

Making a Difference

El Paso First believes in making a
difference in the community by
providing the best health care possible...
by giving the best service...
by caring about our community...
by working with - and for - you!



Enrollment Package

ELECTRONIC BILLING PROVIDER

And

Companion Guide

HIPAA Implementation Guide for

837 Health Care Claim: Professional

R = Required **N = Not Used** **S = Situational based on conditions spelled out in X12 implementation guide or in this requirement guide**

EL PASO FIRST

healthplans, inc.

Electronic Billing Submitter Enrollment Form

PROVIDER INFORMATION

Business Name:

Billing Address:

City, State, Zip:

Federal Tax ID #:

Contacts:

Phone: ()

Email:

Service Location (1)

Group TPI#

Address:

City, State, Zip:

Phone Number: ()

Fax Number: ()

Provider Name: (First Last, Title)	Individual TPI #	NPI#

Service Location (2)

Group TPI#

Address:

City, State, Zip:

Phone Number: ()

Fax Number: ()

Provider Name: (First Last, Title)	Individual TPI #	NPI#

(Please include the provider's specialty.)

PLAN INFORMATION: Please check the claim type you plan to bill electronically

- Medicaid- El Paso First Premier Plan (STAR HMO)
- El Paso First - CHIP
- Preferred Administrators – TPA
- Health Care Options (HCO)

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CLEARING HOUSE INFORMATION

Clearinghouse: _____ **Phone Number:** () _____
(Vendor Name)
Billing Submitter No. _____

Software: _____ **Phone Number:** () _____
(Vendor Name)
ANSI 4010A1: ____ **Prof** ____ **Inst**

NOTE: This Enrollment Form may not be processed unless you have the provider information listed above. Please fax the form to El Paso First Health Plans (915) 298-7867 to start your enrollment process.

El Paso First Health Plan Use Only:

PROVIDER INFORMATION

Business Name:

PLAN INFORMATION (Unique ID):

El Paso First (STAR HMO) #

El Paso First – CHIP #

Preferred Administrators – TPA #

HealthCARE Options (HCO)

PRODUCTION APPROVAL:

BY:

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PROVIDER INSTRUCTION SHEET

In order to make the billing process more convenient for all participating providers, El Paso First has signed an agreement for services with AVAILITY.

AVAILITY is an electronic claims and information network (also known as a **clearing house**) available to all providers and their billing agents in the El Paso healthcare community. AVAILITY is a central clearing house enabling physicians, hospitals and ancillary providers to file patient claims electronically to El Paso First. Filing electronic claims directly to AVAILITY will allow you to reduce administrative costs, accelerate claims payment, increase accuracy and simplify daily administration.

El Paso First has provided you with a Payer ID Grid that AVAILITY will be publishing. If you are using another clearinghouse other than AVAILITY your clearinghouse center should provide you with their Payer ID numbers and they will direct all claims through AVAILITY to El Paso First.

Please fill out the attached enrollment form and fax to the **Provider Care Unit at 298-7867** to begin the process of your EDI enrollment. Following the submission of your enrollment form you may proceed with your first file. Should you have submission issues, it is recommended you contact your clearinghouse first, and then El Paso First to assist you with any claims submissions. You may contact our PCU TEAM at 532-3778 ext: 1504.

To start your testing please follow the following steps: (Recommendations for a clean testing process)

- It is important to make sure the six payer ID's have been entered into your computer system. Payer ID # may be located on page 17 of manual.
- It is important to provide a "good, clean" 837 4010A1 test file that meets all HIPAA specifications guidelines.
- It is required to provide a unique identification number for submission of all claims. (Please note Loop 2310B) (TIN# or NPI)
 - If the NPI # is submitted in Loop 2310B field NM109 a secondary ID number is not required.
 - If the TIN# is submitted in Loop 2310B field NM109 a secondary ID number must be sent at the REF segment. Example Secondary ID # can be (TPI).
- It is required to follow all HIPAA 837 required guidelines.
- It is required to provide the proper Taxonomy Identification Numbers per specialty. To accommodate our providers we are only requiring the Header Taxonomy number to be reported. A list of all header taxonomy numbers has been provided or you may obtain the Taxonomy numbers at:

Washington Publishing Company

Publishes X12 Implementation Guides and offers training on EDI standards, etc.

[://www.wpc-edi](http://www.wpc-edi).

- It is important to follow the HIPAA Subscriber/Insured specifications. Please review loop specification 2000B & 2010BA. Include in this document.

This document is to assist trading partners in clarifying El Paso First Health Plans specified values in order to facilitate implementation of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

HIPAA directed the Secretary to adopt standards for each transaction. These standards enable health information to be exchanged electronically and adopt specifications for implementing each transaction. HIPAA Implementation Guides were published for this purpose and should be used by all affected legal entities.

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This technical supplement is designed to assist those who send Professional Health Care Claim using the 837P format.

For providers who service CHIP, and STAR members, continue to use the Medicaid guidelines for claims processing specifications.

Please NOTE AVAILITY will reject any claims that have not provided proper Rendering Provider Taxonomy Numbers, Rendering Providers Unique Identifiers.

Once the testing process is complete, El Paso First will then notify your office on the exact date electronic claims processing may begin. If you have any questions, feel free to contact:

EDI Development Department at:
(915) 532-3778 ext. 1504 Local
(877) 532-3778 ext. 1504 Out of Area

<i>AVAILITY PAYER ID #</i>	
Payer Name	Payer ID #
Medicaid-TX Premier Plan	EPF02
El Paso First- CHIP	EPF03
Preferred Administrators-TPA	EPF10
HealthCare Options	EPF37

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Health Care Provider Taxonomy

Washington Publishing Company

Publishes X12 Implementation Guides and offers training on EDI standards, etc.

[://www.wpc-edi](http://www.wpc-edi)

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Preferred Administrators (TPA) Subscriber/Insured Loop Specifications

Loop: 2000B	Required: R	Loop Repeat: 1
Segment: SBR		
Repeat: 1		
Name: Subscriber Information Example: SBR*P*18*1234*CHIP*****HM~		

Element	Data Element	Name	Required X12	Required EPFirst	Expected Values
SBR01	1138	Payer Responsibility Sequence Number Code	R	R	'P' – Primary 'S' – Secondary 'T' – Tertiary
SBR02	1069	Relationship Code	S	R	Required when Subscriber same as Patient use '18' – Self. See Note A
SBR03	127	Group or Policy Number	S	S	See Note B
SBR04	93	Group or Policy Name	S	S	See Note C
SBR05	1336	Insurance Type	S	S	See Code List in X12 Implementation Guide
SBR06	1143	Coordination of Benefits Code	N	N	NOT USED
SBR07	1073	Yes/No Condition or Response Code	N	N	NOT USED
SBR08	584	Employment Status Code	N	N	NOT USED
SBR09	1032	Claim Filling Indicator Code	S	S	See Code List in X12 Implementation Guide

Notes for Segment SBR:

- A) **SBR02** – EPFirst expects '18' – self. At this moment all patients are enrolled as self in EPFirst.
- B) **SBR03** – EPFirst recommends using the group number listed on the EPFirst Insurance ID card for commercial plans or the Plan number if known.
- C) **SBR04** – EPFirst recommends using the group name listed on the EPFirst Insurance ID card for commercial plans or the Plan name if known.

Loop: 2010BA	Required: R	Loop Repeat: 1
Segment: NM1		
Repeat: 1		
Name: Subscriber Name Example: NM1*IL*1*DOE*JOHN*T**JR*MI*123456789~		

Element	Data Element	Name	Required X12	Required EPFirst	Expected Values
NM101	98	Entity Identifier Code	R	R	'IL' – Insured or Subscriber
NM102	1065	Entity Type Qualifier	R	R	'1' – Person '2' – Non-Person
NM103	1035	Last Name /Organization	R	R	If NM102 = '1' then Last Name or If NM102 = '2' then Organization Name
NM104	1036	First Name	S	S	Use if NM102 = '1' for Person
NM105	1037	Middle Name	S	S	Use if NM102 = '1' for Person
NM106	1038	Name Prefix	N	N	NOT USED
NM107	1039	Name Suffix	S	S	
NM108	66	Identification Code Qualifier	R	R	'MI' – Member Identification Number
NM109	67	Identification Code	R	R	See Note A
NM110	706	Entity Relationship Code	N	N	NOT USED
NM111	98	Entity Identifier Code	N	N	NOT USED

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Notes for Segment REF:

- A) **REF02** – EPFirst supports many types of Provider IDs. Please provide as many as possible. ‘G2’ should be used to indicate a EPFirst specific Provider ID supplied to you by EPFirst (TPI number). Use ‘1G’ in REF01 to indicate a UPIN number or ‘SY’ to indicate a Social Security Number.

Loop: 2010BA		Required: S			
Segment: REF					
Repeat: up to 4					
Name: Subscriber Secondary Identification		Example: REF*SY*123456789~			
Element	Data Element	Name	Required X12	Required EPFirst	Expected Values
REF01	128	Reference Identification Qualifier	R	R	‘SY’ – Social Security Number
REF02	127	Supplemental Subscriber Identifier	R	R	See Note A
REF03	352	Description	N	N	NOT USED
REF04	C040	Reference Identifier	N	N	NOT USED

Notes for Segment REF:

- A) **REF02** – If a social security number was not supplied in loop 2010BA NM1 segment in element NM109, please use ‘SY’ in REF01 and then supply the social security number of the subscriber in REF02.

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