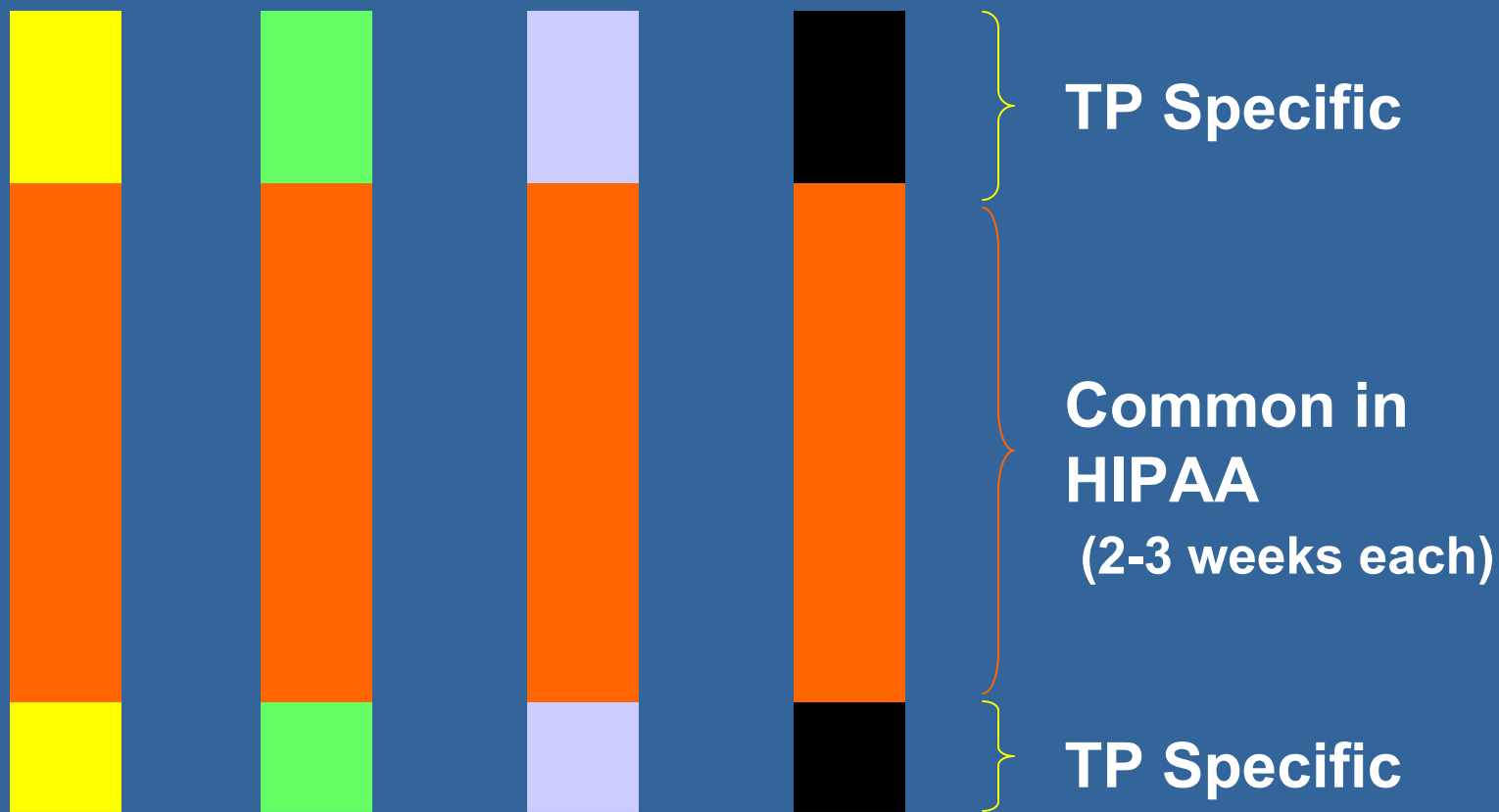
2-3 weeks

3-4 days

3-4 weeks



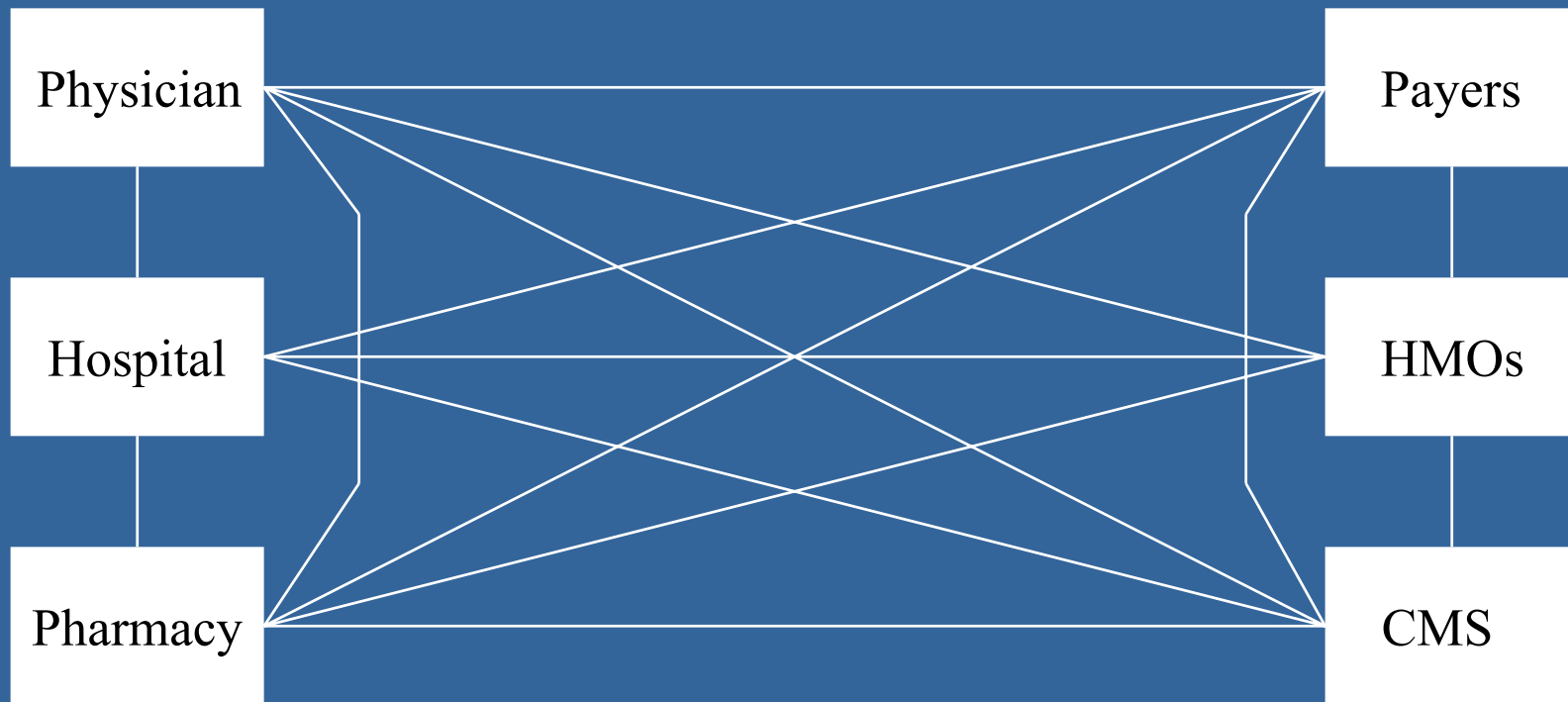
# Testing with multiple Trading Partners



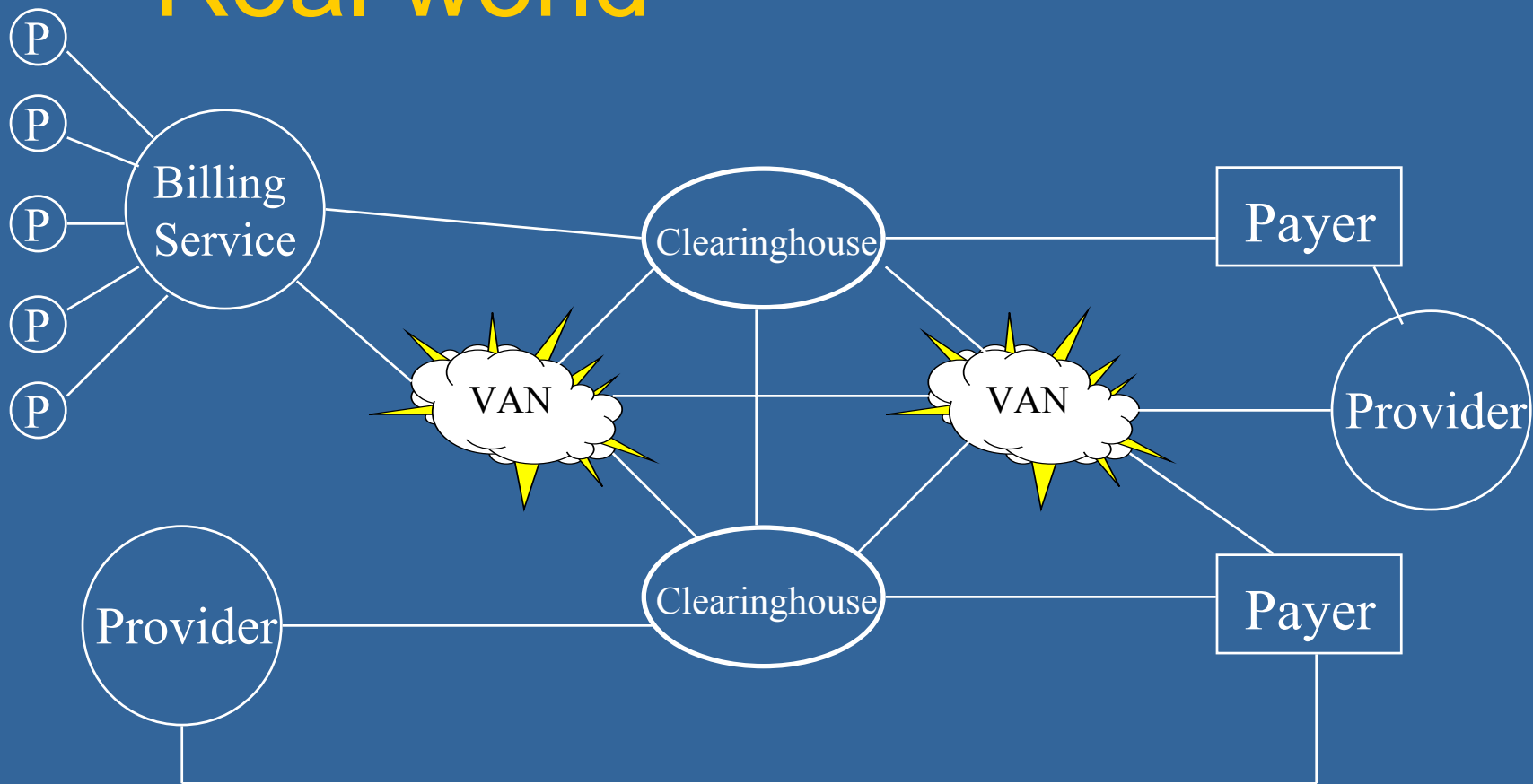
# Results of this testing

- Creates a bottleneck
  - Cannot start until **both** trading partners are ready
- If trading partner does not care about certain data elements
  - No errors reported this time
- If trading partner requires some data elements
  - Not an error for anybody else
- Is the error in the sender or the receiver of the transaction?
  - Cannot tell for sure.
  - Different interpretations.
- Unfair cost for the “readier” partner.
  - They end up debugging their trading partners.

# Industry Business Relationships



# Real world



Simplified Connectivity Model



## Gartner Research

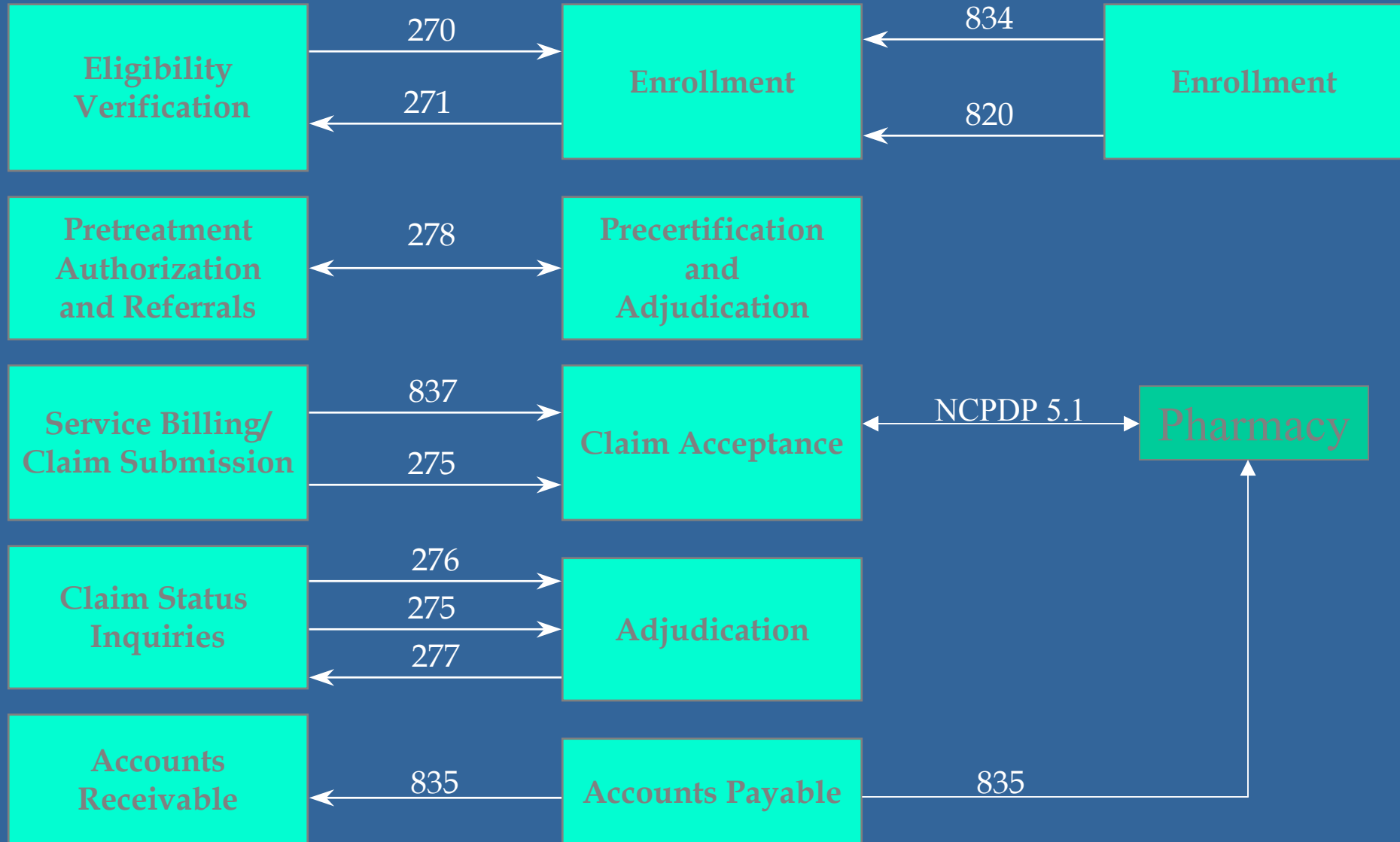
“For HIPAA to work, more than 13 million pairs of a payer and a provider must implement an average of 2.2 transactions each.”

- Assuming only one analyst day per transaction, the industry would need 2.9 Million analyst months to implement HIPAA

## PROVIDERS

## INSURANCE AND PAYERS

## SPONSORS



# The SNIP testing approach

- Compliance testing
  - Testing your own system first. Independent from trading partners. Start testing now.
  - Structured testing, complete testing. 7 Types.
  - Test against HIPAA Implementation Guides.
- Business to Business testing
  - Assume both trading partners are already compliant. Don't repeat the compliance testing part.
  - Test only peculiar TP issues.
  - Test against Companion Documents

# SNIP Compliance testing

- “Types” of testing defined by WEDI/SNIP:
  1. EDI syntax integrity
  2. HIPAA syntactical requirements
    - Loop limits, valid segments, elements, codes, qualifiers
  3. Balancing of amounts
    - Claim, remittance, COB, etc.
  4. Situational requirements
    - Inter-segment dependencies
  5. External Code sets
    - X12, ICD-9, CPT4, HCPCS, Reason Codes, others
  6. Product Type, Specialty, or Line of Business
    - Oxygen, spinal manipulation, ambulance, anesthesia, DME, etc.
  7. Trading Partner Specific
    - Medicare, Medicaid, Indian Health, in the HIPAA IGs.

# SNIP Compliance Testing

- Methodical vs. “statistical” (trial and error) testing process
- All seven types (old “levels”) of test are required
  - Cannot stop at an arbitrary point
- Required compliance testing **BEFORE** starting the Business to Business testing process
- Recommends third party certification of compliance

# The ideal HIPAA scenario

Trading Partner  
Business to  
Business testing

Compliance  
testing



# The cell phone model



# Today's Compliance Testing

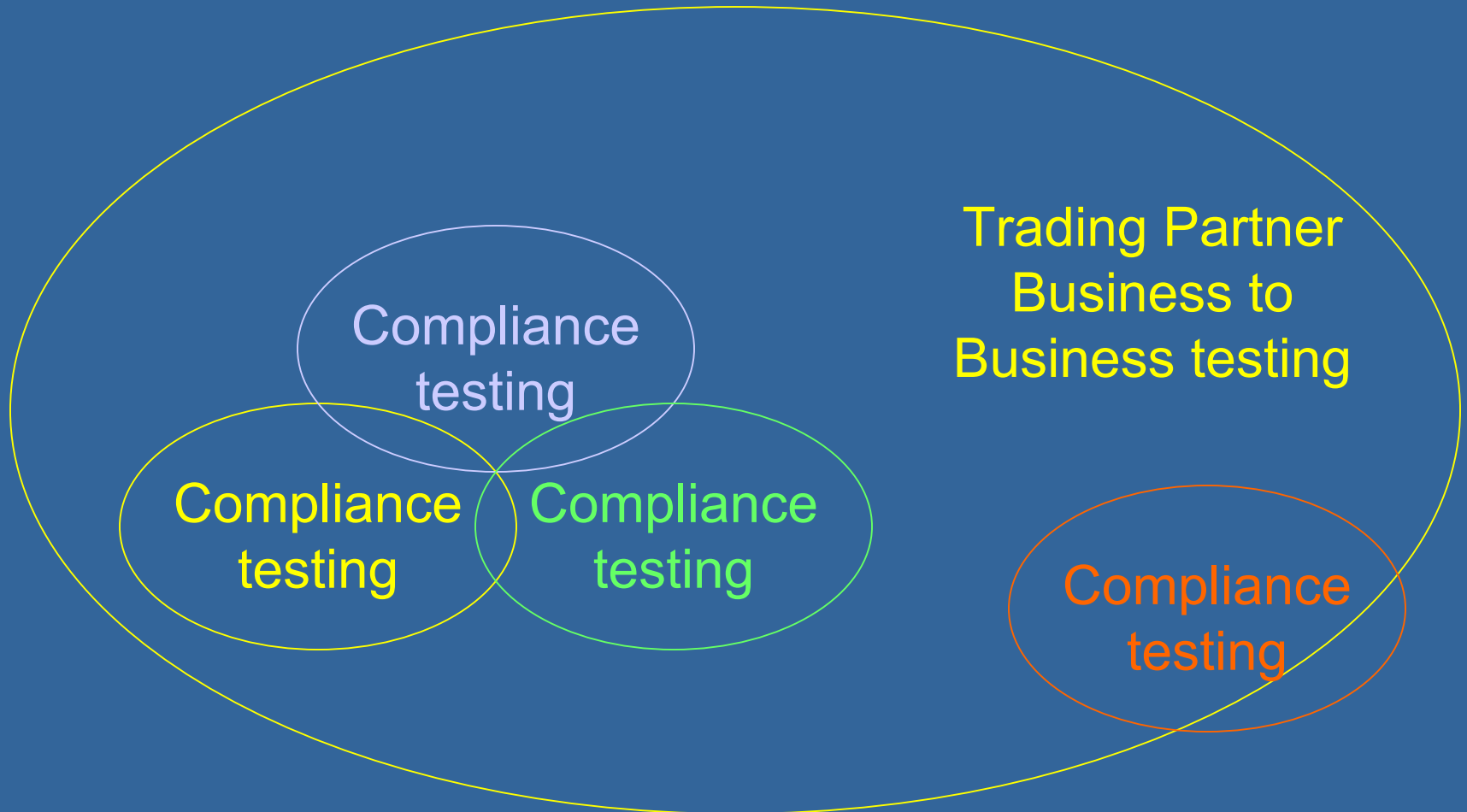


Trading Partner  
Business to  
Business testing

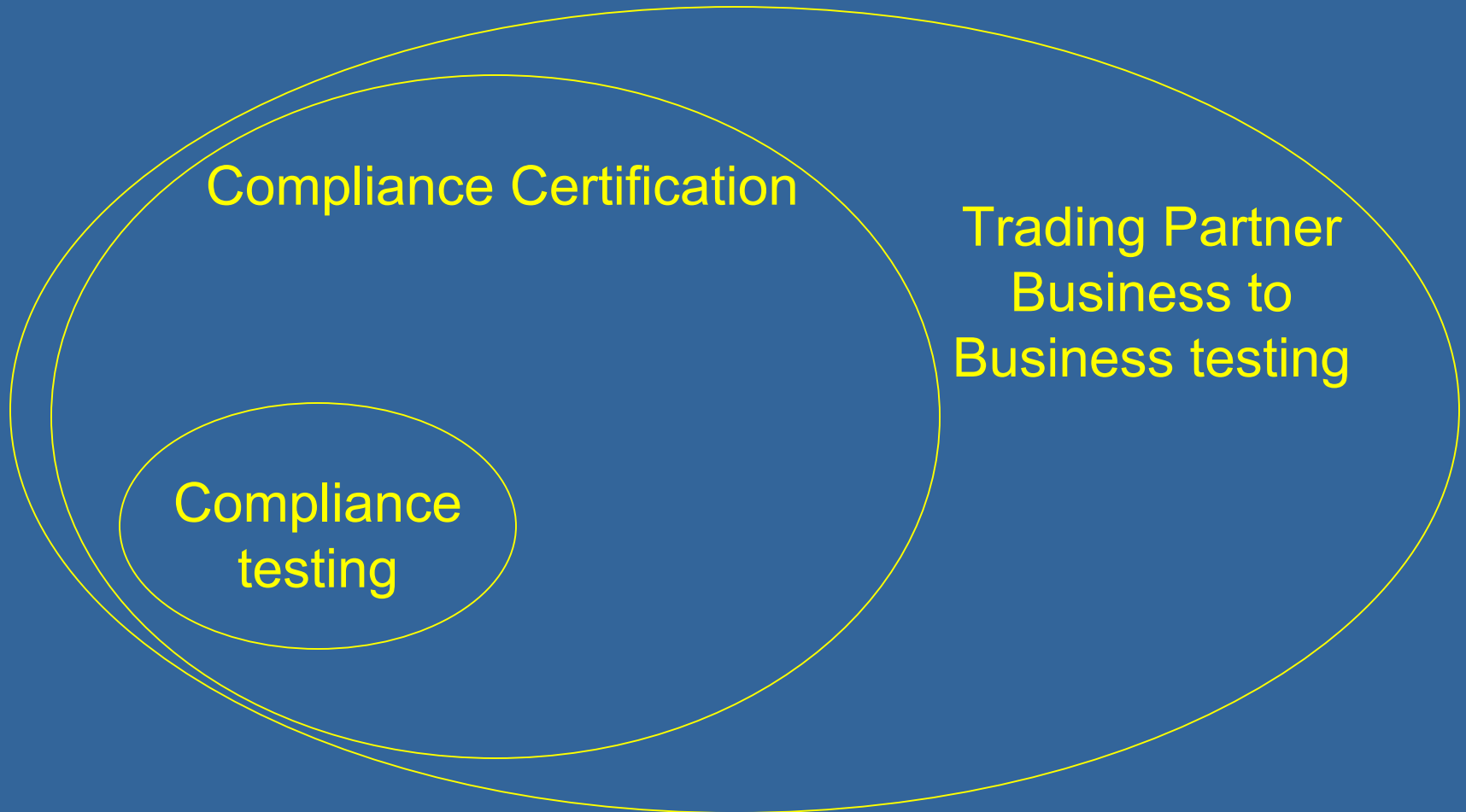
Compliance  
testing



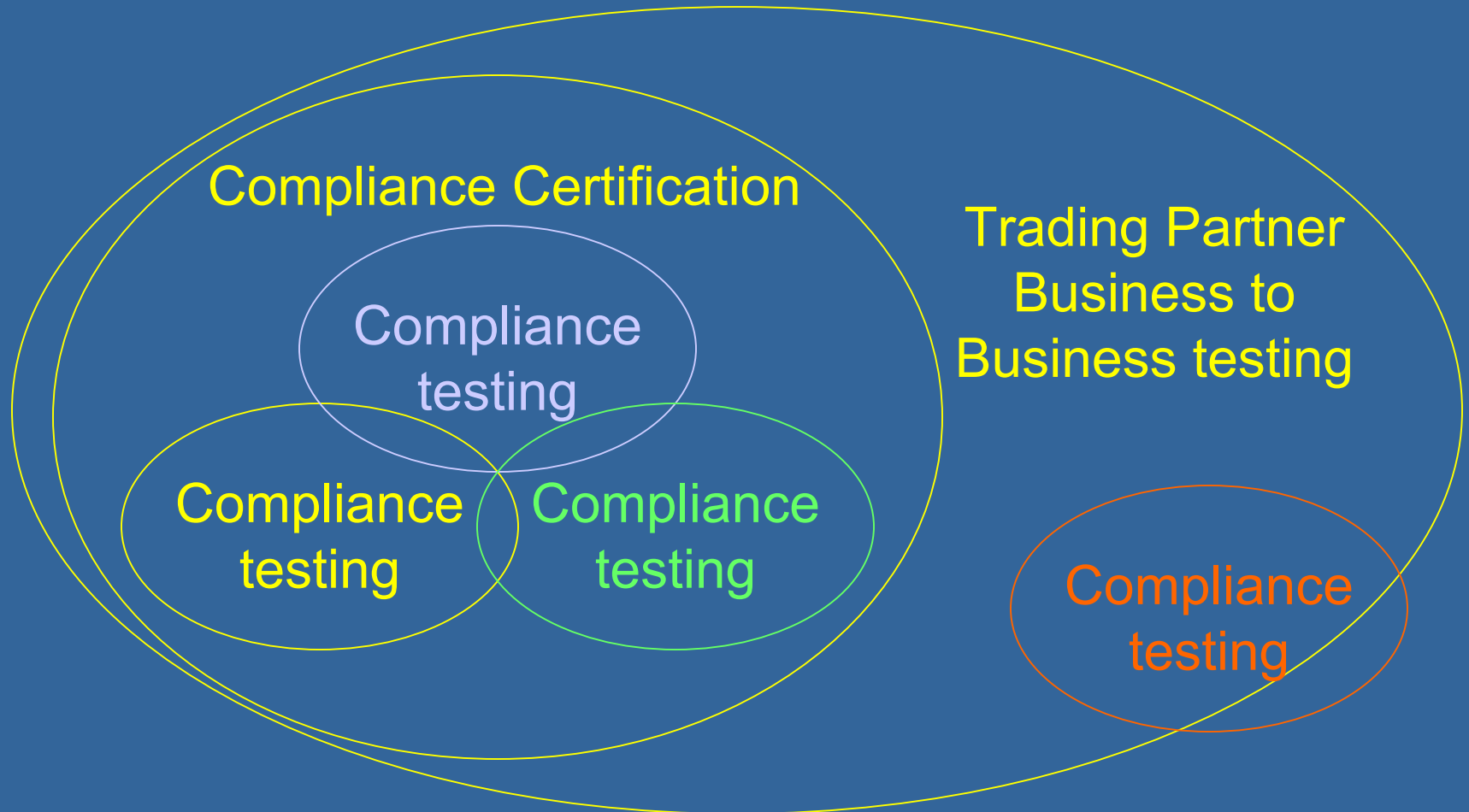
# Multiple testing scenarios



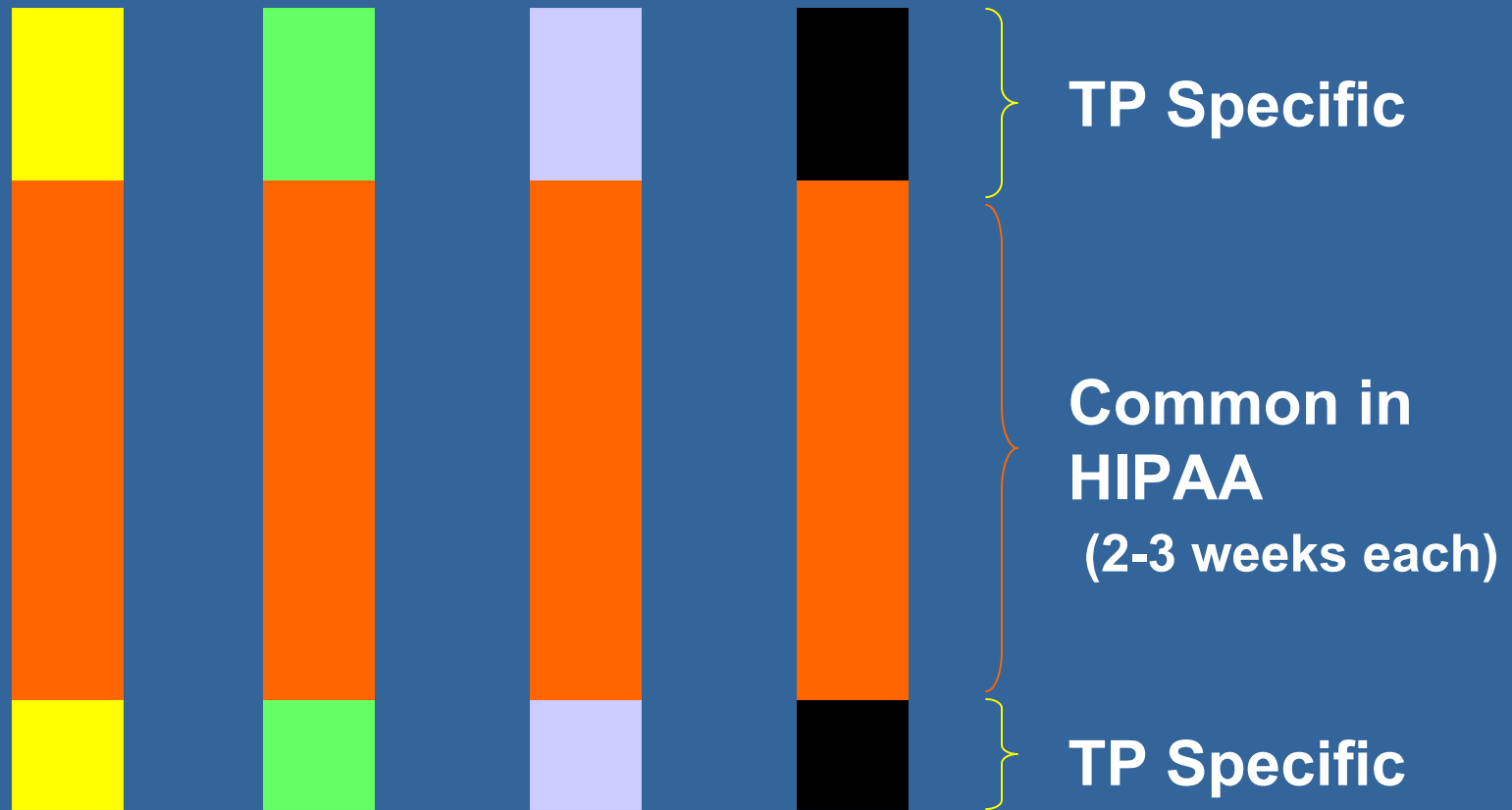
# Compliance Certification



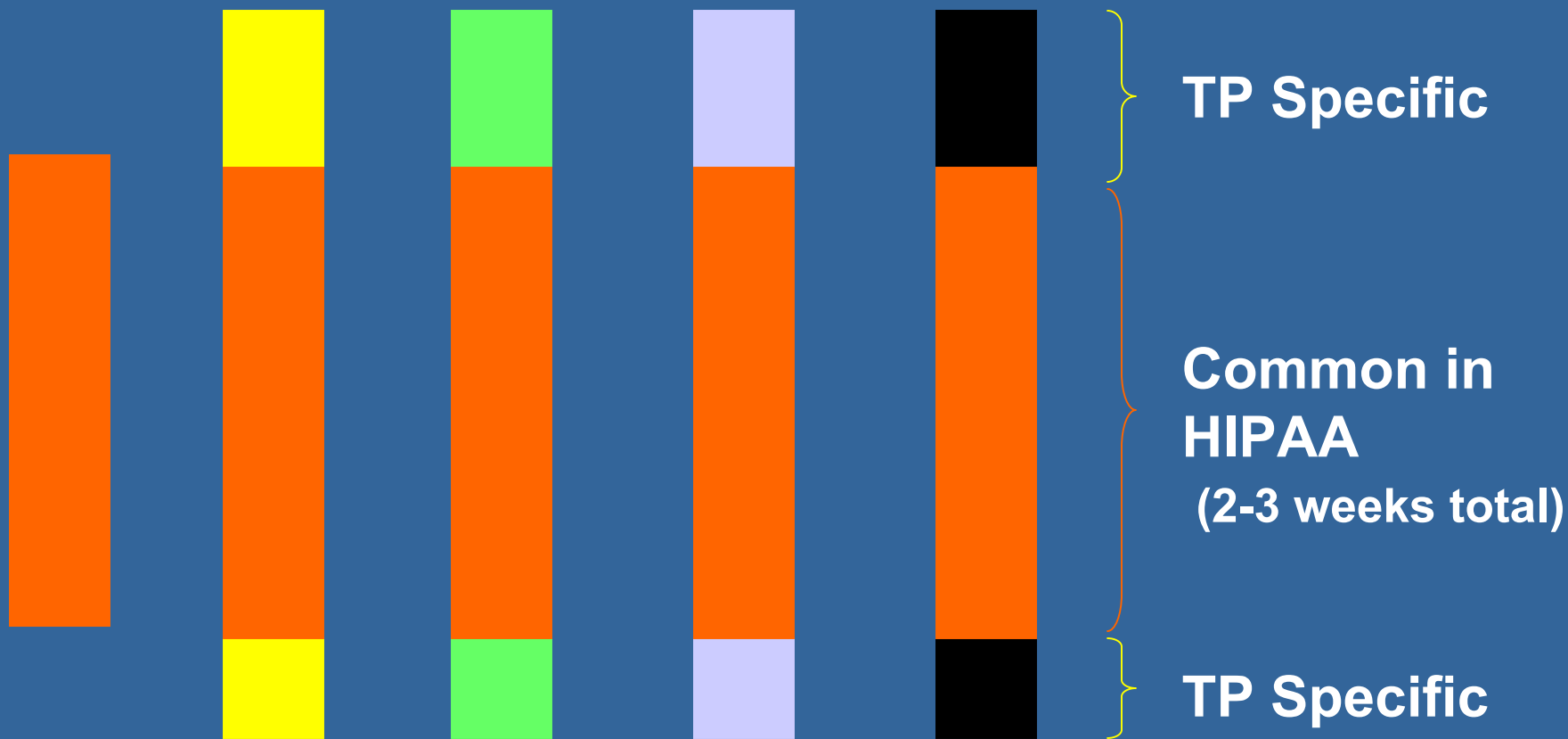
# Compliance Certification



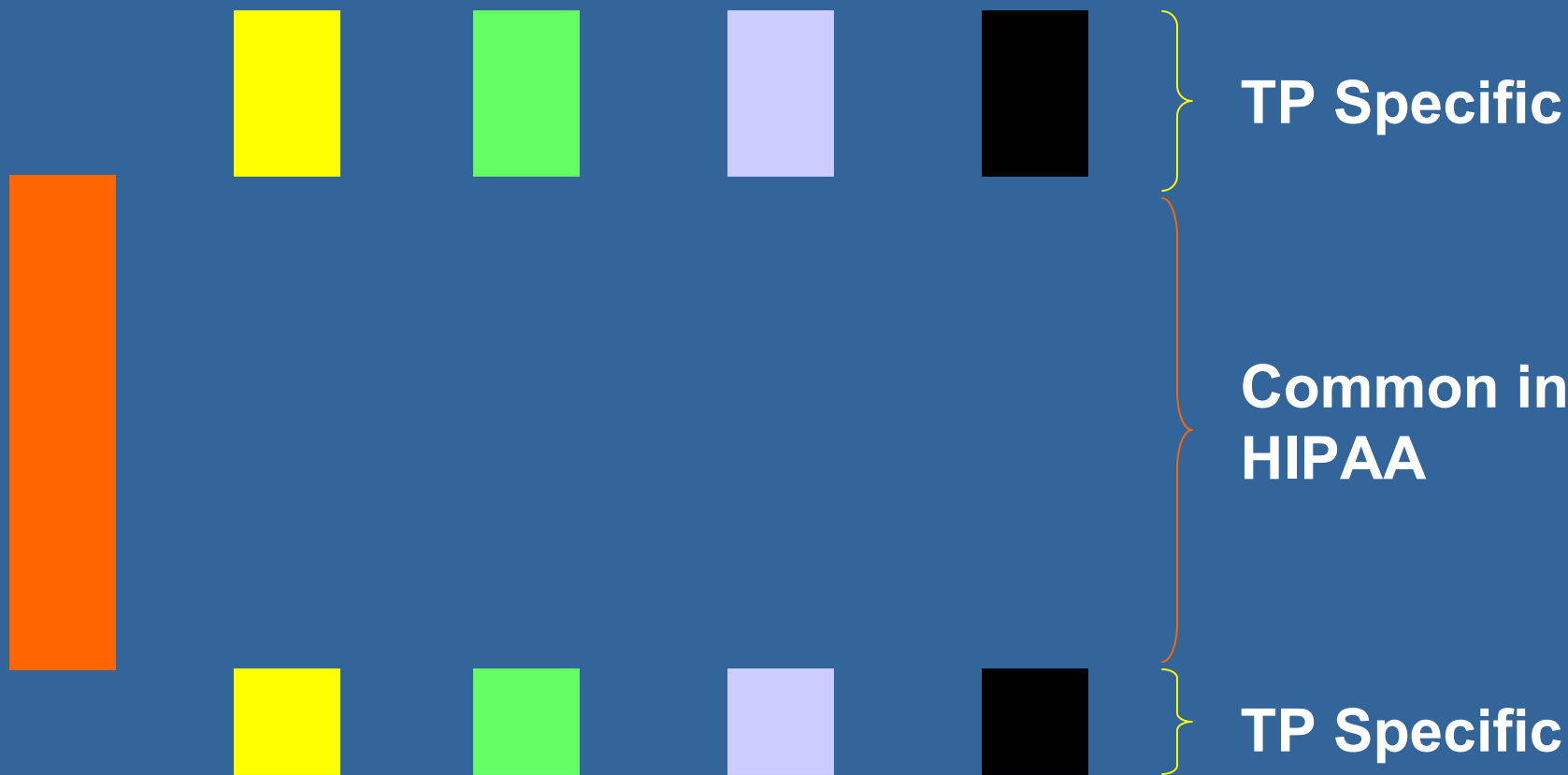
# Testing with multiple Trading Partners



# Certification prior to Testing with multiple Trading Partners



# Certification prior to Testing with multiple Trading Partners



## Certification is

- Third party verification of the capability to send or receive HIPAA transactions, for specific business purposes, in compliance with the HIPAA Implementation Guides

## Certification is not

- Testing.
- A guarantee that all transactions will be forever perfect.
- The assurance that there are no errors in the transactions.

# Certification under HIPAA

- Voluntary “Compliance Testing”
- “Self Certification”
  - What is the value?
- Third party certification
  - Not required by HIPAA
  - Independent Compliance Verification and Validation mechanism
  - Demonstrated ability to produce/receive certain HIPAA transactions

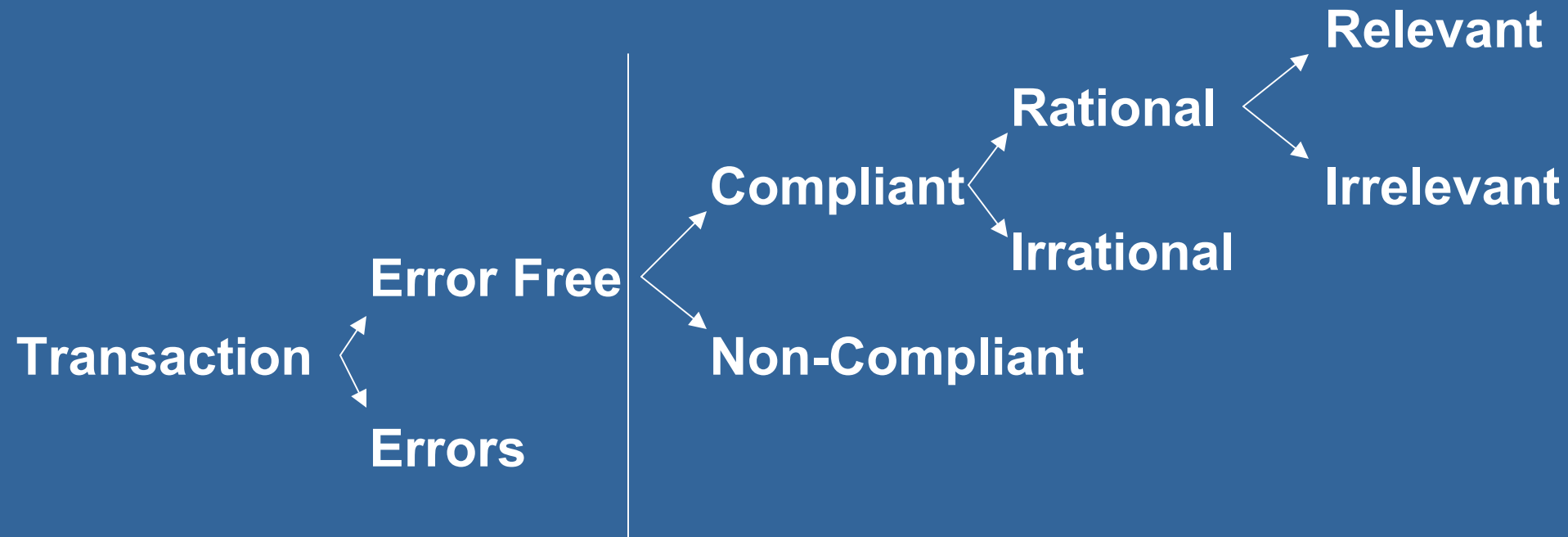


# Breaking the cycle

- First phase: **testing**
  - Start testing as early as possible. HIPAA IG's.
  - Confidential Testing against a neutral third party test tool, not with my trading partners.
  - You know where you are. Interpret the results.
- Second phase: **certification**
  - Now I am really ready. Third party verification.
  - I want the world to know.
  - I want to start engaging trading partners.
- Third Phase: **Business to Business**
  - Repeat for each “companion document” / TP

# The “clean test” myth

- If a transaction has no errors, it must be “HIPAA compliant”



# Additional “Business” requirements

- These are not “HIPAA Requirements”
- Proper “Sequencing” of dates
  - Transaction, service, admission, etc.
- Transaction specific business issues
  - Initial in-patient claim without room and board revenue codes
- Clean transactions
  - Do not mix ambulance and podiatry services in the same claim
- Medicare requirements

## The ASCA extension

- The ASCA says that the compliance plan filed must include a timeframe for testing beginning no later than 4/16/2003.
  - Timeframe for testing is required.
  - Is testing itself required?
- If a vendor is testing...
  - Does the provider / client need to test?
  - Does the clearinghouse or vendor testing cover all of its clients?

# The “vendor will fix it” myth

- My vendor / clearinghouse is HIPAA compliant. Why should I have to worry about it? They are going to take care of my HIPAA EDI compliance for me.
  - Providers and payers MUST get involved.
  - This is NOT an IT problem. It’s not Y2K
  - There are profound business implications in HIPAA.
  - Liability for Clearinghouses and vendors due to the unrealistic expectations of providers

Result Summary	Identifier	HIPAA Errors							Business Errors							Warnings							
		1	2	3	4	5	6	7	1	2	3	4	5	6	7	1	2	3	4	5	6	7	
	000000401	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	000400004	✓	✓	✓	✓	✓	✓	✓	✓	✓	X	✓	✓	✓	✓	✓	X	✓	X	✓	✓	✓	✓
	154789686	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	294953698	✓	✓	✓	X	X	✓	✓	✓	✓	X	✓	✓	✓	✓	✓	X	✓	X	✓	✓	✓	✓
	478159686	✓	✓	✓	X	X	✓	✓	✓	✓	X	✓	✓	✓	✓	✓	X	✓	X	✓	✓	✓	✓
	492953986	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	495329986	✓	✓	✓	✓	✓	✓	✓	✓	✓	X	✓	✓	✓	✓	✓	X	✓	X	✓	✓	✓	✓
	534929986	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

Analysis Results to display	WEDI/SNIP Levels	HIPAA Errors	Business Errors	Business Warnings
1 - X12 Integrity		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2 - Requirement		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
3 - Balancing		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
4 - Situational		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
5 - Code Sets		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
6 - Product / Type		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Trading Partner		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

**Action**

Display report:

- Errors and data
- Errors only
- Data only

[Click here for the analysis report](#)

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# The “Blanket Approval” myth

(Is certifying of the vendor/clearinghouse enough?)

- The issue is Provider Compliance
  - Provider’s responsibility to be HIPAA compliant
- Each Provider is different
  - Different provider specialty ⇒ different requirements
  - Different software version ⇒ different data stream and contents
  - Different EDI format to clearinghouse ⇒ different content capabilities
  - Different provider site install ⇒ different customization
  - Different users ⇒ different use of code sets, different data captured, different practices, etc.
- Vendor’s capabilities not the same as provider’s
  - Vendor or clearinghouse has the **aggregate** capabilities of all its customers
  - The Provider does **not** have all of the clearinghouse or vendor capabilities

<b>Transaction Identifier</b>	837																					
<b>Result Summary</b>	<b>Identifier</b>	<b>HIPAA Errors</b>							<b>Business Errors</b>							<b>Warnings</b>						
		1	2	3	4	5	6	7	1	2	3	4	5	6	7	1	2	3	4	5	6	7
	PCLAM0001	✓	X	✓	X	✓	✓	✓	✓	✓	✓	X	✓	✓	✓	✓	X	✓	X	✓	✓	✓
	PCLAM0002	✓	X	✓	X	✓	✓	✓	✓	✓	✓	X	✓	✓	✓	✓	X	✓	X	✓	✓	✓
	154789686	✓	X	✓	X	X	✓	✓	✓	✓	✓	X	✓	✓	✓	✓	X	✓	X	✓	✓	✓
	294953698	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	478159686	✓	X	✓	X	X	✓	✓	✓	✓	✓	X	✓	✓	✓	✓	X	✓	X	✓	✓	✓
	492953986	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
495329986	✓	X	✓	X	✓	✓	✓	✓	✓	X	✓	✓	✓	✓	✓	✓	✓	X	✓	✓	✓	
534929986	✓	X	✓	X	✓	✓	✓	✓	✓	X	✓	✓	✓	✓	✓	✓	✓	X	✓	✓	✓	
<b>Analysis Results to display</b>	<b>WEDI/SNIP Levels</b>	<b>HIPAA Errors</b>							<b>Business Errors</b>							<b>Business Warnings</b>						
	1 - X12 Integrity	<input checked="" type="checkbox"/>							<input checked="" type="checkbox"/>							<input checked="" type="checkbox"/>						
	2 - Requirement	<input checked="" type="checkbox"/>							<input checked="" type="checkbox"/>							<input checked="" type="checkbox"/>						
	3 - Balancing	<input checked="" type="checkbox"/>							<input checked="" type="checkbox"/>							<input checked="" type="checkbox"/>						
	4 - Situational	<input checked="" type="checkbox"/>							<input checked="" type="checkbox"/>							<input checked="" type="checkbox"/>						
	5 - Code Sets	<input checked="" type="checkbox"/>							<input checked="" type="checkbox"/>							<input checked="" type="checkbox"/>						
	6 - Product / Type	<input checked="" type="checkbox"/>							<input checked="" type="checkbox"/>							<input checked="" type="checkbox"/>						
Trading Partner	<input checked="" type="checkbox"/>							<input checked="" type="checkbox"/>							<input checked="" type="checkbox"/>							
<b>Action</b>	Display report:																					
	<input checked="" type="radio"/> Errors and data <input type="radio"/> Errors only <input type="radio"/> Data only <input type="button" value="Click here for the analysis report"/>																					
<b>Certification</b>	Please Review the <a href="#">Claredi Certification Policy</a>																					
	Status: Certification complete																					
<b>Support</b>	You may allow Claredi Customer Support Reps to view the information in this file. Click here to review the <a href="#">Claredi Privacy Policy</a> .																					



# Kinds of compliance

- Compliant by coincidence
  - Providers only
    - Office visits, simple claims
  - Perhaps as high as 60%?
- Compliant by design
  - Need remediation effort
    - Software upgrade, new formats, etc.
  - Maybe about 40%?
- How can you tell the difference? When can you tell the difference?

# Certification Challenge

- Each entity has unique requirements
  - Commercial business, HMO, Medicare
  - Generalist, specialist, ambulance, anesthesiologist, chiropractor, DME, etc.
- A “generic” certification is meaningless
- What does it mean to be “certified”?
- Must consider submitter capabilities and receiver requirements in business context.

# Medicare 837 Professional

- Type of claim
  - Simple claim
  - Anesthesia
    - Anesthesia with CRNA
  - Ambulance
  - Spinal manipulation
  - Inpatient professional services
  - Outpatient professional services
  - Laboratory
  - Etc. (also each Bill Type for Institutional claim!)
- Different **data** requirements



# Medicare 837 Professional

- Type of Payer
  - Medicare Primary
    - without COB
    - COB to Medicaid
    - COB to Medigap
    - COB to Commercial
  - Medicare Secondary
    - without further COB
    - COB to Medicaid
    - COB to Medigap
    - COB to Commercial
- Different **data** requirements



# Certification of 837 Professional

## – Additional Claim elements (“features”)

- Pay-to Provider
- Representative Payee
- Referring Provider
- Purchased Service Provider
- Patient Amount Paid
- Prior Authorization
- Etc.

# Progress not perfection

- Certification of the capability
  - Certif. for some transactions, not others
  - Certif. for some Bill Types, not others
- Not all claims will be compliant
  - Gap filling issues
  - Implementation guide errors
  - Legacy data, data errors
- Perfection may be impossible




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## 837 - Health Care Claim (X098)

Capability	Verified	Attributes
BillingProviderAdditionalIdentifier-G2	2001-09-18 09:15:41	MinLength=8; MaxLength=8;
BillingProviderAddress1	2001-09-18 09:15:41	MinLength=25; MaxLength=25;
BillingProviderCityName	2001-09-18 09:15:41	MinLength=7; MaxLength=7;
BillingProviderCode	2001-09-18 09:15:41	List=BI;
BillingProviderContactCommunicationNumber1-TE	2001-09-18 09:15:41	MinLength=10; MaxLength=10;
BillingProviderContactName	2001-09-18 09:15:41	MinLength=18; MaxLength=18;
BillingProviderFirstName	2001-09-18 09:15:41	MinLength=7; MaxLength=7;
BillingProviderLastOrOrganizationalName-1	2001-09-18 09:15:41	MinLength=6; MaxLength=6;
	2001-09-	



- Build Test Files
- Inbound Certification
- My Data Capabilities
- My Data Requirements
- Cell Manager
- Requirement Trees
- Search Directory
- Certification Seal
- Feedback
- Logout

The report shows statistical information about how many of the claims in your file passed each HIPAAmetric. Click on the name of the HIPAAmetric for more details.

HIPAAmetric	Pass/Possible	(Percent)
<a href="#">X096 Service Line Provider Optional Information</a>	27/27	100.0%
<a href="#">X096 Submitter</a>	27/27	100.0%
<a href="#">X096 Submitter Name</a>	27/27	100.0%
<a href="#">X096 Billing Provider</a>	27/27	100.0%
<a href="#">X096 Billing Provider Primary ID</a>	27/27	100.0%
<a href="#">X096 Billing Provider Address</a>	27/27	100.0%
<a href="#">X096 Billing Provider Secondary ID</a>	27/27	100.0%
<a href="#">X096 Pay-To Provider</a>	0/27	0.0%
<a href="#">X096 Pay-To Provider Primary ID</a>	0/27	0.0%
<a href="#">X096 Pay-To Provider Address</a>	0/27	0.0%
<a href="#">X096 Pay-To Provider Secondary ID</a>	0/27	0.0%
<a href="#">X096 Subscriber</a>	27/27	100.0%
<a href="#">X096 Subscriber Name</a>	27/27	100.0%
<a href="#">X096 Subscriber Address</a>	27/27	100.0%
<a href="#">X096 Subscriber Primary ID</a>	27/27	100.0%
<a href="#">X096 Subscriber Secondary ID</a>	0/27	0.0%
<a href="#">X096 Payer, for printing on paper</a>	23/27	85.2%
<a href="#">X096 Payer Mailing Address</a>	23/27	85.2%
<a href="#">X096 Payer Primary ID</a>	27/27	100.0%
<a href="#">X096 Payer Secondary ID</a>	0/27	0.0%
<a href="#">X096 Responsible Party</a>	23/27	85.2%
<a href="#">X096 Responsible Party Name</a>	23/27	85.2%
<a href="#">X096 Responsible Party Address</a>	23/27	85.2%
<a href="#">X096 Credit Card Holder</a>	0/27	0.0%
<a href="#">X096 Credit Card Holder Name</a>	0/27	0.0%
<a href="#">X096 Credit Card Information</a>	0/27	0.0%
<a href="#">X096 Patient</a>	0/27	0.0%



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## HIPAAmetrics Analysis

### Aggregate Analysis Summary

This report shows which claims successfully passed a HIPAAmetric. To learn why this HIPAAmetric failed for a specific claim, click on the "Why?" link.

### X096 Payer, for printing on paper

Data Unit	Result
#1 730578957 1 [REDACTED] \$66989.73 10/10/01 00340	Success
#2 730578957 1 [REDACTED] K \$91.50 10/27/01 00340	Success
#3 730578957 1 [REDACTED] TRICIA R \$733.00 12/01/01 00340	Success
#4 730927647 V [REDACTED] ON D \$1758.50 12/07/01 00340	Success
#5 730927647 V [REDACTED] DCA G \$987.46 12/12/01 00340	Success
#6 730995668 2 [REDACTED] 17.00 11/09/01 00340	Fail <a href="#">Why?</a>
#7 730995668 0 [REDACTED] B E \$130.00 01/02/02 00340	Fail <a href="#">Why?</a>
#8 731347360 F [REDACTED], TONIA R \$2976.50 12/26/01 00340	Success
#9 731347360 F [REDACTED] NIE \$1380.00 12/27/01 00340	Success
#10 730790960 [REDACTED] CHELL W \$102.50 01/03/02 00340	Success
#11 730790960 [REDACTED] RRY, RUBY M \$67.00 01/02/02 00340	Success
#12 731573733 [REDACTED] MIE \$15102.80 12/20/01 00340	Success
#13 731573733 [REDACTED] PHE \$12358.61 12/11/01 00340	Success



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## HIPAAmetrics Analysis

### Failure Details

This report shows first few failed items (shown in red) that are needed in order to achieve the specified HIPAAmetric. Approximately the first 5 failed items will be shown, or less, if fewer than 5 failures occurred for this HIPAAmetric. There could be more than 5 failed items in the analyzed data. This report only displays the first few failures in order to keep the report size at a manageable level.

### Claim Information

730995668 [REDACTED] L \$117.00 11/09/01 00340

### Failed HIPAA Metric

**X096 Payer, for printing on paper** (83) \*

**Dependent HIPAAmetrics** (Each of the Dependant HIPAA Metrics must pass)

**X096 Payer Mailing Address** (84)

**Required Items** (One of the Required Items must pass)

<b>X096 Payer address: USA</b>	<b>169</b>
<b>X</b> Payer Address Line 1 - N301 Element not found	
<b>X</b> Payer City Name - N401	

- My Data Requirements .....
- Cell Manager .....
- Requirement Trees .....
- Search Directory .....
- Certification Seal .....
- Feedback .....
- Logout .....

**Claim Information**

730995668 [REDACTED] L \$117.00 11/09/01 00340

**Failed HIPAA Metric**

**X096 Payer, for printing on paper** (83) \*

**Dependent HIPAAmetrics** (Each of the Dependant HIPAA Metrics must pass)

**X096 Payer Mailing Address** (84)

**Required Items** (One of the Required Items must pass)

<b>X096 Payer address: USA</b>	<b>169</b>
<input checked="" type="checkbox"/> Payer Address Line 1 - N301 Element not found	
<input checked="" type="checkbox"/> Payer City Name - N401 Element not found	
<input checked="" type="checkbox"/> Payer State Code - N402 Element not found	
<input checked="" type="checkbox"/> Payer Postal Zone Or ZIP Code - N403 Element not found	
<input checked="" type="checkbox"/> Payer Country Code - N404 (Element must not be found) Condition passed: The element was not found	
<b>X096 Payer address: Foreign</b>	<b>172</b>
<input checked="" type="checkbox"/> Payer Address Line 1 - N301 Element not found	

**X098 Medicare Payer (327)**  
**Required Items** (Each of the Required Items must pass)  
**X098 Payer address: USA** 170  
 Each of the following must **fail**  
 ✓ Payer Address Line 1  
 ✓ Payer City Name  
 ✓ Payer State Code  
 ✓ Payer Postal Zone Or ZIP Code  
 ✓ Payer Country Code (Element must not be found)  
 Condition passed: The element was not found

**Dependent HIPAAmetrics** (Each of the Dependant HIPAA Metrics must pass)

**X098 Medicare Claim Information (328)**  
**Required Items** (Each of the Required Items must pass)  
**Dependent HIPAAmetrics** (Each of the Dependant HIPAA Metrics must pass)  
**X098 Medicare Assignment Accepted Indicator (330)**  
**Required Items** (One of the Required Items must pass)  
**X098 Assignment accepted (Medicare)** 198  
 ✗ Subscriber Claim Filing Indicator Code  
 Element found, but the data did not meet the following requirement: *Element data ("09") did not match required value from list ("MA","MB")*

# Trading Partner Specific

- Unavoidable under HIPAA
- Business Requirements
  - State mandates
  - Contractual requirements
- How do we communicate to providers and vendors
  - Companion Documents
    - Human readable. Difficult to locate.
  - Computerized verification of “match”
    - One-on-one “gap” analysis.



home ▶ my account : HIPAA : free stuff : customer support

Submit File for Analysis

History

Receive Test Files

Build a Test File

My Capabilities

My Requirements

My Group

My Contract

My Invoice/Receipt

Search Directory

Change Account Info

Change Password

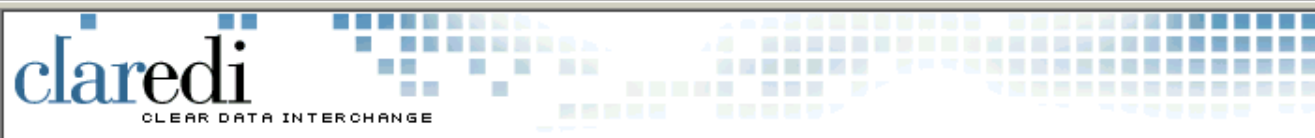
Feedback

Logout

## Edit 'ACME Insurance non-emergency transport (cab)' Requirement

Require	Allowed	Name
<input checked="" type="radio"/>	<input type="radio"/>	<a href="#">AmbulanceCertificationConditionCode1</a>
<input type="radio"/>	<input checked="" type="radio"/>	<a href="#">AmbulanceCertificationConditionCode2</a>
<input type="radio"/>	<input checked="" type="radio"/>	<a href="#">AmbulanceCertificationConditionCode3</a>
<input type="radio"/>	<input checked="" type="radio"/>	<a href="#">AmbulanceCertificationConditionCode4</a>
<input type="radio"/>	<input checked="" type="radio"/>	<a href="#">AmbulanceCertificationConditionCode5</a>
<input checked="" type="radio"/>	<input type="radio"/>	<a href="#">AmbulanceCertificationConditionIndicator</a>
<input type="radio"/>	<input checked="" type="radio"/>	<a href="#">AmbulancePatientWeight</a>
<input checked="" type="radio"/>	<input type="radio"/>	<a href="#">AmbulanceRoundTripPurposeDescription</a>
<input type="radio"/>	<input checked="" type="radio"/>	<a href="#">AmbulanceStretcherPurposeDescription</a>
<input checked="" type="radio"/>	<input type="radio"/>	<a href="#">AmbulanceTransportCode</a>
<input checked="" type="radio"/>	<input type="radio"/>	<a href="#">AmbulanceTransportDistance</a>
<input checked="" type="radio"/>	<input type="radio"/>	<a href="#">AmbulanceTransportReasonCode</a>
<input type="radio"/>	<input checked="" type="radio"/>	<a href="#">AttachmentFormIdentifier</a>
<input type="radio"/>	<input checked="" type="radio"/>	<a href="#">AttachmentFormIdentifier-AS</a>
<input type="radio"/>	<input checked="" type="radio"/>	<a href="#">AttachmentFormIdentifier-UT</a>
<input type="radio"/>	<input checked="" type="radio"/>	<a href="#">AttachmentQuestionNumber</a> <span style="border: 1px solid black; padding: 2px;">HCFA DMERC CMN Forms</span>
<input type="radio"/>	<input checked="" type="radio"/>	<a href="#">AttachmentQuestionResponse1</a>
<input type="radio"/>	<input checked="" type="radio"/>	<a href="#">AttachmentQuestionResponse2</a>
<input type="radio"/>	<input checked="" type="radio"/>	<a href="#">AttachmentQuestionResponse3</a>





- Submit File for Analysis
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### Details of match for Medicare B spinal manip. claim

Medicare B spinal manip. claim		
Requirement Name	Requirement	Match
<a href="#">TransactionSetIdentifierCode</a>	Required	✓
<a href="#">TransactionSetControlNumber</a>	Required	✓
<a href="#">TransactionSetPurposeCode</a>	Required	✓
<a href="#">TransactionSetOriginatorApplicationTransactionIdentifier</a>	Required	✓
<a href="#">TransactionSetCreationDate</a>	Required	✓
<a href="#">TransactionSetCreationTime</a>	Required	✓
<a href="#">TransactionSetClaimOrEncounterIndicator</a>	Required	✓
<a href="#">TransactionSetTransmissionTypeCode</a>	Allowed	✓
<a href="#">SubmitterLastOrOrganizationName-1</a>	Allowed	
<a href="#">SubmitterLastOrOrganizationName-2</a>	Allowed	✓
<a href="#">SubmitterFirstName</a>	Allowed	
<a href="#">SubmitterMiddleName</a>	Allowed	
<a href="#">SubmitterPrimaryIdentificationNumber-46</a>	Required	✓
<a href="#">SubmitterAdditionalName</a>	Allowed	
<a href="#">SubmitterContactName</a>	Required	✓
<a href="#">SubmitterContactCommunicationNumber1-ED</a>	Allowed	
<a href="#">SubmitterContactCommunicationNumber1-EM</a>	Allowed	
<a href="#">SubmitterContactCommunicationNumber1-FX</a>	Allowed	
<a href="#">SubmitterContactCommunicationNumber1-TE</a>	Allowed	✓
<a href="#">SubmitterContactCommunicationNumber2-ED</a>	Allowed	
<a href="#">SubmitterContactCommunicationNumber2-EM</a>	Allowed	
<a href="#">SubmitterContactCommunicationNumber2-EX</a>	Allowed	
<a href="#">SubmitterContactCommunicationNumber2-FX</a>	Allowed	
<a href="#">SubmitterContactCommunicationNumber2-TE</a>	Allowed	


<a href="#">BillingProviderLastOrOrganizationalName-1</a>	Allowed	✓
<a href="#">BillingProviderLastOrOrganizationalName-2</a>	Allowed	
<a href="#">BillingProviderFirstName</a>	Allowed	✓
<a href="#">BillingProviderMiddleName</a>	Allowed	✓
<a href="#">BillingProviderNameSuffix</a>	Allowed	
<a href="#">BillingProviderPrimaryIdentificationNumber-24</a>	Allowed	
<a href="#">BillingProviderPrimaryIdentificationNumber-34</a>	Allowed	✓
<a href="#">BillingProviderPrimaryIdentificationNumber-XX</a>	Allowed	
<a href="#">BillingProviderAdditionalName</a>	Allowed	
<a href="#">BillingProviderAddress1</a>	Required	✓
<a href="#">BillingProviderAddress2</a>	Allowed	
<a href="#">BillingProviderCityName</a>	Required	✓
<a href="#">BillingProviderStateOrProvinceCode</a>	Required	✓
<a href="#">BillingProviderPostalZoneOrZIPCode</a>	Required	✓
<a href="#">BillingProviderCountryCode</a>	Allowed	
<a href="#">BillingProviderAdditionalIdentifier-0B</a>	Allowed	
<a href="#">BillingProviderAdditionalIdentifier-1A</a>	Allowed	
<a href="#">BillingProviderAdditionalIdentifier-1B</a>	Allowed	
<a href="#">BillingProviderAdditionalIdentifier-1C</a>	Required	✗
<a href="#">BillingProviderAdditionalIdentifier-1D</a>	Allowed	
<a href="#">BillingProviderAdditionalIdentifier-1G</a>	Allowed	
<a href="#">BillingProviderAdditionalIdentifier-1H</a>	Allowed	
<a href="#">BillingProviderAdditionalIdentifier-1J</a>	Allowed	
<a href="#">BillingProviderAdditionalIdentifier-B3</a>	Allowed	
<a href="#">BillingProviderAdditionalIdentifier-BQ</a>	Allowed	
<a href="#">BillingProviderAdditionalIdentifier-EI</a>	Allowed	
<a href="#">BillingProviderAdditionalIdentifier-FH</a>	Allowed	
<a href="#">BillingProviderAdditionalIdentifier-G2</a>	Allowed	✓
<a href="#">BillingProviderAdditionalIdentifier-G5</a>	Allowed	
<a href="#">BillingProviderAdditionalIdentifier-LU</a>	Allowed	
<a href="#">BillingProviderAdditionalIdentifier-SY</a>	Allowed	
<a href="#">BillingProviderAdditionalIdentifier-U3</a>	Allowed	
<a href="#">BillingProviderAdditionalIdentifier-X5</a>	Allowed	

## New paradigm

- Testing for X12/HIPAA requirements
  - Assists during my own implementation
- Certification of compliance
  - Third party assessment of compliance
- Certify business “subsets”
  - Detailed report of my real capabilities
- Matching of capabilities and requirements
  - Reduces B-to-B testing phase

## How are you doing?

- EDI implementation of the claim takes about 6 months
  - Compare with 2-3 weeks for NSF or UB92
- Waiting for your trading partners?
  - Are they waiting for you?
- What is the plan to start testing?
  - ASCA deadline April 15, 2003
- Avoid last minute rush!



**One locust  
is called  
a grasshopper.  
Put a few  
thousand in  
one place and  
we call it...**

claredi



**A Plague.**

# Questions

