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# Highmark

## Standard Companion Guide

**Instructions related to  
Employer/Sponsor Transactions  
based on ASC X12 Implementation  
Guides, version 005010**

**Companion Guide Version Number: 4.0**

**December 2013**

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## **Preface**

This Companion Guide (CG) contains two types of data, instructions for electronic communications with the publishing entity (Communications/Connectivity Instructions) and supplemental information for creating transactions for Highmark Inc.(Highmark) while ensuring compliance with the associated ASC X12 Implementation Guide (IG).

The Communications/Connectivity component is included in the CG to convey the information needed to commence and maintain communication exchange with Highmark.

The Transaction Instruction component is included in the CG to clarify the IG instructions for submission of specific electronic transactions. The Transaction Instruction component content is limited by ASCX12's copyrights and Fair Use statement.

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# Highmark

## Communications/Connectivity

December 2013

# Communications/Connectivity Information (CCI)

## 1. Communications/Connectivity Introduction

### 1.1 Scope

The Employer/Sponsor EDI Companion Guide addresses how Employers and Sponsors, or their business associates, conduct Enrollment and Premium Payment HIPAA standard electronic transactions with Highmark. This guide applies to Employers who establish, maintain, and administer the enrollment and premium payments for a Group Health Plan as defined in Highmark's Trading Partner Agreement for their employees and dependents. The guide also applies to Sponsors of Health Plans. A Sponsor is the party that ultimately pays for the coverage, benefit, or product, and may or may not be the covered person's employer. A Sponsor can be an employer, union, government agency, association, or insurance agency.

An Electronic Data Interchange (EDI) Trading Partner is defined as any Highmark customer (Provider, Billing Service, Software Vendor, Employer Group, Financial Institution, etc.) that transmits to, or receives electronic data from, Highmark.

Highmark's EDI transaction system supports transactions adopted under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) as well as additional supporting transactions as described in this guide. Highmark EDI Operations supports transactions for multiple payers; each transaction chapter lists the supported payers for that transaction.

### 1.2 Overview

This Companion Guide includes information needed to commence and maintain communication exchange with Highmark. This information is organized in the sections listed below.

- **Getting Started:** This section includes information related to system operating hours, provider data services, and audit procedures. It also contains a list of valid characters in text data. Information concerning Trading Partner registration and the Trading Partner testing process is also included in this section.
- **Transaction Testing:** This section includes detailed transaction testing information as well as other relevant



information needed to complete transaction testing with Highmark.

- **Connectivity/Communications:** This section includes information on Highmark's transmission procedures as well as communication and security protocols.
- **Contact Information:** This section includes telephone and fax numbers for Highmark's EDI support.
- **Control Segments/Envelopes:** This section contains information needed to create the ISA/IEA, GS/GE and ST/SE control segments for transactions to be submitted to Highmark.
- **Acknowledgments and Reports:** This section contains information on all transaction acknowledgments sent by Highmark. These include the TA1 and an Implementation Acknowledgment for Health Care Insurance (999).
- **CCI Change Summary:** This section lists the changes made to this companion guide since the last version
- **CCI Additional Information:** This section contains links to Highmark's Trading Partner Agreements and Other Resources

### **1.3 References**

Trading Partners must use the ASC X12 National Implementation Guides adopted under the HIPAA Administrative Simplification Electronic Transaction rule and Highmark's EDI Companion guidelines for development of the EDI transactions. These documents may be accessed through Highmark's EDI Trading Partner Portal:

<https://www.highmark.com/edi/resources/guides/index.shtml>

### **1.4 Additional Information**

There is no additional information at this time.

## **2. Getting Started**

### **2.1 Working Together**

#### **System Operating Hours**

Highmark is available to handle EDI transactions 24 hours a day seven days a week, except during scheduled system maintenance periods.

We strongly suggest that Highmark EDI Trading Partners transmit any test data during the hours that Highmark EDI Operations support is available.

## Audit Procedures

The Trading Partner ensures that input documents and medical records are available for every automated claim for audit purposes. Highmark may require access to the records at any time.

### Valid Characters in Text Data (AN, string data element type)

For data elements that are type AN, "string", Highmark can accept characters from the basic and extended character sets with the following exceptions:

Character	Name	Hex value
!	Exclamation point	(21)
>	Greater than	(3E)
^	Caret	(5E)
	Pipe	(7C)
~	Tilde	(7E)

These five characters are used by Highmark for delimiters on outgoing transactions and control characters for internal processing and therefore would cause problems if encountered in the transaction data.

As described in the X12 standards organization's Application Control Structure document (X12.6), a string data element is a sequence of characters from the basic or extended character sets and contains at least one non-space character. The significant characters shall be left justified. Leading spaces, when they occur, are presumed to be significant characters. In the actual data stream trailing spaces should be suppressed. The representation for this data element type is AN.

### Confidentiality

Highmark and its Trading Partners will comply with the privacy standards for all EDI transactions as outlined in the Highmark EDI Trading Partner Agreement.

### Authorized Release of Information

When contacting EDI Operations concerning any EDI transactions, you will be asked to confirm your Trading Partner information.

## 2.2 Trading Partner Registration

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

While Highmark EDI Operations will accept HIPAA compliant transactions from any Trading Partner, HIPAA security requirements dictate that proper procedure be established in order to secure access to data. As a result, Highmark has a process in place to establish an Electronic Trading Partner relationship.

### **Authorization Process**

New Trading Partners/Enrollment Vendors wishing to submit EDI transactions must have a Third Party Disclosure Agreement (“bilateral”) in place with Highmark along with a corresponding User Form Exhibit for each individual user. An Intent to Release (ITR) may also be required before we can disclose information to a third party vendor.

Complete and accurate reporting of information will insure that your forms are processed in a timely manner. If you need assistance in completing the documents, contact your account service manager.

Upon completion of the authorization process, a Logon ID and Password will be assigned to the Trading Partner.

### **Reporting Changes in Status**

Trading Partners changing their information must inform Highmark by contacting their Inbound Analyst.

## **2.3 Certification and Testing Overview**

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

### **Testing Policy**

All Trading Partners must be approved to submit 5010 transactions. Practice Management Software (PMS) Vendors may test their software for 5010 readiness on behalf of all of their clients. After a PMS Vendor has been tested and approved by Highmark, any Trading Partner that uses their software may submit a request for production 5010 access. If a software vendor has not tested and been approved a Trading Partner can do their own testing.

### **Highmark Transactional Testing**

Highmark does not allow Trading Partners to connect and send test batch transaction files in our production environment. A rejected 999 will be generated for any transaction file that has “test” indicated in the ISA segment.

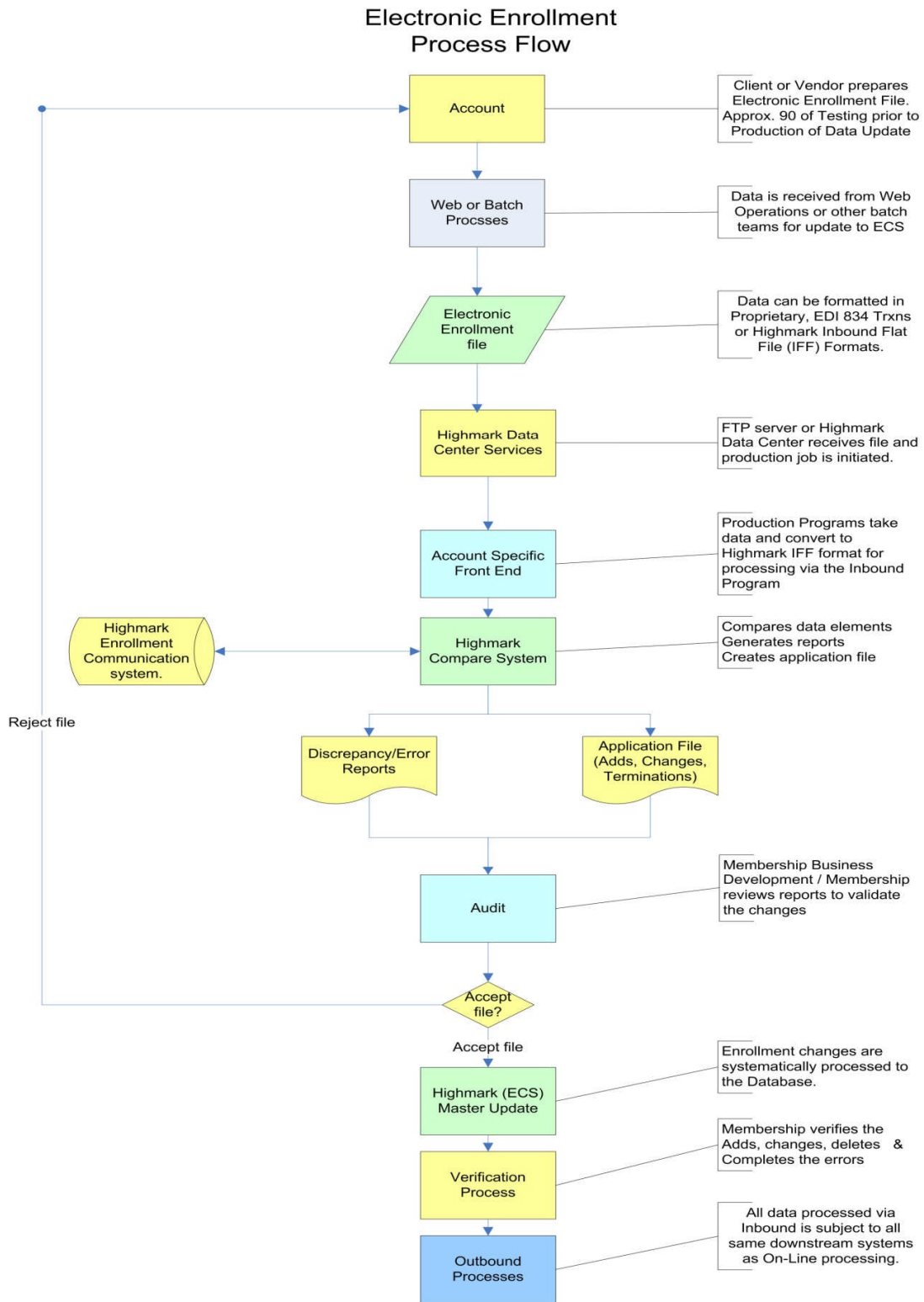
### **3. Testing with the Payer**

Trading Partners should plan on multiple test file submissions. Test files should contain membership that accurately represents production data. The first test file is used for syntax testing. Subsequent files will be run through our compare process and error/discrepancy reports will be generated and reviewed. Trading Partners should be prepared to generate specific scenario tests when needed. Trading Partners are approved for production once a 95% error free file is received.

### **4. Connectivity with the Payer / Communications**

Highmark communicates with its Trading Partners using File Transfer Protocol (FTP) through a secure Internet connection (eDelivery) for transferring data electronically in batch mode.

## 4.1 Process flows



## 4.2 Transmission Administrative Procedures

No additional administrative procedures

## 4.3 Communication Protocols

### Internet File Transfer Protocol (FTP) through “eDelivery”

The Highmark Secure FTP Server (“eDelivery”) provides an FTP service over an encrypted data session providing “on-the-wire” privacy during file exchanges. This service offers an Internet accessible environment to provide the ability to exchange files with customers, providers, and business partners using a simple FTP process in an encrypted and private manner.

Any state of the art browser can be used to access the Highmark Secure FTP Server. Browsers must support strong encryption (128 bit) and must allow cookies for session tracking purposes. Once the browser capabilities are confirmed, the following are the general guidelines for exchanging files.

1. Launch your web browser.
2. Connect to the FTP servers at: <https://ftp.highmark.com>
3. The server will prompt for an ID and Password. Use the ID/ Password that Highmark has provided you for accessing this service. Enter the ID, tab to password field and enter the password, then hit enter or click on OK.
4. The server will then place you in your individual file space on the FTP server. No one else can see your space and you cannot access the space of others. You will not be able to change out of your space.
5. You will need to change into the directory for the type of file you are putting or getting from the server.
6. By default, the file transfer mode will be binary and this mode is acceptable for all data types. However, you may change between ASCII and Binary file transfer modes by clicking the “Set ASCII”/ “Set Binary” toggle button.
7. Send Highmark a file. The following is an example of the submission of an electronic claim<sup>1</sup> transaction file:
  - a. Click on the “hipaa-in” folder to change into that directory.

- b. Click on the browse button to select a file from your system to send to Highmark. This will pop open a file finder box listing the files available on your system.
- c. Select the file you wish to send to Highmark and Click on OK.
- d. This will return you to the browser with the file name you selected in the filename window. Now click on the "Upload File" button to transfer the file to Highmark. Once completed, the file will appear in your file list.

8. Retrieve a file from Highmark. The following is an example of retrieval of an Implementation Acknowledgment For Health Care Insurance (999) file:

- a. Click on the "hipaa-out" directory.
- b. Your browser will list all the files available to you.
- c. Click on the "ack" directory.
- d. Click on the file you wish to download. Your browser will download the file. If your browser displays the file instead of downloading, click the browser back button and click on the tools next to the file you wish to receive. Select application/ octet-stream. Your system may then prompt you for a "Save As" file location window. Make the selection appropriate for your system and click on Save to download the file.

Information on automating the above process will be available soon.

## 4.4 Security Protocols

Highmark EDI Operations personnel will assign Logon IDs and Passwords to Trading Partners. EDI Transactions submitted by unauthorized Trading Partners will not be accepted by our Highmark EDI Operations system.

Trading Partners should protect password privacy by limiting knowledge of the password to key personnel. Passwords should be changed regularly; upon initial usage and then periodically throughout the year. Also, the password should be changed if there are personnel changes in the Trading Partner office, or at any time the Trading Partner deems necessary.

Password requirements include:

- Password must be 8 characters in length.
- Password must contain a combination of both numeric and alpha characters.

- Password cannot contain the Logon ID.
- Password must be changed periodically.

## 5. Contact information

### 5.1 EDI Customer Service

Contact information for EDI Operations:

ADDRESS:  
EDI Operations  
P.O. Box 890089  
Camp Hill, PA 17089-0089

or

TELEPHONE NUMBER: (717) 302-5170 or (800) 992-0246

EMAIL ADDRESS: edisupport@highmark.com

When contacting EDI Operations, have your Trading Partner Number and Logon ID available. These numbers facilitate the handling of your questions.

EDI Operations personnel are available for questions from 8:00 a.m. to 5:00 p.m. ET, Monday through Friday.

### 5.2 EDI Technical Assistance

Contact information for EDI Operations:

ADDRESS:  
EDI Operations  
P.O. Box 890089  
Camp Hill, PA 17089-0089

or

TELEPHONE NUMBER: (717) 302-5170 or (800) 992-0246

EMAIL ADDRESS: edisupport@highmark.com

When contacting EDI Operations, have your Trading Partner Number and Logon ID available. These numbers facilitate the handling of your questions.

EDI Operations personnel are available for questions from 8:00 a.m. to 5:00 p.m. ET, Monday through Friday.

### 5.3 Applicable websites / e-mail

EDI specifications, including this companion guide, can be accessed online at:

<https://www.highmark.com/edi/resources/guides/index.shtml>



## 6. Control Segments / Envelopes

Interchange Control (ISA/IEA) and Function Group (GS/GE) envelopes must be used as described in the national implementation guides. Highmark's expectations for inbound ISAs and a description of data on outbound ISAs are detailed in this chapter. Specific guidelines and instructions for GS and GE segments are contained in each transaction chapter of the Transaction Information Companion Guide.

Note - Highmark only supports one interchange (ISA/IEA envelope) per incoming transmission (file). A file containing multiple interchanges will be rejected for a mismatch between the ISA Interchange Control Number at the top of the file and the IEA Interchange Control Number at the end of the file.

### 6.1 ISA-IEA

#### Delimiters

As detailed in the national implementation guides, delimiters are determined by the characters sent in specified, set positions of the ISA header. For transmissions to Highmark EDI Operations (inbound transmissions), the following list contains all characters that can be accepted as a delimiter. Note that LineFeed, hex value "0A", is not an acceptable delimiter.

Description	Hex value
StartOfHeading	01
StartofTeXt	02
EndofTeXt	03
EndOfTrans.	04
ENQuiry	05
ACKnowledge	06
BELL	07
VerticalTab	0B
FormFeed	0C
CarriageReturn	0D
DeviceControl1	11
DeviceControl2	12
DeviceControl3	13
DeviceControl4	14
NegativeAck	15
SYNchron.Idle	16
EndTransBlock	17
FileSeparator	1C
GroupSeparator	1D
RecordSeparator	1 E
!	21
"	22
%	25

Description	Hex value
&	26
'	27
(	28
)	29
*	2A
+	2B
,	2C
.	2E
/	2F
:	3A
;	3B
<	3C
=	3D
>	3E
?	3F
@	40
[	5B
]	5D
^ *	5E
{	7B
}	7D
~	7E

\* “^” may be used as a Data Element Separator, but will not be accepted as Component Element Separator, Repeating Element Separator, or Segment Terminator.

Highmark will use the following delimiters in all outbound transactions. Note that these characters as well as the Exclamation Point, "!", cannot be used in text data (type AN, Sting data element) within the transaction; reference section 2.1 of this document titled Valid Characters in Text Data.

Delimiter Type	Character Used	(hex value)
Data element separator	^	(5E)
Component element separator	>	(3E)
Segment terminator	~	(7E)
Repeating element separator	{	(7B)

### Data Detail and Explanation of Incoming ISA to Highmark

Segment: ISA Interchange Control Header (Incoming)

Note: This fixed record length segment must be used in accordance with the guidelines in Appendix B of the national transaction implementation guides, with the clarifications listed below.

## Data Element Summary

Loop ID	Reference	Name	Codes	Notes/Comments
ISA		Interchange Control Header		
	ISA01	Authorization Information Qualifier	00	Highmark can only support code 00 - No Authorization Information present
	ISA02	Authorization Information		This element must be space filled.
	ISA03	Security Information Qualifier	00	Highmark can only support code 00 - No Security Information present
	ISA04	Security Information		This element must be space filled
	ISA05	Interchange ID Qualifier	ZZ  30	Use qualifier code value "ZZ" Mutually Defined to designate a payer-defined ID.  TaxID
	ISA06	Interchange Sender ID		When ISA05 = ZZ, Use the Highmark assigned security Login ID. The ID must be left justified and space filled. Any alpha characters must be upper case.  When ISA05 – 30, use the Employer TaxID
	ISA07	Interchange ID Qualifier	33	Use qualifier code value "33". Highmark only supports the NAIC code to identify the receiver.
	ISA08	Interchange Receiver ID	54771	Highmark
	ISA14	Acknowledgment Requested		Highmark always returns a TA1 segment when the incoming interchange is rejected due to errors at the interchange or functional group envelope.
	ISA15	Usage Indicator		Highmark uses the value in this element to determine the test or production nature of all transactions

Loop ID	Reference	Name	Codes	Notes/Comments
				within the interchange.

### Data Detail and Explanation of Outgoing ISA from Highmark

Segment: ISA Interchange Control Header (Outgoing)

Note: Listed below are clarifications of Highmark's use of the ISA segment for outgoing interchanges.

#### Data Element Summary

Loop ID	Reference	Name	Codes	Notes/Comments
ISA		Interchange Control Header		
	ISA01	Authorization Information Qualifier	00	Highmark will send code 00 - No Authorization Information present
	ISA02	Authorization Information		This element must be space filled.
	ISA03	Security Information Qualifier	00	Highmark will send code 00 - No Security Information present
	ISA04	Security Information		This element must be space filled
	ISA05	Interchange ID Qualifier	33	Highmark will send qualifier code value "33" to designate that the NAIC code is used to identify the sender.
	ISA06	Interchange Sender ID	54771	Highmark
	ISA07	Interchange ID Qualifier	ZZ	Highmark will send qualifier code value "ZZ" Mutually Defined, to designate that a Highmark-assigned proprietary ID is used to identify the receiver.
	ISA08	Interchange Receiver ID		The Highmark-assigned ID will be the trading partner's security login ID.

Loop ID	Reference	Name	Codes	Notes/Comments
				This ID will be left-justified and space filled.
	ISA14	Acknowledgment Requested		Highmark always uses a 0 (No Interchange Acknowledgement Requested).
	ISA15	Usage Indicator		Highmark provides T or P as appropriate to identify the test or production nature of all transactions within the interchange.

## 6.2 GS-GE

Functional group (GS-GE) codes are transaction specific. Therefore, information concerning the GS-GE can be found with the related transaction in sections 3 (Instruction Tables) and 4.2 (Payer Specific Rules and Limitations) of the Transaction Information Companion Guide.

## 6.3 ST-SE

Highmark has no requirements outside the national transaction implementation guides.

# 7. Acknowledgments and Reports

## 7.1 Report Inventory

Highmark has no proprietary reports.

## 7.2 ASC X12 Acknowledgments

TA1 Segment      Interchange Acknowledgment

999 Transaction    Implementation Acknowledgment for Health Care Insurance

### Outgoing Interchange Acknowledgment TA1 Segment

Highmark returns a batch TA1 Interchange Acknowledgment segment when the entire interchange (ISA - IEA) must be rejected.

The interchange rejection reason is indicated by the code value in the TA105 data element. This fixed length segment is built in accordance with the guidelines in Appendix B of the national transaction implementation guides. Each Highmark TA1 will have an Interchange control envelope (ISA - IEA).

### Outgoing Implementation Acknowledgment for Health Care Insurance (999)

Highmark returns an Implementation Acknowledgment for Health Care Insurance (999) for each Functional Group (GS - GE) envelope that is received in a batch mode. If multiple Functional Groups are received in an Interchange (ISA - IEA) envelope, a corresponding number of Implementation Acknowledgment for Health Care Insurance (999) transactions will be returned.

Transaction accepted/rejected status is indicated in IK501. For details on this transaction, please refer to the Implementation Acknowledgment for Health Care Insurance (999) in sections 3.3 and 4.2.3 of the Transaction Information Companion Guide.

## 8. CCI Change Summary

Page	Section	Description
All	All	Changed 'Highmark Health Services' to 'Highmark'

## 9. CCI Additional Information

### 9.1 Implementation Checklist

Highmark does not have an Implementation Checklist.

### 9.2 CCI Transmission Examples

No examples at this time.

### 9.3 Trading Partner Agreement

Contact your Client Manager for the Trading Partner Agreement forms.

### 9.4 Frequently Asked Questions

No FAQs at this time.

### 9.5 Other Resources

Not yet available.

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# Highmark

## Standard Companion Guide

### Transaction Information

December 2013

# Transaction Instruction (TI)

## 1. TI Introduction

### 1.1 Background

#### 1.1.1 Overview of HIPAA Legislation

The Health Insurance Portability and Accountability Act (HIPAA) of 1996, carries provisions for administrative simplification. This requires the Secretary of the Department of Health and Human Services (HHS) to adopt standards to support the electronic exchange of administrative and financial health care transactions primarily between health care providers and plans. HIPAA directs the Secretary to adopt standards for translations to enable health information to be exchanged electronically and to adopt specifications for implementing each standard

HIPAA serves to:

- Create better access to health insurance
- Limit fraud and abuse
- Reduce administrative costs

#### 1.1.2 Compliance according to HIPAA

The HIPAA regulations at 45 CFR 162.915 require that covered entities not enter into a trading partner agreement that would do any of the following:

- Change the definition, data condition, or use of a data element or segment in a standard.
- Add any data elements or segments to the maximum defined data set.
- Use any code or data elements that are marked “not used” in the standard’s implementation specifications or are not in the standard’s implementation specification(s).
- Change the meaning or intent of the standard’s implementation specification(s).

#### 1.1.3 Compliance according to ASC X12

ASC X12 requirements include specific restrictions that prohibit trading partners from:

- Modifying any defining, explanatory, or clarifying content contained in the implementation guide.

- Modifying any requirements
- Modifying any requirement contained in the implementation guide

## 1.1 Intended Use

The Transaction Instruction component of this companion guide must be used in conjunction with an associated ASC X12 Implementation Guide. The instructions in this companion guide are not intended to be stand-alone requirements documents. This companion guide conforms to all the requirements of any associated ASC X12 Implementation Guides and is in conformance with ASC X12's Fair Use and Copyright statements.

## 2. Included ASC X12 Implementation Guides

This table lists the X12N Implementation Guides for which specific transaction Instructions apply and which are included in Section 3 of this document.

Unique ID	Name
005010X220A1	Benefit and Enrollment Maintenance
005010X218	Payroll Deducted and Other Group Premium Payment for Insurance Products
005010X231A1	Implementation Acknowledgment for Health Care Insurance

Highmark will support all listed transactions in batch.

## 3. Instruction Tables

These tables contain one or more rows for each segment for which a supplemental instruction is needed.

Legend
SHADED rows represent "segments" in the X12N implementation guide
NON-SHADED rows represent "data elements" in the X12N implementation guide.

### 005010X220A1 Benefit and Enrollment Maintenance (834)

Refer to section 4.2.1 for Highmark Business Rules and Limitations

005010X220A1 Benefit and Enrollment Maintenance				
Loop ID	Reference	Name	Codes	Notes/Comments
	GS	Functional Group Header		

005010X220A1 Benefit and Enrollment Maintenance				
Loop ID	Reference	Name	Codes	Notes/Comments
	GS02	Application Sender's Code		This value is a mutually determined 2 to 8 alpha-prefixed value. There can be no special characters.
	GS03	Application Receiver's Code	54771ECS 54771BCP 54771PRE	Highmark Membership Enrollment  Pennsylvania Insurance Department Enrollment  Medicare Advantage Enrollment
1000A	N1	Sponsor Name		
	N102	Name		The Sponsor Name is limited to 12 characters in length and the first character must be alphabetic and remaining characters cannot be special characters
	N103	Identification Code Qualifier	FI	Highmark accepts only this code value
1000C	N1	TPA/Broker Name		This data is not used by Highmark Do not send
1100C	ACT	TPA/Broker Account Information		This data is not used by Highmark Do not send
2000	INS	Member Level Detail		
	INS04	Maintenance Reason Code		This is required when Loop 2000 DTP01 = 357 or Loop 2300 DTP01 = 349
	INS06	Medicare Plan Code	E	Highmark does not process the code E (No Medicare)
	INS10	Handicap Indicator		Use this indicator in place of the 2200 Disability information
	INS17	Birth Sequence Indicator		Highmark does not process this data
2000	REF	Subscriber Identifier		
	REF02	Subscriber Identifier		Highmark requires this to be the subscriber's Social Security Number on each contract/record.
2000	REF	Member Policy Number		
	REF02	Member Group or Policy Number		This is the Highmark-assigned 8 digit Group Number. Position one is always '0'. Positions two through eight should not contain spaces or hyphens

005010X220A1 Benefit and Enrollment Maintenance				
Loop ID	Reference	Name	Codes	Notes/Comments
2000	REF	Member Identification Number		
	REF01	Reference Identification Qualifier	17 23 3H DX	Highmark will only process these codes
	REF02	Member Supplemental Identifier		Maximum number of characters processed per qualifier is 5.
2000	DTP	Member Level Dates		For a full explanation of date codes and when they are used, refer to the Date Specifications in section 4.2.1
2100A	NM1	Member Name		
	NM103	Last Name		Highmark will accept up to 60 characters on the 834. However, only the first 35 characters will be processed
	NM104	First Name		Highmark will accept up to 35 characters on the 834. However, only the first 25 characters will be processed
2100A	PER	Member Communications Number		
	PER03	Communication Number Qualifier	HP WP FX TE	Highmark will only process these codes
2100A	N3	Member Resident Street Address		This is required for new contract additions
2100A	N4	Member Residence City, State, Zip Code		This is required for new contract additions
2100A	DMG	Member Demographics		
	DMG02	Member Birth Date		If the date of birth is not available, then the acceptable default is 01/01/0001
2100A	AMT	Monetary Amount		Highmark does not process this information. Do not send.
2100A	HLH	Member Health Information		Highmark does not process this information. Do not send.
2100A	LUI	Member Language		Highmark does not process this information. Do not send.
2100B		Incorrect Member Name		Highmark does not process this information. Do not send.

005010X220A1 Benefit and Enrollment Maintenance				
Loop ID	Reference	Name	Codes	Notes/Comments
2100C		Member Mailing Address		Highmark does not process this information. Do not send.
2100D		Member Employer		Highmark does not process this information. Do not send.
2100E		Member School		Highmark does not process this information. Do not send.
2100H		Drop Off Location		Highmark does not process this information. Do not send.
2200	DSB	Disability Information		Highmark does not process this information. Do not send
2200	DTP	Disability Eligibility Dates		Highmark does not process this information. Do not send
2300	HD	Health Coverage		
	HD01	Maintenance Type Code		Highmark does not initiate different processing based on maintenance type code. It is assumed that all 834 files will update ECS if changes are detected between the 834 file and ECS.
	HD03	Insurance Line Code	HLT	Highmark does not process this information. Do not send
	HD04	Plan Coverage Description	HSAPNCGIS	Use this value when reporting a High Deductible Health Plan with automatic HSA account setup with PNC. See section 4.2.1 for details.  When reporting FSA information, refer to section 4.2.1 for required values
	HD05	Coverage Level Code		Highmark requires a coverage category code.
2300	AMT	Health Coverage Policy		Highmark does not process this information. Do not send.
2300	REF	Health Coverage Policy Number		Highmark requires this information to be sent either in this segment or in the Member Policy Number REF segment
	REF02	Member Group or Policy Number		Position one is always '0'. Positions two through eight should not contain spaces or hyphens
2300	IDC	Identification Card		Highmark does not process this information. Do not send.
2310	NM1	Provider Name		

<b>005010X220A1 Benefit and Enrollment Maintenance</b>				
<b>Loop ID</b>	<b>Reference</b>	<b>Name</b>	<b>Codes</b>	<b>Notes/Comments</b>
	NM108	Identification Code Qualifier	NPI SV	Highmark preferred qualifier
2320	DTP	Coordination of Benefits Eligibility Dates		Refer to section 4.2.1 for a full explanation of the date codes and when they are used

## **005010X218 Payroll Deducted and Other Group Premium Payment for Insurance Products (820)**

Refer to section 4.2.2 for Highmark Business Rules and Limitations

<b>005010X218 Payroll Deducted and Other Group Premium Payment for Insurance Products</b>				
<b>Loop ID</b>	<b>Reference</b>	<b>Name</b>	<b>Codes</b>	<b>Notes/Comments</b>
				<b>This information will be available at a future date</b>

## 005010X231A1 Implementation Acknowledgment For Health Care Insurance (999)

Refer to section 4.2.3 for Highmark Business Rules and Limitations

005010X231A1 Implementation Acknowledgment For Health Care Insurance				
Loop ID	Reference	Name	Codes	Notes/Comments
2100	CTX	Segment Context		Highmark has implemented levels 1 and 2 edits only. This CTX segment will not be used at this time.
2100	CTX	Business Unit Identifier		Highmark has implemented levels 1 and 2 edits only. This CTX segment will not be used at this time.
2110	IK4	Implementation Data Element Note		
	IK404	Copy of Bad Data Element		The 005010 version of the 999 transaction does not support codes for errors in the GS segment, therefore, when there are errors in the submitted GS, "TRADING PARTNER PROFILE" will be placed in this element to indicate that one or more invalid values were submitted in the GS.
2110	CTX	Element Context		Highmark has implemented levels 1 and 2 edits only. This CTX segment will not be used at this time



## 4. TI Additional Information

This section may contain one or more of the following appendices.

### 4.1 Business Scenarios

No business scenarios at this time

### 4.2 Payer Specific Business Rules and Limitations

#### 4.2.1. 005010X220A1 Benefit and Enrollment Maintenance (834)

The 834 transaction is utilized by the sponsor of the insurance coverage, benefits, or policy to transmit electronic enrollment information. The May 2006 ASC X12N Implementation Guide named in the HIPAA Administrative Simplification Electronic Transaction rule as modified by the July 2010 Addenda document is the primary source for definitions, data usage, and requirements.

Highmark NAIC code 54771 includes Highmark traditional and managed care products: Preferred Provider Organization (PPO), Point of Service (POS), Indemnity, Health Maintenance Organization (HMO), Major Medical, Comprehensive, and Medicare Supplemental.

#### Transaction Size

Highmark can accept in excess of the limitation of 10,000 INS segments specified in the national Implementation Guide.

#### Date Specifications

The following requirements apply to the usage of the code values in the DTP01 element in the Member Level Dates (2000 loop), Health Coverage Dates (2300 loop) and Coordination of Benefits Eligibility Dates (2320 loop) loops.

- When adding a new member, always send code 348 in loop 2300 when adding a new member.
- Additional codes must be sent in the following special cases:
  - When the Hire Date is sent and is less than the Coverage Effective Date, send code 336 in loop 2000
  - When the Line of Business is Direct Pay, send code 300 in loop 2000
  - when the member has Medicare coverage, send code 338 in loop 2300

- When the member has Coordination of Benefits, send code 344 in loop 2320
- When changing the:
  - Report Code, send code 303 in loop 2000 or loop 2300
  - Extended Eligibility Qualifier, send code 303 loop 2300
  - Status of an employee who has retired, send code 286 in loop 2000
  - Status of an employee who has returned to work from retirement, send code 296 in the 2000 loop
  - When sending a Return to Work date with a code 296, the original Retirement date submitted with the code 286 must be sent.
- When canceling a contract, send code 357 in loop 2000. This segment only needs sent for the subscriber.
- When canceling a member, always send code 349 in loop 2300
- Additional codes must be send in the following special cases:
  - If a subscriber is cancelled with only a 349 in the 2300 loop, any/all dependents will remain in their current status.
  - If the Medicare coverage is being cancelled, send 339 code in loop 2000
  - If only the Coordination of Benefits is being cancelled, send 345 code in the 2320 loop

#### **4.2.2 005010X218 Payroll Deducted and Other Group Premium Payment for Insurance Products (820)**

TBD

#### **4.2.3 005010X231A1 Implementation Acknowledgment for Health Care Insurance (999)**

Highmark returns an Implementation Acknowledgment for Health Care Insurance (999) for each Functional Group (GS - GE) envelope that is received in a batch mode. If multiple Functional Groups are received in an Interchange (ISA - IEA) envelope, a corresponding number of Implementation Acknowledgment for Health Care Insurance (999) transactions will be returned.

Action on a Functional Group can be: acceptance, partial acceptance, or rejection. A partial acceptance occurs when the Functional Group contains multiple transactions and at least one, but not all, of those transactions is rejected. (Transaction

accepted/rejected status is indicated in IK501.) The location and reason for errors are identified in one or more of the following segments:

- IK3 - segment errors
- IK4 - data element errors
- IK5 - transaction errors
- AK9 - functional group errors

Rejection codes are contained in the ASC X12C 005010X231A1 Implementation Acknowledgement for Health Care Insurance (999) national Implementation Guide. Rejected transactions or functional groups must be fixed and resubmitted.

Implementation Acknowledgment for Health Care Insurance (999) transactions will have Interchange Control (ISA - IEA) and Functional Group (GS - GE) envelopes. The Version Identifier Code in GS08 of the envelope containing the Implementation Acknowledgment for Health Care Insurance (999) will be "005010", indicating a generic 5010 Implementation Acknowledgment for Health Care Insurance (999) transaction. Note that this will not match the Implementation Guide identifier that was in the GS08 of the envelope of the original submitted transaction. This difference is because the Implementation Acknowledgment for Health Care Insurance (999) is generic to the 5010 version and is not unique to each transaction standard

As part of your trading partner agreement, values were supplied that identify you as the submitting entity. If any of the values supplied within the envelopes of the submitted transaction do not match the values supplied in the trading partner agreement, a rejected Implementation Acknowledgment for Health Care Insurance (999) will be returned to the submitter. In the following example the IK404 value 'TRADING PARTNER PROFILE' indicates that one or more incorrect values were submitted. In order to process your submission, these values must be corrected and the transaction resubmitted.

```
ISA^00^      ^00^      ^33^54771      ^ZZ^XXXXXXXX
^060926^1429^{^00501^035738627^0^P^>
GS^FA^XXXXX^999999^20060926^142948^1^X^005010
ST^999^0001
IK1^HC^655
IK2^837^PA03
IK3^GS^114^^8
IK4^2^7^TRADING PARTNER PROFILE
IK5^R
AK9^R^1^1^0
SE^8^0001
```

GE^1^1  
IEA^1^035738627

### 4.3 Frequently Asked Questions

No FAQs at this time.

### 4.4 Other Resources

Not yet available.

## 5. TI Change Summary

Page	Section	Description
All	All	Changed 'Highmark Health Services' to 'Highmark'