



**HIPAA Transaction – Health Care Claim Payment/Advice
Standard Companion Guide (835, 005010X221A1)**

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

**Companion Guide Version Number: 2.0
September 25, 2017**

Preface

This guide serves as a **Dean Health Plan** and **Prevea360 Health Plan** (*underwritten by Dean Health Plan*) specific companion document to the *Health Care Claim Payment/Advice (835) Implementation Guide*. This document provides information related to specific requirements of the *Health Care Claim Payment/Advice (835)* transactions, but does not change the definition, data condition, or use of a data element or segment in a standard, add data elements or segments to the maximum defined data set, 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), or change the meaning or intent of the HIPAA standards implementation specification.

All instructions in this document were written using information known at the time of publication and are subject to change. Dean Health Plan is not responsible for software used by the submitter to complete these transactions.

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1. INTRODUCTION

For a valid transaction, receivers should program according to the ASC X12 Standards for Electronic Data Interchange TR3 Implementation Guide & Addenda: Health Care Claim Payment/Advice (835). This implementation guide is available from the X12 bookstore (<http://store.x12.org>).

For questions related to the DHP 835 Health Care Claim Payment/Advice Transaction Set Companion Guide, please contact our EDI Team at edi@deancare.com.

1.1.Scope

This guide should be used for all entities that would like to receive 835 transactions from us. This guide is intended to provide the reader with information that will assist entities in receiving positive results when receiving information specifically from DHP. Some items found in this document are in relation to how we have or are implementing Health Care Reform initiatives.

All instructions in this document were written using information known at the time of publication and are subject to change. We are not responsible for software used by the submitter to exchange these transactions.

1.2.Overview

The TR3 is the source for the transaction; however the reader should review all sections of this document. With the Health Care Reform initiatives, DHP has made some modifications of expectations for data to insure DHP can produce the transactions. Readers should pay attention to and reference back to sections 6 through 10 of this guide for specific data requirements.

1.3.References

This document is a companion guide to the ASC X12 835 Health Care Claim Payment/Advice Implementation Guide and Addenda (005010X221A1). This transaction guide is available from the ASC X12 Store (<http://store.x12.org>).

Within the 835 Health Care Claim Payment/Advice transaction there are many references to external codified data content including but not limited to Claim Adjustment Reason Codes, Remittance Advice Remark Codes, procedure code, etc. Refer to Appendix A of the implementation guide for a complete list of external codes referenced within this transaction.

1.4.Additional Information

Assumptions regarding the reader

- This companion guide assumes that the readers are familiar with the base ASC X12 Standard and the TR3.
- This companion guide does address DHP's implementation in Health Care Reform requirements, but does not explicitly discuss the legislation.

1.5. Business Description of Terms

This section defines a few basic terms that are widely used in the transmittal and processing of electronic data at Dean Health Plan.

Companion Guide: Data clarifications that supplement the specifications in the Implementation Guide should be placed in a separate addendum. Companion Guides can include data elements where the Implementation Guide explicitly defers to other sources such as a contract or state law requirements. It can also include identifiers or codes where a national standard source is not recognized (such as the provider identifier prior to the National Provider Identifier standard being passed).

Covered Entity (CE): Under HIPAA, this is a health plan, a health care clearinghouse, or a health care provider who transmits any health information in electronic form in connection with a HIPAA transaction. Also see Part II, 45 CFR 160.103.

Data Mapping: The process of matching one set of data elements or individual code values to their closest equivalents in another set of them. This is sometimes called a cross-walk.

FAQ(s): Frequently Asked Question(s).

Format: Under HIPAA, format refers to those data elements that provide or control the enveloping or hierarchical structure, or assist in identifying data content of, a transaction.

Health Care Clearinghouse: Under HIPAA, this is an entity that processes or facilitates the processing of information received from another entity in a nonstandard format or containing nonstandard data content into standard data elements or a standard transaction, or that receives a standard transaction from another entity and processes or facilitates the processing of that information into nonstandard format or nonstandard data content for a receiving entity. Also see Part II, 45 CFR 160.103

Health care provider: means a provider of services (as defined in section 1861(u) of the Act, 42 U.S.C. 1395x(u)), a provider of medical or health services (as defined in section 1861(s) of the Act, 42 U.S.C. 1395x(s)), and any other person or organization who furnishes, bills, or is paid for health care in the normal course of business.

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

Transaction: means the transmission of information between two parties to carry out financial or administrative activities related to health care. Under HIPAA the transactions include:

- Benefit Enrollment and Maintenance – 834
- Health plan premium payments – 820
- Eligibility for a health plan – 270/271
- Referral certification and authorization – 278
- Health care claims or equivalent encounter information – 837
- Health Care Claim Attachments - 275
- Health care claim status – 276/277
- Health Care Claim Payment/Advice – 835

2. GETTING STARTED

2.1. Working with Dean Health Plan

We allow for batch as well as real-time exchange of health care transactions. However, due to internal processing requirements and timeframes, the 835 Health Care Claim Payment/Advice can only be exchanged in batch mode. Transactions will be validated prior to transmission based upon the WEDI SNIP levels.

We have partnered with Change Healthcare as our clearinghouse for the exchange of both paper explanation of payments (EOP) and checks as well electronic remittance advices (ERA) and electronic funds transfers (EFT).

Electronic exchanges require setup with us via Change Healthcare. Refer to section 2.2 for enrollment and setup instructions.

Confidentiality

We, along with our Trading Partners, will comply with the privacy and security standards for all EDI transactions.

2.2. Trading Partner Registration

While we will exchange HIPAA compliant transactions with any covered entity, HIPAA security requirements dictate that proper procedures be established in order to secure access to data. As a result we have a process in place to establish an Electronic Trading Partner relationship. This process requires establishing a trading partner relationship with DHP's clearinghouse Change Healthcare.

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.

2.3. Establishing Change Healthcare Trading Partner Relationships

Providers can switch from paper EOPs and paper checks to Electronic EOPs/Electronic Funds Transfers (EFT) by enrolling in Change Healthcare ePayment in three easy steps! Change Healthcare's ePayment Services information can be found online at <http://www.changehealthcare.com/resources/epayment-efit>.

Step 1 - Initiate Enrollment.

Use the ePayment Authorization Form to enroll in EFT. This Change Healthcare ePayment Enrollment and Authorization Form includes form fields enabling you to complete it using the online form.

Please sign and email your completed Change Healthcare ePayment enrollment authorization form as a PDF attachment to EFTEnrollment@changehealthcare.com or fax completed enrollment forms to 615.238.9615

Step 2 - Confirm Deposit to verify Account settings.

Contact Change Healthcare at 866.506.2830 to confirm that a small deposit has been made in your enrolled bank account for verification purposes (deposit will be from Change Healthcare with the reference note "EFT Enroll").

Step 3 – Start using Change Healthcare Payment Manager to search, view, download and print EOPs.

You may access the Change Healthcare Payment Manager - <https://cda.changeHealthcare.com/Portal> to search, view and print your payment and remittance advice for participating Payers. To see a quick tour of Change Healthcare Payment Manager, visit <http://www.ChangeHealthcare.com/support/demos/paymentmanager>

2.4.DHP content

All 835 transactions will follow the syntax and semantic requirements of the HIPAA adopted implementation guides as well as industry standardization rules for business usage as defined in the Phase III CAQH CORE EFT & ERA Operating Rules.

3. TESTING AND APPROVAL REQUIREMENTS

3.1. Testing Requirements

Since trading partners interact directly with our clearinghouse, testing directly with us is not applicable.

3.2. Certification Requirements

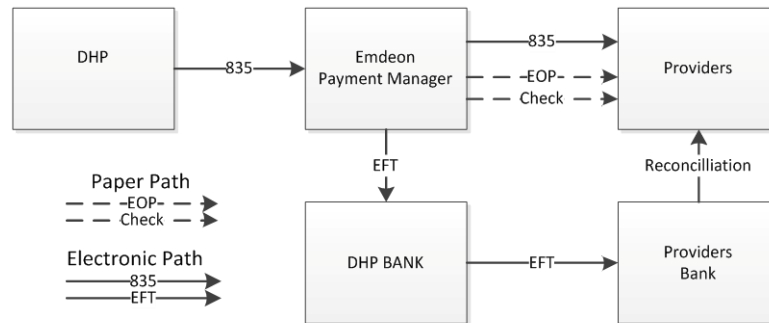
Completion of Change Healthcare ePayment Enrollment Authorization process. More information can be found at <http://www.changehealthcare.com/resources/epayment-eft>.

4. CONNECTIVITY WITH DHP/COMMUNICATIONS

Change Healthcare’s Payment Manager provides a web-based tool for viewing payment and ERA information. Payment Manager allows for storage and archival of historical information and will allow providers to search, view, print and receive their ERAs.

4.1. Process Flows

On a weekly basis we release EOP, ERA and EFT transactions to Change Healthcare (formally Emdeon) for processing. Change Healthcare (formally Emdeon) will initiate the EFT transactions with DHP's bank to transfer the funds to the provider's bank. Within 3 days of the provider's receipt of the 835 they will be able to re-associate the 835 to the payment (reconciliation).



4.2. Security

Security of information communicated by or to us over the Internet is of utmost concern to us; however, no data transmission over the Internet can be guaranteed to be 100% secure. DHP and Change Healthcare's sites incorporate reasonable safeguards to protect the security, integrity and privacy of member personal health information we have collected. We have put in place reasonable precautions to protect information from loss, misuse and alteration, including Secure Socket Layer (SSL) technology and database encryption. Please do not use email to communicate information to us that you consider confidential.

5. CONTACT INFORMATION

5.1. DHP EDI Customer Service

Electronic Transaction Questions
 EDI Team – IT Department
 Phone: (608) 827-4320
 Toll-free Phone: (800) 356-7344 Ext.: 4320
 Fax: (608) 252-0893
 Email: edi@deancare.com

Dean Health Plan
 Attention: EDI Team
 1277 Deming Way
 Madison, WI 53717

5.2. Change Healthcare ePayment Services

Phone: 866-506-2830
 Email: FTEnrollment@changehealthcare.com
 Website: <http://www.changehealthcare.com/resources/epayment-eft>

To resolve a late or missing payment or ERA, please contact the Change Healthcare EFT enrollment team at 866-506-2830.

5.3.Provider Service

DHP Customer Service
 Phone: (608) 828-1301
 Toll-free Phone: (800) 279-1301
 Fax: (608) 827-4212

5.4.Applicable Websites/E-Mail

- For more information on SNIP levels, please see the WEDI SNIP Transactions Work Group Testing Sub Work-Group white paper on the WEDI web site (<http://www.wedi.org>).
- For more information about Dean Health Plan and other transactions, please go to the Dean web site. <http://www.deancare.com>.
- For the ASC X12 TR3 Implementation Guides, please go to the X12 Store web site:
- <http://store.x12.org>.
- Change HealthCare Resource Library: <http://www.emdeon.com/resourcelibrary/#119>
- Change Healthcare ePayment Services:
<http://www.changehealthcare.com/resources/epayment-eft>

6. CONTROL SEGMENTS / ENVELOPES

6.1.ISA-IEA

Segment/Element	Description	DHP Values
ISA Interchange Control Header		
	Data Element Separator	Established during Change Healthcare enrollment
ISA01	Authorization Information Qualifier	00
ISA02	Authorization Information	10 Spaces
ISA03	Security Information Qualifier	00
ISA04	Security Information	10 Spaces
ISA05	Interchange ID Qualifier	ZZ
ISA06	Interchange Sender ID	133052274 (Change Healthcare’s Tax Identifier)
ISA07	Interchange ID Qualifier	ZZ
ISA08	Interchange Receiver ID	Established during Change Healthcare enrollment
ISA09	Interchange Date	The date the Interchange Envelope (ISA) was created, specified in YYMMDD format
ISA10	Interchange Time	The time the Interchange Envelope was created, specified in 24-hour HHMM format
ISA11	Repetition Separator	Established during Change Healthcare enrollment
ISA12	Interchange Control Version Number	00501

ISA13	Interchange Control Number	Sequential number for each Interchange Envelop (ISA-IEA). Starting with 1, right justified and zero filled.
ISA14	Acknowledgement Requested	1 – Interchange Acknowledgment Requested. <i>Note: Only return TAI Interchange Acknowledgments for negative acknowledgments</i>
ISA15	Interchange Usage Indicator	T for Testing, P for Production
ISA16	Component Element Separator	Established during Change Healthcare enrollment
	Segment Terminator	Established during Change Healthcare enrollment
IEA Interchange Control Trailer		
IEA01	Number of Included Functional Groups	The total number of functional groups sent in the interchange envelope
IEA02	Interchange Control Number	Will be identical to the value submitted in ISA13

6.2.GS-GE

Segment/Element	Description	DHP Values
GS Functional Group Header		
GS01	Functional Identifier Code	HP
GS02	Application Sender's Code	133052274
GS03	Application Receiver's Code	Established during Change Healthcare enrollment
GS04	Functional Group Date	The date the Functional Group Envelope (GS) was created, specified in CCYYMMDD format
GS05	Functional Group Time	The time the Functional Group Envelope was created, specified in 24hour HHMM format
GS06	Group Control Number	Sequential number for each type of Functional Group Envelop (GS-GE) (based upon GS01 Value). Start with 1 and increment by 1, right justified and zero filled.
GE Functional Group Trailer		
GE01	Number of Transaction Sets	Count of the number of Transaction Sets (ST-SE) included in the Functional Group
GE02	Group Control Number	Will be the same value as GS06

6.3.ST-SE

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

Dean Health Plan will follow the guidelines set forth in the TR3 in the use of transaction set control numbers.

7. DHP SPECIFIC BUSINESS RULES AND LIMITATIONS

- To receive an 835 transaction from us, you must first be set up to do so. Please refer to section 2.2 Trading Partner Registration.

- If a provider submits claims (paper or electronic) which are not HIPAA compliant or lacks required information for subsequent transactions, we may not be able to produce HIPAA compliant 835 transactions for those claims.
- Providers will still have access to the ERAs through Change Healthcare’s Payment Manager.
- ERAs will be sorted and grouped by the rendering provider NPI.
- The Dean Health Plan 835 transaction will contain Remittance Information only. Payment will be made by a separate transaction using either a paper check or EFT depending upon how the provider has enrolled with Change Healthcare.
- Providers can elect to receive paper EOP or ERAs as well as paper or electronic payments (EFT).
- The Dean Health Plan 835 transactions will be released to providers on a weekly basis.
- Dean Health Plan’s Paper EOPs have not changed; therefore there will be a difference between the paper EOP and the 835 transactions. The payment amounts will not differ between the 835 transactions and the paper EOP.
- Previously-paid claims that were processed prior to the new HIPAA guidelines and which are now being adjusted may not meet HIPAA code sets guidelines.
- DHP adjudicates claims at the line level thus there will be no claim level adjustments.
- Change Healthcare will maintain 7 years of EOP and ERA history in their Payment Manager for providers. Providers will have the ability to search, view, print, and receive 835 transactions within the past 7 years.
- Just as a point of interest with regard to the 835 and COB claims, the other insurance payment amount is not sent. What is sent is the amount that Dean Health Plan saved because a portion was paid by the other carrier. For example:

The charge is \$100, and we have a deductible of \$40. We would have paid \$60.00 in the absence of other insurance. If the Other Insurance paid \$70, the balance would be \$0. Dean Health Plan would pay \$0 with a savings of \$60. We would send a CAS segment with a group code of OA, a Reason code of 23, and an amount of \$70 along with a second CAS segment with a group code of PR, a reason code 1 and an amount of \$30.

8. ACKNOWLEDGMENTS AND/OR REPORTS

Even though we takes great care to validate all 835 transactions prior to sending them to providers via Change Healthcare, we recognize there is the possibility for errors to be introduced downstream by other transaction handlers such as clearinghouses, billing services, etc. In the event of an error, we have the ability to receive standard based acknowledgment transactions. Providers can also contact DHP and Change Healthcare directly regarding issues (see section 5 Contact Information).

Supported acknowledgments:

TA1 Interchange Acknowledgement, DHP does not recommend the use of the TA1 Interchange Acknowledgment unless there is an error with the Interchange Envelope.

999 Implementation Acknowledgement, health care providers are not required but highly encouraged to return a 999 Implementation Acknowledgment to any and all transactions (positive or negative acknowledgment). This acknowledgment can be used to report syntactical errors (Level 1 and 2).

824 Application Reporting for Insurance, health care providers are not required but highly encouraged to return an 824 Application Reporting for Insurance for business or contextual errors within a EOP including but not limited to balancing errors, invalid external codes, semantic (situational errors), or other business errors.

9. TRADING PARTNER AGREEMENTS

At this time, we do not require submitters to complete a Trading Partner Agreement.

As part of Change Healthcare’s enrollment form, Providers are required to acknowledge that they have read and agree that they are subject to and will comply with Change Healthcare’s General Terms and Conditions, the Business Associate Terms, the ePayment Services Addendum and the Privacy Policy for Change Healthcare.com.

10. TRANSACTION SPECIFIC INFORMATION

This section covers the information that DHP exchanges in the 835 transaction set.

Loop ID	Reference	Name	Codes/Notes/Comments
	BPR	Financial Information	
	BPR01	Transaction Handling Code	Set to Notification Only ('H') when the payment is zero. Set to Remittance Information Only ('I') when the payment is not zero.
	BPR04	Payment Method Code	Qualifier will either be <ul style="list-style-type: none"> • “ACH” for EFT • “CHK” for paper check • “NON” for Non Payment Data
	BPR05	Payment Format Code	Only CCD+ (“CCP”) is supported for ACH transactions.
	TRN03	Originating Company Identifier	The data element will always contain the number 1391535024.
	TRN04	Originating Company Supplemental Code	Accounts Payable Code - Name: <ul style="list-style-type: none"> 01 - 'DEAN HEALTH PLAN, INC.' 02 - 'DEAN HEALTH PLAN, INC.' 03 - 'DEAN HEALTH PLAN, INC.' 04 - 'CHILDRENS COMMUNITY HEALTH PLAN' 80101 - 'PREVEA360 HEALTH PLAN'
1000A	N1	Payer Identification	

	N102	Name	“Dean Health Plan” or “Children's Community Health Plan” or “Prevea360” or Other DHP related payer name will be appear
1000B	REF	Payee Additional Identification	
	REF02	Reference Identification	This data element will always contain your Dean Health Plan Vendor Number
2000	TS3	Provider Summary information	
	TS301	Reference Identification	This data element will always contain your Dean Health Plan Provider Number
	TS304	Total Claim Count	Set to the total number of claims per grouping (number of CLP segments).
	TS305	Total Claim Charge Amount	Sum of all CLP03 Total Claim Charge Amount per grouping.
2100	CLP	Claim Payment Information	
	CLP07	Reference Identification	This data element will always contain your Dean Health Plan Claim Number

11. Implementation Checklist

- Complete Change Healthcare Enrollment Form (refer to section 2.2.2)
- Work directly with Change HealthCare to establish EFT

12. Transmission Example

```
ISA*00*          *00*          *30*391535024      *30*376000511
*131112*1317*^000501*000000003*1*T*+~
GS*HP*391535024*376000511*20131112*1317*3*X*005010X221A1~ ST*835*0048~
BPR*I*1615.71*C*ACH*CCP*01*000000001*DA*000000001*5391535024*01
*01*000000001*DA*000000002*20131108~ TRN*1*1100055900*1391535024*01~ DTM*405*20131108~
N1*PR*DEAN HEALTH PLAN INC.~ N3*PO BOX 56099~ N4*MADISON*WI*537059399~ PER*CX*CUSTOMER
SERVICE DEPARTMENT*TE*6088281301~ PER*BL*EDI
TEAM*EM*DHPEDI@DEANCARE.COM*TE*8003567344*EX*4320~ PER*IC**UR*HTTP://WWW.DEANCARE.COM~
N1*PE*ST MARTIN MEDICAL CENTER*XX*1256987543~ N3*234 MAIN STREET~ N4*MADISON*WI*53725~
REF*PQ*156875123695~ REF*TJ*390125879~ LX*1~ TS3*125698743*11*20131231*2*3167~
CLP*1258956*1*3036*1615.71**HM*20131028XXX001*11*1~
NMI*QC*1*JONES*FRANK*A***MI*00059999901~ REF*1L*8080~ DTM*050*20131023~
SVC*HC+43235+59*3036*1615.71**1~ DTM*472*20130927~ CAS*CO*45*1420.29~ AMT*B6*1615.71~
CLP*1258957*1*131*0**HM*20131028XXX004*11*1~ NMI*QC*1*DOE*EUGENE*M***MI*0006854701~
REF*1L*8080~ DTM*050*20131024~ SVC*HC+88305+TC*131*0**0~ DTM*472*20130730~ CAS*CO*16*131~
REF*0K*CONTACT CUSTOMER SERVICE~ LQ*HE*N547~ SE*35*0048~ GE*1*3~ IEA*1*000000003~
```

ST*835*0048~	ST	Transaction Set Header Segment ID
	835	Transaction Set ID – Health Care Claim Payment/Advice (835)
	0048	Transaction Set Control Number
BPR*I*490013.03*C*ACH*CCP*01*000000001*DA*000000001*5391535024*01*01*000000001*DA*000000002*20131108~	BPR	Financial Information Segment ID
	I	Remittance Information Only Qualifier
	490013.03	Total Actual Provider Payment Amount
	C	Credit Qualifier
	ACH	ACH Payment Method Qualifier

	CCP	Cash Concentration/Disbursement plus Addenda Qualifier
	01	ABA Routing Number Qualifier
	000000001	Sender ABA Routing Number
	DA	Demand Deposit Account Number Qualifier
	000000001	Sender Bank Account Number
	5391535024	Originating Company Identifier
	01	Originating Company Supplemental Code 01 - 'DEAN HEALTH PLAN, INC.'
	01	ABA Routing Number Qualifier
	000000001	Receiver ABA Routing Number
	DA	Demand Deposit Account Number Qualifier
	000000002	Receiver Bank Account Number
	20131108	Check Issue / EFT Effective Date
TRN*1*1100055900*1391535024*01~	TRN	Re-association Trace Number Segment ID
	1	Current Transaction Trace Number Qualifier
	1100055900	Check/EFT Trace Number
	1391535024	Payer Identifier
	01	Originating Company Supplemental Code
DTM*405*20131108~	DTM	Date/Time Segment Identifier
	405	Production Date Qualifier
	20131108	The end date for the adjudication production cycle for claims included in this 835.
N1*PR*DEAN HEALTH PLAN INC.~ N3*PO BOX 56099~ N4*MADISON*WI*537059399~	N1	Payer Identification Segment Identifier
	PR	Payer Qualifier
	DEAN HEALTH PLAN INC	Payer Name
	N3	Payer Address Segment Identifier
	PO BOX 56099	Payer Address
	N4	Payer Geographic Location Segment Qualifier
	MADISON	Payer City
	WI	Payer State
	537059399	Payer Zip Code
PER*CX*CUSTOMER SERVICE DEPARTMENT*TE*6088281301~	PER	Payer Business Contact Information Segment Identifier
	CX	Payers Claim Office Qualifier
	CUSTOMER SERVICE DEPARTMENT	Payer Contact Name

	TE	Telephone Qualifier
	6088281301	Telephone Number
PER*BL*EDI TEAM*EM*DHPEDI@DEANCARE.COM* TE*8003567344*EX*4320~	PER	Payer Technical Contact Information Segment Identifier
	BL	Technical Dept. Qualifier
	EDI TEAM	Payer Technical Contact Name
	EM	Electronic Mail Qualifier
	DHPEDI@DEAN CARE.COM	Payer Email Address
	TE	Telephone Qualifier
	8003567344	Payer Telephone
	EX	Telephone Extension Qualifier
	4320	Payer Telephone Extension
PER*IC**UR*HTTP://WWW.DEANCARE.COM~	PER	Payer Web Site Segment Identifier
	IC	Information Contact Qualifier
	UR	Uniform Resource Locator (URL) Qualifier
	HTTP://WWW. DEANCARE.COM	Payer Uniform Resource Locator (URL)
N1*PE*ST MARTIN MEDICAL CENTER*XX*1256987543~ N3*234 MAIN STREET~ N4*MADISON*WI*53725~	N1	Payee Identification Segment Identifier
	PE	Payee Qualifier
	ST MARTIN MEDICAL CENTER	Payee Name
	XX	NPI Qualifier
	125698743	Payee NPI
	N3	Payee Address Segment Identifier
	234 MAIN STREET	Payee Address
	N4	Payee Geographic Location Segment Qualifier
	MADISON	Payee City
	WI	Payee State
53725	Payee Zip Code	
REF*PQ*1568751236 95~ REF*TJ*390125879~	REF	Payee Additional Identification Segment Identification
	PQ	Payee Identification Qualifier
	1568751236 95	Payee Identification
	REF	Payee Additional Identification Segment Identification
	TJ	Taxpayer ID Number Qualifier

	390125879	Taxpayer ID Number
LX*1~	LX	Header Number Segment Identifier
	1	Assigned Number
TS3*125698743*11*20131231*2*1 2857~	TS	Provider Summary Information Segment Identifier
	125698743	Rendering Provider NPI
	11	Facility Code
	20131231	Last Day of current year
	2	Claim Count
	12857	Total Claim Charge Amount
CLP*1258956*1*3036*1615.71**H M*20131028XXX001*11*1~	CLP	Claim Payment Information Segment Identifier
	1258956	Patient Control Number
	1	Processed as Primary
	3036	Total Claim Charge Amount
	1615.71	Claim Payment Amount
	HM	HMO Qualifier
	20131028X XX0 01	Payer Claim Control Number
	11	Office Facility
NM1*QC*1*JONES*FRANK*A***MI*0 0052556501~	1	Original Claim Qualifier
	NM1	Patient Name Segment Identifier
	QC	Patient Qualifier
	1	Person
	JONES	Patient Last Name
	FRANK	Patient First Name
	A	Patient Middle Name
	MI	Member ID Qualifier
0005255650 1	Member ID	
REF*1L*8080~	REF	Other Claim Related Identification Segment Identifier
	1L	Group Number Qualifier
	8080	Group Number
DTM*050*20131023~	DTM	Claim Received Date Segment Identifier
	050	Received Qualifier
	20131023	Date Claim Received
SVC*HC+43235+59*3036*1615.71* *1~	SVC	Service Payment
		Info Segment Identifier
	HC	HCPCS Qualifier
	43235	HCPCS
59	HCPCS Modifier	

	3036	Line Item Charge Amount
	1615.71	Line Item Paid Amount
	1	Paid Units of Service
DTM*472*20130927~	DTM	Service Date Segment Qualifier
	472	Service Date Qualifier
	20130927	Service Date
CAS*CO*45*1420.29~	CAS	Service Adjustment Segment Identifier
	CO	Contractual Obligations
	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.
	1420.29	Service Adjustment Amount
AMT*B6*1615.71~	AMT	Service Supplemental Amount Segment Qualifier
	B6	Allowed - Actual
	1615.71	Allowed Amount
CLP*1258957*1*131*0**HM*20131028XXX004*11*1~	CLP	Claim Payment Information Segment Identifier
	1258957	Patient Control Number
	1	Processed as Primary
	131	Total Claim Charge Amount
	0	Claim Payment Amount
	HM	HMO Qualifier
	20131028X XX0 04	Payer Claim Control Number
	11	Office Facility
	1	Original Claim Qualifier
NM1*QC*1*DOE*EUGENE*M***MI*0006854701~	NM1	Patient Name Segment Identifier
	QC	Patient Qualifier
	1	Person
	DOE	Patient Last Name
	EUGENE	Patient First Name
	M	Patient Middle Name
	MI	Member ID Qualifier
	0006854701	Member ID
REF*1L*8080~	REF	Other Claim Related Identification Segment Identifier
	1L	Group Number Qualifier
	8080	Group Number
DTM*050*20131024~	DTM	Claim Received Date Segment Identifier
	050	Received Qualifier

	20131024	Date Claim Received
SVC*HC+88305+TC*131*0**0~	SVC	Service Payment Info Segment Identifier
	HC	HCPCS Qualifier
	88305	HCPCS
	TC	HCPCS Modifier
	131	Line Item Charge Amount
	0	Line Item Paid Amount
	0	Paid Units of Service
DTM*472*20130730~	DTM	Service Date Segment Qualifier
	472	Service Date Qualifier
	20130730	Service Date
CAS*CO*16*131~	CAS	Service Adjustment Segment Identifier
	CO	Contractual Obligations
	16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication.
	131	Service Adjustment Amount
REF*OK*CONTACT CUSTOMER SERVICE~	REF	Healthcare Policy Identification Segment Identifier
	OK	Policy Form Identifying Number Qualifier
	CONTACT CUSTOMER SERVICE	Healthcare Policy Identification
LQ*HE*N547~	LQ	Health Care Remark Codes Segment Identifier
	HE	Qualifier
	N547	A refund request (Frequency Type Code 8) was processed previously.
SE*35*0048~	SE	Transaction Set Trailer Segment Identifier
	35	Segment Count
	0048	Transaction Set Control Number.

13. Frequently Asked Questions

This section is intentionally left blank at this time.

14. Change Summary

Published Date	Version	Changes
10/15/2013	1.1	Removed DHP EDI Setup Form since providers will communicate via Change Healthcare for EOP and EFT transactions.
10/15/2013	1.2	Cleaned up language in section 2.3
10/15/2013	1.3	Loop 1000A added language for CCHP and Prevea360
1/17/2013	1.4	Updated Table 1 elements per Change Healthcare modifications
10/21/2013	1.5	Modified delimiters to be “Established during Change Healthcare enrollment”.
10/22/2013	1.6	Added TRN04 in section 10. TRANSACTION SPECIFIC INFORMATION to include the DHP AP codes and descriptions.
11/21/2013	1.7	Section 7 Modified 2 nd bullet to clarify situations where non-compliant claims are received and DHP cannot produce a compliant 835.
11/21/2013	1.8	Removed Appendix 2 and inserted transaction example with annotation.
08/10/2017	1.9	Updated to reflect Change HealthCare documentation.
09/25/2017	2.0	Updated sections 2.1, 2.2, 3, and 7 to reflect current processes.