WELLCARE EDI TRANSACTION SET
837P X12N HEALTH CARE
CLAIM / ENCOUNTER PROFESSIONAL
ASC X12N **(004010X098A1)**
Companion Guide

Inbound
837Professional
Claims / Encounter Submission

TABLE OF CONTENTS

REVISION HISTORY

Date	Rev #	Author	Description
12/01/2005	DRAFT	G. Webb	Initial draft
04/10/2006	Final	"	Final Review)cosmetic updates
04/18/2006		"	Added NPI statement (2010AA)
06/06/2008	DRAFT	Craig Smitman	Review and Updates
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06/17/2008	FINAL	Fred Thorpe	Reviewed and Approved

CONTACT ROSTER

Trading Partners and Providers ; Questions, Concerns, Testing information please email the following	
EDI Coordinator	
EDICoordinator@wellcare.com	Multi group supported email distribution
EDI Testing	
EDITesting@wellcare.com	Multi group supported email distribution

INTRODUCTION

WellCare Health Plans, Inc. ("WellCare") used the standard format for Claims Data reporting from Providers and Trading Partners (TPs). WellCare X12N 837 Professional Claim 'Companion Guide" is intended for use by WellCare Providers and TPs in conjunction with ANSI ASC X12N National Implementation Guide. It has been written to assist those Submitters who will be implementing the X12N 837P Healthcare Claim Professional transaction. This WellCare Companion Guide clarifies the HIPAA-designated standard usage and must be used in conjunction with the following document:

The 837P Healthcare Claim Professional Implementation Guides (IG)

To purchase the IG contact the Washington Publishing company at www.wpc-edi.com/hipaa/HIPAA_40.asp.

This WellCare Companion Guide contains data clarifications derived from specific business rules that apply exclusively to claims processing for WellCare Health Plans. Field requirements are located in the ASC X12N 837P (004010X098A1) Implementation Guide.

Submitters are advised that updates will be made to the Companion Guides on a continual basis to include new revisions to the web sites below. Submitters are encouraged to check our website periodically for updates to the Companion Guides.

Reporting States

This Guide covers further clarification to Providers and TPs reporting claims to WellCare and providing services in the following states;

Medicaid Sate Companion Guide:	Companion Guide Release Date	
• Florida – FL	Version 9.6	December 22, 2006
• Georgia – GA	Version 2.4	July 20, 2007
• Ohio – OH	Version 7	June 2007
• Illinois – IL	HFS 302 (1)	April 2006
• Louisiana – LA	Version 1.3	June 17, 2004
• New York – NY	Version 3.0	May 08, 2007
• Missouri – MO	N/A	N/A
• Texas – TX	N/A	June 1, 2003

Reporting States Notes:

Missouri Notes:

• If loop 2400 service dates are not populated, loop 2300 admit and discharge dates are used for the detail line dates of service. If loop 2400 service dates and loop 2300 admit and discharge dates are not populated, zeroes are used for the detail line service dates.

• If submitting the Oxygen and Respiratory Equipment Medical Justification (OREMJ) documentation make sure that the "Home Oxygen Therapy Information" (CR5) data is, at a minimum, on the first applicable procedure, as well as any corresponding dates, testing laboratory information (2420C) or form identification information (2440). Up to six procedures are stored with the attachment, when applicable.

Illinois Transportation Notes:

The following is a description of the workaround for transportation information to be used until specific loop segments will be made available (most likely in Version 4050), or until it becomes available in an electronic attachment:

For transportation claims, emergency and non-emergency trips, the State code where the Vehicle License Number was issued, the Vehicle License Number, and the Origin and Destination Name and Address must be reported in Loop 2300, Claim Note, NTE02 element. The information contained in this field will apply to all service sections unless overridden in the 2400 Loop.

NTE01: Value "ADD"
NTE02: State or Province Code, Vehicle License Number, Origin Time, Destination Time, Origin Address (including street, city, state and zip code), Destination Address (including street, city, state and zip code)

 Example:
NTE*ADD* IL,12345678,1155,1220,1301 N OAKDAL, SPRIN IL 62703,409 S OAKDAL, SPRIN IL 62703~

The combined length of the note must not exceed **80** characters, including the "commas", and must follow these formats:
A. Each field must be separated with a comma.

B. The street address field must contain up to 13 characters of the street address, beginning with the address number. For example, the street address of 201 South Grand Avenue would be reported as "201 S GRAND A".

C. The city, state, zip field must contain up to 14 characters codes with up to five characters of the city, followed by one space, followed by the two character state designation, followed by one space, followed by the 5-digit zip code. For example, Chicago, Illinois 60606 would be reported as "CHICA IL 60606" and Ava, Illinois 63777 as "AVA IL 63777".

The preferred length for each field is listed below:
Length Description
2   State or Province Code (Use Code source 22: States and Outlying Areas of the U.S.
8   Vehicle License Number
4   Origin Time
        Time expressed in 24-hour clock time as follows: HHMM, where H = hours (00-23), M = minutes (00-59)
4   Destination Time
        Time expressed in 24-hour clock time as follows: HHMM, where H = hours (00-23), M = minutes (00-59)
13   Origin Address – Street
14   Origin Address – City State and Zip Code
13   Destination Address Street
14   Destination Address – City State and Zip Code

NOTE: The State or Province Code, Origin Time and Destination Time fields **must** contain the preferred length per field as listed above.

Transportation Modifiers – Emergency Transportation Claims

Place Codes for origin and destination will be reported using Procedure Modifiers, and they will be reported with each procedure code billed. The one-digit modifiers are combined to form a two-digit modifier that identifies the transportation provider's place of origin with the first digit, and the destination with the second digit. Values of these Modifiers are:

Modifier	Description
D	Diagnostic or therapeutic site, other than P or H when used as an origin code
E	Residential facility
H	Hospital
N	Skilled nursing facility
P	Physician's office
R	Residence
S	Scene of accident or acute event
X	Destination code only, intermediate stop at physician's office on the way to the hospital.

For example, if the patient is transported from his home ("R") to a physician's office ("P"), the modifier will be "RP".

Transportation Modifiers – Non-Emergency Transportation Claims

Place Codes for origin and destination will be reported using Procedure Modifiers, and they will be reported with each procedure code billed. The one-digit modifiers are combined to form a two-digit modifier that identifies the transportation provider's place of origin with the first digit, and the destination with the second digit.

Non-emergency transportation claims must contain HIPAA compliant modifiers. This will require the provider to map the HFS proprietary codes to the HIPAA codes accepted by HFS as shown below. The allowable values of these Modifiers for Illinois Medicaid are:

HFS Proprietary Code	HIPAA Modifier Accepted by HFS	Description
E F G	D	Diagnostic or therapeutic site, other than P or H
B C	H	Hospital
A	P	Physician's office
H I K	R	Residence

For example, if the patient is transported from his home ("K") to a physician's office ("A"), the "K" will be changed to an "R" and the "A" changed to a "P", so the modifier reported on the 837P will be "RP".

NOTE: Continue to report HFS's proprietary codes ("KA" in this example) on paper claims.

GENERAL INFORMATION

Valid Provider Identifiers

All Submitters are required to use the National Provider Identification (NPI) numbers that is now required in the ANSI ASC X12N 837 as per the 837 Professional (004010X098A1) Implementation Guide for all appropriate loops.

HIPAA Standard Electronic Claims – 837 Professional, Institutional, and Dental Claims			
Provider submits a transaction with…	Dual Receipt Period (Now through 05/22/07)	Contingency Period (05/23/07 – 05/22/08)	Full Implementation (Post 05/23/08) (A notification will be sent 60 days before requiring the use of NPI only on transactions)
Legacy ID Only (Provider License# or Medicare ID)	Accept Transaction	Accept Transaction	Reject Transaction
NPI & Legacy ID (Provider License# or Medicare ID)	Accept Transaction (Dual Receipt)	Accept Transaction (NPI must be in primary loops)	Reject Transaction
NPI Only	Reject (unless testing is completed with EDI area)	Accept Transaction (NPI must be registered with us)	Accept Transaction

WellCare Front-End WEDI Snip Validation

The WellCare Front-End System, utilizing EDIFECS Validation Engine, will be performing **four** levels of WEDI Snip Validation for the State of Florida starting on July 1, 2008 and **three** levels of WEDI Snip Validation for All other States starting on August 1, 2008.

> **WEDI SNIP Levels**
> WEDI SNIP Type 1: EDI Syntax Integrity Testing
> WEDI SNIP Type 2: HIPAA Syntactical Requirement Testing
> WEDI SNIP Type 3: Balancing
> WEDI SNIP Type 4: Situational Testing

Coordination of Benefits (COB)

All Submitters that adjudicate claims for WellCare HMO or have COB information from other payers are required to send in all the Coordination of Benefits and Adjudication Loops as per the 837 Professional (004010X098A1) Implementation Guide as per Coordination of Benefits Section 1.4.2.

Drug Identification

All Submitters that are sending in Claims that have Drug Procedure codes are required to complete the 2410 Drug Identification Loop(s) as per the 837 Professional (004010X098A1) Implementation Guide .

Electronic Submission

Professional service claims submitted using the ANSI ASC X12N 837 format should be separated from all Encounter reporting. When sending Professional service claims WellCare expects the BHT06, Claims Identifier to be set to "**CH**". When reporting Encounters WellCare expects the BHT06 to be set to "**RP**".

Clearinghouse Submitters

Please contact you clearinghouse for the WellCare Payer ID to use for Claim Routing

File Upload for Direct Submitters

EDI files for production should be submitted to the following Secure FTP site https://edi.wellcare.com/human.aspx, using secure File Transfer Protocol; See section FTP Process

Submission Frequency

We process files 24 by 7.

File Size Requirements

The following list outlines the file sizes by transaction type:

Transaction Type	Testing Purposes	Production Purposes
837 formats – claims/encounters	50-100 claims	< 5000 claims per ST/SE

FTP PROCESS

Secure File Transfer Protocol

MOVEit® is WellCare's preferred file transfer method of transferring electronic transactions over the Internet. It has the FTP option or online web interface.

Secure File Transfer Protocol (SFTP) is specifically designed to handle large files and sensitive data. WellCare's utilizes Secure Sockets Layer (SSL) technology, the standard internet security and SFTP ensures unreadable data transmissions over the Internet without a proper digital certificate.

- Registered users are assigned a secure mailbox where all reports are posted. Upon enrollment, they will receive a login and password.

In order to send files to WellCare submitters need to have an FTP client that supports AUTH SSL encryption.

The AUTH command allows WellCare to specify the authentication mechanism name to be used for securing the FTP session. Sample FTP client examples are:

- WS_FTP PRO® (The commercial version supports automation and scripting)
  - WS_FTP PRO® has instructions on how to connect to a WS_FTP Server using SSL.
- Core FTP Lite® (The free version supports manual transfers)
  - Core FTP Lite® has instructions on how to connect to a WS_FTP Server. Additionally, WellCare can provide setup assistance.

FILE TEST PROCESS

WellCare will accept test files on a case-by-case basis. Notify the Testing Coordinator of your intent to test and to schedule accordingly.

IF YOU DO NOT NOTIFY WELLCARE OF YOUR INTENT TO TEST, YOUR CLAIM SUBMISSION MAY BE OVERLOOKED.

Testing

1. Create test files in the ANSI ASC X12N 837P format.

    - Files should include all types of provider claims.
    - Batch files by 837P type of claim and group by month.
    - Set Header Loops for Test:
        o   Header ISA15 to "**T**"
        o   Header BHT06 use "**CH**" in the Header for claims
        o   Header BHT06 use "**RP**" in the Header for encounters

2. Name each batch file according to the File Naming Standards listed below:

    - Your company Identifier short name must be 5 charters (Example: CMPNM)
    - 837TEST
    - Date test file is submitted to WellCare (CCYYMMDDHHMM)
    - Last byte equaling file type **P** = professional services
      Example: CMPNM _837TEST_200509011525**P**

3. Transmit your **TEST** files to the WellCare SFTP site: https://edi.wellcare.com or submitted through your Clearinghouse.

4. Email a copy of the file Upload Response and your file name to the EDI Coordinator (See contact roster)

Production

After the Provider or TPs are production ready WellCare will accept ANSI ASC X12N 837P format and process batch files daily. Files must have the appropriate PRODUCTION identifiers as listed in the 837P Mapping Documents.

Naming Standards: WellCare uses the file name to help track each batch file from the drop off site through the end processing into WellCare's data warehouse.

1. Claim Header information for Production and Encounters ID's:

    - Set Header Loops for Production:
        o Header ISA15 to "**P**"
        o Header BHT06 use "**CH**" in the Header for claims
        o Header BHT06 use "**RP**" in the Header for encounters

2. Name each batch file according to the File Naming Standards listed below:

    - Your company Identifier short name must be 5 charters (Example: CMPNM)
    - 837PROD
    - Date production file is submitted to WellCare (CCYYMMDDHHMM)
    - Last byte equaling file type **P** = professional services
    - **Example**: CMPNM _837PROD_200509011525**P**

3. WellCare recommends the use of EDIFECS or CLAREDI for SNIP Level 1 through 6 for integrity testing prior to uploading your production files.

4. Transmit your Production files to WellCare through the SFTP site or through your clearinghouse. For direct submitters see FTP Process section.

5. After the file has passed through WellCare's Enterprise Systems validation process, (includes business edits), the electronic ANSI ASC X12N 997 (Functional Acknowledgement) outlining file acceptance/rejection will be posted to the SFTP site within 24 hours. See the 837 IG for additional information about the response coding and Attachment C in this Guide for examples.

6. If the file is unreadable then trading partner will be notified by a WellCare third party coordinator via email.

DESIGNATOR DESCRIPTION

M- Mandatory - The designation of mandatory is absolute in the sense that there is no dependency on other data elements. This designation may apply to either simple data elements or composite data structures. If the designation applies to a composite data structure then at least one value of a component data element in that composite data structure shall be included in the data segment.

R- Required - At least one of the elements specified in the condition must be present.

S – Situational - If a Segment or Field is marked as "Situational", it is only sent if the data condition stated applies.

FURTHER CLAIM FIELD DESCRIPTION

Refer to the IG for the initial mapping information. The grid below further clarifies additional information WellCare requires.

Interchange Control Header:

Pos	Id	Segment Name	Req	Max Use	Repeat	Notes
	ISA06	Interchange Sender ID	M	1		For Direct submitters Unique ID assigned by WellCare. Example: 123456 followed by spaces to complete the15-digit element
	ISA08	Interchange Receiver ID	M	1		For Clearinghouse submitters please use ID as per the clearinghouse For Direct submitters Use "**WELLCARE**" **Note:** Please make sure the Receiver ID is **left justified** with **trailing spaces** for a total of 15 characters. Do not use leading ZEROS. For Clearinghouse submitters please use ID as per the clearinghouse.

Functional Group Header:

Pos	Id	Segment Name	Req	Max Use	Repeat	Notes
	GS02	Senders Code	M	1		For Direct submitters Use your existing WellCare Submitter ID **or** the trading partner ID provided during the enrollment process. For Clearinghouse submitters please use ID as per the clearinghouse
	GS03	Receivers Code	M	1		For Direct submitters Use WC ID "**WELLCARE**" For Clearinghouse submitters please use ID as per the clearinghouse

Header:

Pos	Id	Segment Name	Req	Max Use	Repeat	Notes
010	**BHT06**	Claim/Encounter Identifier	R	1		Use value the value of "**CH**" or "**RP**"
LOOP ID - 1000A – Submitter Name					**1**	
020	**NM109**	Submitter Identifier	R			For Direct Submitters Submitter's "**ETIN**" i.e., Use the WellCare Submitter ID or6-digit trading partner ID assigned during the EDI enrollment process. For Clearinghouse submitters please use ID as per the clearinghouse
LOOP ID - 1000B – Receiver Name					**1**	
020	**NM103**	Receiver Name	R	1		For Direct Submitters Use value "**WELLCARE HEALTH PLANS, INC**" (i.e., WellCare Health Plans of Georgia WellCare Health Plans of New York) For Clearinghouse submitters please use ID as per the clearinghouse
020	**NM109**	Receiver Primary ID	R	1		For Direct Use the value of Payer IID For Clearinghouse submitters please use ID as per the clearinghouse

Detail:

Pos	Id	Segment Name	Req	Max Use	Repeat	Notes
LOOP ID - 2000A – Billing/Pay-To Provider Hierarchical Level					**>1**	
003	**PRV03**	Billing/Pay-To Provider Specialty Information	S	1		**State Note:** **IL**, **NY, GA** submitters are required to Use the value of "**BI**" = Billing or "**PT**" Pay-To Provider in the "**PRV01**" and the Taxonomy Code in the "**PRV03**". **MO** Submitters are required to Use the value of "**BI**" = Billing or "**PT**" Pay-To Provider in the "**PRV01**" and the Taxonomy Code in the "**PRV03** if submitter has multiple MO HealthNet Legacy Provider ID's
LOOP ID - 2010AA – Billing Provider Name					**1**	
015	**NM108**	Provider Primary Type	R	1		Must have value of "**XX**".
015	**NM109**	Billing Provider ID	R	1		Must have NPI.
035	**REF01**	Reference Identification Qualifier	R	8		**All States:** All submitters are required to use the value of "**EI**".
035	**REF02**	Billing Provider Additional Identifier	R	8		**All States:** All submitters are required to send in their "**TAX ID**".
LOOP ID - 2010AB – Pay to Provider's Name					**1**	
015	**NM108**	Provider Primary Type	S-R	1		Must have the value of "**XX**"
015	**NM109**	Pay to Provider's Identifier	R	1		Must have NPI.
035	**REF01**	Reference Identification Qualifier	S-R	8		**All States** All submitters are required to use the Use the value of "**EI**".
035	**REF02**	Billing Provider Additional Identifier	R	8		**All States:** All submitters are required to send in their "TAX ID".
LOOP ID - 2000B – Subscriber Hierarchical Level					**>1**	
005	**SBR01**	Payer Responsibility Sequence Number Code	R	1		Use the value of "**P**" if WellCare is the primary payer.
005	**SBR09**	Claim Filing Indicator Code		1		Value equal to Medicaid or

16

Medicare filing.

007	**PAT09**	Pregnancy Indicator	S			Use indicator of "**Y**" if subscriber is pregnant.
LOOP ID - 2010BA — Subscriber Name					**1**	
015	**NM108**	Subscriber Primary Identification code Qualifier	S-R			Use the value "**MI**".
015	**NM109**	Subscriber Primary Identifier				Subscriber Medicaid/Medicare ID,
032	**DMG01**	Subscriber Demographic Information	S-R	1		Required when Loop ID-2000B, SBR02 = "**18**" (self).
LOOP ID - 2010BB — Payer Name					**1**	
015	**NM108**	Identification code Qualifier				Use value "**PI**".
015	**NM109**	Identification code				Use value Payer ID
LOOP ID - 2300 — Claim information					**100**	
135	**DTP**	Initial Treatment Dates	S-R	1		Required for all states
175	**AMT02**	Patient Amount Paid	S-R	1		**State Note:** **LA** Submitters are required to report the value "**F5**" in the **AMT01** and amount in **AMT02**.
180	**REF02**	Prior Authorization Number	S-R	2		**State Note:** **GA, LA** Submitters are required to submit the "**G1**" in the **REF01** and Auth Number in the **REF02**.
180	**REF02**	Referral Number	S-R	2		**State Note:** **GA, LA** Submitters are required to submit the "**9F**" in the **REF01** and Referral Number in the **REF02**.
190	**NTE01**	Note Reference Code	S-R	20		**All States:** For **MAS** procedure codes use "**ADD**" in the **NTE01** **State Note:** **MO** Optical Submitters are required to send in "**ADD**" in the **NTE01**. **OH** Medicaid Co-Payments exclusions – Send in "**ADD**" in the **NTE01** **NY** Report Abortion and Sterilization related Services – Send in "**ADD**" in the **NTE01**
190	**NTE02**	Description	S-R			**All States:** For **MAS** procedure codes see CMS documentation. **State Note:** **MO** Optical Submitters are required to send optical notations. **OH** When Medicaid co-payment exclusion applies, the 10 character code (see below) must be the first item in the **NTE02.** There must always be a singe space between the word COPAY and the fourth character exclusion Code. • COPAY EMER (Emergency) • COPAY HSPC (Hospice) • COPAY PREG (Pregnancy) **NY** NYSDOH requires abortion or

sterilization condition codes (see below) to be reported here for all abortion or sterilization related services, if applicable to all service lines in the claim.

- **AB** Abortion performed due to incest
- **AC** Abortion due to serious fetal defect or serious deformity or abnormality
- **AD** Abortion due to life endangering physical condition caused by or arising from pregnancy
- **AE** Abortion due to life endangering
- **AF** Abortion due to emotional/physiological health of mother
- **AG** Abortion due to social or economic reasons
- **AH** Elective Abortion
- **AI** Sterilization

		LOOP ID – 2310A – Referring Provider Name		**1**		
255	**PRV03**	Taxonomy Code	S-R	1		**State Note:** **MO** Submitters are required to send in the Taxonomy Codes if submitter has multiple MO HealthNet Legacy Provider ID's

		LOOP ID - 2310B – Rendering Provider Name		**1**		
250	**NM108**	Rendering Provider Name	S-R	1		Must have value of "**XX**".
015	**NM109**	Billing Provider ID	R	1		Must have NPI.
255	**PRV03**	Taxonomy Code	S-R	1		**State Note:** **CT IN LA** Submitters are required to send in the Taxonomy Codes **MO** Submitters are required to send in the Taxonomy Codes if submitter has multiple MO HealthNet Legacy Provider ID's
128	**REF01**	Reference Identification Qualifier	S	5		**All States** Only Tax ID Qualifier (EI) can be sent known
271	**REF02**	Rendering Provider Secondary Identification	S	5		**All States:** Only Tax ID can be sent if known

		LOOP ID – 2420A – Rendering Provider Name		**1**		
255	**PRV03**	Taxonomy Code	S-R	1		**State Note:** **MO** Submitters are required to send in the Taxonomy Codes if submitter has multiple MO HealthNet Legacy Provider ID's

		LOOP ID – 2420F – Referring Provider Name		**1**		
255	**PRV03**	Taxonomy Code	S-R	1		**State Note:** **MO** Submitters are required to send in the Taxonomy Codes if submitter has multiple MO HealthNet Legacy Provider ID's

ATTACHMENT A

Glossary

Term	Definition
HIPAA	In 1996, Congress passed into federal law the Health Insurance Portability and Accountability Act (HIPAA) in order to improve the efficiency and effectiveness of the entire health care system. The provisions of HIPAA, which apply to health plans, healthcare providers, and healthcare clearinghouses, cover many areas of concern including, preventing fraud and abuse, preventing pre-existing condition exclusions in health care coverage, protecting patients' rights through privacy and security guidelines and mandating the use of a national standard for EDI transactions and code sets.
SSL (Secure Sockets Layer)	SSL is a commonly used protocol for managing the security of a message transmission through the Internet. SSL uses a program layer located between the HTTP and TCP layers. The "sockets" part of the term refers to the sockets method of passing data back and forth between a client and a server program in a network or between program layers in the same computer. SSL uses the public-and-private key encryption system from RSA, which also includes the use of a digital certificate.
Secure FTP (SFTP)	Secure FTP, as the name suggests, involves a number of optional security enhancements such as encrypting the payload or including message digests to validate the integrity of the transported files to name two examples. Secure FTP uses Port 21 and other Ports, including SSL.
AUTH SSL	AUTH SSL is the explicit means of implementing secure communications as defined in RFC 2228. AUTH SSL provides a secure means of transmitting files when used in conjunction with an FTP server and client that both support AUTH SSL.
Required Segment	A required segment is a segment mandated by HIPAA as mandatory for exchange between trading partners.
Situational Segment	A situational segment is a segment mandated by HIPAA as optional for exchange between trading partners.
Required Data Element	A mandatory data element is one that must be transmitted between trading partners with valid data.
Situational Data Element	A situational data element may be transmitted if data is available. If another data element in the same segment exists and follows the current element the character used for missing data should be entered.
N/U (Not Used)	An N/U (Not Used) data element included in the shaded areas if the Implementation Guide is NOT USED according to the standard and no attempt should be made to include these in transmissions.
ATTENDING PROVIDER	The primary individual provider who attended to the client/member during an in-patient hospital stay. Must be identified in 837I, Loop 2310A, REF02 Segment, by their assigned Medicaid/Medicare ID number assigned by State to the individual provider while the client was in-patient.

Term	Definition
BILLING PROVIDER	The Billing Provider entity may be a health care provider, a billing service, or some other representative of the provider.
IMPLEMENTATION GUIDE (IG)	Instructions for developing the standard ANSI ASC X12N Health Care Claim 837 transaction sets. The Implementation Guides are available from the Washington Publishing Company.
PAY-TO-PROVIDER	This entity may be a medical group, clinic, hospital, other institution, or the individual provider who rendered the service.
REFERRING PROVIDER	Identifies the individual provider who referred the client or prescribed Ancillary services/items such as Lab, Radiology and Durable Medical Equipment (DME). Report this provider in Loop 2310A, REF02 Segment using the Medicaid/Medicare ID number assigned by State to the referring provider.
RENDERING PROVIDER	The primary individual provider who attended to the client/member. They must be identified in 83P, Loop 2310B, REF02 Segment, use the Medicaid/Medicare ID number assigned by State to the individual provider while the client was in active status.
TRADING PARTNERS (TPs)	Includes all of the following; payers, switch vendors, software vendors, providers, billing agents, clearinghouses
DATE FORMAT	All dates are eight (8) character dates in the format CCYYMMDD. The only date data element that varies from the above standard is the Interchange Date data element located in the ISA segment. The Interchange Data date element is a six (6) character date in the YYMMDD format.
DELIMITERS	A delimiter is a character used to separate two (2) data elements or sub-elements, or to terminate a segment. Delimiters are specified in the interchange header segment, ISA The ISA segment is a 105 byte fixed length record. The data element separator is byte number 4; the component element separator is byte number 105; and the segment terminator is the byte that immediately follows the component element separator. Once specified in the interchange header, delimiters are not to be used in a data element value elsewhere in the transaction. The following characters are used as data delimiters for all transaction segments:

CHARACTER	PURPOSE
* Asterisk	Data Element Separator
: COLON	Sub-Element Separator
~ Tilde	Segment Terminator

ATTACHMENT B

File Example

ISA*00*   *00*
*ZZ*123456789012345*ZZ*123456789012346*020502*1758*U*00401*001000019*0*T*:
GS*HC*1234567890*1234567890*20020502*1758*20019*X*004010X098A1~
ST*837*872501~
BHT*0019*00*0125*19970411*1524**CH**~
REF*87*004010X098~
NM1*41*2*FERMANN HAND & FOOT CLINIC*****46*591PD123~
PER*IC*JAN FOOT*TE*8156667777~
NM1*40*2*HEISMAN INSURANCE COMPANY*****46*555667777~
HL*1**20*1~NM1*85*2*FERMANN HAND & FOOT CLINIC*****XX*591PD123~
N3*10 1/2 SHOEMAKER STREET~
N4*COBBLER*CA*99997~
REF*EI*579999999~HL*2*1*22*1~
SBR*P********AM~
NM1*IL*1*HOWLING*HAL****MI*B99977791G~
NM1*PR*2*HEISMAN INSURANCE COMPANY*****XV*999888777~
N3*1 TROPHY LANE~
N4*NYAC*NY*10032~HL*3*2*23*0~
PAT*41~
NM1*QC*1*DIMPSON*DJ****34*567324788~
N3*32 BUFFALO RUN~
N4*ROCKING HORSE*CA*99666~
DMG*D8*19480601*M~
REF*Y4*32323232~
CLM*900000032*185***11::1*Y*A*Y*Y*B*AA~
DTP*439*D8*19940617~
HI*BK:8842~
NM1*82*1*MOGLIE*BRUNO****XX*687AB861~
PRV*PE*ZZ*203BE004Y~
NM1*77*2*FERMANN HAND & FOOT CLINIC*****XX*591PD123~
N3*10 1/2 SHOEMAKER STREET~
N4*COBBLER*CA*99997~
LX*1~SV1*HC:99201*150*UN*1***1**Y~
DTP*472*D8*19940620~
LX*2~SV1*HC:26010*35*UN*1***1**Y~
DTP*472*D8*19940620~
SE*39*872501~
GE*1*20019
IEA*1*001000019

ATTACHMENT C

997 Interpretation

The examples below show an accepted and a rejected X12 N 997. On the WellCare sftp site in the respective Provider directory the X12N 997 files, when opened, will display as one complete string without carriage returns or line feeds.

Accepted 997

ISA*00* *00*5265 *ZZ*100000 *ZZ*100008
*050923*1126*U*00401*000000166*1*T*~
GS*FA*77046*100008*20031023*112600*1660001
*X*004010X098A1~
ST*997*0001~
AK1*HC*19990000~
AK2*837*TEST~
AK5*A~
AK9*A*1*1*1~
SE*6*0001~
GE*1*1660001~
IEA*1*000000166~

Rejected 997

ISA*00* *00*5264 *ZZ*100000 *ZZ*100008
*050923*1124*U*00401*000000165*1*T*~
GS*FA*77046*100008*20031023*112400*1650001
*X*004010X098A1~
ST*997*0001~
AK1*HC*19990000~
AK2*837*TEST~
AK5*R*7~
AK9*R*1*1*
0~
SE*6*0001~
GE*1*1650001~
IEA*1*000000165~

Partial 997

ISA*00* *00* *ZZ*WELLCARE *ZZ*391933153
*080121*1329*U*00401*000000007*0*P*:~
GS*FA*WELLCARE*391933153001*20080121*1329*7*X*004010X097A1~
ST*997*0005~
AK1*HC*1~
AK2*837*0001~
AK3*NM1*164396**8~
AK4*9**1~
AK5*R*5~
AK2*837*0002~
AK5*A~

AK9*E*2*2*1~
SE*10*0005~
GE*1*7~
IEA*1*000000007~