FedBizOpps

Amendment to a Previous Combined Solicitation

CLASSIFICATION CODE

\*

SUBJECT

\*

CONTRACTING OFFICE'S

\*

ZIP-CODE

SOLICITATION NUMBER

\*

BASE NOTICE TYPE

RESPONSE DATE (MM-DD-YYYY)

ARCHIVE

DAYS AFTER THE RESPONSE DATE

RECOVERY ACT FUNDS

SET-ASIDE

NAICS CODE

\*

CONTRACTING OFFICE

ADDRESS

POINT OF CONTACT

\*

(POC Information Automatically Filled from

User Profile Unless Entered)

DESCRIPTION

\*

See Attachment

AGENCY'S URL

URL DESCRIPTION

AGENCY CONTACT'S EMAIL

ADDRESS

EMAIL DESCRIPTION

ADDRESS

POSTAL CODE

COUNTRY

ADDITIONAL INFORMATION

GENERAL INFORMATION

PLACE OF PERFORMANCE

\* = Required Field

FedBizOpps Amendment to a

Previous Combined Solicitation

Rev. March 2010

R

Chief Business Office (CBO) Revenue Operation (RO)

Revenue Transaction Processing

Q&A's and PWS/QASP Update

80209

VA741-14-R-0171

COMBINE

07-28-2014

90

N

518210

Department of Veterans Affairs

Health Administration Center

3773 Cherry Creek Drive North

Ste 875 E

Denver CO 80209

Erica A Blake

Contracting Officer

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5. PROJECT NO.

CODE

7. ADMINISTERED BY

2. AMENDMENT/MODIFICATION NO.

CODE

6. ISSUED BY

8. NAME AND ADDRESS OF CONTRACTOR

4. REQUISITION/PURCHASE REQ. NO.

3. EFFECTIVE DATE

9A. AMENDMENT OF SOLICITATION NO.

9B. DATED

PAGE

OF PAGES

10A. MODIFICATION OF CONTRACT/ORDER NO.

10B. DATED

BPA NO.

1. CONTRACT ID CODE

FACILITY CODE

CODE

Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods:

The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers

E. IMPORTANT:

is extended,

(a) By completing Items 8 and 15, and returning \_\_\_\_\_\_\_\_\_\_ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the

offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR AC-

KNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY

is not extended.

12. ACCOUNTING AND APPROPRIATION DATA

(REV. 10-83)

is required to sign this document and return \_\_\_\_\_\_\_\_\_\_\_ copies to the issuing office.

is not,

A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.

15C. DATE SIGNED

B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES

SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(b).

RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made

by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour

and date specified.

C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF:

D. OTHER

BY

Contractor

16C. DATE SIGNED

14. DESCRIPTION OF AMENDMENT/MODIFICATION

16B. UNITED STATES OF AMERICA

Except as provided herein, all terms and conditions of the document referenced in Item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect.

15A. NAME AND TITLE OF SIGNER

16A. NAME AND TITLE OF CONTRACTING OFFICER

15B. CONTRACTOR/OFFEROR

STANDARD FORM 30

NSN 7540-01-152-8070

PREVIOUS EDITION NOT USABLE

Prescribed by GSA - FAR (48 CFR) 53.243

(Type or print)

(Type or print)

(Organized by UCF section headings, including solicitation/contract subject matter where feasible.)

(No., street, county, State and ZIP Code)

(If other than Item 6)

(Specify type of modification and authority)

(such as changes in paying office, appropriation date, etc.)

(If required)

(If applicable)

(SEE ITEM 11)

(SEE ITEM 13)

(X)

(X)

13. THIS ITEM APPLIES ONLY TO MODIFICATIONS OF CONTRACTS/ORDERS,

IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.

11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT

(Signature of person authorized to sign)

(Signature of Contracting Officer)

1

127

A00001

07-21-2014

N/A

Department of Veterans Affairs

Health Administration Center

3773 Cherry Creek Drive North

Ste 875 E

Denver CO 80209

Department of Veterans Affairs

Health Administration Center

3773 Cherry Creek Drive North

Ste 875 E

Denver CO 80209

To all Offerors/Bidders

VA741-14-R-0171

X

x

1

x

1

The purpose of this modification is to answer Contractor Questions and update the PWS/QASP. Note: Corrections/updates

to the PWS/QASP are highlighted in yellow. The Solicitation closing date remains 07-28-2014 @ 4:30 PM EST.

\*All Other Terms and Conditions Remain the Same

Erica A Blake

Contracting Officer

PCOE14L3-65147

**DEPARTMENT OF VETERANS AFFAIRS**

**VHA, SAO East Program Contract Office - Denver**

**3773 Cherry Creek North Dr., Suite 875E**

**Denver, CO 80209-3804**

**July 20, 2014**

**CONTRACTOR Q&A’s**

**VA741-14-R-0171**

**Chief Business Office (CBO) Revenue Operation (RO)**

**Revenue Transaction Processing**

**Q&A No 1:**

**Reference:** PWS, #5 Tasks, 5.1

**Discussion:** NCPDP Transactions are typically priced much less than other Real-Time transactions. It is disadvantageous to the VA to combine pricing for NCPDP transactions with other HIPAA ASC X12N real-time transactions.

**Question:** Will VA consider providing a separate pricing section for Pharmacy transactions? If so, pricing should be delineated (as transaction costs vary significantly) as follows:

Standard Pharmacy Transactions: B1, B2, B3, and E1 Card Finder™ Eligibility Checking Solution via the E1 transaction…SCRIPT/e-Prescribing Transactions.

**Answer:** The PWS, Section 5.1 says nothing about pricing. However, to answer question, yes, VHA would like the Offeror to price NCPDP transactions separately. That should be included in the proposal and should not require a separate CLIN.

**Q&A No 2:**

**Reference:** PWS, #5 Tasks, 5.1

**Discussion:** Currently, VA utilizes a web-based version of Card Finder™ to check eligibility for NCPDP transactions. It is recommended that a separate CLIN be used under Pharmacy transactions.

**Question:** If use of the web-based version of Card Finder™ is used during performance of this contract, would the VA consider a separate CLIN for those transactions.

**Answer:** I do not agree the VHA should specify the methodology. The Offeror can use Card Finder technology or any other technology that would accomplish the objective. Do not see the need for additional CLIN.

**Q&A No 3:**

**Reference:** PWS #2 Background, Page 12

**Discussion:** It appears that the Government may have misprinted "Payer for "Provider"

**Question:** Did the Government intend the sentence to read... “As a Health Care Payer or as... As a Health Care Provider”

**Answer:** Provider.

**Q&A No 4:**

**Reference:** PWS # 6.16, Page 14

**Discussion:** The VA uses the term payer when we believe it meant to use "provider

**Question:** Please confirm if PWS paragraph 6.16 refers to Payer or Provider.

**Answer:** PWS Section 6.16 should read “Pursue compliant CCD+ EFTs from their payers, as requested by the provider.” What this means is that the Offeror must pursue CCD+ standard EFT transactions from payer on behalf of the provider VHA.

**Q&A No 5:**

**Reference:** PWS Task 5.2

**Discussion:** Please review and clarify “Provide connectivity to health care payers or their authorized agent, VHA health care payers associated with the Veterans Administration Medical Center (VAMC) Network.”

**Question:** In PWS task 5.2, does the VA mean to provide connectivity to health care payers including the VHA payer programs for CITI claim or simply connect to payers used by VAMCs? **Answer:** No. Simply connect to payers used by VAMC’s

**Q&A No 6:**

**Reference:** PWS, Task 12.4 and Associated Sub-tasks

**Question:** Please clarify this requirement (“Transaction Separation Capability”) and explain when and why transaction separation would be needed and how VA envisions files being separated.

**Answer:** Task 12.4 has been omitted in the PWS and QASP.

**Q&A No 7:**

**Reference:** PWS Task 12.6.3.14 – “Provide staffing that is not outsourced”

**Discussion:** Some functionalities and help desk personnel are outsourced under the current VA contract.

**Question:** Is it the Government's intent that only direct/dedicated support to the VA is not to be outsourced?

**Answer:** It is the intent that dedicated operational support not be outsourced.

**Q&A No 8:**

**Reference:** PWS Task 12.6.3.15

**Discussion:** The Government may have misprinted "Contract" instead of "Contact"

**Question:** Please clarify that in PWS 12.6.3.15 under “Ensure the following services are provided if the Government meant “Contract Information for the Dedicated Help Desk Payers”

**Answer:** Word changed from Contract to Contact.

**Q&A No 9:**

**Reference:** PWS Task 12.10.4 - Present a monthly invoice itemizing number of transactions by payer and transaction types.

**Discussion:** As stated, the information requested would include multiple hundreds of pages of billing detail reports. We believe the Government only intends to receive the invoice as currently listed in the price schedule.

**Question:** Would the Government please clarify that the invoice would only include R/T transactions and Batch Transactions?

**Answer:** Yes. R/T and Batch Transactions has been added.

**Q&A No 10:**

**Reference:** PWS 12a Deliverable Sub-Tasks Specific to this Order

**Discussion:** The current table presents challenges due to the way it is constructed. For example, not every item under the deliverables column is a monthly deliverable. For example: "Establish Reconciliation and Production Protocols". Once this is done, it is not recreated monthly; therefore, it cannot achieve ninety eight percent (98%) establishment each month. Additionally, not all of these items would be included in a report done in word. Many are Excel spreadsheets that if provided in word would become extremely lengthy and contrary to the limitations of paper usage supported by the Government.

**Question:** Would the Government please review and reconsider the types of deliverables, their frequency of reporting and the medium/format of the report.

**Answer:** Noted. The medium/format has been changed to say “Microsoft 2007 or higher form Microsoft Word 2007 or higher.” This is a PWS and the Contractor invoices monthly and is paid monthly; therefore, is expected to meet monthly standards. All documents are electronically uploaded into e-CMS and do not require paper copies. Summary Reports shall be provided to the COR and can be in any Microsoft 2007 version or higher.

**Q&A No 11:**

**Reference:** PWS 14 - Security Requirements, Sub-paragraph 14.3

**Discussion:** The requirements in 14.3 and Sub-tasks relating to negotiating agreements with Commercial system Contractors and secure unlimited use for copyrighted or licensed software to the Government are unclear.

**Question:** Would the Government please clarify item 14.3 and the Sub-paragraphs concerning negotiating agreements with commercial system Contractors and secure unlimited use for copyrighted or licensed software to the Government.

**Answer:** This is to be interpreted in the context of the language in this entire section. If the Contractor intends to use copyright or licensed software in deliverables for these purposes then the Contractor will be responsible for assuring that those vehicles meet the overarching security requirements of the contract as a whole.

**Q&A No 12:**

**Reference:** PWS 14.10 "...Contractor provided software"

**Discussion:** Under the current contract, this software is not provided to each site.

**Question:** Is it the Governments intent to have the Contractor provide their own software to run the extracts?

**Answer:** No.

**Q&A No 13:**

**Reference:** PWS, Item 15 Travel, CLIN B4.7

**Discussion:** Travel costs are listed in the price schedule but the ‘not to exceed’ is 2 trips, three (3) days, one (1) person per year. Trips costs could vary widely depending on location and required number of attendees. Additionally, in PWS 11a it states: Not to exceed two (2) trips lasting no more than three (3) calendar days per trip with one (1) Contract Personnel per trip. This is unrealistic as some trips require more than one (1) person to attend.

**Question:** Please confirm that CLIN B4.7 identifies limitations presented for each person required to travel, including multiple people on one (1) trip, and does not limit the Offeror to one (1) person making two (2) trips per year.

**Answer:** The intent is that limitations are for each person required to travel, including the possibility of more than one (1) person on one (1) trip. In practice it is unlikely that travel will be required at all, but in the event that it is needed it will be reviewed and evaluated on a case by case basis. Overall, travel should be unlikely, not many people and not many trips.

**Q&A No 14:**

**Reference:** Attachment B

**Question:** The wrong information appears to have been provided on Attachment B – these appear to be VA payer volumes, not Revenue Operation Transaction Volumes. Please publish the appropriate volumes.

Answer: Standard language has been provided in attachment B.

**Q&A No 15:**

**Reference:** RFP, E.4, Additional Information, item H

**Question:** If not all twenty (20) pages are used for the Personnel qualification section, can unused pages be applied to the technical section?

**Answer:** There is no requirement to use all pages. Extra pages for should not be construed to encourage inclusion of unnecessary verbiage, but could certainly are used if needed.

**Q&A No 16:**

**Reference**: RFP, E.4, Additional Information, item E

**Discussion**: The Government requires the discussion of "Sub-deliverables" to be discussed within each task. The Government provided a list of Deliverables in PWS 12a; however, there are no Sub-deliverables identified.

**Question:** Will the Government please provide either the source for determining Sub-deliverables, or add a table in the PWS that outline what the Sub-deliverables are?

**Answer:** Deliverables are annotated in PWS section 11 and the Sub-Task Deliverables are annotated in PWS section 12.

**Q&A No 17:**

**Question**: In order to allow for the most complete and thorough response to the Government's RFP that provides a viable solution and lower performance and proposal risk, would the Government consider extending this RFP Submission by two weeks?

Answer: The need date of September 01, 2014 must be met. Therefore, the Solicitation cannot be extended or the need date will not be met.

**Q&A No 18:**

**Reference:** Attachment Q – QCP or QASP

**Discussion:** The Government does not clearly identify when the Offeror is required to submit the quality plan.

**Question:** When is the Offeror required to submit the QCP or QASP (Attachment Q)?

Answer: The QASP is due thirty (30) calendar days after the Contract award date. Section thirty two (32) of the PWS and one (1) of the QASP has been updated.

**Q&A No 19:**

**Reference:** RFP E.4, Additional Information, item D

**Discussion:** The Government asks the Offeror to submit the volumes via email, and then asks us to ensure we clearly separate each Evaluation Factor.

**Question:** Is it the Government's intent for each Factor of each volume to be an independent document (attachment) in the email Submission?

**Answer:** No

**PERFORMANCE WORK STATEMENT**

**Chief Business Office (CBO) Revenue Operation (RO)**

**Revenue Transaction Processing**

1. **Scope:** The Veteran’s Health Administration (VHA) CBO RO is looking to establish a Contract with a Contractor to increase connectivity and to decrease paper processing time for Revenue Transaction Processing. The VHA CBO, as a proponent of administrative simplification, currently exchanges transactions form health care entities to third (3rd) party carriers. The Contractor shall provide support for all of VHA’s current electronic transactions across the United States and its territories. The Contractor shall assist the VHA in continuing its mission to implement electronic transactions and to support printing of standard claim forms in certain situations where electronic transmission is not feasible. As such VHA is required to comply with the Health Insurance Portability and Accountability (HIPPA) Act of 1996 Transaction and Code Set (TCS) regulations.

The Contractor shall work with the Program Office (PO) and Contracting Officer Representative (COR) to provide connectivity for incoming and outgoing electronic transactions. At no time shall the Contractor direct, change, or engage in the formulation of VHA policy. The VHA is solely responsible to review the Contractor’s recommendations and to make decisions concerning the formulation of policy. The method of award shall be by issuance of an unrestricted Firm Fixed Price (FFP) Indefinite Delivery Indefinite Quantity (IDIQ) Best Value Trade-Off scheme.

2. **Background:** As a Health Care Provider, VHA has initiated a number of projects to increase the number of transactions that are completed electronically in order to comply with legislation and to facilitate administrative simplification. The VHA currently utilizes a Contractor to transmit the majority of its incoming and outgoing electronic transactions to the national Payer community. Various proprietary formats are utilized, such as HIPAA Healthcare Claim Payment (X12N- 5010) and National Council for Prescription Drug Program (NCPDP) transactions. All VHA transactions are completed as batch and real-time transfers where the Contractor provides reports to VHA Payers on transaction activity for reconciliation, auditing and billing purposes.

3. **Period of Performance (POP):** The POP shall be from the date of award for a one (1) twelve (12) month base period-year period, and two (2) consecutive twelve (12) month option years.

4. **Place of Performance:** The majority of the work shall take place at the Contractor’s site, however where specifically stated in this Performance Work Statement (PWS), some functions may be performed at various Government facilities. No work at any Government site shall take place on Federal holidays or weekends, unless directed by the Contracting Officer (CO).

5**. Tasks:** The Contractor shall:

5.1 Transmit HIPAA compliant X12 and NCPDP transactions via batch and real-time transfer and translate proprietary formats to and from HIPAA compliant transactions on behalf of VHA.

5.2 Provide connectivity to health care Payers or their authorized agent associated with the Veterans Administration Medical Center (VAMC) Network.

5.3 Support VHA current electronic transaction volumes by providing access to Payers with whom it currently conducts electronic healthcare revenue transactions.

5.4 Ensure connection to a wide variety of Payers by date of award for any respondent to maintain the current level of business.

5.5 Expand access to additional Payers, as new Payers are established or identified.

5.6 Assist VHA in its effort to submit electronic secondary claims to Payers(s) according to the Payer model of Coordination of Benefits (COB).

5.7 Provide services to print and mail compliant Uniform Billing Claim Form (UB04), (Non-institutional Provider Forms (CMS 1500’s) and as well as a paper representation of the Medicare-equivalent Remittance Advice when applicable.

5.8 Assist VHA in transitioning to future HIPAA regulations including implementation of legislative mandates and requirements.

5.9 Assist VHA in identifying and implementing additional transactions and process improvements.

6. **Key General Requirements and Assumptions:** The Contractor shall:

6.1 Be a fully “Accredited Healthcare Network” by the Electronic Healthcare Network Accreditation Commission (EHNAC) at the time of proposal submission and maintain accreditation for the duration of the Contract.

6.2 Be certified by the Council for Affordable and Quality Healthcare (CAQH), as a CORE Phase I Certified Contractor for both batch and real-time eligibility benefits HIPAA Eligibility Transactions (270/271) at the time of award and maintain certification for the duration of the Contract.

6.3 Work towards future Committee of Operating Rules and Information Exchange (CORE Phase II) and any other future phase certifications within a mutually specified timeframe.

6.4 Adhere to VA security and data requirements as outlined in Section C - General Security Requirements.

6.5 Indicate their connectivity to existing Payers and provide a list of targeted Payers they are working with for future connectivity.

6.6 Develop and provide a detailed implementation plan to include a phase-in process for VHA entities within thirty (30) business days of award.

6.7 Provide VHA technical points of contact, as well as back-ups, for the coordination of activities associated with the development and implementation phase.

6.8 Provide transactions transmission service at a mutually agreed upon level which will include at a minimum; data transmission, timeliness, accuracy and system availability metrics.

6.9 Ensure connectivity between VHA and the Contractor will be a site-to-site Virtual Private Network (VPN).

6.10 Ensure data is encrypted prior to entry into the VPN tunnel.

6.11 Work with the Financial Services Center (FSC) and Austin Information Technology Center (AITC) on connectivity requirements.

6.12 Meet NACHA (National Automated Clearinghouse Association) standards for transactions, specifically Cash Concentration or Disbursement (CCD+) and will not impose non-standard payment options or transactions such as credit cards in lieu of standard Electronic Funds Transfers (EFT’s).

6.13 Meet all HIPAA and Patient Protection and Affordable Care Act (PPACA) standards for 835’s and will not impose non-standard transaction options, such as ‘on-line remits’, in lieu of standard 835’s.

6.14 Pursue 835’s from their Payers sending paper remits; ensuring the Payer sends a ‘compliant’ 835.

6.15 Understand that an “on line” Electronic Remittance Advice (ERA) is not a compliant 835 and is considered non-compliant.

6.16 Pursue compliant CCD+ EFTs from their Payers, as requested by the Provider.

6.17 Attach Payer appendices to the Solicitation.

7. **Section- 508 Compliance**: In December 2000, the Architectural and Transportation Barriers Compliance Board (Access Board), pursuant to Section 508(2) (A) of the Rehabilitation Act Amendments of 1998, established Information Technology accessibility standards for the Federal Government.

7.1 Section 508(a)(1) requires that when Federal departments or agencies develop, procure, maintain, or use Electronic and Information Technology (EIT), they shall ensure that the EIT allows individuals with disabilities who are Federal employees to have access to and use of information and data that is comparable to the access to and use of the information and data by Federal employees who are not individuals with disabilities; and individuals with disabilities who are members of the public seeking information or services from a Federal department or agency to have access to and use of information and data that is comparable to the access to and use of the information and data by such members of the public who are not individuals with disabilities.

7.2 The Contractor shall comply with the following technical standards:

7.2.1 - 1194.21 - Software Applications and Operating Systems

7.2.2 - 1194.22 - Web Based Intranet and Internet Information and Applications

7.2.3 - 1194.23 - Telecommunication Products

7.2.4 - 1194.24 - Video and Multimedia Products

7.2.5 - 1194.25 - Self Contained Closed products

7.2.6 - 1194.26 - Desktop and Portable Computers

7.2.7 - 1194.31 - Functional Performance Criteria

7.2.8 - 1194.41 - Information, Documentation and Support

7.3 In order to validate conformance to the above standards the COR shall complete the VA’s Section 508 Determination and Findings Document.

7.3.1 The VA’s Section 508 PO has developed a Conformance Validation Statement (CVS).

7.3.2 The CVS shall be completed by the responsible requiring/procurement official as part of their market research to validate the conformance of the E&IT project ((See Section ten (10) in the Section 508 Determination and Findings Document)).

7.4. If at any time the responsible requiring/procurement official finds that an exception shall apply, the Contractor shall complete and have the Section 508 EIT Exceptions Certification Document signed by the VA Section 508 Coordinator. Once the E&IT is determined to meet all applicable Section 508 standards, the E&IT is validated by the VA’s Section 508 PO in the Department’s Section 508 Testing and Training Center using the information provided by the CVS.

7.5 In the case the VA decides to purchase an application, product or service that cannot be validated for Section 508 prior to purchase, the Contractor agrees to accept all costs for ensuring conformance working with the A Section 508 PO. For future releases or upgrades all steps using the CVS are required and upon validation a signed approval shall be given to the VA Point of Contact (POC) from the VA Section 508 Coordinator.

7.6 Section 508 information is available at <http://www.section508.gov/>.

7.7 The VA Directive and Handbook 6221, Accessible Electronic and Information Technology are posted at: <http://www.va.gov/oit/ea/section508/policy.asp>.

8. **Reporting Requirements:** The Contractor shall:

8.1 Provide a monthly summary to the COR; identifying inconsistencies and irregularities that impact ongoing deliverables.

8.2 Propose modifications to the reporting requirements to the COR.

8.3 Explain, in writing, to the COR (if for any reason a deliverable cannot be met within the scheduled time frame or adherence to the established schedules cannot be met) the following:

8.3.1 Reasons for the delay

8.3.2 Modified delivery date

8.3.3 Impact on the overall project

8.3.4 A revised project plan with all adjusted dates

8.4 The COR shall brief the incident to the CO, who shall issue a response pursuant to applicable regulations.

9. **Level of Effort:** The Contractor is encouraged to propose a response consistent with their technical approach for accomplishment of all performance objectives/standards set forth above.

10. **Performance Standards:**

| **Objectives** | **Measures** | **Standards** |
| --- | --- | --- |
| Each task shall be priced independently and billed according to described tiers and within the described standard.  PWS 11 | Review and acceptance by the Government | Deliverables provided IAW the Government approved standard/frequency standard.  Documentation shall be comprehensive, accurate, and written in a format and text that is understandable to a wide range of users. |
| Each sub-task shall increase connectivity and decrease of paper processing for Revenue Transaction Processing and completed within the described standard.  PWS 12 | Review and acceptance by the Government | Deliverables provided IAW the Government approved standard/frequency standard.  Documentation shall be comprehensive, accurate, and written in a format and text that is understandable to a wide range of users and within the described monthly accuracy standard. |

11. **Deliverables Specific to This Order:** Each deliverable shall be priced independently and billed as for each:

11.1 Less than 1,500,000 **batch transactions** processed each month.

11.2 More than 1,500,000 but less than 2,500,000 **batch transactions** processed each month.

11.3 More than 2,500,000 **batch transactions** processed each month.

11.4 Less than 1,500,000 **real time transactions** processed each month.

11.5 More than 1,500,000 but less than 2,500,000 **real time transactions** processed each month.

11.6 More than 2,500,000 **real time transactions** processed each month.

11.7 Travel Expenses not to exceed two (2) trips lasting no more than three (3) days per trip with one (1) employee per trip.

11a. **Deliverables Specific to This Order:** Each deliverable shall be priced independently and billed as follows:

| **Deliverable** | **Standard/Frequency** | **Medium/Format** | **Submit To** |
| --- | --- | --- | --- |
| Less than 1,500,000 **batch transactions** processed each month.  PWS 11.1 | Ninety eight percent (98%) monthly accuracy  The Contractor shall provide a Monthly Status Report | Electronically in Microsoft 2007 or higher | COR  e-Business Project Team |
| More than 1,500,000 but less than 2,500,000 **batch transactions** processed each month  PWS 11.2 | Ninety eight percent (98%) monthly accuracy  The Contractor shall provide a Monthly Status Report | Electronically in Microsoft 2007 or higher | COR  e-Business Project Team |
| More than 2,500,000 **batch transactions** processed each month  PWS 11.3 | Ninety eight percent (98%) monthly accuracy  The Contractor shall provide a Monthly Status Report | Electronically in Microsoft 2007 or higher | COR  e-Business Project Team |
| Less than 1,500,000 **real time transactions** processed each month.  PWS 11.4 | Ninety eight percent (98%) monthly accuracy  The Contractor shall provide a Monthly Status Report | Electronically in Microsoft 2007 or higher | COR  e-Business Project Team |
| More than 1,500,000 but less than 2,500,000 **real time transactions** processed each month  PWS 11.5 | Ninety eight percent (98%) monthly accuracy  The Contractor shall provide a Monthly Status Report | Electronically in Microsoft 2007 or higher | COR  e-Business Project Team |
| More than 2,500,000 **real time transactions** processed each month  PWS 11.6 | Ninety eight percent (98%) monthly accuracy  The Contractor shall provide a Monthly Status Report | Electronically in Microsoft 2007 or higher | COR  e-Business Project Team |
| Travel Expenses  PWS 11.7 & 15 | Not to exceed two (2) trips lasting no more than three (3) calendar days per trip with one (1) Contract Personnel per trip. | Electronically in Microsoft 2007 or higher | COR  PO |

12. **Deliverable Sub-Tasks Specific to This Order:** The Contractor shall increase connectivity and decrease paper processing with a ninety eight percent (98%) monthly accuracy. The Contractor shall provide an electronic Monthly Status Report to the COR and e-Business Project Team. The following performance metrics are associated with this deliverable.

12.1 **Support Current and Future VHA Transaction Volumes:** The Contractor shall:

12.1.1 Process transactions at current volumes.

12.1.2 Process transactions at increasing volumes throughout the duration of the Contract.

12.1.3 Invoice monthly and enumerate processed transactions by type and category.

12.2 **Establish Reconciliation and Production Failure Protocols:** The Contractor shall:

12.2.1 Develop reconciliation reports.

12.2.2 Establish protocols in case of production failure.

12.2.3 Provide mutually defined metrics.

12.2.4 Recommend content, frequency and formats for reconciliation reports.

12.2.5 Provide machine readable reports for disbursement.

12.2.6 Provide timely production failure notifications based on a mutually agreed priority system.

12.2.7 Provide production failure protocol notifications to AITC, FSC and the Chief Business Office (CBO).

12.2.8 Provide a Production Communication Plan; including service and severity levels for production levels within thirty (30) business days of Contract award.

12.2.9 Notify the VHA when 100% of all transactions are not processed within twenty four (24) hours.

12.3 **Coordination of System Changes:** The Contractor shall:

12.3.1 Update the VHA when system changes to production environment impact transaction submission.

12.3.2 Coordinate receipts prior to VHA implementation.

12.3.3 Submit notification of changes that impact assessments, thirty (30) business days prior to the planned implementation date.

12.3.4 Provide testing results of changes made to VHA systems within a timely manner.

12.3.5 Provide the VHA with transaction results within a timely manner.

12.3.6 Provide a testing environment to accommodate future versions of HIPPA and other legislative mandated transaction sets.

12.3.7 Provide VHA with test-bed ability to send and receive future mandated transactions.

12.3.8 Provide testing environment within thirty (30) business days of industry notification changes.

12.4 Omitted

12.5 **Support National Provider Identifier (NPI) and Health Plan Identifier (HPID):** The Contractor shall:

12.5.1 Support submission and receipt of transactions for HPID readiness.

12.5.2 Test Payer readiness prior to submitting HPID only.

12.5.3 Provide completed test transactions.

12.6 **Operational Support:** The Contractor shall:

12.6.1Provide the following dedicated functional area resources:

12.6.1.1 Operational Support

12.6.1.2 Health Care Analyst Support

12.6.1.3 Business Analysis

12.6.1.4 Technical Development

12.6.2 Ensure pricing for these services are included as part of their transaction charge.

12.6.3 Ensure the following services are provided:

12.6.3.1 Dedicated operational support staff contact(s) that shall provide technical support for day-to-day operational activities for all transactions.

12.6.3.2 Technical support from 8:00 AM to 5:00 PM, Monday through Friday, with the exception of Federal Government holidays, covering Eastern, Central, Mountain and Pacific Time Zones.

12.6.3.3 A copy of a schedule that allows unattended operations for the transmission and receipt of the data/transactions. The Offeror shall obtain VHA approval of the operations schedule and any subsequent changes to the schedule.

12.6.3.4 Monitor and document inbound and outbound data exchanges to identify exceptions in timing and content.

12.6.3.5 On-line problem and transaction submission/response tracking system within thirty (30) business days of Contract award.

12.6.3.6 Information published for enhancement and systems changes within twenty (20) business days of deployment.

12.6.3.7 Maintenance of ongoing Payer connections as necessary to support uninterrupted data exchange.

12.6.3.8 Hardware and software maintenance as necessary to support ongoing delivery of consistent services with minimal interruption(s).

12.6.3.9 Regular backups as necessary to support timely recovery for failed equipment and/or problem research.

12.6.3.10 A secure environment that prevents access from unauthorized physical or electronic sources.

12.6.3.11 Transaction processes to include reformatting, routing, encrypting and other data management processes as may be necessary to help ensure proper application of data.

12.6.3.12 Maintenance of production environment where all internal processes occur.

12.6.3.13 Monitor Payer communications and industry developments to determine changes that are applicable to the scope of these services.

12.6.3.14 Staffing that is not outsourced.

12.6.3.15 Contact information for the dedicated help desk Payers.

12.7 **Health Care Transaction Services:** The Contractor shall:

12.7.1 Translate health care transactions from proprietary formats into HIPAA X12 and NCPDP formats, VHA approved industry formats, or any formats specifically acceptable for electronically-enabled Payers.

12.7.2 Support and process, at a minimum, the following transactions and relevant code sets:

12.7.2.1 **Batch Transactions:**

12.7.2.1.1 Primary, Secondary and Tertiary Professional Healthcare Claim (837) Health Care Claims (Institutional, Professional, and Dental).

12.7.2.1.2 Health Care Claim Payment/Advice - 835.

12.7.2.1.3 File Acknowledgements – 997 and 999.

12.7.2.1.4 Claim acknowledgement – 277CA.

12.7.2.1.5 Interchange Acknowledgements – TA1.

12.7.2.1.6 VA Proprietary file formats.

12.7.2.2 **Real-time Transactions:**

12.7.2.2.1 HIPAA 270/271 Healthcare Eligibility Inquiry and Response.

12.7.2.2.2 NCPDP Pharmacy Transactions B1, B2, B3, E1 and SCRIPT.

12.7.3 Provide testing or certification mechanisms for validation of current batch (B) and real time (RT) transactions in the current HIPAA X12 and NCPDP versions within thirty (30) business days of award date.

12.7.4 Send and receive electronic acknowledgements for X12 Interchange envelopes and standard conformance for HIPAA X12 transactions to and from VHA or its submitters.

12.7.5 Provide a 997 acknowledgement transaction upon receipt of HIPAA mandated transactions.

12.7.6 Provide and support comprehensive version control for all mandated industry standards, specifically the capability to up or down code transactions to accommodate VHA industry compliant transactions regardless of Payer compliance status.

12.8 **Access to Payers:** The Contractor shall:

12.8.1 Provide connectivity to Payers.

12.8.2 Provide processing and transmission of transactions VHA currently employs with Payers.

12.8.3 Maintain an accurate master list of Payers with their associated identification numbers, including Payers Tax Payer Identification Numbers (TIN’s) available to VHA through either direct connection or internet.

12.8.4 Establish a mechanism to keep the VHA's Payer list synchronized.

12.8.5 Maintain and update all lists.

12.8.6 Update the Payer dictionary, website, companion guide, and any other site used for communication about requirements/specifications within three (3) business days of any change.

12.8.7 Provide the VHA with a master list of Payer and associated identification numbers within thirty (30) business days of award.

12.8.8 Maintain electronic Payer’s identifiers (ID) for all VHA connected Payers accessed.

12.8.9 Ensure to add identifiers to transactions submitted by VHA where the Payer ID has been omitted.

12.8.10 Return Payer ID’s electronically for incorporation into Veterans Health Information Systems and Technology Architecture (VISTA).

12.8.11 Provide an electronic format for uploading transactions into VISTA.

12.9 **Additional Access to Additional Payers:** The Contractor shall:

12.9.1 Provide connectivity to Payers currently without connection in an effort to increase number of Payers with electronic processing capability.

12.9.2 Provide a project plan for the establishment of connectivity, processing and transmission of electronic transactions to these Payers upon notification of intent from the Payer.

12.10 **Submit VA Claims to Medicare:** The Contractor shall:

12.10.1 Submit VHA Medicare equivalent claims through the MAC vendor responsible for the JH Medicare Administrative Contract segments, in order to receive an Explanation of Benefit (EOB) 835 file herein referred to as a Medicare-Equivalent Remittance Advice (MRA).

12.10.2 Provide completed sample transaction to document correct processing of e-MRA (non-payment) without NPI’s.

12.10.3 Submit VHA claims to Medicare and receive MRA's from Medicare with legacy Payer identifiers. Medicare, due to its relationship with VHA as a Government entity, requires that VHA continue to submit legacy Payer without NPI’s on Medicare claims.

12.10.4 Present a monthly invoice itemizing number of transactions by R/T and Batch transaction types.

12.11 **Implement Medicare-equivalent Remittance Advice (MRA):** The Contractor shall:

12.11.1 Implement the use of MRA data within secondary 837 transactions for additional non-primary Payers within a mutually agreed upon timeframe.

12.11.2 Present a project management plan within fifteen (15) business days of start of Contract that details how the secondary connection will be accomplished.

12.11.13 Monitor secondary connection, identify and establish new connections and provide itemize report monthly.

12.12 **Print Facsimile Medicare EOB’s:** The Contractor shall:

12.12.1 Extract data from Medicare 837’s submitted by VHA for the purpose of printing facsimile Medicare EOB’s to be mailed with paper secondary claims.

12.12.2 Ensure all data required to print EOB’s is contained in the industry standard Professional Healthcare Claim Standard (837-5010), this requires the addition of data fields to VHA proprietary inbound maps in order to successfully print Medicare EOB’s.

12.2.3 Create a mechanism to collect additional data fields required for printing of EOB’s.

12.13 **Provide Paper Claims to Non-Electronic Carriers:** The Contractor shall:

12.13.1 Submit claims via paper medial to the Payer through the postal carrier for those Payers not accepting electronic submission of health care claims.

12.13.2 Ensure established time frames are met.

12.13.3 Ensure claim formats to be printed include CMS 1500, UB-04 claim form.

12.13.4 Print additional data on paper claims not contained in the 837.

12.13.5 Ensure that Provider Social Security Numbers are not printed.

12.13.6 Monitor and maintain a list of non-electronic Payers and actively pursue connectivity.

12.14 **Monitor Claims:** The Contractor shall:

12.14.1 Monitor and report back to VHA all claim rejections.

12.14.2 Register facilities where rejections are due to the establishment of a new VHA facility or Community Based Outpatient Clinics (CBOC).

12.14.3 Provide electronic claim rejection reports.

12.15 **Facilitate Enrollment and Registration:** The Contractor shall:

12.15.1 Facilitate and coordinate enrollment with Payers, for all transactions.

12.15.2 Completion of appropriate authorization forms and letters as required by Payer specific guidelines within a mutually agreed upon timeframe.

12.15.3 Provide an updated list as new Payers are added.

12.16 **Support Pharmacy Claims:** The Contractor shall:

12.16.1 Support the Pharmacy team by granting them access to the pharmacy transition database to look at individual transaction data.

12.16.2 Provide access instructions to the pharmacy team and maintain a list of everyone who has received access.

12.6.3 Provide Payer sheets that detail the NCDPD fields required for electronic pharmacy transactions for each Payer.

12.6.4 Submit Payer sheets to the project lead and the Financial Services Center (FSC) in machine readable code format for our Pharmacy Benefits Managers (PBM) and Payers.

12.6.5 Provide the ability to transmit and receive NCPDP SCRIPT standard transactions including iterative updates as they become required and/or effective, such as prior authorizations.

12.6.6 Provide Payer sheets that detail the NCDPD fields required for electronic pharmacy transactions for all iterative changes as needed.

12a. **Deliverable Sub-Tasks Specific to This Order:** The below performance metrics are associated with this deliverable:

| **Deliverable** | **Standard/Frequency** | **Medium/Format** | **Submit To** |
| --- | --- | --- | --- |
| Support Current & Future VHA Transaction Volumes  PWS 12.1 | Ninety eight percent (98%) monthly accuracy  The Contractor shall provide a Monthly Status Report | Electronically in Microsoft 2007 or higher | COR  e-Business Project Team |
| Establish Reconciliation & Production Failure Protocols  PWS 12.2 | Ninety eight percent (98%) monthly accuracy  The Contractor shall provide a Monthly Status Report | Electronically in Microsoft 2007 or higher | COR  e-Business Project Team |
| Coordination of System Changes  PWS 12.3 | Ninety eight percent (98%) monthly accuracy  The Contractor shall provide a Monthly Status Report | Electronically in Microsoft 2007 or higher | COR  e-Business Project Team |
| PWS 12.4  Omitted |  |  |  |
| Support National Provider Identifier (NPI) and Health Plan Identifier (HPID)  PWS 12.5 | Ninety eight percent (98%) monthly accuracy  The Contractor shall provide a Monthly Status Report | Electronically in Microsoft 2007 or higher | COR  e-Business Project Team |
| Operational Support  PWS 12. 6 | Ninety eight percent (98%) monthly accuracy  The Contractor shall provide a Monthly Status Report | Electronically in Microsoft 2007 or higher | COR  e-Business Project Team |
| Health Care Transaction Services  PWS 12.7 | Ninety eight percent (98%) monthly accuracy  The Contractor shall provide a Monthly Status Report | Electronically in Microsoft 2007 or higher | COR  e-Business Project Team |
| Access to Payers  PWS 12.8 | Ninety eight percent (98%) monthly accuracy  The Contractor shall provide a Monthly Status Report | Electronically in Microsoft 2007 or higher | COR  e-Business Project Team |
| Additional Access to Additional Payers  PWS 12.9 | Ninety eight percent (98%) monthly accuracy  The Contractor shall provide a Monthly Status Report | Electronically in Microsoft 2007 or higher | COR  e-Business Project Team |
| Submit VA Claims to Medicare  PWS 12.10 | Ninety eight percent (98%) monthly accuracy  The Contractor shall provide a Monthly Status Report | Electronically in Microsoft 2007 or higher | COR  e-Business Project Team |
| Implement Medicare-equivalent Remittance Advice (MRA)  PWS 12. 11 | Ninety eight percent (98%) monthly accuracy  The Contractor shall provide a Monthly Status Report | Electronically in Microsoft 2007 or higher | COR  e-Business Project Team |
| Print Facsimile Medicare EOB’s  PWS 12.12 | Ninety eight percent (98%) monthly accuracy  The Contractor shall provide a Monthly Status Report | Electronically in Microsoft 2007 or higher | COR  e-Business Project Team |
| Provide Paper Claims to Non-Electronic Carriers  PWS 12.13 | Ninety eight percent (98%) monthly accuracy  The Contractor shall provide a Monthly Status Report | Electronically in Microsoft 2007 or higher | COR  e-Business Project Team |
| Monitor Claims  PWS 12.14 | Ninety eight percent (98%) monthly accuracy  The Contractor shall provide a Monthly Status Report | Electronically in Microsoft 2007 or higher | COR  e-Business Project Team |
| Facilitate Enrollment and Registration  PWS 12.15 | Ninety eight percent (98%) monthly accuracy  The Contractor shall provide a Monthly Status Report | Electronically in Microsoft 2007 or higher | COR  e-Business Project Team |
| Support Pharmacy Claims  PWS 12.16 | Ninety eight percent (98%) monthly accuracy  The Contractor shall provide a Monthly Status Report | Electronically in Microsoft 2007 or higher | COR  e-Business Project Team |

13. **Government Responsibilities:** If applicable, the Government shall provide workspace, computers and telephone service when Contractor personnel are working on-site.

13.1 The Contractor shall maintain a financial inventory accounting system for Government Furnished Equipment, Government Furnished Software, other Government Furnished Tools, and provide the COR and PO with stated information necessary to manage this task.

13.2 At a minimum, the inventory shall track: serial number, quantity, locations, description, custodian, date of receipt, and expected date of return.

14. **Security Requirements:** The Contractor shall:

14.1 Not divulge or disclose information received and/or discussed regarding data considered proprietary to other Contractors collaborating on or with this effort.

14.2 Be required to complete mandated VA privacy and security training.

14.3 Be required to negotiate agreements with commercial system Contractor’s relating to non-disclosure of Contractor-proprietary information.

14.3.1 If the Contractor uses copyright or otherwise licensed software in any deliverable under this order, the Contractor shall secure unlimited use rights for the Government.

14.3.2 Forward all software licenses on to the Government within thirty (30) business days after completion of the tasks.

14.4 Limit access to the minimum number of employees necessary to perform tasks that are considered sensitive or proprietary in nature.

14.5 Contact the COR, if the Contractor is uncertain of the sensitivity of any information obtained.

14.6 Indoctrinate all personnel employed by the Contractor and any Sub-Contractors involved on their roles and responsibilities for proper handling and nondisclosure of sensitive Government or proprietary information.

14.7 Not engage in any other action, venture or employment wherein sensitive information shall be used for the profit of any party other than those furnishing the information.

14.8 Comply with VA and VHA Security requirements.

14.9 Have or obtain a National Agency Check with Inquiries Clearance (NACI).

14.10 Currently, the Contractor does not have access to each site's VISTA system. The Contractor provides their software to each site and the site's IT staff then installs the Contractor’s software. Once the Contractor’s software has been installed at each site, that software is tasked to run the extracts and to convert the results (from the global) into usable buffer uploads and spreadsheets.

15. **Information System Hosting, Operation, Maintenance or Use:**

Outsourcing (Contractor facility, equipment or staff) of systems or network operations, telecommunications services, or other managed services requires certification and accreditation (authorization) (C&A) of the Contractor's systems in accordance with VA Handbook 6500.3, Certification and Accreditation and/or the VA Office of Cyber Security (OCS) Certification PO. Government-owned (facility or equipment) Contractor-operated systems, third (3rd) party or business partner networks require memorandums of understanding and interconnection agreements (MOU-ISA) which detail what data types are shared, who has access, and the appropriate level of security controls for all systems connected to VA networks.

15. **Travel:** All travel shall be in accordance with the Federal Acquisition Regulation (FAR) and Federal Travel Regulations (FTR).

15.1 Local travel within a fifty (50) mile radius from the Contractor’s facility is considered the cost of doing business and shall not be reimbursed.

15.2 Allowable travel expenses include subsistence and associated labor charges for travel time.

15.3 Travel performed for personal convenience and daily travel to and from work at the Contractor’s facility shall not be reimbursed.

15.4 Travel, subsistence and associated labor charges for travel time for travel beyond a fifty (50) mile radius of the Contractor’s facility are authorized for reimbursement on a case-by-case basis and shall be pre-approved by the COR.

15.5 Travel costs shall be included in the Task Order award as a separate, cost-reimbursable, “not to exceed” line item.

15.6 Travel shall be requested, approved and reimbursed in accordance with the Task Order.

16. **Inspections and Acceptance:** All reports shall be approved by the COR e-Business Project Managers.

17. **Contract Award Meeting:** The Contractor shall not commence performance on the tasks described in the PWS until the CO has conducted a kick off meeting or has advised the Contractor that a kick off meeting has been waived. The Government shall not reimburse the Contractor for any expenses associated with preparing for or executing a kick-off meeting.

18. **Changes to the PWS:** Any changes to this PWS shall be authorized and approved only through written correspondence from the CO. A copy of each change shall be kept in a project folder along with any other products of the project. Costs incurred by the Contractor, through the actions of parties other than the CO, shall be borne by the Contractor alone.

19. **Security and Privacy - Information and Records:** The Contractor shall:

19.1 Return all information and records provided to Contractor by the VA, in whatever medium, as well as all information and documents, including drafts, emails, back-up copies, hand-written notes and copies that contain such information and records gathered or created by Contractor (collectively referred to as “VA information”) in the performance of this Contract, regardless of storage media, are the exclusive property of the VA. The Contractor shall not retain any property interest in these materials and shall not use them for any purpose other than performance of this Contract.

19.2 Provide, upon completion or termination of the Contract, all copies of any VA information that it used during work it performed of the Task Order or certify that it any/all information it obtained has destroyed. Where immediate return or destruction of the information is not practicable, the Contractor shall return and/or destroy the information within thirty (30) business days of completion or termination of the Contract. All provisions of this Contract concerning the security and protection of VA information that is the subject to this Contract shall continue to apply to the VA information for as long as the Contractor retains it, regardless of whether the Contract has been completed or terminated.

19.3 Not destroy, prior to termination or completion of this Contract, any VA information received from the VA, gathered and/or created in the performance of the Task Order without prior written approval by the VA.

19.4 Receive, gather, store, backup, maintain, use, disclose and/or dispose of VA information only in accordance with the terms of the Task Order and any applicable federal, VA, confidentiality, security laws, regulations or policies.

19.5 Not make copies of VA information except as necessary to perform duties required of the Task Order or to preserve electronic information stored on Contractor electronic storage media for restoration in case any electronic equipment or data used by the Contractor needs to be restored to an operating state.

19.6 Provide access only to VA information to employees, Sub-Contractors, and affiliates to:

19.6.1 The extent necessary to perform the services specified of the Task Order.

19.6.2 Perform necessary maintenance functions for electronic storage or transmission media necessary for performance of the Task Order.

19.6.3 Individuals who first satisfy the same conditions, requirements and restrictions that are comparable VA employees shall meet in order to have access to the same VA information.

19.6.4 Restrictions include the same level of Background Investigations, where applicable.

19.7 Store, transport or transmit VA information only in an encrypted form, using an encryption application that meets the requirements of Federal Information Processing Standards (FIPS) 140-2 or is approved for use by the VA.

19.8 Only use or disclose, except for uses and disclosures of VA information authorized by this Contract for performance of the Contract in response to an order of a court of competent jurisdiction, or with VA’s prior written authorization. The Contractor shall refer all requests for, demands for production of, or inquiries about, VA information to the VA for response.

19.9 Include the statement, “Contractor shall not release information protected by either 38 USC 5705 or 7332 in response to a court order, and shall immediately refer such court orders to VA for response,” if VA information subject to the Task Order includes information protected by 38 USC 7332 or 5705.

19.10 Promptly notify the VA, prior to any disclosure pursuant to a court order, of a court order upon its receipt by the Contractor.

19.10.1 Notify the COR by phone and provide the VA a copy of the court order by fax or e-mail within one (1) business day.

19.10.2 If the Contractor cannot notify the VA before being compelled to produce the information under court order, the Contractor shall notify the VA of the disclosure as soon as practical and provide a copy of the court order, a description of the records provided pursuant to the court order, and to whom the Contractor provided the records to under the court order.

19.10.3 The notice shall include the following information to the extent that the Contractor knows it, if it does not show on the face of the court order: the records disclosed pursuant to the order, to whom, where, when, and for what purpose, and any other information that the Contractor reasonably believes is relevant to the disclosure.

19.10.4 If the VA determines that it is appropriate to seek retrieval of information released pursuant to a court order before Contractor notified the VA of the court order, Contractor shall assist the VA in attempting to retrieve VA information involved.

19.11 Inform the VA, by the most expeditious method available to Contractor, of any incident of suspected or actual access to, or disclosure, disposition, alteration or destruction of, VA information not authorized under this Contract (“incident”) within one (1) hour of learning of the incident.

19.11.1 An incident includes the transmission, storage or access of VA information by Contractor or Sub-Contractor employees in violation of applicable VA confidentiality and security requirements.

19.11.2 To the extent known by the Contractor, the Contractor’s notice to the VA shall identify the information involved, the circumstances surrounding the incident (including to whom, how, when, and where the VA information was placed at risk or compromised), and any other information that the Contractor considers relevant.

19.12 Simultaneously report the incident to the appropriate law enforcement entities or jurisdiction. The Contractor, its employees, and its Sub-Contractors and their employees shall cooperate with the VA and any law enforcement authority responsible for the investigation and prosecution of any possible criminal law violations associated with any incident.

19.13 Cooperate with the VA in any civil litigation to recover VA information, to obtain monetary or other compensation from a third (3rd) party for damages arising from any incident, or to obtain injunctive relief against any third (3rd) party arising from, or related to, the incident.

19.13.1 In addition to notifying the COR, the VA shall provide the Contractor with the name, title, telephone number, fax number and email address of the VA official to whom the Contractor shall provide all notices required by this Task Order.

19.13.2 The VA has the right during normal business hours to inspect the Contractor’s facility, information technology systems and storage and transmission equipment, and software utilized to perform the Contract to ensure that the Contractor is providing for the security of VA data and computer systems in accordance with the terms of this Contract.

19.14 Receive, gather, store, backup, maintain, use, disclose and/or dispose of VA information only in compliance with all applicable FIPS and Special Publications (SP) issued by the National Institute of Standards and Technology (NIST) concerning VA information that is the subject of this Contract. If NIST issues or updates an applicable FIPS or SP after execution of this Contract, the parties agree to negotiate in good faith to implement the FIPS or SP in this Contract.

19.15 Provide appropriate administrative, technical, and physical safeguards to ensure the confidentiality and security of the Veteran’s data and to prevent unauthorized use or access to it.

19.15.1 Sensitive VA information shall not be transmitted by remote access unless VA approved protection mechanisms are used.

19.15.2 All encryption modules used to protect VA data shall be validated by NIST to meet the current version of FIPS 140 (See <http://csrc.nist.gov/cryptval/140-1/1401val.htm> for a complete list of validated cryptographic modules).

19.15.3 Only approved encryption solutions using validated modules shall be used when protecting data during transmission.

19.15. 4 Additional security controls are required to guard VA sensitive information stored on computers used outside VA facilities.

19.15. 5 All VA data shall be stored in an encrypted partition on the hard drive and shall be encrypted with FIPS 140 validated software.

19.15.6 The application shall be capable of key recovery and a copy of the encryption keys shall be stored in multiple secure locations.

19.15.7 The Contractor agrees that the data shall not be physically moved or transmitted in any way from the site without first being encrypted and obtaining prior written approval from the VA data owner.

19.15.8 A determination by VA that the Contractor has violated any of the information confidentiality and security provisions of this Contract, including a violation of any applicable FIPS or SP, shall be a basis for VA to terminate the Contract for cause.

19.15.9 If anyone performing this Contract, including employees of Sub-Contractors, accesses VA computer systems or data in the performance of the Contract, the VA shall monitor and record all such access activity.

19.15.10 If VA monitoring reveals any information of suspected or potential criminal law violations; the VA shall refer the matter to the appropriate law enforcement authorities for investigation.

19.16 Inform its employees and other individuals performing any part of this Contract that VA shall monitor their actions in accessing or attempting to access VA computer systems and the possible consequences to them for improper access, whether successful or not.

19.17 Ensure that any Sub-Contractors or others acting on behalf of or for the Contractor in performing any part of this Contract inform their employees, associates or others acting on their behalf that VA shall monitor their access activities. Execution of this Contract and any Sub-Contract or agreement that constitutes consent to VA monitoring.

19.18 Ensure that all individuals who shall access VA data or systems in performing the Contract are appropriately trained in the applicable VA confidentiality and security requirements. The Contractor shall document those who have completed the VA training. The Contractor shall contact the COR regarding access to the required VA training.

19.19 Mitigate, to the extent practicable, any harmful effect on individuals whose VA information was accessed or disclosed in an incident.

19.20 Require Sub-Contractors, agents, affiliates or others to whom Contractor provides access to VA information for the performance of this Contract to agree to the same VA information confidentiality and security restrictions and conditions that apply to the Contractor before providing access.

20. **Protection of Individual Privacy:** The Contractor shall:

20.1 Abide by FAR clauses 52.224-1 and 52.224.2.

20.2 Abide by FAR clauses 52.239-1 for Privacy or Security Safeguards.

20.3 Not publish or disclose in any manner, without the CO’s written consent, the details of any safeguards either designed or developed by the Contractor under this Contract or otherwise provided by the Government.

20.3.1 To the extent required to carry out a program of inspection to safeguard against threats and hazards to the security, integrity, and confidentiality of Government data, the Contractor shall afford the Government access to the Contractor’s facilities, installations, technical capabilities, operations, documentation, records, and databases.

20.3.2 If new or unanticipated threats or hazards are discovered by either the Government or the Contractor, or if existing safeguards have ceased to function, the discoverer shall immediately bring the situation to the attention of the other party

20.4 Utilize only employees, Sub-Contractors or agents who are physically located within a jurisdiction subject to the laws of the U.S.

20.5 Ensure that it does not use or disclose Personal Health Information (PHI) received from a Covered Entity in any way that shall remove the PHI from such jurisdiction.

20.6 Ensure that its employees, Sub-Contractors and agents do not use or disclose PHI received from Covered Entity in any way that shall remove the PHI from such jurisdiction.

20.7 Ensure, if the work of the Contractor is deemed to meet the definition of research from the HHS Office of Human Research Protections (OHRP) as well as the Common Rule (38 CFR 16), then the Contractor as well as any Sub-Contractors or collaborating institutions shall be covered under Federal Wide Assurances (FWA) or other assurances acceptable to the VA, and the research protocol shall be reviewed and approved by the Contractor’s Institutional Review Board (IRB) of record as well as by IRBs of the collaborating institutions.

20.7.1 Sub-Contractors engaged in research shall also hold FWA’s or be covered by the Contractor’s FWA. If all the entities engaged in research are covered under one FWA with a common IRB of record then it would not be necessary to involve more than one IRB.

20.7.2 At its discretion the VA shall submit the research protocol prior to its initiation for review to a VA ad-hoc peer-review committee. This review shall be conducted to ensure that the research incorporates or takes into consideration all VA and Veteran specific concerns and issues that shall impact on the scientific rigor of the study.

20.7.3 All subjects enrolled in the research shall receive protections equivalent or greater as those required by VHA policies including VHA Handbook 1200.5 including appendixes and other applicable VHA 1200 series handbooks. If vulnerable subjects shall be entered into the research, appropriate safeguards shall be in place.

20.7.4 If the research project is eligible for a Certificate of Confidentiality, one shall be obtained from NIH (http://grants.nih.gov/grants/policy/coc)

20.7.5 Recruitment of Veteran’s into research projects shall follow the recruitment plan as approved by the IRB.

20.7.5.1 The plan shall require that initial contact with the Veteran be in person or by letter prior to any telephone contact.

20.7.5.2 If a letter is sent to the Veteran it shall provide a telephone number of other means that the Veteran can use to verity the validity of the contact and the study. Social security numbers shall not be requested during a phone contact.

20.7.6 All investigators and research staff interacting with research subjects or working with identifiable health information shall receive training in the ethical conduct of human subject’s research that is equivalent to or exceeds the requirement for VA investigators and research staff. (See handbook VHA 1200.5 for the Requirements for Protections of Human Subjects in Research that is available at <http://www1.va.gov/vhapublications/ViewPublication.asp?pub_ID=418>).

21. **Information System Security:** The Contractor shall:

21.1 Ensure adequate LAN/Internet, data, information, and system security in accordance with VA standard operating procedures and standard Contract language, conditions laws, and regulations.

21.1.1. Firewall and web servers shall meet or exceed the Government minimum requirements for security.

21.1.2 All Government data shall be protected behind an approved firewall.

21.1.3 Any security violations or attempted violations shall be reported to the VA project manager and the VHA Headquarters Information Security Officer as soon as possible.

21.2 Follow all applicable VA policies and procedures governing information security, especially those that pertain to certification accreditation.

22. **Information System Design and Development:** Information systems are designed or developed for or on behalf of VA at non-VA facilities shall comply with all VA policies developed in accordance with the Federal Information Security Management Act (FISMA), HIPAA, NIST, and related VA security and privacy control requirements for Federal Information Systems. This includes standards for the protection of electronic PHI, outlines in 45 C.F.R. Part 164, Subpart C, information and system security categorization level designations in accordance with FIPS 199 and FIPS 200 with implementation of all baseline security controls commensurate with the FIPS 199 System Security Categorization (reference Appendix A of VA Handbook 6500, VA information Security Program). During the development cycle, a privacy impact assessment shall be completed, provided the COR, and approved by the VA Privacy Service in accordance with VA Privacy Impact Assessment Handbook 6500.3.

The security controls shall be designated, developed, approved by the VA, and implemented in accordance with the provisions of the VA Security System development life cycle as outlined in NIST Special Publication 800-37 and VA Handbook 6500.

The Contractor shall be required to design, develop, and operate a System of Records or individuals to accomplish an agency function subject to the Privacy Act of 1974, (as amended), Public Law 93-579, December 31, 1974 (5 U.S.C. 552a) and applicable agency regulations. Violation of the Privacy Act may involve the imposition of criminal and civil penalties.

23. **Security Training:** The Contractor’s employees and Sub-Contractors shall (in addition to other VA specific training):

23.1 Complete the VA's on-line Security Awareness Training Course and the Privacy Awareness Training Course annually.

23.2 Provide signed certifications of completion to the CO during each year of the Contract.

24. **Contractor Responsibility:** All Contractor employees who require access to VA computer systems are subject to a Background Investigation and shall receive a favorable adjudication from the VA Security and Investigations Center (SIC) (07C). The level of background security investigation shall be in accordance with VA Directive 0710 dated September 10, 2004 and is available at: http://www.va.gov/pubs/asp/edsdirec.asp (VA Handbook 0710, Appendix A, Table 1-3).

24.1 Obtain appropriate Background Investigation forms shall be provided upon Task Order award, and shall completed and returned to the VA Security and Investigations Center (07C) within thirty (30) business days for processing. Contractors shall be notified by 07C when the Background Investigation has been completed and adjudicated. These requirements are also applicable to all Sub-Contractor personnel requiring the same access.

24.2 If a Background Investigation is not completed prior to the start date of the Task Order, the employee shall work on the Contract while the security clearance is being processed, but the Contractor shall be responsible for the actions of those individuals they provide to perform work for the VA. In the event that damage arises from work performed by Contractor personnel, under the auspices of the Contract, the Contractor shall be responsible for resources necessary to remedy the incident.

24.3 The investigative history for Contractor personnel working under this Contract shall be maintained in the databases of either the Office of Personnel Management (OPM) or the Defense Industrial Security Clearance Organization (DISCO). Should the Contractor use a Contractor other than OPM or Defense Security Service (DSS) to conduct investigations, the investigative company shall be certified by OPM/DSS to conduct Contractor investigations.

25. **Background Investigations:** The position sensitivity impact for this effort has been designated as Low Risk and the level of Background Investigation is NACI.

26. **Contractor Responsibilities:** The Contractor shall:

26.1 Bear the expense of obtaining Background Investigations. Please refer to the OPM website for further guidance at <http://www.opm.gov/investigations/background-investigations>.

26.2 Reimburse the VA within thirty (30) business days, if the investigation is conducted by the Office of Personnel Management (OPM) through the VA.

26.2.1 Background Investigations from investigating agencies other than OPM are permitted if the agencies possess an OPM and Defense Security Service certification.

26.2.2 The Contractor Cage Code number shall be provided to the Security and Investigations Center (07C), which shall confirm the information and advise the CO whether access to the computer systems can be authorized.

26.3 Prescreen all personnel requiring access to the computer systems to ensure they maintain a U.S. citizenship and are able to read, write, speak and understand the English language.

26.4 Provide a list of personnel names, Social Security Numbers, addresses to the COR utilizing Attachment C.

26.5 Withdraw personnel form working under the Task Order, who, when notified, have an unfavorable determination by the Government. Failure to comply with the Contractor personnel security requirements shall result in termination of the Contract for default.

26.6 Be responsible for the actions of all individuals provided to work for the VA under this Contract. In the event that damages arise from work performed by Contractor provided personnel, under the auspices of this Contract, the Contractor shall be responsible for all resources necessary to remedy the incident.”

27. **Government Responsibilities:** The VA Security and Investigations Center (07C) shall provide the necessary forms to the Contractor or its employees after receiving a list of names and addresses.

27.1 Upon receipt, the VA Security and Investigations Center (07C) shall review the completed forms for accuracy and forward the forms to OPM to conduct the Background Investigation.

27.2 The VA facility shall pay for investigations conducted by the OPM in advance. In these instances, the Contractor shall reimburse the VA facility within thirty (30) business days.

27.3 The VA Security and Investigations Center (07C) shall notify the CO and Contractor after adjudicating the results of the Background Investigations received from OPM.

27.4 The CO shall ensure that the Contractor provides evidence that investigations have been completed or are in the process of being requested.

28. **VA Internet and Intranet Standards:** The Contractor shall adhere to and comply with VA Directive 6102 and VA Handbook 6102, Internet/Intranet Services, including applicable amendments and changes, if the Contractor’s work includes managing, maintaining, establishing and presenting information on VA’s Internet/Intranet Service Sites. This pertains, but is not limited to: creating announcements; collecting information; databases to be accessed, graphics and links to external sites. These documents contain information regarding: VA cookie use policy, privacy statements, Section 508 applicability, posting “Hot Topics”, warning notices and editorial changes.

28.1 Internet/Intranet Services Directive 6102 is posted at:

<http://www.va.gov/pubs/directives/Information-Resources-Management-(IRM)/6102d.doc>

28.2 Internet/Intranet Services Handbook 6102 is posted at:

[http://www.va.gov/pubs/handbooks/Information-Resources-Management-(IRM)/6102h.doc](http://www.va.gov/pubs/directives/Information-Resources-Management-(IRM)/6102d.doc)

28.3 Internet/Intranet Services Handbook 6102, Change 1, is posted at: [http://www.va.gov/pubs/handbooks/Information-Resources-Management-(IRM)/61021h.doc](http://www.va.gov/pubs/directives/Information-Resources-Management-(IRM)/6102d.doc)

29. **Invoicing Acceptance:** All payments by the Government to the Contractor shall be made in accordance with Far Clause 52.232-33 – Payment by Electronic Funds Transfer – System for Award Management. All invoices shall be submitted in arrears.

30. **Task Order Termination:** The VA has the right to terminate any Task Order, in whole or in part, at any time in accordance with the Contract termination clauses. The Contractor shall be paid only for the services rendered up to the point of receiving the termination notice, and then only to the extent that those services meet the requirements of this PWS.

31. **Contract Administration:** All inquiries and correspondence relative to the administration of the Contract shall be addressed to:

COR: Amanda Bishop

Telephone Number: (304) 267-5780

E-mail: [amanda.bishop@va.gov](mailto:amanda.bishop@va.gov)

PO: Ruth-Ann Phelps

Telephone Number: (202) 382- 2510

E-mail: [ruth-ann.phelps@va.gov](mailto:ruth-ann.phelps@va.gov)

CO: Erica A Blake

Telephone Number: (303) 372-6271

E-mail: [erica.blake@va.gov](mailto:erica.blake@va.gov)

32. **Inspection and Acceptance:** All reports shall be approved by the COR and PO and are due thirty (30) calendar days after the Contract award date.

33. **Quality Assurance:** The Contractor shall develop and maintain an effective quality control program in accordance with their approved Management Oversight Plan (MOP) to ensure services are performed in accordance with the PWS. The Contractor shall develop and implement procedures to identify, prevent, and ensure non-recurrence of defective services. The Contractor’s Quality Control Program (QCP) is the means to assure that the work complies with the requirement of the Contract. As a minimum, the Contractor shall develop QCP that address the areas identified in the Quality Assurance Surveillance Plan (QASP).

34. **Performance Assessment:** The Government shall evaluate the Contractor’s performance under this Contract in accordance with the QASP in a separate document. This plan is primarily focused on what the Government shall do to ensure that the Contractor has performed in accordance with the performance standards. The QASP what shall be monitored, how monitoring shall take place, who shall conduct the monitoring, and how monitoring efforts and results shall be documented.

**Attachment A**

**Index**

**Chief Business Office (CBO) Revenue Operation (RO)**

**Revenue Transaction Processing**

|  |  |
| --- | --- |
| **Acronym** | **Meaning** |
| 270/271 | Eligibility Transactions |
| 837 | Professional Healthcare Claim |
| 837-5010 | Professional Healthcare Claim Standard |
| X12N-5010 | Healthcare Claim Payment |
| AITC | Austin Information Technology Center |
| AQL | Acceptable Quality Level |
| B | Batch |
| CAQH | Affordable and Quality Healthcare |
| CBO | Chief Business Office |
| CBOC | Community Based Outpatient Clinics |
| CCD+ | Cash Concentration or Disbursement |
| CDR | Contract Discrepancy Report |
| CMS 1500 | Non-institutional Provider Form |
| CO | Contracting Officer |
| COB | Coordination of Benefits |
| CVS | Conformance Validation Statement |
| COR | Contracting Officer Representative |
| CORE Phase II | Committee of Operating Rules and Information Exchange |
| DISCO | Defense Industrial Security Clearance Organization |
| DSS | Defense Security Service |
| E-BUS | E-Business |
| EDI | Electronic Data Interchange |
| EFT’s | Electronic Funds Transfer |
| EHNAC | Electronic Healthcare Network Accreditation Commission |
| EIT | Electronic and Information Technology |
| EOB | Explanation of Benefit |
| ERA | Electronic Remittance Advice |
| FAR | Federal Acquisition Regulation |
| FSC | Financial Services Center |
| FTR | Federal Travel Regulations |
| HIPPA | Health Insurance Portability and Accountability |
| HPID | Health Plan Identifier |
| HRP | Human Research Protections |
| ID | Identifiers |
| IRB | Institutional Review Board |
| NCPDP | National Council for Prescription Drug Program |
| NPI | National Payer Identifier |
| MAC | Medicare Administrative Contractor |
| MOP | Management Oversight Plan |
| MRA | Medicare-Equivalent Remittance Advice |
| NACI | National Agency Check with Inquiries |
| NACHA | National Automated Clearinghouse Association |
| OCS | Office of Cyber Security |
| OPM | Office of Personnel Management |
| PBM | Pharmacy Benefits Managers |
| PHI | Personal Health Information |
| PPACA | Patient Protection and Affordable Care Act |
| PO | Program Office |
| POC | Point of Contact |
| POP | Period of Performance |
| PWS | Performance Work Statement |
| QASP | Quality Assurance Surveillance Plan |
| QCP | Quality Control Program |
| RT | Real Time |
| RO | Revenue Operation |
| RT | Real Time |
| SCRIPT | Standard Data Set for Interchange of Prescriptions |
| SIC | Security and Investigations Center |
| TCS | Transaction and Code Set |
| TIN | Tax Payer Identification Number |
| UB04 | Uniform Billing Claim Form |
| VA | Veterans Administration |
| VAMC | Veterans Administration Medical Center |
| VHA | Veterans Health Administration |
| VISTA | Veterans Health Information Systems and Technology Architecture |
| VPN | Virtual Private Network |

Attachment B

Annual Provider Transaction Volumes

**Chief Business Office (CBO) Revenue Operation (RO)**

**Revenue Transaction Processing**

|  |  |
| --- | --- |
| **Annual Provider Transaction Volumes** | |
| **835** | 7,627,101 |
| **Pharmacy:** | 788,005 |
| **270/271:** | 343,827 |
| **837I** | 6,068,811 |
| **837P** | 8,732,150 |
|  |  |
| **Annual Payer Transaction Volumes** | |
| 837 Claims HAC | 970568 |
| 837 Claims HAC Med. Crossover | 608594 |
| 837 Claims HERO | 251901 |
| 837 Claims Fee | 263335 |
| **Total 837 Claims** | **2094398** |
|  |  |
| 835 ERA HAC | 970568 |
| 835 ERA HAC Med. Crossover | 608594 |
| 835 ERA HERO | 251901 |
| 835 ERA Fee | 22393 |
| **Total 835 ERAs** | **1853456** |
|  |  |
| 270/271 Eligibility HAC Real-time | 178584 |
| 270/271 Eligibility Fee Real-time | 17247 |
| **Total 270/271 Elig.** | **195831** |
|  |  |
| 270/271 Eligibility HAC Batch for State Medicaid’s | **10** |
|  |  |
| 276/277 Claims Status HAC | 17470 |
| 276/277 Claims Status HAC Med. Crossover | 10900 |
| 276/277 Claims Status HERO | 0 |
| 276/277 Claims Status Fee | 6828 |
| **Total 276/277** | **35198** |
|  |  |
| 278 HC Serv. Review HAC | 12617 |
| 278 HC Serv. Review HAC Med. Crossover | 7911 |
| 278 HC Serv. Review HERO | 0 |
| 278 HC Serv. Review Fee | 0 |
| **Total 278** | **20528** |

Attachment C

Current VHA Claim File Specs

837 Transmission Data

**Chief Business Office (CBO) Revenue Operation (RO)**

**Revenue Transaction Processing**

**VHA Medicare Claims and NPI**

Due to the intergovernmental agency relationship with CMS, VHA does not submit NPI data elements on Medicare claims nor receive them on Medicare Equivalent Remittance Advice (MRA). VHA will continue to submit tax ID and other legacy Medicare ID numbers on these transactions for the foreseeable future.

**Additional X12 Data Elements Provided by VHA to HCCH**

The following data elements submitted as part of the VHA claim file have been identified as not part of the HIPAA 4010A1 standard. These additional data elements are included in current transactions in order to meet current functionality requirements.

|  |  |  |  |
| --- | --- | --- | --- |
| X12 | Field name | Max length | Print location |
| (837I) 2000B/SBR/08 | CURRENT INSURED EMPLOYMENT STATUS | 2 ALPHA-NUM |  |
| (837P) 2000C/PAT/03 | EMPLOYMENT STATUS | 2 ALPHA-NUM | 1500 – BOX 8 |
| 2010BA/PER/04  Set PER/01 = IC and PER/03=TE | INSURED PHONE | 20 ALPHA-NUM | 1500 – BOX 7 |
| 2010BE/NM1/03  Set NM1/01 = 84  NM1/02 = 2 | CURRENT INSURED EMPLOYER NAME | 30 ALPHA-NUM | 1500 – BOX 11b  UB04 – FL 65 |
| (837I) 2010BE/N3/01 | CURRENT INSURED EMPLOYER STREET ADDRESS | 20 ALPHA-NUM |  |
| 2010BE/N4/01 | CURRENT INSURED EMPLOYER CITY | 30 ALPHA-NUM |  |
| 2010BE/N4/02 | CURRENT INSURED EMPLOYER STATE | 2 ALPHA-NUM |  |
| (837I) 2010BE/REF/02  Set REF01 = BB | TREATMENT AUTHORIZATION CODE | 35 ALPHA-NUM | 1500 – BOX 23  UB04 – FL 63 |
| (837I) 2010BE/REF/02  Set REF/01 = X9 | CURRENT INSURED FORM LOCATOR 37 (ICN/DCN) | 20 ALPHA-NUM | UB04 – FL 64 |
| (837P) 2010CA/DMG/04 | PATIENT MARITAL STATUS | 1 ALPHA-NUM | 1500 – BOX 8 |
| (837P) 2010CA/PER/04 | PATIENT PHONE | 20 ALPHA-NUM | 1500 – BOX 5 |
| (837I) 2300/REF/02  Set REF/01 = SU | CLAIM STATUS | 2 ALPHA-NUM |  |
| (837I) 2300/REF/02  Set REF/01 = ZZ | DRG USED | 10 A/N |  |
| (837I) 2300/DTP/03  Set DTP/01= 232  DTP02 = D8  (837P) 2300/DTP/03  Set DTP01 = 141  DTP02 = D8 | STATEMENT COVERS FROM DATE  (Also used for the Signature date in Box 12 of 1500 form ) | 8 NUM (CCYYMMDD) | 1500 – BOX 12 Date  UB04 – FL 6 |
| (837I) 2300/AMT/02  (837P) 2300/AMT/02  Set AMT01 = C5 | BALANCE DUE | 15 NUM (ASSUME 2 DECIMALS) | 1500 – BOX 30  UB04 – FL 55 |
| (837P) 2310B/NM106 | ATTENDING/RENDERING PHYSICIAN CREDENTIALS | 3 ALPHA-NUM | 1500 – Box 31 |
| (837I) 2330C/N4/01 | EMPLOYER CITY | 30 ALPHA-NUM |  |
| 2330C/NM1/03  Set NM1/01 = 84  NM1/02 = 2 | EMPLOYER NAME | 35 ALPHA-NUM | 1500 – Box 9c  UB04 – FL 65 |
| (837I) 2330C/N4/02 | EMPLOYER STATE | 2 ALPHA-NUM |  |
| (837I) 2330C/N3/01 | OTHER INSURED EMPLOYER STREET ADDRESS | 20 ALPHA-NUM |  |
| (837I) 2300/NTE/02  Set NTE/01 = ADD  NTE/02:2 = MRA37 | COB COVERED DAYS | 3 NUM |  |
| 2320/AMT/02  Set AMT/01 = C4 | OTHER INSURANCE COMPANY PRIOR PAYMENT | 15 NUM (ASSUME 2 DECIMALS) | 1500 – Box 29  UB04 – FL 54 |
| (837P) 2400/SV1/06 | TYPE OF SERVICE | 2 ALPHA-NUM |  |
| 2430/CAS | Paper Medicare secondary information. If the action reason code = AAA then the amount represents the Medicare allowed amount. If the group code = LQ then the action reason codes are the remark codes for the 2100 LQ segment. |  |  |

**VHA HCCH Claim Transaction Specification**

VHA currently submits claim data to the HCCH for conversion to paper formats or HIPAA compliant 837s in the following format.

**File Header**

|  |  |  |  |
| --- | --- | --- | --- |
| X12 | Field name | Max length | Print location |
| BHT/03 | REFERENCE # | 10 NUM | NO PRINT |
| BHT/04 | TRANSACTION DATE | 8 NUM (CCYYMMDD) | NO PRINT |

**1000A Submitter Information**

|  |  |  |  |
| --- | --- | --- | --- |
| X12 | Field name | Max length | Print location |
| 1000A NM1 set NM1/02 = 41  NM1/03 = 2 | SUBMITTER NAME | 18 ALPHA- NUM |  |
| NM1/09  Set NM1/08=46 | SUBMITTER ID NUMBER | 80 ALPHA- NUM |  |
| 1000A PER/03  SET PER/01 = IC  PER/02 = TE | EDI CONTACT | 10 NUM |  |

**1000B Receiver information**

|  |  |  |  |
| --- | --- | --- | --- |
| X12 | Field name | Max length | Print location |
| 1000A NM1 set NM1/02 = 40  NM1/03 = 2 | RECEIVER NAME | 18 ALPHA- NUM |  |
| NM1/09  Set NM1/08=46 | RECEIVER ID NUMBER | 80 ALPHA- NUM |  |

**LOOP 2010AA Billing Provider – Main Facility ID**

|  |  |  |  |
| --- | --- | --- | --- |
| X12 | Field name | Max length | Print location |
| 2010AA/NM1/03  Set 2010AA/NM1/01 = ‘85’  2010AA/NM1/02 = ‘2’ | BILLING PROVIDER NAME | 30 ALPHA-NUM | 1500 – BOX 33  UB04 – FL1 |
| 2010AA/N3/01 | BILLING PROVIDER STREET ADDRESS | 35 ALPHA-NUM | 1500 – BOX 33  UB04 – FL 1 |
| 2010AA/N3/02 | BILLING PROVIDER ADDRESS LINE 2 (COULD BE USED FOR AGENT CASHIER MAIL ROUTING SYMBOL) | 30 ALPHA-NUM |  |
| 2010AA/N4/01 | BILLING PROVIDER CITY | 30 ALPHA-NUM | 1500 – BOX 33  UB04 – FL 1 |
| 2010AA/N4/02 | BILLING PROVIDER STATE | 2 ALPHA-NUM | 1500 – BOX 33  UB04 – FL 1 |
| 2010AA/N4/03 | BILLING PROVIDER ZIP CODE | 9 NUM | 1500 – BOX 33  UB04 – FL 1 |
| 2010AA/PER/04  Set PER/01 = IC and PER/03=TE | EDI CONTACT OR AGENT CASHIER PHONE | 20 ALPHA-NUM | 1500 – BOX 33  UB04 – FL 1 |
| If Medicare or no NPI submitted then 2010AA/NM1/09  Set 2010AA/NM1/08 = ‘24’  Else 2010AA/REF/02 | FEDERAL TAX ID NUMBER | 17 ALPHA-NUM | 1500 – BOX 25  UB04 – FL 5 |
| (837I) 2010AA/NM1/09; Set NM108 = XX  (837P) 2010AA/NM1/09; Set NM108 = XX | Billing Provider NPI | 10 NUM | 1500 – Box 33a  Ub04 – FL 56 |
| 2010AA/REF/01 | ‘G5’ - SITE SUFFIX OR FACILITY ID QUALIFIER | 2 ALPHA-NUM |  |
| 2010AA/REF/02 | SITE SUFFIX OR FACILITY ID  (4010: Site/Div ID for sorting – always 4 characters) | 20 ALPHA-NUM |  |
| 2010AA/REF/01 | BILLING PROVIDER REFERENCE ID QUALIFIER  Allow up to seven occurrences | 2 ALPHA-NUM | 1500 – BOX 33b  UB04 – FL 57 |
| 2010AA/REF/02 | BILLING PROVIDER SECONDARY ID NUMBER  Allow up to seven occurrences | 20 ALPHA-NUM |  |

**LOOP 200B – Subscriber / Patient**

|  |  |  |  |
| --- | --- | --- | --- |
| X12 | Field name | Max length | Print location |
| 2000B/SBR/01 | BILL DESIGNATION | 1 ALPHA-NUM | NO PRINT |
| 2000B/SBR/02 if self or 2000C/PAT/01 if other than self | RELATIONSHIP TO INSURED | 2 ALPHA-NUM | 1500 – BOX 6  UB04 – FL 59 |
| 2000B/SBR/03 | CURRENT INSURED GROUP # | 20 ALPHA-NUM | 1500 – BOX 11  UB04 – FL 62 |
| 2000B/SBR/04 | CURRENT INSURED GROUP NAME | 30 ALPHA-NUM | 1500 – BOX 11c  UB04 – FL 61 |
| (837P) 2000B/SBR/05 | CURRENT INSURANCE TYPE X12 CODE | 2 ALPHA-NUM | 1500 – BOX 1 if GROUP |
| (837I) 2000B/SBR/08 | CURRENT INSURED EMPLOYMENT STATUS | 2 ALPHA-NUM |  |
| 2000B/SBR/09 | TYPE OF PAYER/SOURCE OF PAY | 2 ALPHA-NUM | 1500 – BOX 1 |
| (837P) 2000C/PAT/03 | EMPLOYMENT STATUS | 2 ALPHA-NUM | 1500 – BOX 8 |
| (837P) 2000B/PAT/06 or (837P) 2000C/PAT/06 | PATIENT’S DATE OF DEATH | 8 NUM (CCYYMMDD) |  |
| (837P) 2000B/PAT/07 or 2000C/PAT/07 | UNIT OR BASIS FOR MEASUREMENT CODE (“01”) | 2 ALPHA-NUM |  |
| (837P) 2000B/PAT/08 or 2000C/PAT/08 | PATIENT WEIGHT | 10 NUM |  |
| (837P) 2000B/PAT/09 or 2000C/PAT/09 | PREGNANCY INDICATOR | 1 ALPHA-NUM |  |

**LOOP 2010BA Subscriber**

|  |  |  |  |
| --- | --- | --- | --- |
| X12 | Field name | Max length | Print location |
| 2010BA/NM1/03 Set 2010BA/NM1/01 = IL 2010BA/NM1/02 = 1 | INSURED LAST NAME | 30 ALPHA-NUM | 1500 – BOX 4  and BOX 13  UB04 – FL 58 |
| 2010BA/NM1/04 | INSURED FIRST NAME | 20 ALPHA-NUM | 1500 – BOX 4  and BOX 13  UB04 – FL 58 |
| 2010BA/NM1/05 | INSURED MIDDLE NAME | 25 ALPHA-NUM | 1500 – BOX 4  and BOX 13  UB04 – FL 58 |
| 2010BA/NM1/07 | INSURED NAME SUFFIX | 10 ALPHA-NUM | UB04 – FL 58 |
| 2010BA/NM1/08 | QUALIFIER FOR SUBSCRIBER PRIMARY ID | 3 ALPHA-NUM |  |
| 2010BA/NM1/09 | SUBSCRIBER PRIMARY ID | 30 ALPHA-NUM | 1500 – Box 1a  UB04 – FL 60 |
| 2010BA/N3/01 | INSURED STREET ADDRESS LINE 1 | 35 ALPHA-NUM | 1500 – BOX 7 |
| 2010BA/N3/02 | CURRENT INSURED STREET ADDRESS 2 | 30 ALPHA-NUM | 1500 – BOX 7 |
| 2010BA/N4/01 | INSURED CITY | 30 ALPHA-NUM | 1500 – BOX 7 |
| 2010BA/N4/02 | INSURED STATE | 2 ALPHA-NUM | 1500 – BOX 7 |
| 2010BA/N4/03 | INSURED ZIP CODE | 5 NUM | 1500 – BOX 7 |
| 2010BA/DMG/02 | INSURED BIRTH DATE | 8 NUM (CCYYMMDD) | 1500 – BOX 3  UB04 – FL 1 |
| 2010BA/DMG/03 | INSURED GENDER | 1 ALPHA-NUM | 1500 – BOX 3 |
| 2010BA/PER/04 | INSURED PHONE | 20 ALPHA-NUM | 1500 – BOX 7 |
| 2010BA/REF/01 | QUALIFIER FOR SUBSCRIBER SECONDARY ID  Allow up to three occurrences | 3 ALPHA-NUM |  |
| 2010BA/REF/02 | SUBSCRIBER SECONDARY ID  Allow up to three occurrences | 30 ALPHA-NUM |  |

**LOOP 2010BC/2010BB Current Payer**

|  |  |  |  |
| --- | --- | --- | --- |
| X12 | Field name | Max length | Print location |
| (837I) 2010BC/NM1/03  (837P) 2010BB/NM1/03  Set NM1/01 = PR  NM1/02 = 2 | CURRENT INSURANCE NAME | 30 ALPHA-NUM | 1500 – TOP RT  UB04 – FL 38 |
| (837P) 2010BB/NM1/08  (837I) 2010BC/NM1/08 | QUALIFIER FOR PAYER PRIMARY ID | 3 ALPHA-NUM |  |
| (837P) 2010BB/NM1/09  (837I) 2010BC/NM1/09 | PAYER PRIMARY ID | 20 ALPHA-NUM |  |
| (837I) 2010BC/N3/01  (837P) 2010BB/N3/01 | CURRENT INSURANCE STREET ADDRESS - LINE 1 | 35 ALPHA-NUM | 1500 – TOP RT  UB04 – FL 38 |
| (837I) 2010BC/N3/02  (837P) 2010BB/N3/02 | CURRENT INSURANCE STREET ADDRESS – LINE 2 | 35 ALPHA-NUM | 1500 – TOP RT  UB04 – FL 38 |
| (837I) 2010BC/N4/01  (837P) 2010BB/N4/01 | CURRENT INSURANCE CITY | 30 ALPHA-NUM | 1500 – TOP RT  UB04 – FL 38 |
| (837I) 2010BC/N4/02  (837P) 2010BB/N4/02 | CURRENT INSURANCE STATE | 2 ALPHA-NUM | 1500 – TOP RT  UB04 – FL 38 |
| (837I) 2010BC/N4/03  (837P) 2010BB/N4/03 | CURRENT INSURANCE ZIP CODE | 5 NUM | 1500 – TOP RT/LINE 3/4  UB04 – FL 84/LINE 3/4 |
| (837P) 2010BB/REF/01  (837I) 2010BC/REF/01 | QUALIFIER FOR PAYER SECONDARY ID  Allow up to three occurrences | 3 ALPHA-NUM |  |
| (837P) 2010BB/REF/02  (837I) 2010BC/REF/02 | PAYER SECONDARY ID  Allow up to three occurrences | 30 ALPHA-NUM |  |

**LOOP 2010BD/2010BC Responsible Party**

|  |  |  |  |
| --- | --- | --- | --- |
| X12 | Field name | Max length | *Print location* |
| (837I) 2010BD/NM1/01  (837P) 2010BC/NM1/01 | ENTITY IDENTIFIER CODE (“QD”) | 2 ALPHA-NUM |  |
| (837I) 2010BD/NM1/02  (837P) 2010BC/NM1/02 | ENTITY TYPE QUALIFIER (1 = Person; 2 = Non-person) | 1 NUM |  |
| (837I) 2010BD/NM1/03  (837P) 2010BC/NM1/03 | LAST NAME OR ORGANIZATION NAME | 35 ALPHA-NUM |  |
| (837I) 2010BD/NM1/04  (837P) 2010BC/NM1/04 | FIRST NAME | 25 ALPHA-NUM |  |
| (837I) 2010BD/NM1/05  (837P) 2010BC/NM1/05 | MIDDLE NAME | 25 ALPHA-NUM |  |
| (837I) 2010BD/NM1/07  (837P) 2010BC/NM1/07 | NAME SUFFIX | 10 ALPHA-NUM |  |
| (837I) 2010BD/N3/01  (837P) 2010BC/N3/01 | ADDRESS LINE 1 | 50 ALPHA-NUM |  |
| (837I) 2010BD/N3/02  (837P) 2010BC/N3/02 | ADDRESS LINE 2 | 35 ALPHA-NUM |  |
| (837I) 2010BD/N4/01  (837P) 2010BC/N4/01 | CITY | 30 ALPHA-NUM |  |
| (837I) 2010BD/N4/02  (837P) 2010BC/N4/02 | STATE | 2 ALPHA-NUM |  |
| (837I) 2010BD/N4/03  (837P) 2010BC/N4/03 | ZIP CODE | 15 ALPHA-NUM |  |

**LOOP 2010BE Current Insured Group/Employer**

|  |  |  |  |
| --- | --- | --- | --- |
| X12 | Field name | Max length | Print location |
| 2010BE/NM1/03  Set NM1/01 = 84  NM1/02 = 2 | CURRENT INSURED EMPLOYER NAME | 30 ALPHA-NUM | 1500 – BOX 11b  UB04 – FL 65 |
| (837I) 2010BE/N3/01 | CURRENT INSURED EMPLOYER STREET ADDRESS | 20 ALPHA-NUM |  |
| 2010BE/N4/01 | CURRENT INSURED EMPLOYER CITY | 30 ALPHA-NUM |  |
| 2010BE/N4/02 | CURRENT INSURED EMPLOYER STATE | 2 ALPHA-NUM |  |
| (837I) 2010BE/REF/02  Set REF/01 = BB  (837P) 2300/REF/02  Set REF/01 = G1 | TREATMENT AUTHORIZATION CODE | 35 ALPHA-NUM | 1500 – BOX 23  UB04 – FL 63 |
| (837I) 2010BE/REF/02  Set REF/01 = X9 | CURRENT INSURED FORM LOCATOR 37 (ICN/DCN) | 20 ALPHA-NUM | UB04 – FL 64 |

**LOOP 2010CA Patient**

|  |  |  |  |
| --- | --- | --- | --- |
| X12 | Field name | Max length | Print location |
| (837P) 2010CA/PER/04 | PATIENT PHONE | 20 ALPHA-NUM | 1500 – BOX 5 |
| 2010CA/NM1/03  Set NM1/01 = QC  NM1/02 = 1 | PATIENT LAST NAME | 30 ALPHA-NUM | 1500 – BOX 2, BOX 12  UB04 – FL 8b |
| 2010CA/NM1/04 | PATIENT FIRST NAME | 20 ALPHA-NUM | 2010CA/NM1/04  1500 – BOX 2, BOX 12  UB04 – FL 8b |
| 2010CA/NM1/05 | PATIENT MIDDLE NAME | 25 ALPHA-NUM | 1500 – BOX 2, BOX 12  UB04 – FL 8b |
| 2010CA/NM1/07 | PATIENT NAME SUFFIX | 10 ALPHA-NUM | 1500 – Box 2  UB04 – 8b |
| 2010CA/NM1/08 | QUALIFIER FOR PATIENT PRIMARY ID | 3 ALPHA-NUM |  |
| 2010CA/NM1/09 | PATIENT PRIMARY ID | 30 ALPHA-NUM | UB04 – FL 8a |
| 2010CA/N3/01 | PATIENT STREET ADDRESS LINE 1 | 35 ALPHA-NUM | 1500 – BOX 5  UB04 – FL 9a |
| 2010CA/N3/02 | PATIENT STREET ADDRESS LINE 2 | 35 ALPHA-NUM | 1500 – BOX 5  UB04 – NO PRINT |
| 2010CA/N4/01 | PATIENT CITY | 30 ALPHA-NUM | 1500 – BOX 5  UB04 – FL 9b |
| 2010CA/N4/02 | PATIENT STATE | 2 ALPHA-NUM | 1500 – BOX 5  UB04 – FL 9c |
| 2010CA/N4/03 | PATIENT ZIP CODE | 5 NUM | 1500 – BOX 5  UB04 – FL 9d |
| 2010CA/DMG/02 or 2010BA/DMG/02  Set DMG/01 = D8 | PATIENT BIRTH DATE | 8 NUM (CCYYMMDD) | 1500 – BOX 3  UB04 – FL 10 |
| 2010CA/DMG/03 or  2010BA/DMG/03 | PATIENT GENDER | 1 ALPHA-NUM | 1500 – BOX 3  UB04 – FL 11 |
| (837P) 2010CA/DMG/04 | PATIENT MARITAL STATUS | 1 ALPHA-NUM | 1500 – BOX 8 |
| 2010CA/REF/01 | QUALIFIER FOR PATIENT SECONDARY ID  Allow up to three occurrences | 3 ALPHA-NUM |  |
| 2010CA/REF/02 | PATIENT SECONDARY ID  Allow up to three occurrences | 30 ALPHA-NUM |  |

**LOOP 2300 Claim Data**

|  |  |  |  |
| --- | --- | --- | --- |
| X12 | Field name | Max length | Print location |
| 2300/CLM/01 | PATIENT CONTROL NUMBER (BILL #) | 38 ALPHA-NUM | 1500 – BOX 26  UB04 – FL 3a |
| 2300/CLM/02 | TOTAL CHARGES | 15 NUM (ASSUME 2 DECIMALS) | 1500 – BOX 28  UB04 – FL Line 23 TOTALS |
| (837I) 2300/CLM-05:1 | LOCATION OF CARE  (Type of Bill) | 1 ALPHA-NUM | UB04 – FL 4 |
| (837I) 2300/CLM-05:2 | BILL CLASSIFICATION  (Type of Bill) | 1 ALPHA-NUM | UB04 – FL 4 |
| (837I) 2300/CLM-05:3 | FREQUENCY  (Type of Bill) | 1 ALPHA-NUM | UB04 – FL 4 |
| 2300/CLM/06 | PROVIDER SIGNATURE ON FILE | 1 ALPHA-NUM | 1500 – BOX 31 |
| 2300/CLM/07 | MEDICARE ASSIGNMENT CODE  A = Assigned  C = Not Assigned | 1 ALPHA-NUM |  |
| 2300/CLM/08  (837I) 2320/OI/03 | ASSIGNMENT OF BENEFITS | 1 ALPHA-NUM | 1500 – BOX 13  UB04 – FL 53  MRA (B) – Field 21 |
| 2300/CLM/09  (837I) 2320/OI/06 | RELEASE OF INFORMATION | 1 ALPHA-NUM | 1500 – BOX 12  UB04 – FL 52 |
| (837P) 2300/CLM/11:1 | CONDITION REL. TO AUTO ACCIDENT | 2 ALPHA-NUM | 1500 – BOX 10b |
| (837P) 2300/CLM/11:1 | CONDITION REL. TO EMPLOYMENT | 2 ALPHA-NUM | 1500 – BOX 10a |
| (837P) 2300/CLM/11:1 | CONDITION REL. TO OTHER ACCIDENT | 2 ALPHA-NUM | 1500 – BOX 10c |
| (837P) 2300/CLM/11:4 | STATE CODE FOR AUTO ACCIDENT | 2 ALPHA-NUM | 1500 – BOX 10b  UB04 – FL 29 |
| (837P) 2300/CLM/12 | SPECIAL PROGRAM INDICATOR | 2 ALPHA-NUM | 1500 – Box 19 |
| (837I) 2300/CLM/18 | EXPLANATION OF BENEFITS INDICATOR | 1 ALPHA-NUM |  |

**LOOP 2300 Claim Dates**

|  |  |  |  |
| --- | --- | --- | --- |
| X12 | Field name | Max length | Print location |
| (837I) 2300/DTP/03  Set DTP/01= 232  DTP02 = D8  (837P) 2300/DTP/03  Set DTP01 = 141  DTP02 = D8 | STATEMENT COVERS FROM DATE  (Also used for the Signature date in Box 12 of 1500 form ) | 8 NUM (CCYYMMDD) | 1500 – BOX 12 Date  UB04 – FL 6 |
| (837I) 2300/DTP/03  Set DTP01 = 233  DTP02 = D8 | STATEMENT COVERS TO DATE | 8 NUM (CCYYMMDD) | UB04 – FL 6 |
| (837P) 2300/DTP/03  Set DTP/01 = 454  DTP/02 = D8 | INITIAL TREATMENT DATE | 8 NUM (CCYYMMDD) |  |
| (837P) 2300/DTP/03  Set DTP/01= 304  DTP02 = D8 | DATE LAST SEEN | 8 NUM (CCYYMMDD) | 1500 – Box 19 |
| (837P) 2300/DTP/03  Set DTP/01 = 431  DTP/02 = D8 | DATE OF ILLNESS/EVENT DATE | 8 NUM (CCYYMMDD) | 1500 – BOX 14 |
| 2300/DTP/03 Set  DTP/01 = 453  DTP/02 = D8 | DATE ACUTE MANIFESTATION | 8 NUM (CCYYMMDD) |  |
| (837P) 2300/DTP/03  Set DTP/01= 438  DTP02 = D8 | FIRST DATE OF SIMILAR ILLNESS | 8 NUM (CCYYMMDD) | 1500 – BOX 15 |
| (837P) 2300/DTP/03  Set DTP/01 = 439  DTP/02 = D8 | ACCIDENT DATE | 8 NUM (CCYYMMDD) | 1500 – BOX 14 |
| (837P) 2300/DTP/03  Set DTP/01 = 484  DTP/02 = D8 | LAST MENSTRUAL DATE | 8 NUM (CCYYMMDD) | 1500 – BOX 14 |
| (837P) 2300/DTP/03  DTP/01 = 455  DTP/02 = D8 | LAST X-RAY DATE (WHEN CLAIM INVOLVES SPINAL MANIPULATION) | 8 NUM (CCYYMMDD) | 1500 – Box 19 |
| 2300/DTP/03  Set DTP/01 = 471  DTP/02 = D8 | HEARING AND VISION PRESCRIPTION DATE | 8 NUM (CCYYMMDD) |  |
| (837P) 2300/DTP/03  Set DTP/01= 360  DTP02 = D8 | DATE UNABLE TO WORK FROM | 8 NUM (CCYYMMDD) | 1500 – BOX 16 |
| (837P) 2300/DTP/03  Set DTP/01= 361  DTP02 = D8 | DATE UNABLE TO WORK TO | 8 NUM (CCYYMMDD) | 1500 – BOX 16 |
| (837I) 2300/DTP/03  (837P) 2300/DTP/03  Set DTP01 = 435  DTP02 = D8 | ADMISSION/START OF CARE DATE | 8 NUM (CCYYMMDD) | 1500 – BOX 14 and 18  UB04 – FL 12 |
| (837I) 2300/DTP/03 | ADMISSION HOUR | 2 NUM | UB04 – FL 13 |
| (837P) 2300/DTP/03  Set DTP/01= 096  DTP02 = D8 | DISCHARGE DATE | 8 NUM (CCYYMMDD) | 1500 – BOX 18 |
| (837I) 2300/DTP/03  Set DTP/01 = 096  DTP/02 = TM | DISCHARGE HOUR | 2 NUM | UB04 – FL 16 |

**LOOP 2300 Hospital**

|  |  |  |  |
| --- | --- | --- | --- |
| X12 | Field name | Max length | Print location |
| (837I) 2300/CL1/01 | TYPE OF ADMISSION | 1 ALPHA-NUM | UB04 – FL 14 |
| (837I) 2300/CL1/02 | SOURCE OF ADMISSION | 1 ALPHA-NUM | UB04 – FL 15 |
| (837I) 2300/CL1/03 | PATIENT STATUS | 2 ALPHA-NUM | UB04 – FL 17 |
| (837I) 2300/QTY/02  Set 2300/QTY/01 = CA  2300/QTY/03 = DA | COVERED DAYS | 3 NUM |  |
| (837I) 2300/QTY/02  Set 2300/QTY/01 = NA  2300/QTY/03 = DA | NON-COVERED DAYS | 3 NUM |  |
| (837I) 2300/QTY/02 Set 2300/QTY/01 = CD  2300/QTY/03 = DA | CO-INSURANCE DAYS | 3 NUM |  |
| (837I) 2300/QTY/02 Set 2300/QTY/01 = LA  2300/QTY/03 = DA | LIFETIME RESERVED DAYS | 3 NUM |  |
| (837I) 2300/REF/02  Set REF/01 = EA | HEALTH RECORD NUMBER | 20 ALPHA-NUM | UB04 – FL 3b |

**LOOP 2300 Claim other information**

|  |  |  |  |
| --- | --- | --- | --- |
| X12 | Field name | Max length | Print location |
| (837I) 2300/AMT/02  (837P) 2300/AMT/02  Set AMT01 = C5 | BALANCE DUE | 15 NUM (ASSUME 2 DECIMALS) | 1500 – BOX 30  UB04 – FL 55 |
| (837P) 2300/REF/02  Set REF/01 = EW | MAMMOGRAPHY CERTIFICATION NUMBER | 30 ALPHA-NUM |  |
| (837P) 2300/CR2/08 | SPINAL MANIPULATION NATURE OF CONDITION CODE  A = Acute Condition  C = Chronic Condition  D = Non-acute  E = Non-Life Threatening  F = Routine  G = Symptomatic  M = Acute Manifestation of a Chronic Condition | 1 ALPHA-NUM |  |
| (837P) 2300/CRC/02 | HOMEBOUND INDICATOR | 1 ALPHA-NUM | 1500 – Box 19 |

**LOOP 2300 Claim notes**

|  |  |  |  |
| --- | --- | --- | --- |
| X12 | Field name | Max length | Print location |
| 2300/NTE/01 | QUALIFIER FOR REMARKS | 3 ALPHA-NUM |  |
| 2300/NTE/02 | REMARKS | 80 ALPHA-NUM | 1500 – Box 19  UB04 – FL 80 |

**LOOP 2300 Lab**

|  |  |  |  |
| --- | --- | --- | --- |
| X12 | Field name | Max length | Print location |
| (837P) 2300/AMT/02  Set AMT/01 = NE | TOTAL OUTSIDE LAB CHARGES | 15 NUM (ASSUME 2 DECIMALS) | 1500 – BOX 20 |
| (837P) 2300/REF/02  Set REF/01 = X4 | LABORATORY’S CLIA # | 10 ALPHA-NUM | 1500 – BOX 23 |

**LOOP 2300 Present on Admission**

|  |  |  |  |
| --- | --- | --- | --- |
| X12 | Field name | Max length | Print location |
| (837I) 2300 K3/01  Medicare only | PRESENT ON ADMISSION INDICATOR  Y – Present on admission  N – Not present on admission  U – Documentation insufficient to determine if condition was present.  W – Clinically undetermined  1 – Exempt from POA reporting | 80 ALPHA-NUM | . |

**LOOP 2300 Procedure Code**

|  |  |  |  |
| --- | --- | --- | --- |
| X12 | Field name | Max length | Print location |
| (837I) 2300/HI(7-8)/01-12:1 | PROCEDURE QUALIFIER  (For 4010: HI=HCPCS, HI=ICD) | 2 ALPHA-NUM  BP/BO = CPT  BR/BQ = ICD9 |  |
| (837I) 2300/HI(7-8)/01-12:2 | PROCEDURE-CODE | 10 ALPHA-NUM | UB04 – FL 74, 741-e |
| (837I) 2300/HI(7-8)/01-12:4  Set HI(7-8)/01-12:3 = D8 | PROCEDURE-DATE | 8 NUM (CCYYMMDD) | UB04 – FL 74, 74a-e |

**LOOP 2300 Diagnosis Code**

|  |  |  |  |
| --- | --- | --- | --- |
| X12 | Field name | Max length | Print location |
| (837P) 2300/HI/01-08:2  (837I) 2300/HI(1-2)/01-12:2  Set HI01:1 to BK  Set HI02-12 to BF: | DIAGNOSIS CODE | 10 ALPHA-NUM | 1500 – Box 21 (1-4)  UB04 – FL 67, 67A-Q  UB04 – ECodes 72a-c |
| (837I) 2300/HI/01:2  Set HI01:1 = BN | E-CODE DIAGNOSIS | 10 ALPHA-NUM | UB04 – FL 72 |
| (837I) 2300/HI  Set qualifier to BJ | ADMITTING DIAGNOSIS | 10 ALPHA-NUM | UB04 – FL 69 |

**LOOP 2300 Occurrence Span Code**

|  |  |  |  |
| --- | --- | --- | --- |
| X12 | Field name | Max length | Print location |
| (837I) 2300/HI/01-12:4  Set 2300/HI/01-12:3 = RD8 | OCCURRENCE SPAN FROM DATE | 8 NUM (CCYYMMDD) | UB04 – FL 35-36 |
| OCCURRENCE SPAN TO DATE | 8 NUM (CCYYMMDD) |
| (837I) 2300/HI/01-12:2  2300/HI/01-12:1 = BI | OCCURRENCE CODE | 3 ALPHA-NUM | UB04 – FL 35-36 |

**LOOP 2300 Occurrence Code**

|  |  |  |  |
| --- | --- | --- | --- |
| X12 | Field name | Max length | Print location |
| (837I) 2300/HI/01-12:4  Set HI03/01-12:1 to BH  HI03/01-12:3 to D8 | OCCURRENCE DATE | 8 NUM (CCYYMMDD) | UB04 – FL 31-34 |
| (837I) 2300/HI/01-12:2 | OCCURRENCE CODE | 3 ALPHA-NUM | UB04 – FL 31-34 |

**LOOP 2300 Value Code**

|  |  |  |  |
| --- | --- | --- | --- |
| X12 | Field name | Max length | Print location |
| (837I) 2300/HI/01-12:2  Set 2300/HI/01-12:1 = BE | VALUE CODE | 2 ALPHA-NUM | UB04 – FL 39-41a-d |
| (837I) 2300/HI/01-12:5 | VALUE CODE DOLLAR AMOUNT | 9 NUMERIC, ASSUME 2 DECIMALS | UB04 – FL 39-41a-d |
| (837I) 2300/HI/01-12:6 | VALUE CODE QUANTITY | 7 NUMERIC, ASSUME 2 DECIMALS |  |

**LOOP 2300 Condition Code**

|  |  |  |  |
| --- | --- | --- | --- |
| X12 | Field name | Max length | Print location |
| (837I) 2300/HI/01-12:2  Set 2300/HI/01-12:1 = BG | CONDITION CODE | 2 ALPHA-NUM | UB04 – FL 18-28 |

**LOOP 2310A/2310B Attending/Other Provider**

|  |  |  |  |
| --- | --- | --- | --- |
| X12 | Field name | Max length | Print location |
| (837I) 2310A/NM1/02  (837P) 2310B/NM1/02 | ATTENDING/RENDERING ENTITY TYPE QUALIFIER (1 = Person;  2 = Non-person) | 1 ALPHA-NUM |  |
| (837I) 2310A/NM1/03  Set NM1/01 = 71  (837P) 2310B/NM1/03  Set NM1/01 = 82 | ATTENDING/RENDERING LAST NAME | 20 ALPHA-NUM | 1500 – Box 31  UB04 – FL 76 |
| (837I) 2310A/NM1/04  (837P) 2310B/NM1/04 | ATTENDING/RENDERING FIRST NAME | 20 ALPHA-NUM | 1500 – Box 31  UB04 – FL 76 |
| (837P) 2310B/NM106 | ATTENDING/RENDERING PHYSICIAN CREDENTIALS | 3 ALPHA-NUM | 1500 – Box 31 |
| (837I) 2310A/NM1/07  (837P) 2310B/NM1/07 | ATTENDING/RENDERING NAME SUFFIX | 10 ALPHA-NUM |  |
| If Medicare or no NPI submitted then  (837I) 2310A/NM1/08  (837P) 2310B/NM1/08 | ATTENDING/ RENDERING PRIMARY ID QUALIFIER  (34 = SSN; 24 = EIN) | 2 ALPHA-NUM |  |
| If Medicare or no NPI submitted then  (837I) 2310A/NM1/09  (837P) 2310B/NM1/09 | ATTENDING/RENDERING PHYSICIAN PRIMARY LEGACY ID | 10 ALPHA-NUM |  |
| (837I) 2310A/NM1/09; Set NM108 = XX;  (837P) 2310B/NM1/09; Set NM108 = XX | (837I) Attending Physician NPI  (837P) Rendering Provider NPI | 10 NUM |  |
| (837I) 2310A/PRV/03  Set PRV02 = ZZ;  (837P) 2310B/PRV/03  Set PRV02 = ZZ | (837I) Attending Physician Taxonomy code  (837P) Rendering Provider Taxonomy code | 10 ALPH/NUM |  |
| (837P) 2310B/PRV/03  Set PRV/01 = PE | ATTENDING/RENDERING SPECIALTY | 5 ALPHA-NUM |  |
| (837I) 2310A/REF/01  (837P) 2310B/REF/01 | ATTENDING/RENDERING PROVIDER SECONDARY ID QUALIFIER  Allow up to five occurrences | 2 ALPHA-NUM | UB04 – FL 76  (G2 prints or 1G if no Ins provided ID is found) |
| (837I) 2310A/REF/02  (837P) 2310B/REF/02 | ATTENDING/RENDERING PROVIDER SECONDARY ID  Allow up to five occurrences | 30 ALPHA-NUM | 1500 – Box 24J, 1-6  UB04 – Box 76 |

**LOOP 2310A Referring Provider Secondary**

|  |  |  |  |
| --- | --- | --- | --- |
| X12 | Field name | Max length | Print location |
| (837P) 2310A/NM1/02 | REFERRING ENTITY TYPE QUALIFIER (1 = Person;  2 = Non-person) | 1 ALPHA-NUM |  |
| (837P) 2310A/NM1/03  Set NM1/01 = DN  NM1/02 = 1 | REFERRING PHYSICIAN LAST NAME | 20 ALPHA-NUM | 1500 – Box 17 |
| (837P) 2310A/NM1/04 | REFERRING PHYSICIAN FIRST NAME | 20 ALPHA-NUM | 1500 – Box 17 |
| (837P) 2310A/NM1/07 | REFERRING PHYSICIAN NAME SUFFIX | 10 ALPHA-NUM |  |
| (837P)2310A/NM1/08 | REFERRING PHYSICIAN PRIMARY ID QUALIFIER  (34 = SSN; 24 = EIN) | 2 ALPHA-NUM |  |
| If Medicare or no NPI submitted then (837P) 2310A/NM1/09 | REFERRING PHYSICIAN PRIMARY LEGACY ID | 10 ALPHA-NUM |  |
| (837P) 2310A/NM1/09; Set NM108 = XX | Referring Provider NPI | 10 NUM | 1500 – 17b |
| (837P) 2310A/PRV/03  Set PRV02 = ZZ | Referring Provider Taxonomy code | 10 ALPH/NUM |  |
| (837P) 2310A/REF/01 | REFERRING PROVIDER SECONDARY ID QUALIFIER  Allow up to five occurrences | 2 ALPHA-NUM | 1500 – Box 17a |
| (837P) 2310A/REF/02 | REFERRING PROVIDER SECONDARY ID  Allow up to five occurrences | 30 ALPHA-NUM | 1500 – Box 17a |

**LOOP 2310B Operating Physician**

|  |  |  |  |
| --- | --- | --- | --- |
| X12 | Field name | Max length | Print location |
| (837I) 2310B/NM1/02 | OPERATING ENTITY TYPE QUALIFIER (1 = Person;  2 = Non-person) | 1 ALPHA-NUM |  |
| (837I) 2310B/NM1/03  Set NM1/01 = 72  Set NM1/02 = 1 | OPERATING PHYSICIAN LAST NAME | 20 ALPHA-NUM | UB04 – FL 77 |
| (837I) 2310B/NM1/04 | OPERATING PHYSICIAN FIRST NAME | 20 ALPHA-NUM | UB04 – FL 77 |
| (837I) 2310B/NM1/07 | OPERATING PHYSICIAN NAME SUFFIX | 10 ALPHA-NUM |  |
| (837I) 2310B/NM1/08 | OPERATING PHYSICIAN PRIMARY ID QUALIFIER  (34 = SSN; 24 = EIN) | 2 ALPHA-NUM |  |
| If Medicare or no NPI submitted then (837I) 2310B/NM1/09 | OPERATING PHYSICIAN PRIMARY LEGACY ID | 10 ALPHA-NUM |  |
| (837I) 2310B/NM1/09; Set NM108 = XX | Operating Physician NPI | 10 NUM | UB04 – FL 77 |
| (837I) 2310B/REF/01 | OPERATING PHYSICIAN SECONDARY ID QUALIFIER  Allow up to five occurrences | 2 ALPHA-NUM | UB04 – FL 77  (G2 prints or 1G if no Ins provided ID is found) |
| (837I) 2310B/REF/02 | OPERATING PHYSICIAN SECONDARY ID  Allow up to five occurrences | 30 ALPHA-NUM | UB04 – FL 77 |

**LOOP 2310C Other Provider**

|  |  |  |  |
| --- | --- | --- | --- |
| X12 | Field name | Max length | Print location |
| (837I) 2310C/NM1/02 | OTHER PROVIDER ENTITY TYPE QUALIFIER (1 = Person;  2 = Non-person) | 1 ALPHA-NUM |  |
| (837I) 2310C/NM1/03  Set NM1/01 = 73  NM1/02 = 1 | OTHER PHYSICIAN LAST NAME | 20 ALPHA-NUM | UB04 – FL 78-79 |
| (837I) 2310C/NM1/04 | OTHER PHYSICIAN FIRST NAME | 20 ALPHA-NUM | UB04 – FL 78-79 |
| (837I) 2310C/NM1/07 | OTHER PHYSICIAN NAME SUFFIX | 10 ALPHA-NUM |  |
| If Medicare or no NPI submitted then (837I) 2310C/NM1/08 | OTHER PROVIDER PRIMARY LEGACY ID QUALIFIER  (34 = SSN; 24 = EIN) | 2 ALPHA-NUM |  |
| If Medicare or no NPI submitted then (837I) 2310C/NM1/09 | OTHER PHYSICIAN PRIMARY LEGACY ID | 10 ALPHA-NUM |  |
| (837I) 2310C/NM1/09; Set NM108 = XX | Other Provider NPI | 10 NUM | UB04 – FL 78-79 |
| (837I) 2310C/REF/01 | OTHER PROVIDER SECONDARY ID QUALIFIER  Allow up to five occurrences | 2 ALPHA-NUM | UB04 – FL 78-79  (G2 prints or 1G if no Ins provided ID is found) |
| (837I) 2310C/REF/02 | OTHER PROVIDER SECONDARY ID  Allow up to five occurrences | 30 ALPHA-NUM | UB04 – FL 78-79 |

**LOOP 2310C Purchase Service**

|  |  |  |  |
| --- | --- | --- | --- |
| X12 | Field name | Max length | Print location |
| (837P) 2310C/NM1/02 | PURCHASED SERVICE ENTITY TYPE QUALIFIER  1 = Person  2 = Non-person | 1 NUM |  |
| (837P) 2310C/NM1/03 | REMOTE VA SITE NAME/OUTSIDE LAB OR FACILITY – (WHERE SERVICES WERE RENDERED) | 30 ALPHA-NUM | 1500 – BOX 32 |
| (837P) 2310C/NM1/08 | PURCHASED SERVICE PRIMARY ID QUALIFIER  24 = EIN; 34 = SSN | 2 NUM |  |
| If Medicare or no NPI submitted then (837I) 2310C/NM1/09 | OUTSIDE FACILITY PROVIDER LEGACY ID | 10 ALPHA-NUM  Qualifier 24 for 2310D/E |  |
| (837P) 2310C/NM1/09; Set NM108 = XX | Purchased Service Provider NPI | 10 NUM |  |
| (837P) 2310C/REF/01 | PURCHASED SERVICE SECONDARY ID QUALIFIER  Allow up to five occurrences | 2 ALPHA-NUM |  |
| (837P) 2310C/REF/02 | PURCHASED SERVICE SECONDARY ID  Allow up to five occurrences | 20 ALPHA-NUM |  |

**LOOP 2310D/ 2310E Other Facility**

|  |  |  |  |
| --- | --- | --- | --- |
| X12 | Field name | Max length | Print location |
| (837I) 2310E/NM1/01  (837P) 2310D/NM1/01 | SERVICE FACILITY LAB/FACILITY PROVIDER CODE  77 = Service Location  FA = Facility  LI = Independent Laboratory  TL = Testing Laboratory  Note: Always “FA” for (837I) | 2 ALPHA-NUM |  |
| (837I) 2310E/NM1/03  (837P) 2310C/NM1/03 and  2310D/NM1/03  Set NM1/01 = FA  NM1/02 = 2 | REMOTE VA SITE NAME/OUTSIDE LAB OR FACILITY – (WHERE SERVICES WERE RENDERED) | 30 ALPHA-NUM | 1500 – BOX 32 |
| (837I) 2310E/NM1/02  (837P) 2310D/NM1/02 | SERVICE FACILITY ENTITY TYPE QUALIFIER  2 = Non-person | 1 NUM |  |
| If Medicare or no NPI submitted then (837I) 2310E/NM1/09  (837P) 2310D/NM1/09 and 2310C/NM1/09  Set NM108 = 24 | OUTSIDE FACILITY PROVIDER LEGACY ID | 10 ALPHA-NUM  Qualifier 24 for 2310D/E |  |
| (837I) 2310E/NM1/09; Set NM108 = XX  (837P) 2310D/NM1/09; Set NM108 = XX | Service Facility Provider NPI | 10 NUM | 1500 – Box 32a |
| (837P) 2310D/N3/01  (837I) 2310E/N3/01 | OTHER FACILITY STREET ADDRESS | 35 ALPHA-NUM | 1500 – BOX 32 |
| (837I) 2310E/N3/02  (837P) 2310D/N3/02 | SERVICE FACILITY ADDRESS LINE 2 | 50 ALPHA-NUM |  |
| (837P) 2310D/N4/01  (837I) 2310E/N4/01 | OTHER FACILITY CITY | 30 ALPHA-NUM | 1500 – BOX 32 |
| (837P) 2310D/N4/02  (837I) 2310E/N4/02 | OTHER FACILITY STATE | 2 ALPHA-NUM | 1500 – BOX 32 |
| (837P) 2310D/N4/03  (837I) 2310E/N4/03 | OTHER FACILITY ZIP CODE | 5 NUM | 1500 – BOX 32 |
| (837I) 2310E/REF/01  (837P) 2310D/REF/01 | SERVICE FACILITY SECONDARY ID QUALIFIER  LU = Location Number;  X5 = State Industrial Accident;  Provider Number;  1C = Medicare Number;  0B = State License Number;  1A = Blue Cross Number;  1B = Blue Shield Number;  1D = Medicaid Number;  1G = UPIN;  G2 = Commercial Number;  1H = CHAMPUS Number;  X4 = CLIA Number  Allow up to five occurrences | 2 ALPHA-NUM |  |
| (837I) 2310E/REF/02  (837P) 2310D/REF/02 | SERVICE FACILITY SECONDARY ID  Allow up to five occurrences | 20 ALPHA-NUM | 1500 – BOX 32b |

**LOOP 2310E Supervising Provider**

|  |  |  |  |
| --- | --- | --- | --- |
| X12 | Field name | Max length | Print location |
| (837P) 2310E/NM1/03 Set NM101 = DQ  NM102 = 1 | SUPERVISING PROVIDER LAST NAME | 35 ALPHA-NUM |  |
| (837P) 2310E/NM1/04 | SUPERVISING PROVIDER FIRST NAME | 25 ALPHA-NUM |  |
| (837P) 2310E/NM1/05 | SUPERVISING PROVIDER MIDDLE NAME | 25 ALPHA-NUM |  |
| (837P) 2310E/NM1/07 | SUPERVISING PROVIDER NAME SUFFIX | 10 ALPHA-NUM |  |
| (837P) 2310E/NM1/08 | SUPERVISING PROVIDER ID NUMBER QUALIFIER  (24 = EIN; 34 = SSN) | 2 NUM |  |
| If Medicare or no NPI submitted then (837P) 2310E/NM1/09 | SUPERVISING PROVIDER PRIMARY LEGACY ID NUMBER | 30 ALPHA-NUM |  |
| (837P) 2310E/NM1/09; Set NM108 = XX | Supervising Provider NPI | 10 NUM |  |
| (837P) 2310E/REF/01 | SUPERVISING PROVIDER SECONDARY ID QUALIFIER  Allow up to five occurrences | 2 ALPHA-NUM |  |
| (837P) 2310E/REF/02 | SUPERVISING PROVIDER SECONDARY ID  Allow up to five occurrences | 30 ALPHA-NUM |  |

**LOOP 2320 Other Subscriber**

|  |  |  |  |
| --- | --- | --- | --- |
| X12 | Field name | Max length | Print location |
| 2320/SBR/01 | PRIM/SECOND/TERTIARY INDICATOR | 1 ALPHA-NUM | 1500 – BOX 11d  UB04 – NO PRINT |
| 2320/SBR/02 | PATIENTS RELATIONSHIP TO INSURED | 2 ALPHA-NUM | 1500 – Box 6  UB04 – FL 59 |
| 2320/SBR/03 | OTHER INSURED GROUP NUMBER | 20 ALPHA-NUM | 1500 – BOX 9a  UB04 – FL 62 |
| 2320/SBR/04 | OTHER INSURED GROUP OR INS CO NAME | 35 ALPHA-NUM | 1500 – BOX 9d  UB04 – FL 61 (Group) FL 50 (Company Name) |
| (837P) 2320/SBR/05 | INSURANCE TYPE CODE | 2 ALPHA-NUM |  |
| 2320/SBR/09 | TYPE OF PAYER/SOURCE OF PAY | 2 ALPHA-NUM |  |
| 2320/DMG/02  Set DMG/01 = D8 | OTHER INSURED BIRTH DATE | 8 NUM (CCYYMMDD) | 1500 – Box 9b |
| 2320/DMG/03 | OTHER INSURED GENDER | 1 ALPHA-NUM | 1500 – BOX 9b |
| 2320/AMT/02  Set AMT/01 = C4 | OTHER INSURANCE COMPANY PRIOR PAYMENT | 15 NUM (ASSUME 2 DECIMALS) | 1500 – Box 29  UB04 – FL 54 |
| (837P) 2320/OI/04 | OTHER INSURANCE PATIENT SIGNATURE SOURCE CODE | 1 ALPHA-NUM |  |

**LOOP 2330A Other Insurance Subscriber**

|  |  |  |  |
| --- | --- | --- | --- |
| X12 | Field name | Max length | Print location |
| 2330A/NM1/03  Set NM1/01 = IL  NM1/02 = 1 | OTHER INSURED LAST NAME | 30 ALPHA-NUM | 1500 – Box 9  UB04 – FL 58 |
| 2330A/NM1/04 | OTHER INSURED FIRST NAME | 20 ALPHA-NUM | 1500 – Box 9  UB04 – FL 58 |
| 2330A/NM1/05 | OTHER INSURED MIDDLE NAME | 25 ALPHA-NUM | 1500 – Box 9  UB04 – FL 58 |
| 2330A/NM1/07 | OTHER INSURED NAME SUFFIX | 10 ALPHA-NUM | UB04 – FL 58 |
| 2330A/NM1/08 | QUALIFIER FOR OTHER PAYER SUBSCRIBER PRIMARY ID | 3 ALPHA-NUM |  |
| 2330A/NM1/09  Set NM1/08 = MI | OTHER PAYER SUBSCRIBER PRIMARY ID NUMBER | 35 ALPHA-NUM | UB04 – FL 60 |
| 2330A/N3/01 | OTHER INSURED ADDRESS LINE 1 | 45 ALPHA-NUM |  |
| 2330A/N3/02 | OTHER INSURED ADDRESS LINE 2 | 40 ALPHA-NUM |  |
| 2330A/N4/01 | OTHER INSURED CITY | 30 ALPHA-NUM |  |
| 2330A/N4/02 | OTHER INSURED STATE | 2 ALPHA-NUM |  |
| 2330A/N4/03 | OTHER INSURED ZIP CODE | 10 ALPHA-NUM |  |
| 2330A/REF/01 | OTHER INSURED ID QUALIFIER  23 = Client Number;  1G = Insurance Policy Number;  SY = Social Security Number  Allow up to three occurrences | 2 ALPHA-NUM |  |
| 2330A/REF/02 | OTHER INSURED ID  Allow up to three occurrences | 30 ALPHA-NUM |  |

**LOOP 2330B Other Insured**

|  |  |  |  |
| --- | --- | --- | --- |
| X12 | Field name | Max length | Print location |
| 2330B/NM1/03  Set NM1/01 = PR  NM1/02 = 2 | OTHER INSURANCE COMPANY NAME | 35 ALPHA-NUM | 1500 – BOX 9d  UB04 – FL 50 |
| 2330B/NM1/08 | QUALIFIER FOR OTHER PAYER PRIMARY ID | 3 ALPHA-NUM |  |
| 2330B/NM1/09 | OTHER PAYER PRIMARY ID | 30 ALPHA-NUM |  |
| 2330B/N3/01 | OTHER INSURED ADDRESS  LINE 1 | 55 ALPHA-NUM |  |
| 2330B/N3/02 | OTHER INSURED ADDRESS  LINE 2 | 55 ALPHA-NUM |  |
| 2330B/N4/01 | OTHER INSURED CITY | 30 ALPHA-NUM |  |
| 2330B/N4/02 | OTHER INSURED STATE | 2 ALPHA-NUM |  |
| 2330B/N4/03 | OTHER INSURED ZIP CODE | 15 ALPHA-NUM |  |
| (837I) 2330B/REF/02  (837P) 2330B/REF/02  Set REF/01 = F8 | OTHER INSURANCE FORM LOCATOR 37 (ICN/DCN) | 23 ALPHA-NUM | UB04 – FL 64 |
| (837I) 2330B/REF/02  Set REF/01 = G1 | OTHER INS TREATMENT AUTH CODE | 18 ALPHA-NUM | UB04 – FL 63 |
| 2330B/REF/01 | QUALIFIER FOR OTHER PAYER SECONDARY ID  Allow up to three occurrences | 3 ALPHA-NUM |  |
| 2330B/REF/02 | OTHER PAYER SECONDARY ID  Allow up to three occurrences | 30 ALPHA-NUM |  |

**LOOP 2330C Other Insurance Subscriber**

|  |  |  |  |
| --- | --- | --- | --- |
| X12 | Field name | Max length | Print location |
| 2330C/NM1/03  Set NM1/01 = 84  NM1/02 = 2 | EMPLOYER NAME | 35 ALPHA-NUM | 1500 – Box 9c  UB04 – FL 65 |
| 2330C/NM1/01 | OTHER PAYER PATIENT NAME QUALIFIER  (“QC”) | 2 ALPHA-NUM |  |
| 2330C/NM1/02 | OTHER PAYER PATIENT ENTITY TYPE QUALIFIER (“1”) | 1 NUM |  |
| 2330C/NM1/08 | OTHER PAYER PATIENT ID NUMBER QUALIFIER  MI = Member ID Number | 2 ALPHA-NUM |  |
| 2330C/NM1/09 | OTHER PAYER PATIENT ID NUMBER | 30 ALPHA-NUM |  |
| (837I) 2330C/N3/01 | OTHER INSURED EMPLOYER STREET ADDRESS | 20 ALPHA-NUM |  |
| (837I) 2330C/N4/01 | EMPLOYER CITY | 30 ALPHA-NUM |  |
| (837I) 2330C/N4/02 | EMPLOYER STATE | 2 ALPHA-NUM |  |
| 2330C/REF/01 | OTHER PAYER PATIENT ID QUALIFIER  23 = Client Number;  1G = Insurance Policy Number;  SY = Social Security Number  Allow up to three occurrences | 2 ALPHA-NUM |  |
| 2330C/REF/02 | OTHER PAYER PATIENT ID  Allow up to three occurrences | 30 ALPHA-NUM |  |

**LOOP 2330D Other Payer Referring/PCP Provider**

|  |  |  |  |
| --- | --- | --- | --- |
| X12 | Field name | Max length | Print location |
| (837P) 2330D/NM1/01 | OTHER PAYER REFERRING/PCP PROVIDER ID QUALIFIER  DN = Referring Provider;  P3 = Primary Care Provider | 2 ALPHA-NUM |  |
| (837P) 2330D/NM1/02 | OTHER PAYER REFERRING/PCP PROVIDER ENTITY TYPE QUALIFIER  1 = Person;  2 = Non-person | 1 NUM |  |
| (837P) 2330D/REF/01 | OTHER PAYER REFERRING/PCP PROVIDER ID QUALIFIER  Allow up to three occurrences | 2 ALPHA-NUM |  |
| (837P) 2330D/REF/02 | OTHER PAYER REFERRING/PCP PROVIDER ID  Allow up to three occurrences | 30 ALPHA-NUM |  |

**LOOP 2330D/2330E Other Payer Attending/Rendering Provider**

|  |  |  |  |
| --- | --- | --- | --- |
| X12 | Field name | Max length | Print location |
| (837I) 2330D/NM1/01  (837P) 2330E/NM1/01 | OTHER PAYER ATTENDING/RENDERING PROVIDER NAME QUALIFIER (“71” for Institutional; “82” for Professional)) | 2 ALPHA-NUM |  |
| (837I) 2330D/NM1/02  (837P) 2330E/NM1/02 | OTHER PAYER ATTENDING/RENDERING PROVIDER ENTITY TYPE QUALIFIER  1 = Person;  2 = Non-person | 1 NUM |  |
| (837I) 2330D/REF/01  (837P) 2330E/REF/01 | OTHER PAYER ATTENDING/RENDERING PROVIDER ID QUALIFIER  Allow up to three occurrences | 2 ALPHA-NUM |  |
| (837I) 2330D/REF/02  (837P) 2330E/REF/02 | OTHER PAYER ATTENDING/RENDERING PROVIDER ID  Allow up to three occurrences | 30 ALPHA-NUM |  |

**LOOP 2330E Other Payer Operating Provider**

|  |  |  |  |
| --- | --- | --- | --- |
| X12 | Field name | Max length | Print location |
| (837I) 2330E/NM1/01 | OTHER PAYER OPERATING PROVIDER NAME QUALIFIER (“72”) | 2 ALPHA-NUM |  |
| (837I) 2330E/NM1/02 | OTHER PAYER OPERATING PROVIDER ENTITY TYPE QUALIFIER (“1”) | 1 NUM |  |
| (837I) 2330E/REF/01 | OTHER PAYER OPERATING PROVIDER ID QUALIFIER  Allow up to three occurrences | 2 ALPHA-NUM |  |
| (837I) 2330E/REF/02 | OTHER PAYER OPERATING PROVIDER ID  Allow up to three occurrences | 30 ALPHA-NUM |  |

**LOOP 2330F Other Payer Purchased Service Provider**

|  |  |  |  |
| --- | --- | --- | --- |
| X12 | Field name | Max length | Print location |
| (837P) 2330F/NM1/01 | OTHER PAYER PURCHASED SERVICE PROVIDER ID QUALIFIER  (“QB”) | 2 ALPHA-NUM |  |
| (837P) 2330F/NM1/02 | OTHER PAYER PURCHASED SERVICE PROVIDER ENTITY TYPE QUALIFIER  1 = Person;  2 = Non-person | 1 NUM |  |
| (837P) 2330F/REF/01 | OTHER PAYER PURCHASED SERVICE PROVIDER ID QUALIFIER  Allow up to three occurrences | 2 ALPHA-NUM |  |
| (837P) 2330F/REF/02 | OTHER PAYER PURCHASED SERVICE PROVIDER ID  Allow up to three occurrences | 30 ALPHA-NUM |  |

**LOOP 2330F Other Payer Other Provider**

|  |  |  |  |
| --- | --- | --- | --- |
| X12 | Field name | Max length | Print location |
| (837I) 2330F/NM1/01 | OTHER PAYER OTHER PROVIDER NAME QUALIFIER  (“73”) | 2 ALPHA-NUM |  |
| (837I) 2330F/NM1/02 | OTHER PAYER OTHER PROVIDER ENTITY TYPE QUALIFIER  1 = Person  2 = Non-person | 1 NUM |  |
| (837I) 2330F/REF/01 | OTHER PAYER OTHER PROVIDER ID QUALIFIER  Allow up to three occurrences | 2 ALPHA-NUM |  |
| (837I) 2330F/REF/02 | OTHER PAYER OTHER PROVIDER ID  Allow up to three occurrences | 30 ALPHA-NUM |  |

**LOOP 2330G Other Payer Service Facility**

|  |  |  |  |
| --- | --- | --- | --- |
| X12 | Field name | Max length | Print location |
| (837P) 2330G/NM1/01 | OTHER PAYER SERVICE FACILITY LOCATION ID QUALIFIER  77 = Service Location;  FA = Facility;  LI = Independent Lab;  TL = Testing Laboratory | 2 ALPHA-NUM |  |
| (837P) 2330G/NM1/02 | OTHER PAYER SERVICE FACILITY ENTITY TYPE QUALIFIER | 1 NUM |  |
| (837P) 2330G/REF/01 | OTHER PAYER SERVICE FACILITY REFERENCE ID QUALIFIER  Allow up to three occurrences | 2 ALPHA-NUM |  |
| (837P) 2330G/REF/02 | OTHER PAYER SERVICE FACILITY ID  Allow up to three occurrences | 30 ALPHA-NUM |  |

**LOOP 2330H Other Payer Service Facility Provider**

|  |  |  |  |
| --- | --- | --- | --- |
| X12 | Field name | Max length | Print location |
| (837I) 2330H/NM1/01 | OTHER PAYER SERVICE FACILITY PROVIDER NAME QUALIFIER (“FA”) | 2 ALPHA-NUM |  |
| (837I) 2330H/NM1/02 | OTHER PAYER SERVICE FACILITY PROVIDER ENTITY TYPE QUALIFIER (“2”) | 1 NUM |  |
| (837I) 2330H/REF/01 | OTHER PAYER SERVICE FACILITY PROVIDER ID QUALIFIER  Allow up to three occurrences | 2 ALPHA-NUM |  |
| (837I) 2330H/REF/02 | OTHER PAYER SERVICE FACILITY PROVIDER ID  Allow up to three occurrences | 30 ALPHA-NUM |  |

**LOOP 2330H Other Payer Supervising Provider**

|  |  |  |  |
| --- | --- | --- | --- |
| X12 | Field name | Max length | Print location |
| (837P) 2330H/NM1/01 | OTHER PAYER SUPERVISING PROVIDER NAME QUALIFIER  (“DQ”) | 2 ALPHA-NUM |  |
| (837P) 2330H/NM1/02 | OTHER PAYER SUPERVISING PROVIDER ENTITY TYPE QUALIFIER  (“1”) | 1 NUM |  |
| (837P) 2330H/REF/01 | OTHER PAYER SUPERVISING PROVIDER ID QUALIFIER EI = Employer ID;  Allow up to three occurrences | 2 ALPHA-NUM |  |
| (837P) 2330H/REF/02 | OTHER PAYER SUPERVISING PROVIDER ID  Allow up to three occurrences | 30 ALPHA-NUM |  |

**LOOP 2320 (Other Insured Claim Level COB Amounts)**

|  |  |  |  |
| --- | --- | --- | --- |
| X12 | Field name | Max length | Print location |
| 2320/AMT/02  Set AMT/01 = F2 | COB PATIENT RESPONSIBILITY AMOUNT | 15 NUM (ASSUME 2 DECIMALS) |  |
| (837P) 2320/AMT/02  Set AMT/01 = AU | COB COVERED AMOUNT | 15 NUM (ASSUME 2 DECIMALS) |  |
| (837P) 2320/AMT/02  Set AMT/01 = D8 | COB DISCOUNT AMOUNT | 15 NUM (ASSUME 2 DECIMALS) |  |
| (837I) 2320/AMT/02  Set AMT/01 = DY | COB DAY LIMIT AMOUNT | 15 NUM (ASSUME 2 DECIMALS) |  |
| (837P) 2320/AMT/02  Set AMT/01 = T | COB TAX AMOUNT | 15 NUM (ASSUME 2 DECIMALS) |  |
| (837P) 2320/AMT/02  Set AMT/01 = T2 | COB TOTAL BEFORE TAXES AMOUNT | 15 NUM (ASSUME 2 DECIMALS) |  |
| 2430/DTP/03 (each line item) Set DTP/01 = 573 and DTP/02 = D8 | DATE CLAIM PAID | 8 NUM (CCYYMMDD) |  |
| (837P) 2320/AMT/02  Set AMT/01 = B6 | ALLOWED AMOUNT | 15 NUM (ASSUME 2 DECIMALS |  |
| (837I) 2300/REF/02  Set REF/01 = SU | CLAIM STATUS | 2 ALPHA-NUM |  |
| (837I) 2300/NTE/02  Set NTE/01 = ADD  NTE/02:2 = MRA37 | COB COVERED DAYS | 3 NUM |  |

**LOOP 2320 MEDICARE Outpatient Adjudication COB Amounts**

|  |  |  |  |
| --- | --- | --- | --- |
| X12 | Field name | Max length | Print location |
| 2320/MOA/01 | OUTPATIENT REIMBURSEMENT % | 3 NUM |  |
| 2320/MOA/02 | HCPCS PAYABLE AMT | 15 NUM (ASSUME 2 DECIMALS) |  |
| 2320/MOA/03 | REMARKS CODE | 15 ALPHA-NUM |  |
| 2320/MOA/04 | REMARKS CODE | 15 ALPHA-NUM |  |
| 2320/MOA/05 | REMARKS CODE | 15 ALPHA-NUM |  |
| 2320/MOA/06 | REMARKS CODE | 15 ALPHA-NUM |  |
| 2320/MOA/07 | REMARKS CODE | 15 ALPHA-NUM |  |
| 2320/MOA/08 | ESRD AMOUNT PAID | 15 NUM (ASSUME 2 DECIMALS) |  |
| 2320/MOA/09 | NON-PAYABLE PROFESSIONAL COMPONENT | 15 NUM (ASSUME 2 DECIMALS) |  |

**LOOP 2320 MEDICARE Inpatient Adjudication COB Amounts**

|  |  |  |  |
| --- | --- | --- | --- |
| X12 | Field name | Max length | Print location |
| (837I) 2320/MIA/01 | COVERED DAYS/VISITS | 4 NUM |  |
| (837I) 2320/MIA/04 | CLAIM DRG AMT | 15 NUM (ASSUME 2 DECIMALS) |  |
| (837I) 2300/REF/02  Set REF/01 = ZZ | DRG USED | 10 A/N |  |
| (837I) 2320/MIA/06 | CLAIM DISPROPORTIONATE SHARE AMT | 15 NUM (ASSUME 2 DECIMALS) |  |
| (837I) 2320/MIA/07 | CLAIM MSP PASS THRU AMT | 15 NUM (ASSUME 2 DECIMALS) |  |
| (837I) 2320/MIA/08 | CLAIM PPS CAPITAL AMT | 15 NUM (ASSUME 2 DECIMALS) |  |
| (837I) 2320/MIA/09 | PPS-CAPITAL FSP DRG AMT | 15 NUM (ASSUME 2 DECIMALS) |  |
| (837I) 2320/MIA/10 | PPS-CAPITAL HSP DRG AMT | 15 NUM (ASSUME 2 DECIMALS) |  |
| (837I) 2320/MIA/11 | PPS-CAPITAL DSH DRG AMT | 15 NUM (ASSUME 2 DECIMALS) |  |
| (837I) 2320/MIA/12 | OLD CAPITAL AMT | 15 NUM (ASSUME 2 DECIMALS) |  |
| (837I) 2320/MIA/13 | PPS-CAPITAL IME AMT | 4 NUM |  |
| (837I) 2320/MIA/14 | PPS-OPERATING HOSP SPECIFIC DRG AMT | 15 NUM (ASSUME 2 DECIMALS) |  |
| (837I) 2320/MIA/15 | COST REPORT DAY COUNT | 4 NUM |  |
| (837I) 2320/MIA/16 | PPS-OPERATING FED SPECIFIC DRG AMT | 15 NUM (ASSUME 2 DECIMALS) |  |
| (837I) 2320/MIA/17 | CLAIM PPS CAPITAL OUTLIER AMT | 15 NUM (ASSUME 2 DECIMALS) |  |
| (837I) 2320/MIA/18 | CLAIM INDIRECT TEACHING AMT | 15 NUM (ASSUME 2 DECIMALS) |  |
| (837I) 2320/MIA/19 | NON-PAYABLE PROFESSIONAL COMPONENT AMT | 15 NUM (ASSUME 2 DECIMALS) |  |
| (837I) 2320/MIA/05 | CLAIM PAYMENT REMARK CODE-1 | 10 ALPHA-NUM |  |
| (837I) 2320/MIA/20 | CLAIM PAYMENT REMARK CODE-2 | 10 ALPHA-NUM |  |
| (837I) 2320/MIA/21 | CLAIM PAYMENT REMARK CODE-3 | 10 ALPHA-NUM |  |
| (837I) 2320/MIA/22 | CLAIM PAYMENT REMARK CODE-4 | 10 ALPHA-NUM |  |
| (837I) 2320/MIA/23 | CLAIM PAYMENT REMARK CODE-5 | 10 ALPHA-NUM |  |
| (837I) 2320/MIA/24 | PPS CAPITAL EXCEPTION AMT | 15 NUM (ASSUME 2 DECIMALS) |  |

**LOOP 2320 Other INS COB Claim Level Adjustment**

|  |  |  |  |
| --- | --- | --- | --- |
| X12 | Field name | Max length | Print location |
| 2320/CAS/01 | ADJUSTMENT GROUP CODE | 2 ALPHA-NUM |  |
| 2320/CAS/02 | ADJUSTMENT REASON CODE  Allow up to six occurrences | 5 ALPHA-NUM |  |
| 2320/CAS/03 | ADJUSTMENT AMOUNT  Allow up to six occurrences | 15 NUM (ASSUME 2 DECIMALS) |  |
| 2320/CAS/04 | ADJUSTMENT QUANTITY  Allow up to six occurrences | 6 NUM |  |

**LOOP 2400 Professional Service Line**

|  |  |  |  |
| --- | --- | --- | --- |
| X12 | Field name | Max length | Print location |
| (837P) 2400/LX/01 | LINE # FOR CLAIM | 6 NUM |  |
| (837P) 2400/SV1/01:1 | CODE TYPE (‘CJ’=CPT ‘NU’=REV CD FOR 3051; ‘HC’ FOR 4010) | 2 ALPHA-NUM |  |
| (837P) 2400/SV1/01:2 | PROCEDURE/REVENUE CODE | 10 ALPHA-NUM | 1500 – Box 24d |
| (837P) 2400/SV1/01:3 | PROC MODIFIER 1 | 2 NUM | 1500 – Box 24d |
| (837P) 2400/SV1/01:4 | PROC MODIFIER 2 | 2 NUM | 1500 – Box 24d |
| (837P) 2400/SV1/01:5 | PROC MODIFIER 3 | 2 NUM | 1500 – Box 24d |
| (837P) 2400/SV1/01:6 | PROC MODIFIER 4 | 2 NUM | 1500 – Box 24d |
| (837P) 2400/SV1/02  and (837P) 2400/CTP/ | CHARGE AMOUNT | 8 NUM (ASSUME 2 DECIMALS) | 1500 – Box 24f |
| (837P) 2400/SV1/03 | TYPE OF UNITS | 2 ALPHA-NUM (MJ/UN) |  |
| (837P) 2400/SV1/04 | UNITS OR ANESTHESIA MINUTES | 6 NUM | 1500 – Box 24g |
| (837P) 2400/SV1/05 | PLACE OF SERVICE | 2 ALPHA-NUM | 1500 – Box 24b |
| (837P) 2400/SV1/06 | TYPE OF SERVICE | 2 ALPHA-NUM |  |
| (837P) 2400/SV1/07:1 | DIAGNOSIS CODE POINTER-1 | 1 NUM | 1500 – Box 24e |
| (837P) 2400/SV1/07:2 | DIAGNOSIS CODE POINTER-2 | 1 NUM | 1500 – Box 24e |
| (837P) 2400/SV1/07:3 | DIAGNOSIS CODE POINTER-3 | 1 NUM | 1500 – Box 24e |
| (837P) 2400/SV1/07:4 | DIAGNOSIS CODE POINTER-4 | 1 NUM | 1500 – Box 24e |
| (837P) 2400/SV1/09 | EMERGENCY INDICATOR | 1 ALPHA-NUM (Y/N) | 1500 – Box 24c |
| (837P) 2400/SV1/11 | EPSDT Flag | 1 ALPHA-NUM | 1500 – Box 24H |
| (837P) 2400/DTP/03 | DATE OF SERVICE FROM | 8 NUM (CCYYMMDD) | 1500 – Box 24a  MRA (B) – FL 6 |
|  | DATE OF SERVICE TO | 8 NUM (CCYYMMDD) |
| (837P) 2400/PS1/02 | PURCHASED SERVICE CHARGE | 8 NUM (ASSUME 2 DECIMALS) | 1500 – BOX 20 |
| (837P) 2400/CRC/02  Set CRC/01 = 70 | ATTENDING NOT HOSPICE EMPLOYEE | 1 ALPHA-NUM | 1500 – Box 19 |
| (837P) 2400/NTE/02 | SERVICE LINE 2 DATA  (Includes Qualifier and supplemental information) | 61 ALPHA-NUM | 1500 – Box 24 above procedure |

**LOOP 2400 Institutional Service Line**

|  |  |  |  |
| --- | --- | --- | --- |
| X12 | Field name | Max length | Print location |
| (837I) 2400/LX/01 | LINE # FOR CLAIM | 6 NUM |  |
| (837I) 2400/SV2/01 | REVENUE CODE | 10 ALPHA-NUM | UB04 – FL 42 |
| (837I) 2400/SV2/02:2  Set SV2/02 = HC | PROCEDURE CODE ASSOCIATED WITH REV CODE | 10 ALPHA-NUM | UB04 – FL 44 |
| (837I) 2400/SV2/06 | RATE | 8 NUM (ASSUME 2 DECIMALS) | UB04 – FL 44 |
| (837I) 2400/SV2/02:3 | MODIFIER 1 | 2 ALPHA-NUM | UB04 – FL 44 |
| (837I) 2400/SV2/02:4 | MODIFIER 2 | 2 ALPHA-NUM | UB04 – FL 44 |
| (837I) 2400/SV2/03 | TOTAL CHARGE | 8 NUM (ASSUME 2 DECIMALS) | UB04 – FL 47 |
| (837I) 2400/SV2/04 | TYPE OF UNITS | 2 ALPHA-NUM (DA/UN) |  |
| (837I) 2400/SV2/05 | UNITS | 6 NUM | UB04 – FL 46 |
| (837I) 2400/SV2/07 | NON-COVERED CHARGE | 8 NUM (ASSUME 2 DECIMALS) | UB04 – FL 48 |
| (837I) 2400/DTP/03  Set DTP/01 = 472  DTP/02 = D8 | INPATIENT FROM DATE/OUTPATIENT SERVICE DATE | 8 NUM (CCYYMMDD) | UB04 – FL 6 |
| INPATIENT TO DATE | 8 NUM (CCYYMMDD) |

**LOOP 2400/2410 Drug Service Line**

|  |  |  |  |
| --- | --- | --- | --- |
| X12 | Field name | Max length | Print location |
| (837P) 2400/LX/01 | LINE # FOR CLAIM | 6 NUM |  |
| (837P) 2410/REF/02 | PRESCRIPTION # | 15 ALPHA-NUM | 1500 – Box 24 (above the procedure) |
| (837P) 2400/SV1/01:7 | DRUG NAME (INCLUDING DAYS & QTY) | 55 ALPHA-NUM | 1500 – Box 24 (above the procedure – Days and Quantity print) |
| (837P) 2400/DTP/03 | REFILL DATE | 8 NUM (CCYYMMDD) |  |
| (837P) 2410/CTP/04 | DRUG QUANTITY (QUALIFIER = ‘PS’) | 10 NUM | 1500 – BOX 24 line 2 |
| (837P) 2410/LIN/02 | NDC CODE FORMAT (“N4”) (Applies to RX1-4 and RX1-11 thru RX1-34) | 2 ALPHA-NUM |  |
| (837P) 2410/LIN/03 | NDC CODE | 11 ALPHA-NUM |  |

**LOOP 2430 Other INS COB Line Level Adjustment**

|  |  |  |  |
| --- | --- | --- | --- |
| X12 | Field name | Max length | Print location |
| 2430/SVD/01 | COB INSURANCE CO PAYER ID | 20 ALPHA-NUM |  |
| 2430/SVD/02 | AMOUNT PAID | 15 NUM (including 2 decimals) |  |
| 2430/SVD/03-1  “HC” for HCPCS | PROCEDURE TYPE | 2 ALPHA-NUM |  |
| 2430/SVD/03-2  Set SVD/03 = HC | PROCEDURE | 20 ALPHA-NUM |  |
| 2430/SVD/03-3 | MODIFIER 1 | 2 ALPHA-NUM |  |
| 2430/SVD/03-4 | MODIFIER 2 | 2 ALPHA-NUM |  |
| (837P) 2430/SVD/03-5 | MODIFIER 3 | 2 ALPHA-NUM |  |
| (837P) 2430/SVD/03-6 | MODIFIER 4 | 2 ALPHA-NUM |  |
| (837P) 2430/SVD/03-7 | DESCRIPTION | 80 ALPHA-NUM |  |
| (837I) 2430/SVD/04 | REVENUE CODE | 10 ALPHA-NUM |  |
| (837P) 2430/SVD/05 | PAID UNITS | 15 NUM |  |
| (837P) 2430/SVD/06 | ASSIGNED LINE # | 6 NUM |  |
| (837P) 2430/DTP/03 | DATE PAID | 8 NUM (CCYYMMDD) |  |
| 2430/CAS/01 | ADJUSTMENT GROUP CODE | 2 ALPHA-NUM |  |
| 2430/CAS/02 | ADJUSTMENT REASON CODE  Allow up to six occurrences | 5 ALPHA-NUM |  |
| 2430/CAS/03 | ADJUSTMENT AMOUNT  Allow up to six occurrences | 15 NUM (ASSUME 2 DECIMALS) |  |
| 2430/CAS/04 | ADJUSTMENT QUANTITY  Allow up to six occurrences | 6 NUM |  |

Attachment D

837 Primary Claims Tier 1 Payers

Current Live Payers

**Chief Business Office (CBO) Revenue Operation (RO)**

**Revenue Transaction Processing**

| Payer Name |
| --- |
| 1199 National Benefit Fund |
| 1-888-OHIOCOMP (Ohio BWC) |
| 3P ADMIN |
| A & I BENEFIT PLAN ADMINISTRATORS |
| A.G.I.A. Inc. |
| AAG-American Administrative Group (Formerly Gallagher Benefit Admin) |
| AARP |
| Access Administrators |
| Acclaim |
| ACS Benefit Services, Inc. |
| Administration Systems Research Corporation |
| Administrative Concepts, Inc. |
| Administrative Services of Kansas, Inc. |
| Administrative Services, Inc. |
| Advantage Preferred Plus |
| Advantra Freedom |
| Adventist Health System West - Roseville, CA |
| Aetna |
| Affinity Health Plan |
| AFTRA Health Fund |
| AGA |
| Agency Services Inc |
| Alaska Childrens Services, Inc. |
| Alaska Electrical Health & Welfare Fund |
| ALICARE |
| All Savers Insurance Co. |
| Allegiance Benefit Plan Management, Inc. |
| Alliance IPA |
| Alliance PPO, LLC |
| Alliant Health Plans of Georgia |
| Allied Administrators (San Francisco, CA) |
| Allied Benefit Systems |
| Altius (Utah) |
| AMA Insurance Agency |
| AmeraPlan |
| AmeriBen Solutions, Inc. |
| AMERICAN BENEFIT ADMINISTRATIVE SERVICES |
| American Benefits Management (North Canton, OH) |
| American Community Mutual Insurance |
| American Family Insurance |
| American General |
| American Healthcare Alliance |
| American LIFECARE |
| American Medical Security, Inc. |
| American National Ins. Co. (ANICO) |
| American Pioneer |
| American Postal Workers Union Health Plan |
| American Progressive Life and Health Insurance Company |
| American Republic Insurance |
| American Worker Health Plan |
| Americas PPO |
| AmeriChoice of New Jersey Personal Care Plus (Medicare) |
| Amerigroup Corporation |
| AmeriHealth |
| Anchor Benefit Consulting, Inc. |
| Ancillary Benefit Systems/ Arizona Foundation for Medical Care |
| Antares Management Solutions |
| Anthem - Blue Cross Blue Shield |
| APA Partners, Inc. |
| Apex Benefit Services |
| APS Healthcare, Inc. |
| Arcadian Management Services, Inc |
| Arkansas Best Corporation - Choice Benefits |
| Associates for Health Care, Inc. (AHC) |
| Assurant Health |
| Assured Benefits Administrators |
| Athens Area Health Plan Select |
| Atlanticare also known as Horizon HealthCare Admin (HHA) |
| Atlantis Health Plan |
| Atlas Administrators |
| Aultra Administrative Group |
| Automated Benefit Services |
| Avera Health Plans |
| AvMed, Inc. |
| Banner Health AZ |
| Bass Administrators, Inc. |
| BC AK (Premera) |
| BC CA (Anthem) |
| BC ID |
| BC OK |
| BC PA (Capital) |
| BC PA (Independence) |
| BC RI |
| BC WA (Premera) |
| BCBS AL |
| BCBS AR |
| BCBS AZ |
| BCBS CO (Anthem) |
| BCBS CT (Anthem) |
| BCBS DE |
| BCBS FL |
| BCBS GA (WellPoint) |
| BCBS HI (HMSA) |
| BCBS IA |
| BCBS IL (HCS) |
| BCBS IN (Anthem) |
| BCBS KS |
| BCBS KY (Anthem) |
| BCBS LA |
| BCBS MA |
| BCBS MD (CareFirst) |
| BCBS ME (Anthem) |
| BCBS MI |
| BCBS MN |
| BCBS MO (Anthem) |
| BCBS MS |
| BCBS MT |
| BCBS National Capital (CareFirst) |
| BCBS NC |
| BCBS ND (Noridian) |
| BCBS NE |
| BCBS NH (Anthem) |
| BCBS NJ (Horizon) |
| BCBS NM (HCS) |
| BCBS NV (Anthem) |
| BCBS NY - Central NY (Excellus) |
| BCBS NY - Empire (WellPoint) |
| BCBS NY - Rochester Area (Excellus) |
| BCBS NY - Utica Watertown (Excellus) |
| BCBS OH (Anthem) |
| BCBS OK (HCS) |
| BCBS OR (Regence) |
| BCBS SC |
| BCBS SD (Wellmark) |
| BCBS TN |
| BCBS TX (HCS) |
| BCBS UT (Regence) |
| BCBS VA (Anthem) |
| BCBS VT |
| BCBS WI (Anthem) |
| BCBS WV (Highmark) |
| BCBS WY |
| Beech Street |
| Behavioral Health Systems |
| Bencomp National Corporation |
| Benefit Administrative Systems |
| Benefit Management Services, Inc. (BCBS LA) |
| Benefit Management Systems, Inc |
| Benefit Plan Administrators Co. (Eau Claire, WI) |
| Benefit Plan Administrators, Inc. (Roanoke, VA) |
| Benefit Plan Management, Inc. |
| Benefit Planners, Inc. |
| Benefit Source, Inc. |
| Benefit Systems & Services, Inc. (BSSI) |
| Benesight |
| BERKSHIRE HEALTH PLAN |
| Bluegrass Family Health |
| Boilermakers National Health & Welfare Fund |
| Boon-Chapman Benefit Administrators, Inc. |
| BPA/Benefit Plan Administrators (North Dakota) |
| BPS Inc. |
| Bravo Health |
| Bridgestone Claims Services |
| Brockerage Concepts, Inc. |
| Brodart |
| Brown & Toland Medical Group |
| BS CA |
| BS ID (Regence) |
| BS NY - Northeastern (HealthNow) |
| BS NY - Western NY (HealthNow) |
| BS PA - Highmark |
| BS WA (Regence) |
| Butler Benefit |
| Cannon Cochran Management Services, Inc. |
| Capital District Physicians Health Plan |
| Capitol Administrators |
| Care Improvement Plus |
| Carelink Health Plan |
| Carelink Medicaid |
| CAREPLUS |
| Cariten Healthcare |
| Carolina Care Plan |
| Carolina Summit Healthcare, Inc. |
| Carpenters Health and Welfare Trust Fund of St. Louis |
| Catholic Healthcare West |
| CBCA Administrators |
| CBSA |
| CCN |
| CDO Technologies |
| Cedars-Sinai Medical Network Services |
| Central Benefits Life |
| Central Reserve Life |
| Central States Health & Welfare Funds |
| Century Health Solutions |
| CHA Health |
| CHAMPUS FOUNDATION HL |
| CHAMPVA - HAC |
| Chesapeake Life Insurance Company - Insurance Center |
| Childhealth Plus by Healthfirst (CHP) |
| Christian Brothers Services |
| CIGNA |
| Cofinity |
| COLONIAL HEALTHCARE |
| COLUMBIA MEDICARE |
| Commerce Benefits Group |
| CommonWealth Administrative Group |
| Community Care Managed Health Care Plans of Oklahoma |
| Community Health Electronic Claims/CHEC/webTPA |
| Community Health Plan |
| Comprehensive Benefits Administrator, Inc. |
| ConnectiCare, Inc |
| Connecticut Carpenters Health Fund |
| Consociate Group |
| Continental General Insurance Company |
| Conversion Plan-APWU |
| Cooperative Benefit Administrators (CBA) |
| Core Administrative Services |
| CoreSource |
| Cornerstone Benefit Adminstrators |
| Corporate Benefits Service, Inc. (NC) |
| Corporate Systems Administration |
| Country Life Insurance Company |
| Covenant Administrators, Inc. (Atlanta, GA) |
| Coventry Health & Life |
| Creative Medical Systems |
| Custom Benefit Administrators |
| D.H. EVANS & ASSOC. |
| Dart Management Corporation |
| Definity Health |
| Delta Health Systems |
| Deseret Mutual |
| Desert Family Practice Association |
| Destiny Health |
| Directors Guild of America - Producer Health Plan |
| Diversified Administration Corporation |
| Dunn and Associates Benefits Administrators, Inc. |
| EBC INC |
| EBMS (Employee Benefit Management Services, Inc.) |
| EDS |
| Educators Mutual (EMIA) |
| Emerald Health Network, Inc. (All PPO Business) |
| Employee Benefit Corporation |
| Employee Benefit Management Corp (EBMC) aka Big Lots Assoc Benefit Plan |
| Employee Benefit Services (Ft. Mill, SC) |
| Employee Benefit Services of Louisiana, Inc (EBS) |
| Employee Plans, LLC |
| Employer Plan Services |
| Employers Direct Health |
| Employers Insurance of Wausau |
| Employers Mutual, Inc. (Stuart, Florida) |
| Encircle PPO |
| Encompass |
| Equitable Plan Services (Oklahoma City, OK) |
| Erin Group Administrators |
| ES Beveridge and Associates |
| E-V Benefits Management, Inc (Columbus, OH) |
| Evolutions Healthcare Systems (New Port Richey, FL) |
| ExclusiCare |
| Fallon Community Health Plan |
| FARA Benefit Services, Inc. |
| FCE Benefit Administrators |
| Federated Mutual Insurance |
| First Carolina Care |
| First Choice HealthPlans of Connecticut |
| First Choice of Midwest (PPO) |
| First Health Network (f.k.a. CCN Managed Care Inc. & PPO Oklahoma) |
| First Health Services Corp. |
| First Service Administrators, Inc |
| FirstCare |
| FirstGuard Health Plan - Kansas |
| Fiserv Health |
| Florida Hospital Healthcare Systems |
| FMH Benefit Services, Inc. |
| Formax, Inc. |
| FOUNDATION BENEFIT ADMINISTRATORS/CONTRACTOR EMPLOYEE BENEFITS ADMIN |
| Fox-Everett, Inc. |
| Fringe Benefit Management |
| Fringe Benefits Coordinators |
| FrontPath Health Coalition |
| GEGA Group Administrators |
| Geisinger Health Plan |
| GENWORTH ADMINISTRATORS, INC., TEXAS |
| GHI - New York (Group Health Inc.) |
| Gilsbar, Inc. |
| Global Care Inc. |
| GMS, Inc. |
| Golden State Physicians Medical Group |
| Government Employees Hospital Association (GEHA) |
| Great Lakes Health Plan |
| Great-West Healthcare |
| Group Administrators Ltd. |
| Group and Pension Administrators |
| Group Health Co-op |
| Group Insurance Service Center, Inc. |
| Guardian Life Insurance Company of America |
| H.E.R.E.I.U Welfare Pension Funds |
| HAP/AHL/Curanet |
| Harrington Benefit Services, Inc. |
| Harvard Pilgrim Health Care |
| HCH Administration (Illinois) |
| HCHA Albq-Self Funded |
| HDM Benefit Solutions |
| Health Alliance Medical Plans |
| Health America Inc./Health Assurance/Advantra |
| HEALTH CARE SAVINGS |
| Health Cost Solutions |
| Health Design Plus (Hudson, OH) |
| Health Net |
| Health Network America |
| HEALTH NEW ENGLAND |
| Health Partners - Jackson, TN |
| Health Partners, PA |
| Health Plans Inc. |
| HEALTHCARE COMPARE |
| HEALTHCARE RESOURCES |
| Healthcare Solutions Group |
| Healthcomp Inc. |
| Healthfirst TPA (Tyler, TX) |
| Healthlink HMO |
| Healthlink PPO |
| HealthNow - BCBS Northeastern NY |
| HealthNow - Blue Cross Blue Shield of Western NY |
| HealthPartners MN |
| HealthPlan Services (Tampa only) |
| HealthPlus of Michigan |
| HealthSCOPE Benefits, Inc. |
| HealthSmart Preferred Care, Inc. |
| HealthStar, Inc. |
| Heritage Consultants |
| HFN, Inc. |
| High Desert Primary Care |
| Highmark Blue Cross & Blue Shield of Pennsylvania |
| Highmark Blue Cross Blue Shield |
| HIP - Health Insurance Plan of Greater New York |
| HMA Hawaii |
| Horizon NJ Health |
| HPS Paradigm, Inc. |
| Humana |
| Humboldt-Del Norte Foundation for Medical Care |
| Hunt Insurance Group |
| IAA |
| IMS Management Services |
| INDECS Corporation |
| Independence Medical Group |
| Independent Health |
| Indiana Health Network |
| Indiana ProHealth Network |
| Indiana Teamsters Health Benefits Fund (Indianapolis, IN) |
| Informed, LLC |
| INNOVATIVE HEALTHCARE SOLUTIONS, INC. |
| Insurance Design Administrators |
| Insurance Services of Lubbock |
| Insurers Administrative Corp. |
| Integra Group |
| Integra Group-CHA |
| InterCare Health Plans Inc. |
| Intergroup Services Corporation |
| International Medical Group |
| International Medical Group (IMG) |
| International Union of Operating Engineers Local 15, 15A, 15C & 15D |
| J. Smith Lanier & Co. Administrators |
| John Alden Life Insurance Co. |
| JOHN MORRELL COMPANY CO. - AHPBA |
| Joplin Claims |
| JP Farley Corporation |
| Kaiser Foundation Health Plan |
| Kanawha HealthCare Solutions, Inc. |
| Kempton Company |
| Kern Health Systems |
| Key Benefit Administrators (Indianapolis, IN) |
| Klais & Company |
| KPS-Kitsap Physician Services |
| Lakeside Health Services |
| Life Investors Insurance |
| LifeWise Healthplan of Oregon |
| Lovelace Sandia Health Plan |
| Lumenos, Inc. |
| Magellan Health Services |
| Magnacare |
| Mail Handlers Benefit Plan |
| Managed Care Services, LLC |
| Managed Health Network |
| Managed Physical Network |
| MANATEE SERVICE CTR |
| MARYLAND HEALTH PLAN |
| Maryland Physicians Care |
| Masters, Mates and Pilots Program |
| MBS |
| MDNY Healthcare |
| MedAdmin Solutions |
| MedBen (Newark, OH) |
| MedCom |
| MedCost, Inc. |
| Medica |
| Medical Benefit Administrators, Inc/dba MBA of MD, Inc |
| Medical Claims Service, Inc. |
| Medical Mutual of Ohio |
| Medical Resource Network (MRN) |
| Medicare of Texas (VA Only) |
| Mediversal |
| MedSolutions, Inc |
| Mega Life & Health Insurance Company - Insurance Center |
| Memphis Managed Care |
| Mercy Health Plans |
| Meritain Health/North American Administrators |
| Metcare Health Plans, Inc. |
| MID ATLANTIC HEALTH |
| Mid Atlantic Psychiatric Services, Inc. (MAPSI) |
| Midlands Choice, Inc. |
| MidSouth Administrative Group |
| Mid-West National Life Insurance Co. of Tennessee |
| Midwest Security |
| Mississippi Public Entity Employee Benefit Trust |
| Mississippi Select Health Care |
| MMSI |
| Montefiore Contract Management Organization |
| Monumental Life Insurance Company |
| Multiplan Inc. for American Family |
| Multiplan Wisconsin Preferred Provider Network |
| Mutual Assurance Administrators |
| MVP Health Plan of NY |
| NAA (North America Administrators, L.P.) (Nashville, TN) |
| NALC/Affordable |
| National Benefit Administrators - New Jersey |
| National Benefit Administrators - North Carolina |
| National Health Insurance Company |
| National Telecommunications Cooperative Association (NTCA) |
| Nationwide Health Plans |
| NCAS |
| Neighborhood Health Partnership of Florida |
| Neighborhood Health Plan (Boston, MA) |
| NETWERKES |
| Network Health |
| New Era Life Insurance Company |
| NGS American, Inc |
| Nippon Life Insurance Company of America |
| NJ Carpenters Health Fund |
| North Broward Hospital District |
| North Texas Healthcare Network |
| Northern California Sheet Metal Workers Health Care Plan |
| Northern Nevada Trust Fund |
| Nova Healthcare Administrators, Inc. (Grand Island, NY) |
| Novasys Health Network |
| Nyhart |
| Ochsner Health Plan |
| ODS Health Plan |
| Office of Group Benefits- Louisiana |
| Ohio Health Choice, PPO |
| Optima Health Plan |
| OSF Health Plans |
| Oxford Health Plans |
| P5 Health Plan Solutions of Utah |
| Pacific Life & Annuity Company |
| PacifiCare |
| PacificSource Health Plans |
| PAI |
| PARAGON BENEFITS, INC |
| Paramount Health |
| PCA HEALTH PLANS |
| PEHP - UTAH PUBLIC EMPLOYEE HEALTH PLAN |
| Peoples Health Network |
| PersonalCare |
| PHP - Physicians Health Plan of Northern Indiana (Fort Wayne, IN) |
| PHYSICIANS CARE NETWORK |
| Physicians Mutual Insurance Company |
| Physicians Plus Insurance Corporation |
| Pinnacle Claims Management, Inc. |
| PIPELINE INDUSTRY BENEFIT FUND |
| Pittman & Associates |
| Poly America Medical & Dental Benefits Plan |
| POMCO |
| PPOPlus LLC |
| Prairie States Enterprises, Inc. |
| Preferred Benefits Administrator |
| Preferred Care |
| Preferred Care Partners (Miami, Florida) |
| Preferred Community Choice/PCCSelect/CompMed |
| PREFERRED HEALTH CARE |
| Preferred Health Plan (Louisville, KY) |
| Preferred Health Professionals |
| Preferred Health Systems Insurance Company |
| Preferred Network Access, Inc. |
| PreferredOne (MN) |
| PREFFERED BENEFIT ADMINISTRATORS |
| Primary Health Network |
| Primary PhysicianCare, Inc. |
| Priority Health |
| Professional Benefit Administrators (Winter Park, FL) |
| Professional Benefit Administrators, Inc. (Oak Brook, IL) |
| Professional Claim Administrators |
| Professional Insurance Company (PIC) (Formerly GE Voluntary Benefits PIC) |
| Professional Risk Management |
| PRONET |
| Qual Choice of Arkansas |
| QualCare, Inc. |
| Quincy Health Care Management, Inc. |
| RBMS, LLC |
| Regency Employee Benefits |
| Regional Care, Inc. |
| ResourceOne Administrators |
| RMSCO, INC. |
| Rocky Mountain Health Care Corp. |
| S & S Healthcare Strategies |
| Sagamore Health Network |
| SAMBA |
| Secure Health Plans of Georgia, LLC |
| Security Health Plan |
| Select Benefit Administrators (Des Moines, Iowa) |
| Select Benefit Administrators of America |
| SelectCare |
| Self Insured Benefit Administrators (Clearwater, FL) |
| Self-Funded Plans, Inc. |
| Sentry Insurance a Mutual Company |
| Shasta Administrative Services |
| Sierra Health Services |
| Signature Health Alliance |
| Sinclair Health Plan |
| Sloans Lake Preferred Health Networks |
| Smith Administrators |
| South Carolina Department of Health & Human Services |
| SOUTH CENTRAL PREFERR |
| South Point Hotel & Casino |
| SouthCare/Healthcare Preferred |
| Southern Benefit Services |
| Southern Group Administrators |
| Southern Health Services, Inc. |
| Southwest Administrators California |
| Spectrum Administrators Inc. - TPA Allentown, PA (IHS Gateway Payer) |
| St. Barnabas System Health Plan |
| St. Johns Claims Administration |
| Star HRG |
| Starmark |
| State Farm Insurance Companies |
| State of Texas Dental Plan |
| Staywell Health Plan |
| Sterling Option 1 |
| Stoner and Associates (Cincinnati, OH) |
| SummaCare Health Plan |
| Summit America Insurance Services, Inc. |
| Sun Life and Health Insurance Company (U.S.) (formerly GLHIC) |
| Superior Administrators, Inc (Santa Ana, CA) |
| SYNAPTEK |
| Tall Trees Administrators |
| TBG Administrative Services |
| Teachers Health Trust |
| Teamsters Local Union #301 |
| TEXAS MEDICARE |
| The EPOCH Group |
| The Health Plan (Massillon, Ohio and St. Clairsville, Ohio only) |
| The Integrity Benefit Group, Inc. |
| The Loomis Company - TPA Wyomissing, PA (IHS Gateway Payer) |
| The Union Labor Life Insurance Company |
| Three Rivers Health Plans, Inc |
| TML Intergovernmental Employee Benefit Pool |
| Tongass Timber Trust |
| Tower Life Insurance Co. |
| TR Paul Inc. |
| TrailBlazer Health Enterprises |
| TransAmerica Life Insurance Company |
| TransChoice-Key Benefit Administrators |
| Tricare for Life |
| Tricare North |
| Tricare South |
| Tricare West |
| TRIPLE S |
| TriSurant (formerly Health Administration Services-HAS) |
| True Choice USA |
| TRUE CHOICE USA |
| Trusteed Plans Service Corporation |
| TUFTS ASSOC HEALTH |
| UBH-RIOS |
| UFCW |
| UHIN |
| UMWA Health & Retirement Funds |
| Unicare |
| Unified Group Services |
| Uniform Medical Plan/Harrington Benefit Services |
| UNION PACIFIC RAILROAD EMPLOYES Health Systems |
| Union Security Insurance Company |
| United Agriculture Benefit Trust |
| UNITED AMERICAN INSURANCE CO. |
| United Healthcare of River Valley |
| United Medical Resources |
| UnitedHealthcare |
| Univera - Health Care Plan/ChoiceCare Buffalo |
| Univera Healthcare WNY |
| Universal Health Care, Inc |
| UPMC Health Plan |
| US Benefits |
| US Department of Labor |
| US Family Health Plan (USFHP) |
| USAA (United States Automobile Association) |
| USFHP - St. Vincent Catholic Medical Centers of New York |
| Vantage Health Plan, Inc. |
| Vista Health Plan |
| Vytra Healthcare |
| Washington Employers Trust |
| Waterstone Benefit Administrators |
| Watkins Associated Industries, Inc. |
| WEA INS GROUP |
| Wellcare |
| Wellmark |
| WellPath |
| WellPoint |
| Wells Fargo Third Party Administrators, Inc. (Acordia) |
| Western Health Inc |
| Western Mutual Insurance |
| Western Southern Financial Group (Cincinnati, OH) |
| Weyco Inc. |
| William C. Earhart |
| Wisconsin Auto and Truck Dealers |
| Wisconsin Physicians Service Insurance Corporation |
| World Insurance Company |
| Writers Guild - Industry Health Plan |
| Young Life |

Attachment E

837 Primary Claims Tier 2 Payers

Desired Payers

**Chief Business Office (CBO) Revenue Operation (RO)**

**Revenue Transaction Processing**

|  |
| --- |
| Payer Name |
| Aultcare |
| BC PA - Northeastern (NEPA) |
| BCBS PR |
| BCBS RI |
| CONSECO |
| Independent Health Flex |
| Mercy Health Plans |
| Michigan Regional Co Carpenters |
| Olympic Health |
| Reserve National |
| Value Options, Inc. |

**Attachment F**

**837 COB Claims Tier 1 Payers**

**Chief Business Office (CBO) Revenue Operation (RO)**

**Revenue Transaction Processing**

| Payer Name |
| --- |
| AARP |
| Advantra Freedom |
| AETNA |
| BC AK (Premera) |
| BC ID |
| BC WA (Premera) |
| BCBS AL |
| BCBS AR |
| BCBS AZ |
| BCBS CO (Anthem) |
| BCBS CT (Anthem) |
| BCBS FL |
| BCBS GA (WellPoint) |
| BCBS IA (Wellmark) |
| BCBS IL (HCS) |
| BCBS IN (Anthem) |
| BCBS KS |
| BCBS KY (Anthem) |
| BCBS MA |
| BCBS ME (Anthem) |
| BCBS MI |
| BCBS MO (Anthem) |
| BCBS MS |
| BCBS MT |
| BCBS NC |
| BCBS ND (aka Noridian) |
| BCBS NE |
| BCBS NH (Anthem) |
| BCBS NJ (aka Horizon) |
| BCBS NM (HCS) |
| BCBS NV (Anthem) |
| BCBS NY - Northeastern (HealthNow) |
| BCBS NY - Western (HealthNow) |
| BCBS OH (Anthem) |
| BCBS OR (Regence) |
| BCBS SC |
| BCBS SD (Wellmark) |
| BCBS TN |
| BCBS TX (HCS) |
| BCBS UT (Regence) |
| BCBS VA (Anthem) |
| BCBS WI (Anthem) |
| BCBS WV (Highmark) |
| BCBS WY |
| Blue Grass Family Health Plan |
| BS CA |
| BS ID (Regence) |
| BS PA (Highmark) |
| BS WA (Regence) |
| Carelink-Commercial |
| Cariten Health Care |
| CHC |
| CIGNA |
| CoreSource |
| Coventry Health Care |
| First Health |
| GHI |
| Group Health Plan (GHP/Advantra) |
| Health America/Health Assurance/Advantra |
| Mailhandlers |
| MEDICA |
| MUTUAL OF OMAHA |
| NALC |
| Personal Care |
| Physicians Mutual |
| Preferred Benefit Administrators |
| Preferred Health |
| Southern Health Services |
| State Farm |
| UNITED AMERICAN |
| UNITED HEALTH CARE |
| WellPath |

**Attachment G**

**837 COB Claims Tier 2 Payers**

**Desired Payers**

**Chief Business Office (CBO) Revenue Operation (RO)**

**Revenue Transaction Processing**

| Payer Name |
| --- |
| 1199 National Benefit Fund |
| 3P ADMIN |
| A & I Benefit Plan Administrators |
| A.G.I.A. Inc. |
| AAG-American Administrative Group (Formerly Gallagher Benefit Admin) |
| Access Administrators |
| Acclaim |
| Acordia/Wells Fargo |
| ACS Benefit Services, Inc. |
| Administrative Concepts, Inc. |
| Administrative Services, Inc. |
| AdvoCare Incorporated (aka ALPS CompCare or AultComp Managed Care Organization) |
| Affinity Health Plan |
| AFTRA Health Fund |
| Alaska Electrical Health & Welfare Fund |
| Alicare (aka Amalgamated Life) |
| Allegiance Benefit Plan Management, Inc. |
| Alliant Health Plans of Georgia |
| Allied Administrators |
| Allied Benefit Systems |
| Altius |
| AMA Insurance Agency |
| AmeraPlan |
| AmeriBen Solutions, Inc. |
| American Benefit Administrative Services, Inc. |
| American Benefits Management |
| American Community Mutual Insurance |
| American Family Insurance |
| American General |
| American Healthcare Alliance |
| American LIFECARE |
| American Medical Security, Inc. |
| American National Ins. Co. (ANICO) |
| American Pioneer South Florida |
| American Postal Workers Union Health Plan (APWU) |
| American Republic Insurance |
| American Worker Health Plan |
| AmeriChoice of New Jersey Personal Care Plus (Medicare) |
| Amerigroup Corporation |
| AmeriHealth |
| Anchor Benefit Consulting, Inc. |
| Ancillary Benefit Systems/ Arizona Foundation for Medical Care |
| Antares Management Solutions |
| APA Partners, Inc. |
| Apex Benefit Services |
| APS Healthcare, Inc. |
| ARAZ Group |
| Arcadian Management Services, Inc |
| Arkansas Best Corporation - Choice Benefits |
| Associates for Health Care, Inc. (AHC) |
| Assurant Health (aka Time Insurance Co) |
| Assured Benefits Administrators |
| Athens Area Health Plan Select |
| Atlanticare (aka Horizon HealthCare Admin (HHA)) |
| Atlantis Health Plan |
| Atlas Administrators |
| Automated Benefit Services |
| Automated Group Administration, Inc. |
| Avera Health Plans |
| AvMed, Inc. |
| Banner Health |
| BC CA |
| BC PA - Capital |
| BC PA - Independence |
| BC PA - Northeastern (NEPA) |
| BCBS Central NY, Rochester, Utica-Watertown, Universal Healthcare - Excellus |
| BCBS CT (Anthem) |
| BCBS DE |
| BCBS HI - Hawaii Medical Service Association (HMSA) |
| BCBS IA (Wellmark) |
| BCBS LA |
| BCBS MD (Care First) |
| BCBS MN |
| BCBS MO (Anthem) |
| BCBS National Capital Area (Care First) |
| BCBS NH (Anthem) |
| BCBS NJ (Horizon) |
| BCBS NY - Empire (WellPoint) |
| BCBS OK |
| BCBS OR (Regence) |
| BCBS PR |
| BCBS RI |
| BCBS VA (Anthem) |
| BCBS VT |
| BCBS Western NY - Health Now |
| BCBS WI (Anthem) |
| Bencomp National Corporation |
| Benefit Administrative Systems |
| Benefit Management Service |
| Benefit Management Systems, Inc |
| Benefit Plan Administrators, Inc. |
| Benefit Plan Management, Inc. |
| Benefit Planners, Inc. |
| Benefit Source, Inc. |
| Benefit Systems & Services, Inc. (BSSI) |
| Benesight |
| Benesys |
| Berkshire Health Partners |
| Bluegrass Family Health |
| Boilermakers National Health & Welfare Fund |
| Boon-Chapman Benefit Administrators, Inc. |
| BPA/Benefit Plan Administrators (North Dakota) |
| Bravo Health (formerly known as ELDER HEALTH) |
| Bridgestone Claims Services |
| Brockerage Concepts, Inc. |
| Brown & Toland Medical Group |
| BS NY (Northeastern) - Health Now |
| BS PA Highmark |
| Butler Benefit |
| Cannon Cochran Management Services, Inc. |
| Capital District Physicians Health Plan (CDPHP) |
| Capitol Administrators |
| CarePlus Health Plans, Inc. |
| Cariten Healthcare |
| Carolina Care Plan |
| Carolina Summit Healthcare, Inc. |
| Carpenters Health and Welfare Trust Fund of St. Louis |
| Catholic Healthcare West |
| CBCA Administrators (HRM) |
| CCN Managed Care Inc. (aka First Health Network) |
| CDO Technologies |
| Cedars-Sinai Medical Network Services |
| Central Benefits Life (aka Central Benefits Mutual) |
| Central Reserve Life Insurance Co. |
| Central States Health & Welfare Funds (aka Teamcare) |
| Century Health Solutions |
| CHA Health |
| CHAMPVA - HAC |
| Claims Management Services |
| COLONIAL HEALTHCARE |
| Columbia United Providers |
| Commerce Benefits Group |
| CommonWealth Administrative Group |
| Community Care Managed Health Care Plans of Oklahoma |
| Community Health Plan |
| Comprehensive Benefits Administrator, Inc. (aka Employee Benefits Plan Administration, Inc. (E.B.P.A.)) |
| ConnectiCare, Inc |
| CONSECO |
| Consociate Group |
| Continental General Insurance Company |
| Conversion Plan-APWU |
| Cooperative Benefit Administrators (CBA) |
| Core Administrative Services |
| Cornerstone Benefit Adminstrators |
| Corporate Benefit Services of America (aka Performax) |
| Corporate Benefits Service, Inc. |
| Country Life Insurance Company |
| Covenant Administrators, Inc. |
| Creative Medical Systems |
| Custom Benefit Administrators |
| D.H. EVANS & ASSOC. |
| Dart Management Corporation |
| Definity Health |
| Delta Health Systems |
| Deseret Mutual |
| Desert Family Practice Association (aka Desert Hosptial) |
| Destiny Health |
| Diversified Administration Corporation |
| DME Region A (DMERC A) - NHIC |
| Dunn and Associates Benefits Administrators, Inc. |
| EBC, Inc. (aka EBC Mid-America) |
| EBMS (Employee Benefit Management Services, Inc.) |
| EDS |
| Educators Mutual (EMIA) |
| Emerald Health Network, Inc. |
| Employee Benefit Corporation |
| Employee Benefit Management Corp (EBMC) aka Big Lots Assoc Benefit Plan |
| Employee Benefit Services |
| Employee Plans, LLC |
| Employer Plan Services |
| Employers Direct Health |
| Employers Mutual, Inc. |
| Encompass |
| Encore Health Network |
| Equitable Plan Services |
| Erin Group Administrators |
| ES Beveridge and Associates |
| Evolutions Healthcare Systems |
| Fallon Community Health Plan |
| FARA Benefit Services, Inc. |
| FCE Benefit Administrators |
| Federated Mutual Insurance |
| First Carolina Care |
| First Choice of Midwest (PPO) |
| First Health Services Corp. |
| First Service Administrators, Inc |
| FirstCare |
| FirstGuard Health Plan |
| Fiserv Health - Wausau Benefits/Benesight |
| Florida Hospital Healthcare Systems |
| FMH Benefit Services, Inc. |
| Formax, Inc. |
| Foundation Benefit Administrators/Contractor Employee Benefits Admin |
| Fox-Everett, Inc. |
| Fringe Benefit Management |
| Fringe Benefits Coordinators |
| FrontPath Health Coalition |
| GEGA Group Administrators |
| Geisinger Health Plan |
| Genworth Life and Health Insurance Company (GLHIC) (Formerly GEGLAC) |
| GHI - New York (Group Health Inc.) |
| Gilsbar, Inc. |
| Global Care Inc. |
| GMS, Inc. |
| Golden Rule Insurance Company |
| Government Employees Hospital Association (GEHA) |
| Great Lakes Health Plan |
| Great-West Healthcare |
| Group Administrators Ltd. |
| Group and Pension Administrators |
| Group Health Cooperative |
| Guardian Life Insurance Company of America |
| HAP/AHL/Curanet |
| Harrington Benefit Services, Inc. |
| Harvard Pilgrim Health Care |
| HCH Administration |
| HCHA Albq-Self Funded |
| HDM Benefit Solutions |
| Health & Welfare Trust (Cement Masons & Plasterers/Alaska United Food & Commercial Workers) |
| Health Alliance Medical Plans |
| Health Care Savings, Inc. |
| Health Cost Solutions |
| Health Design Plus |
| Health Net |
| Health Network America |
| HEALTH NEW ENGLAND |
| Health Partners |
| Healthcare Partners |
| Healthcare Resources |
| Healthcare Solutions Group |
| Healthcomp Inc. |
| Healthfirst Family Health Plus (FHP) |
| Healthfirst TPA |
| Healthlink |
| HealthPlan Services (Tampa only) |
| HealthPlus of Michigan |
| HealthSCOPE Benefits, Inc. |
| HealthSmart Preferred Care, Inc. |
| HealthStar, Inc. |
| Heritage Consultants |
| HFN, Inc. |
| High Desert Primary Care |
| HIP - Health Insurance Plan of Greater New York |
| HMA Hawaii |
| HPS Paradigm, Inc. |
| Humana |
| Humboldt-Del Norte Foundation for Medical Care |
| IMS Management Services |
| INDECS Corporation |
| Independent Health |
| Indiana Health Network |
| Indiana ProHealth Network |
| Informed, LLC |
| Insurance Administrators of America, Inc. |
| Insurance Design Administrators |
| Insurance Services of Lubbock |
| Insurers Administrative Corp. |
| Integra Group |
| Integrity Benefit Group, Inc. |
| InterCare Health Plans Inc. |
| Intergroup Services Corporation |
| International Medical Group (IMG) |
| International Union of Operating Engineers Local 15, 15A, 15C & 15D |
| J. Smith Lanier & Co. Administrators |
| John Alden Life Insurance Co. |
| Joplin Claims |
| JP Farley Corporation |
| Kaiser Health Plan Inc |
| Kanawha HealthCare Solutions, Inc |
| Kempton Company |
| Kern Health Systems |
| Key Benefit Administrators |
| Keystone Health Plan East |
| Klais & Company |
| Lakeside Health Services |
| Life Investors Insurance |
| LifeWise Healthplan of Oregon |
| Local 135 Health Benefits Fund |
| Lumenos, Inc. |
| Magellan Health Services |
| Magnacare |
| MAMSI Life and Health Insurance Co. (MLH) (aka Mid Atlantic Psychiatric Services, Inc. (MAPSI) or Optimum Choice, Inc. (OCI) or OneNet PPO, LLC) |
| Managed Care Services, LLC |
| Managed Care Systems (Delano Regional Medical Group) |
| Managed Health Network |
| Managed Physical Network |
| Manatee Service Center |
| Maryland Health Insurance Plan |
| Maryland Physicians Care |
| Mcare |
| MDNY Healthcare |
| MedAdmin Solutions |
| MedCom |
| Medcost Benefit Services (MBS) |
| MedCost, Inc. |
| Medical Benefit Administrators, Inc/dba MBA of MD, Inc |
| Medical Benefits Mutual Life Insurance Co. |
| Medical Claims Service, Inc. |
| Medical Mutual of Ohio |
| Medical Resource Network (MRN) |
| Medicare of Texas (VA Only) |
| Mediversal |
| MedSolutions, Inc |
| Mega Life & Health Insurance Company - Insurance Center |
| Memphis Managed Care |
| Mercy Health Plans |
| Meritain Health / Agency Services |
| Metcare Health Plans, Inc. |
| Midlands Choice, Inc. |
| Mid-West National Life Insurance Co. |
| Midwest Security |
| Mississippi Public Entity Employee Benefit Trust (MPEEBT) |
| Mississippi Select Health Care/Select Administrative Services (SAS) |
| MMO |
| MMSI |
| Montefiore Contract Management Organization |
| Monumental Life Insurance Company |
| Multiplan Inc. for American Family |
| Multiplan Wisconsin Preferred Provider Network |
| Mutual Assurance Administrators |
| MVP Health Plan of NY |
| National Benefit Administrators |
| National Health Insurance Company |
| National Telecommunications Cooperative Association (NTCA) |
| Nationwide Health Plans |
| NCAS |
| Neighborhood Health Partnership of Florida |
| NETWERKES |
| Network Health Plan of Wisconsin, Inc. |
| New Era Life Insurance Company |
| NGS American (Trust Mark) |
| Nippon Life Insurance Company of America |
| NJ Carpenters Health Fund |
| North American Administrators, Inc. (NAA) |
| North American Benefits Network |
| North Broward Hospital District |
| North Texas Healthcare Network |
| Northern Nevada Trust Fund |
| Nova Healthcare Administrators, Inc. |
| Novasys Health Network (aka Community Care Plus) |
| Nyhart |
| Ochsner Health Plan |
| Office of Group Benefits - LA |
| Ohio Health Choice, PPO |
| Olympic Health |
| Oregon Dental Services (ODS) Health Plan |
| OSF Health Plans |
| Oxford Health Plans |
| P5 Health Plan Solutions of Utah |
| Pacific Life & Annuity Company (aka PM Group) |
| PacifiCare |
| PacificSource Health Plans |
| Paragon Benefits, Inc. |
| PCA HEALTH PLANS |
| PEHP (Utah Public Employee Health Plan) |
| Peoples Health Network |
| PHP - Physicians Health Plan of Northern Indiana |
| Physicians Care Network |
| Physicians Plus Insurance Corporation |
| PIPELINE INDUSTRY BENEFIT FUND |
| Pittman & Associates |
| Planned Administrators, Inc. |
| Poly America Medical & Dental Benefits Plan |
| POMCO |
| PPOM, LLC (aka Cofinity) |
| PPOPlus LLC |
| Prairie States Enterprises, Inc. |
| Preferred Benefits Administrator |
| Preferred Care Partners |
| Preferred Care |
| Preferred Community Choice/PCCSelect/CompMed |
| Preferred Health Care |
| Preferred Health Plan |
| Preferred Health Professionals |
| Preferred Health Systems |
| PreferredOne (MN) |
| Premier Benefits, Inc. |
| Primary Health Network |
| Primary PhysicianCare, Inc. |
| Principal Life Insurance Co. |
| Priority Health |
| Professional Benefit Administrators, Inc. |
| Professional Claims Management |
| Professional Insurance Company (PIC) (Formerly GE Voluntary Benefits PIC) |
| Professional Risk Management |
| Providence Health Plans |
| QualCare, Inc. |
| Quincy Health Care Management, Inc. |
| RBMS, LLC |
| Regency Employee Benefits |
| Regional Care, Inc. |
| Reserve National |
| ResourceOne Administrators |
| RMSCO, INC |
| Rocky Mountain Health Plan |
| S & S Healthcare Strategies |
| Sagamore Health Network |
| Seabury & Smith |
| Security Health Plan |
| Select Benefit Administrators of America |
| Select Care |
| Self Insured Benefit Administrators |
| Self Insured Plans |
| Self-Funded Plans, Inc. |
| Sentara Health Management |
| Sentry Insurance a Mutual Company |
| Shasta Administrative Services |
| Sheet Metal Workers Health Care Plan (Benesys) |
| Sierra Health Services |
| Signature Health Alliance |
| Sinclair Health Plan |
| Sloans Lake Preferred Health Networks |
| Smith Administrators |
| South Carolina Department of Health & Human Services |
| South Central Preferred |
| South Point Hotel & Casino |
| SouthCare/Healthcare Preferred |
| Southern Benefit Services |
| Southern Group Administrators |
| Southwest Administrators |
| Special Agents Mutual Benefit Association (SAMBA) |
| Spectrum Administrators Inc. |
| St. Barnabas System Health Plan |
| St. Johns Claims Administration |
| Star HRG |
| State of Texas Dental Plan |
| Staywell Health Plan (aka Wellcare) |
| Sterling Option 1 |
| Stoner and Associates |
| Student Insurance |
| SummaCare Health Plan |
| Summit America Insurance Services, Inc. |
| Tall Trees Administrators |
| TBG Administrative Services |
| Teachers Health Trust |
| Teamsters Local Union #301 |
| The EPOCH Group |
| The Health Plan (Massillon, Ohio and St. Clairsville, Ohio only) |
| The Loomis Company - TPA |
| The Union Labor Life Insurance Company |
| THIN-GREENTREE ADMIN |
| Three Rivers Health Plans, Inc |
| TML Intergovernmental Employee Benefit Pool |
| Todays Options (American Progressive Life & Health Ins Co and Pyramid Life Insurance Co) |
| Tongass Timber Trust |
| Tower Life Insurance Co. |
| TrailBlazer Health Enterprises (THE) |
| TransAmerica Life Insurance Company |
| Tricare (Palmetto Govt Benefits Admin) |
| Tricare for Life |
| TriSurant (formerly Health Administration Services-HAS) |
| True Choice USA |
| Trusteed Plans Service Corporation |
| Trustmark Insurance Company |
| Tufts Health Plan |
| UBH - United Behavioral Health (former MetraHealth - UNET) |
| UFCW |
| UMWA Health & Retirement Funds |
| Unicare |
| Unified Group Services |
| Uniform Medical Plan/Harrington Benefit Services |
| UNION PACIFIC RAILROAD EMPLOYES Health Systems |
| Union Security Insurance Company |
| United Agriculture Benefit Trust |
| United Healthcare of River Valley (formerly John Deere Health Care Inc.) |
| United Medical Resources |
| Univera |
| Universal Health Care, Inc |
| UPMC Health Plan |
| US Benefits |
| US Department of Labor |
| US Family Health Plan (USFHP) |
| USAA (United States Automobile Association) |
| USFHP - St. Vincent Catholic Medical Centers of New York |
| Vantage Health Plan, Inc. |
| Vista Health Plan |
| Vytra Healthcare |
| Washington Employers Trust |
| Waterstone Benefit Administrators |
| Watkins Associated Industries, Inc. |
| WEA INS GROUP |
| webTPA/Community Health Electronic Claims/CHEC |
| Wellcare |
| Wellmark |
| Western Growers Insurance Company |
| Western Health Inc |
| Western Mutual Insurance |
| Western Southern Financial Group |
| Weyco Inc. |
| Wisconsin Physicians Service Insurance Corporation |
| World Insurance Company |
| Writers Guild - Industry Health Plan |

**Attachment H**

**835 Tier 1 Payers**

**Current Live Payers**

**Chief Business Office (CBO) Revenue Operation (RO)**

Revenue Transaction Processing

|  |
| --- |
| Payer Name |
| AARP |
| Acordia National |
| Aegon USA |
| AETNA |
| American Republic Insurance Co (ARIC) |
| AmeriHealth |
| Asuris Northwest Health |
| Atrium Health Plan |
| Avera Health Plans |
| AvMed, Inc. |
| Bankers Life and Casualty |
| BC AK (Premera) |
| BC CA (Anthem) |
| BC ID |
| BC PA - Capital |
| BC PA - Independence |
| BC PA - Northeast |
| BC WA (Premera) |
| BCBS AL |
| BCBS AR |
| BCBS AZ |
| BCBS CO (Anthem) |
| BCBS CT (Anthem) |
| BCBS DE |
| BCBS FL |
| BCBS GA (WellPoint) |
| BCBS HI (aka HMSA) |
| BCBS IA (Wellmark) |
| BCBS IL (HCS) |
| BCBS IN (Anthem) |
| BCBS KS - Kansas City |
| BCBS KY (Anthem) |
| BCBS LA |
| BCBS MA |
| BCBS MD (CareFirst) |
| BCBS ME (Anthem) |
| BCBS MI |
| BCBS MN |
| BCBS MO (Anthem) |
| BCBS MS |
| BCBS MT |
| BCBS National Capital (CareFirst) |
| BCBS NC |
| BCBS ND (aka Noridian) |
| BCBS NE |
| BCBS NH (Anthem) |
| BCBS NJ (aka Horizon) |
| BCBS NM (HCS) |
| BCBS NV (Anthem) |
| BCBS NY - Empire |
| BCBS NY - Western (HealthNow) |
| BCBS OH (Anthem) |
| BCBS OK (HCS) |
| BCBS OR (Regence) |
| BCBS RI |
| BCBS SC |
| BCBS SD (Wellmark) |
| BCBS TN |
| BCBS TX (HCS) |
| BCBS UT (Regence) |
| BCBS VA (Anthem) |
| BCBS WI (Anthem) |
| BCBS WV (Highmark) |
| BCBS WY |
| Boilermakers National H&W Fund |
| BPB USA INC |
| Brown & Toland Medical Group |
| BS CA |
| BS ID (Regence) |
| BS PA - Highmark |
| BS WA (Regence) |
| Cariten Healthcare |
| CBA Inc. |
| CHA Health |
| CIGNA |
| CMC Steel Group |
| Colonial Penn Life Insurance Group |
| Combined Insurance Co of America |
| ConnectiCare inc. |
| CONSECO |
| CoreSource |
| Coventry Health Care |
| Darigold Inc |
| Diamondjacks Casino |
| ExclusiCare |
| Federated Mutual Insurance Co |
| First Health |
| FMH Benefit Services Inc |
| Government Employees Hospital Association (GEHA) |
| Geisinger Health Plans |
| Georgia Dept of Community Health |
| Great West Life |
| Group Health |
| Harvard Pilgrim Healthcare |
| Health Alliance |
| Health Insurance Co Alabama |
| Health Management Associates |
| Health Net |
| Health Partners |
| HealthScope Benefits |
| Healthy Alliance Insurance Co |
| HIP of Greater New York |
| HMO Missouri Inc |
| HMO of Louisiana |
| Humana |
| IBA Health and Life Insurance Co |
| ING Life Insurance and Annuity Co |
| Jefferson National Life Insurance Co |
| John Alden Insurance Co |
| Kaiser Permanente |
| Kanawha Insurance Co |
| Knights of Columbus |
| Lifewise |
| Lincoln Heritage Life |
| Mail Handlers |
| Maine Partners Health Plan |
| Matthew Thorton Health Plan of NH |
| Medica Health Plan |
| Medical Mutual of Ohio |
| Mega Life and Health |
| Mercy Health Plans |
| MESSA |
| Mid Atlantic Medical Service Inc. |
| MN Indemnity (MII) Life Inc. |
| Morris Assocaites |
| Mutual of Omaha |
| National Association of Letter Carriers |
| Nationwide Health Plans |
| New York Life |
| Newpark Resources Inc. |
| NGS American Inc. |
| Nippon Life Insurance Co of America |
| Oxford Health Plans LLC |
| PacifiCare |
| PacificSource Health Plans |
| PHP Management Systems Inc |
| Physicians Mutual Insurance Co |
| Physicians Health Plan |
| POMCO |
| PreferredOne Administrative Services |
| Premier Blue |
| Principal Life Insurance Co |
| Priority Health |
| Renal Care Group |
| Reserve National |
| Royal Neighbors of America GMHIP |
| Secure Horizons Direct |
| Sensus Metering Systems Inc. |
| State Farm Insurance Companies |
| Sterling Life Insurance Company |
| Stonebridge Life Insurance Co |
| Texas Gulf Coast HMO Inc |
| The Everett Clinic |
| Time Insurance Co |
| Tricare North/South (Palmetto Government Benefits Administrator) |
| Trustmark Life |
| Tufts Benefit Administrators |
| U S Concrete |
| Unicare (WellPoint) |
| United American Insurance |
| United of Omaha |
| United World |
| UnitedHealthcare |
| Universal Fidelity Life Insurance Co |
| UPMC Health Plan |
| US Behavioral Health Plan |
| Value Options Inc |
| Virginia Mason Medical Center |
| Washington National Insurance Co |
| Wausau |
| Wellcare |
| World National Insurance Co |

**Attachment I**

**835 Tier 2 Payers**

**Desired Payers**

**Chief Business Office (CBO) Revenue Operation (RO)**

**Revenue Transaction Processing**

| Payer Name |
| --- |
| 1199 National Benefit Fund |
| 3P ADMIN |
| A & I Benefit Plan Administrators |
| A.G.I.A. Inc. |
| AAG-American Administrative Group (Formerly Gallagher Benefit Admin) |
| Access Administrators |
| Acclaim |
| ACS Benefit Services, Inc. |
| Administrative Concepts, Inc. |
| Administrative Services, Inc. |
| Advantra Freedom |
| AdvoCare Incorporated (aka ALPS CompCare or AultComp Managed Care Organization) |
| Affinity Health Plan |
| AFTRA Health Fund |
| Alaska Electrical Health & Welfare Fund |
| Alicare (aka Amalgamated Life) |
| Allegiance Benefit Plan Management, Inc. |
| Alliant Health Plans of Georgia |
| Allied Administrators |
| Allied Benefit Systems |
| Altius |
| AMA Insurance Agency |
| AmeraPlan |
| AmeriBen Solutions, Inc. |
| American Benefit Administrative Services, Inc. |
| American Benefits Management |
| American Community Mutual Insurance |
| American Family Insurance |
| American General |
| American Healthcare Alliance |
| American International Group, Inc. (AIG) (aka Evercare or Medica) |
| American LIFECARE |
| American Medical Security, Inc. |
| American National Ins. Co. (ANICO) |
| American Pioneer South Florida |
| American Postal Workers Union Health Plan (APWU) |
| American Worker Health Plan |
| AmeriChoice of New Jersey Personal Care Plus (Medicare) |
| Amerigroup Corporation |
| AmeriHealth |
| Anchor Benefit Consulting, Inc. |
| Ancillary Benefit Systems/ Arizona Foundation for Medical Care |
| Antares Management Solutions |
| APA Partners, Inc. |
| Apex Benefit Services |
| APS Healthcare, Inc. |
| ARAZ Group |
| Arcadian Management Services, Inc |
| Arkansas Best Corporation - Choice Benefits |
| Associates for Health Care, Inc. (AHC) |
| Assurant Health (aka Time Insurance Co) |
| Assured Benefits Administrators |
| Athens Area Health Plan Select |
| Atlanticare (aka Horizon HealthCare Admin (HHA)) |
| Atlantis Health Plan |
| Atlas Administrators |
| Aultcare |
| Automated Benefit Services |
| Automated Group Administration, Inc. |
| Avera Health Plans |
| Banner Health |
| BC ID |
| BC OK |
| BC PA - Northeastern (NEPA) |
| BC UT (Regence) |
| BCBS Central NY, Rochester, Utica-Watertown, Universal Healthcare - Excellus |
| BCBS ME (Anthem) |
| BCBS NH (Anthem) |
| BCBS RI |
| BCBS WV - Mountain State |
| Bencomp National Corporation |
| Benefit Administrative Systems |
| Benefit Management Service |
| Benefit Management Systems, Inc |
| Benefit Plan Administrators, Inc. |
| Benefit Plan Management, Inc. |
| Benefit Planners, Inc. |
| Benefit Source, Inc. |
| Benefit Systems & Services, Inc. (BSSI) |
| Benesight |
| Benesys |
| Berkshire Health Partners |
| Bluegrass Family Health |
| Boilermakers National Health & Welfare Fund |
| Boon-Chapman Benefit Administrators, Inc. |
| BPA/Benefit Plan Administrators (North Dakota) |
| Bravo Health (formerly known as ELDER HEALTH) |
| Bridgestone Claims Services |
| Brockerage Concepts, Inc. |
| Brown & Toland Medical Group |
| Butler Benefit |
| Cannon Cochran Management Services, Inc. |
| Capital District Physicians Health Plan |
| Capitol Administrators |
| Carelink Health Plan |
| CarePlus Health Plans, Inc. |
| Carolina Care Plan |
| Carolina Summit Healthcare, Inc. |
| Carpenters Health and Welfare Trust Fund of St. Louis |
| Catholic Healthcare West |
| CBCA Administrators (HRM) |
| CCN Managed Care Inc. (aka First Health Network) |
| CDO Technologies |
| Cedars-Sinai Medical Network Services |
| Central Benefits Life (aka Central Benefits Mutual) |
| Central Reserve Life Insurance Co. |
| Central States Health & Welfare Funds (aka Teamcare) |
| Century Health Solutions |
| CHAMPVA - HAC |
| Claims Management Services |
| COLONIAL HEALTHCARE |
| Columbia United Providers |
| Commerce Benefits Group |
| CommonWealth Administrative Group |
| Community Care Managed Health Care Plans of Oklahoma |
| Community Health Plan |
| Comprehensive Benefits Administrator, Inc. (aka Employee Benefits Plan Administration, Inc. (E.B.P.A.)) |
| ConnectiCare, Inc |
| Consociate Group |
| Continental General Insurance Company |
| Conversion Plan-APWU |
| Cooperative Benefit Administrators (CBA) |
| Core Administrative Services |
| CoreSource |
| Cornerstone Benefit Adminstrators |
| Corporate Benefit Services of America (aka Performax) |
| Corporate Benefits Service, Inc. |
| Country Life Insurance Company |
| Covenant Administrators, Inc. |
| Creative Medical Systems |
| Custom Benefit Administrators |
| D.H. EVANS & ASSOC. |
| Dart Management Corporation |
| Definity Health |
| Delta Health Systems |
| Deseret Mutual |
| Desert Family Practice Association (aka Desert Hosptial) |
| Destiny Health |
| Diversified Administration Corporation |
| DME Region A (DMERC A) - NHIC |
| Dunn and Associates Benefits Administrators, Inc. |
| EBC, Inc. (aka EBC Mid-America) |
| EBMS (Employee Benefit Management Services, Inc.) |
| EDS |
| Educators Mutual (EMIA) |
| Emerald Health Network, Inc. |
| Employee Benefit Corporation |
| Employee Benefit Management Corp (EBMC) aka Big Lots Assoc Benefit Plan |
| Employee Benefit Services |
| Employee Plans, LLC |
| Employer Plan Services |
| Employers Direct Health |
| Employers Mutual, Inc. |
| Encompass |
| Encore Health Network |
| Equitable Plan Services |
| Erin Group Administrators |
| ES Beveridge and Associates |
| Evolutions Healthcare Systems |
| Fallon Community Health Plan |
| FARA Benefit Services, Inc. |
| FCE Benefit Administrators |
| Federated Mutual Insurance |
| First Carolina Care |
| First Choice of Midwest (PPO) |
| First Health Network |
| First Health Services Corp. |
| First Service Administrators, Inc |
| FirstCare |
| FirstGuard Health Plan |
| Florida Hospital Healthcare Systems |
| FMH Benefit Services, Inc. |
| Formax, Inc. |
| Foundation Benefit Administrators/Contractor Employee Benefits Admin |
| Fox-Everett, Inc. |
| Fringe Benefit Management |
| Fringe Benefits Coordinators |
| FrontPath Health Coalition |
| GEGA Group Administrators |
| Genworth Life and Health Insurance Company (GLHIC) (Formerly GEGLAC) |
| GHI - New York (Group Health Inc.) |
| GHP (Group Health Plan) |
| Gilsbar, Inc. |
| Global Care Inc. |
| GMS, Inc. |
| Golden Rule Insurance Company |
| Great Lakes Health Plan |
| Group Administrators Ltd. |
| Group and Pension Administrators |
| Group Health Cooperative |
| Guardian Life Insurance Company of America |
| HAP/AHL/Curanet |
| Harrington Benefit Services, Inc. |
| Harvard Pilgrim |
| Harvard Pilgrim Health Care |
| HCH Administration |
| HCHA Albq-Self Funded |
| HDM Benefit Solutions |
| Health & Welfare Trust (Cement Masons & Plasterers/Alaska United Food & Commercial Workers) |
| Health Alliance Medical Plans |
| Health America Inc./Health Assurance/Advantra |
| Health Care Savings, Inc. |
| Health Cost Solutions |
| Health Design Plus |
| Health Network America |
| HEALTH NEW ENGLAND |
| Healthcare Partners |
| Healthcare Resources |
| Healthcare Solutions Group |
| Healthcomp Inc. |
| Healthfirst Family Health Plus (FHP) |
| Healthfirst TPA |
| Healthlink |
| HealthPlan Services (Tampa only) |
| HealthPlus of Michigan |
| HealthSCOPE Benefits, Inc. |
| HealthSmart Preferred Care, Inc. |
| HealthStar, Inc. |
| Heritage Consultants |
| HFN, Inc. |
| High Desert Primary Care |
| HIP - Health Insurance Plan of Greater New York |
| HMA Hawaii |
| HPS Paradigm, Inc. |
| Humboldt-Del Norte Foundation for Medical Care |
| IMS Management Services |
| INDECS Corporation |
| Independent Health Flex |
| Independent Health |
| Indiana Health Network |
| Indiana ProHealth Network |
| Informed, LLC |
| Insurance Administrators of America, Inc. |
| Insurance Design Administrators |
| Insurance Services of Lubbock |
| Insurers Administrative Corp. |
| Integra Group |
| Integrity Benefit Group, Inc. |
| InterCare Health Plans Inc. |
| Intergroup Services Corporation |
| International Medical Group (IMG) |
| International Union of Operating Engineers Local 15, 15A, 15C & 15D |
| J. Smith Lanier & Co. Administrators |
| John Alden Life Insurance Co. |
| Joplin Claims |
| JP Farley Corporation |
| Kaiser Health Plan Inc |
| Kanawha HealthCare Solutions, Inc |
| Kempton Company |
| Kern Health Systems |
| Key Benefit Administrators |
| Keystone Health Plan East |
| Klais & Company |
| Lakeside Health Services |
| Life Investors Insurance |
| LifeWise Healthplan of Oregon |
| Local 135 Health Benefits Fund |
| Lumenos, Inc. |
| Magellan Health Services |
| Magnacare |
| Managed Care Services, LLC |
| Managed Care Systems (Delano Regional Medical Group) |
| Managed Health Network |
| Managed Physical Network |
| Manatee Service Center |
| Maryland Health Insurance Plan |
| Maryland Physicians Care |
| Mcare |
| MDNY Healthcare |
| MedAdmin Solutions |
| MedCom |
| Medcost Benefit Services (MBS) |
| MedCost, Inc. |
| Medical Benefit Administrators, Inc/dba MBA of MD, Inc |
| Medical Benefits Mutual Life Insurance Co. |
| Medical Claims Service, Inc. |
| Medical Resource Network (MRN) |
| Medicare of Texas (VA Only) |
| Mediversal |
| MedSolutions, Inc |
| Memphis Managed Care |
| Meritain Health / Agency Services |
| Metcare Health Plans, Inc. |
| Michigan Regional Co Carpenters |
| Midlands Choice, Inc. |
| Mid-West National Life Insurance Co. |
| Midwest Security |
| Mississippi Public Entity Employee Benefit Trust (MPEEBT) |
| Mississippi Select Health Care/Select Administrative Services (SAS) |
| MMSI |
| Montefiore Contract Management Organization |
| Monumental Life Insurance Company |
| Multiplan Inc. for American Family |
| Multiplan Wisconsin Preferred Provider Network |
| Mutual Assurance Administrators |
| MVP Health Plan of NY |
| National Benefit Administrators |
| National Health Insurance Company |
| National Telecommunications Cooperative Association (NTCA) |
| NCAS |
| Neighborhood Health Partnership of Florida |
| NETWERKES |
| Network Health Plan of Wisconsin, Inc. |
| New Era Life Insurance Company |
| NGS American, Inc |
| Nippon Life Insurance Company of America |
| NJ Carpenters Health Fund |
| North American Administrators, Inc. (NAA) |
| North American Benefits Network |
| North Broward Hospital District |
| North Texas Healthcare Network |
| Northern Nevada Trust Fund |
| Nova Healthcare Administrators, Inc. |
| Novasys Health Network (aka Community Care Plus) |
| Nyhart |
| Ochsner Health Plan |
| Office of Group Benefits - LA |
| Ohio Health Choice, PPO |
| Oregon Dental Services (ODS) Health Plan |
| OSF Health Plans |
| P5 Health Plan Solutions of Utah |
| Pacific Life & Annuity Company (aka PM Group) |
| Paragon Benefits, Inc. |
| PCA HEALTH PLANS |
| PEHP (Utah Public Employee Health Plan) |
| Peoples Health Network |
| PersonalCare |
| PHP - Physicians Health Plan of Northern Indiana |
| Physicians Care Network |
| Physicians Mutual Insurance Company |
| Physicians Plus Insurance Corporation |
| PIPELINE INDUSTRY BENEFIT FUND |
| Pittman & Associates |
| Planned Administrators, Inc. |
| Poly America Medical & Dental Benefits Plan |
| POMCO |
| PPOM, LLC (aka Cofinity) |
| PPOPlus LLC |
| Prairie States Enterprises, Inc. |
| Preferred Benefits Administrator |
| Preferred Care Partners |
| Preferred Care |
| Preferred Community Choice/PCCSelect/CompMed |
| Preferred Health Care |
| Preferred Health Plan |
| Preferred Health Professionals |
| Preferred Health Systems Insurance Company |
| PreferredOne (MN) |
| Premier Benefits, Inc. |
| Primary Health Network |
| Primary PhysicianCare, Inc. |
| Professional Benefit Administrators, Inc. |
| Professional Claims Management |
| Professional Insurance Company (PIC) (Formerly GE Voluntary Benefits PIC) |
| Professional Risk Management |
| QualCare, Inc. |
| Quincy Health Care Management, Inc. |
| RBMS, LLC |
| Regency Employee Benefits |
| Regional Care, Inc. |
| ResourceOne Administrators |
| RMSCO, INC |
| Rocky Mountain Health Plan |
| S & S Healthcare Strategies |
| Sagamore Health Network |
| Seabury & Smith |
| Security Health Plan |
| Select Benefit Administrators of America |
| Select Care |
| Self Insured Benefit Administrators |
| Self Insured Plans |
| Self-Funded Plans, Inc. |
| Sentara Health Management |
| Sentry Insurance a Mutual Company |
| Shasta Administrative Services |
| Sheet Metal Workers Health Care Plan (Benesys) |
| Sierra Health Services |
| Signature Health Alliance |
| Sinclair Health Plan |
| Sloans Lake Preferred Health Networks |
| Smith Administrators |
| South Carolina Department of Health & Human Services |
| South Central Preferred |
| South Point Hotel & Casino |
| SouthCare/Healthcare Preferred |
| Southern Benefit Services |
| Southern Group Administrators |
| Southern Health Services, Inc. |
| Southwest Administrators |
| Special Agents Mutual Benefit Association (SAMBA) |
| Spectrum Administrators Inc. |
| St. Barnabas System Health Plan |
| St. Johns Claims Administration |
| Star HRG |
| State of Texas Dental Plan |
| Staywell Health Plan (aka Wellcare) |
| Sterling Option 1 |
| Stoner and Associates |
| Student Insurance |
| SummaCare Health Plan |
| Summit America Insurance Services, Inc. |
| Tall Trees Administrators |
| TBG Administrative Services |
| Teachers Health Trust |
| Teamsters Local Union #301 |
| The EPOCH Group |
| The Health Plan (Massillon, Ohio and St. Clairsville, Ohio only) |
| The Loomis Company - TPA |
| The Union Labor Life Insurance Company |
| THIN-GREENTREE ADMIN |
| Three Rivers Health Plans, Inc |
| TML Intergovernmental Employee Benefit Pool |
| Todays Options (American Progressive Life & Health Ins Co and Pyramid Life Insurance Co) |
| Tongass Timber Trust |
| Tower Life Insurance Co. |
| TrailBlazer Health Enterprises (THE) |
| TransAmerica Life Insurance Company |
| Tricare for Life |
| TriSurant (formerly Health Administration Services-HAS) |
| True Choice USA |
| Trusteed Plans Service Corporation |
| UBH - United Behavioral Health (former MetraHealth - UNET) |
| UFCW |
| UMWA Health & Retirement Funds |
| Unified Group Services |
| Uniform Medical Plan/Harrington Benefit Services |
| UNION PACIFIC RAILROAD EMPLOYES Health Systems |
| Union Security Insurance Company |
| United Agriculture Benefit Trust |
| United Healthcare of River Valley (formerly John Deere Health Care Inc.) |
| United Medical Resources |
| Univera |
| Universal Health Care, Inc |
| US Benefits |
| US Department of Labor |
| US Family Health Plan (USFHP) |
| USAA (United States Automobile Association) |
| USFHP - St. Vincent Catholic Medical Centers of New York |
| Vantage Health Plan, Inc. |
| Vista Health Plan |
| Vytra Healthcare |
| Washington Employers Trust |
| Waterstone Benefit Administrators |
| Watkins Associated Industries, Inc. |
| WEA INS GROUP |
| webTPA/Community Health Electronic Claims/CHEC |
| Wellmark |
| WellPath |
| Western Growers Insurance Company |
| Western Health Inc |
| Western Mutual Insurance |
| Western Southern Financial Group |
| Weyco Inc. |
| Wisconsin Physicians Service Insurance Corporation |
| World Insurance Company |
| Writers Guild - Industry Health Plan |
| Young Life |

**Attachment J**

**270/271 Tier 1 Payers**

**Current Live Payers**

**Chief Business Office (CBO) Revenue Operation (RO)**

**Revenue Transaction Processing**

| Payer Name |
| --- |
| Acordia/Wells Fargo |
| AETNA |
| AFLAC - Dental |
| AFTRA Health Fund |
| Altius Health Plans |
| AMC - Health Future |
| AMC - Poly America |
| AMC - Touchstone |
| AMC -American General Life & Accident |
| AMC-Alaska Elec Health And Wlfr Fnd |
| American Community Mutual |
| American Postal Workers Union (APWU) |
| American Republic Ins Co (ARIC) |
| Americhoice Of NJ |
| Amerigroup Corporation |
| Ameritas Life Ins Co |
| Avmed |
| BC CA |
| BC ID |
| BC PA - CAPITAL |
| BC PA - Independence |
| BC PA - Northeastern (NEPA) |
| BC WA (Premera) |
| BCBS AK (Premera) |
| BCBS AL |
| BCBS AR |
| BCBS AZ |
| BCBS CT (Anthem) |
| BCBS FL |
| BCBS GA (Anthem) |
| BCBS IA |
| BCBS IL |
| BCBS IN (Anthem) |
| BCBS KS |
| BCBS KY (Anthem) |
| BCBS LA |
| BCBS MA |
| BCBS ME (Anthem) |
| BCBS MI |
| BCBS MN |
| BCBS MO |
| BCBS MS |
| BCBS NE |
| BCBS NH (Anthem) |
| BCBS NJ (HORIZON) |
| BCBS NM |
| BCBS NY - Empire (WellPoint) |
| BCBS OH (Anthem) |
| BCBS OR (Regence) |
| BCBS PA - Highmark |
| BCBS RI |
| BCBS SC |
| BCBS SD (Wellmark) |
| BCBS VA (Anthem) |
| BCBS WI (Anthem) |
| Best Life & Health |
| BS CA |
| BS WA (Regence) |
| Cariten Healthcare |
| Central Reserve Insurance |
| CHA Health (KENTUCKY) |
| CHAMPVA-SPINA BIFIDA- HAC |
| CHC OF KANSAS |
| CIGNA |
| Cimarron Commercial |
| Colorado Access |
| Community Care Of Oklahoma |
| Continental General Insurance |
| Cooperative Benefit Admin (CBA) |
| CoreSource |
| Coventry Health Care |
| Directors' Guild |
| ECOMPPO (Consolidated Railroad) |
| Elder Health (Bravo Health Inc.) |
| Erin Group (Commercial) |
| Fallon Health Plan |
| Federated Insurance Company |
| First Ameritas Of New York |
| First Reliance Standard Life Ins Co |
| Government Employees Hospital Association (GEHA) |
| Great West Healthcare |
| Group & Pension Administrators |
| Group Benefits Administrators |
| Harvard Pilgrim Health Care |
| Health Alliance Plan |
| Health Net National |
| Health Partners Of Philadelphia |
| Health Plan Of New York (HIPNY) |
| Healthcare Inc. (Promina) |
| Healthfirst Of New York |
| Healthplus Of Michigan |
| Humana |
| Jefferson Pilot |
| John Alden Life Ins Co (Jalic) |
| JP Farley Corporation |
| Kaiser Health Plan Inc |
| Lumenos |
| Mail Handlers Benefit Plan |
| MAMSI Health Plan |
| Medica |
| Medical Mutual Of Ohio |
| Megalife |
| Metropolitan Health Plan (Mhp) |
| Mississippi Admin Services |
| MMSI (Mayo) |
| Molina Healthcare |
| MVP Health Care |
| National Association of Letter Carriers (NALC) |
| Nationwide Health Plans |
| Neighborhood Health Partnership |
| Omnicare |
| Oxford Health Plans |
| Pacificare |
| Personal Care |
| Physicians Mutual Insurance Co |
| Pittman And Associates |
| Preferred Health Systems |
| Preferred One |
| Principal Fin Grp - Nippon Life |
| Principal Fin Grp - Principal Life |
| Professional Benefits Admin |
| Providence Health Plan |
| Reliance Standard Life Ins Co |
| Rocky Mountain Health Plan |
| Srt Administrators, Inc. |
| Standard Ins Co Of New York |
| Star HRG |
| Student Insurance |
| Superior Administrators, Inc. |
| Time Insurance Company (FIC) |
| TRICARE |
| Trustmark Insurance |
| Underwriters, Safety & Claims |
| Union Security Insurance Co (FBIC) |
| United Health Care |
| USAA Life Insurance |
| VYTRA |
| World Insurance (ARIC) |
| Writers' Guild |

**Attachment K**

**270/271 Tier 2 Payers**

**Desired Payers**

**Chief Business Office (CBO) Revenue Operation (RO)**

**Revenue Transaction Processing**

| Payer Name |
| --- |
| BC WA (Premera) |
| BCBS AK (Premera) |
| BCBS Central NY, Rochester, Utica-Watertown, Universal Healthcare - Excellus |
| BCBS MD (Care First) |
| BCBS National Capital Area (Care First) |
| BCBS NC |
| BCBS TN (Batch) |
| Connecticare |
| Delta IPA - Stockton |
| Florida Hospital Healthcare System |
| Hometown Health |
| IU Health |
| Kitsap Physicians Service |
| M Plan of Indiana |
| MedCost Benefit Services of NC |
| MemorialCare - BCI |
| Pacific Source |
| Partners National Health Plans of NC |
| Passport Advantage |
| Physician Hospital Community Organization |
| Scott & White Health Plan |
| Summacare of Ohio |
| Trinity Health Plan - CareChoices |
| Ucare of Minnesota |
| Unicare |
| Unity Health Plans |
| University of Pittsburgh Medical Center Health Plan |

**Attachment L**

**File Reports**

**Chief Business Office (CBO) Revenue Operation (RO)**

**Revenue Transaction Processing**

|  |
| --- |
| **File Reports** |
|  |
| **General report information** |
| Test/Production flag |
| Create date – Date clearinghouse created the report. |
| File status flag - Accepted or rejected |
|  |
| **File and claim tracking information** |
| Clearinghouse Trace Number – A value that can be used to locate the file within the clearinghouse system. |
| VA file tracking information - equal to transaction set control number found in ST segment of the submitted file. |
|  |
| **Error information - if rejected** |
| Error message |
| Data locations – field name, X12 field ID |

**Attachment M**

**HCCH Reports**

**Chief Business Office (CBO) Revenue Operation (RO)**

**Revenue Transaction Processing**

|  |
| --- |
| **HCCH Reports** |
|  |
| **Claim level message** |
| Message severity 1 = rejected 2 = accepted |
| Message status code |
| Messages text – If text is not supplied then HCCH must supply a status code to message crosswalk. |
|  |
| **Detail line message** |
| Line item number which received the message, |
| Message severity 1 = rejected 2 = accepted |
| Message status code |
| Messages text – If text is not supplied then HCCH must supply a status code to message crosswalk. |
|  |
| **Error information - if rejected** |
| Data locations – field name, X12 field ID |
| Data in error. |

**Attachment N**

**Payer Reports**

**Chief Business Office (CBO) Revenue Operation (RO)**

**Revenue Transaction Processing**

|  |
| --- |
| **Payer Reports** |
|  |
| **General report information** |
| Test/Production flag |
| Create date – Date clearinghouse created the report. |
| Payer create date – Date Payer reported on claim. |
| Report number – Type of report if more than one. |
| Report source – Report generated from clearinghouse or Payer system. |
| Number of claims in file. |
| Total amount charged. |
| Number of rejected claims |
| Rejected claim charges |
|  |
| **Claim information** |
| Claim status code – accepted or rejected |
| Patient name – first, last, middle. |
| Patient ID number |
| Subscriber name – first, last, middle |
| Subscriber ID number |
| Payer name and ID number. |
| Claim type (Professional, Institutional, Dental) |
| Insurance group name |
| From and to date of service |
| Payer amount paid. |
| Split claim indicator. If the claim has been divided into multiple claims by the Payer. |
|  |
| **File and claim tracking information** |
| Clearinghouse trace number – A value that can be used to locate a claim within the clearinghouse system. |
| Payer trace number – A value that can be used to locate claim within the Payer system. |
| Patient control number – Equal to loop 2300 CLM 02 on the inbound file. |
|  |
| **Claim level message** |
| Message severity 1 = rejected 2 = accepted |
| Message status code |
| Messages text – If text is not supplied then HCCH must supply a status code to message crosswalk. |
|  |
| **Detail line message** |
| Line item number which received the message, |
| Message severity 1 = rejected 2 = accepted |
| Message status code |
| Messages text – If text is not supplied then HCCH must supply a status code to message crosswalk. |
|  |
| **Error information - if rejected** |
| Data locations – field name, X12 field ID |
| Data in error. |

**Attachment O**

**Payer Reports**

**Chief Business Office (CBO) Revenue Operation (RO)**

**Revenue Transaction Processing**

|  |
| --- |
| **Transaction Volume Report** |
|  |
| **Report Fields:** |
| VHA Submitter / Receiver Name |
| VHA Submitter / Receiver Identifier |
| Payer |
| Transaction |
| Transaction Quantity |
| Transaction Total Dollar Amount (if appropriate) |

**Attachment P**

**Payer Reports**

**Chief Business Office (CBO) Revenue Operation (RO)**

**Revenue Transaction Processing**

|  |
| --- |
| **ERA Quantity Report** |
|  |
| **Fields** |
| Month |
| Payer Name |
| Payer ID |
| ERA Count |
| Vendor Name |
| Receiver Name |
| Receiver TIN |
| Provider Name |
| Provider TIN |

**Attachment Q**

**Quality Assurance Surveillance Plan (QASP)**

**Chief Business Office (CBO) Revenue Operation (RO)**

**Revenue Transaction Processing**

**Contract No:** < Upon award, Government shall enter Contract number>

**Contract Description:** The objective of this Contract is to establish a Contract with a Contractor to support and leverage Health Insurance Portability and Accountability (HIPPA) mandated transactions by increasing connectivity and decreasing paper processing for Revenue Transaction Processing.

**Contractor’s name:** <Enter your company name>

(Hereafter Referred to as Contractor).

**1. PURPOSE:** Each Contractor is required to submit a QASP thirty (30) calendar days after the Contract award date that outlines how the Contractor plans to provide continued uninterrupted quality of service. This QASP provides a systematic method to evaluate performance for the stated Contract and explains the following:

a. What shall be monitored?

b. How monitoring shall take place?

c. Who shall conduct the monitoring?

d. How monitoring efforts and results shall be documented?

This QASP does not detail how the Contractor accomplishes the work. Rather, the QASP is created with the premise that the Contractor is responsible for management and quality control actions to meet the terms of the Contract. It is the Government’s responsibility to be objective, fair, and consistent in evaluating performance.

This QASP is a “living document” and the Government shall review and revise it on a regular basis. However, the Government shall coordinate changes with the Contractor. Copies of the original QASP and revisions shall be provided to the Contractor and Government officials implementing surveillance activities.

**2. Government Roles and Responsibilities:** The following personnel shall oversee and coordinate surveillance activities.

a. **Contracting Officer (CO):** The CO shall ensure performance of all necessary actions for effective Contracting, ensure compliance with the Contract terms, and shall safeguard the interests of the United States (U.S) in the Contractual relationship. The CO shall also assure that the Contractor receives impartial, fair, and equitable treatment under this Contract. The CO is ultimately responsible for the final determination of the adequacy of the Contractor’s performance.

Assigned CO: <Upon award, Government shall enter name>

Organization or Agency: <Upon award, Government shall enter name>

b. **Contracting Officer’s Technical Representative (COR):** The COR is responsible for technical administration of the Contract and shall assure proper Government surveillance of the Contractor’s performance. The COR shall keep a quality assurance file. The COR is not empowered to make any Contractual commitments or to authorize any Contractual changes on the Government’s behalf.

Assigned COR: <Upon award, Government shall enter name>

c. **Other Key Government Personnel:** Upon award, Government shall enter name, if applicable and shall include Performance Monitors, Clinical Quality experts, etc. who act on behalf of the COR to monitor performance>

**3. Contractor Representatives:** The following employees of the Contractor serve as the Contractor’s PM for this Contract.

a. **Program Manager (PM)**: <Enter name>

b. **Other Contractor Personnel:** <Enter names or delete these lines if not applicable>

c. **Title:** <Enter titles or delete these lines if not applicable>

**4. Performance Standards:** Performance standards define desired services. The Government performs surveillance to determine if the Contractor exceeds, meets or does not meet these standards.

The Performance Requirements Summary Matrix below includes performance standards. The Government shall use these standards to determine Contractor performance and shall compare Contractor performance to the Acceptable Quality Level (AQL).

**Performance Standards:**

| **Objectives** | **Measures** | **Standards** |
| --- | --- | --- |
| Each task shall be priced independently and billed according to described tiers and within the described standard.  PWS 11 | Review and acceptance by the Government | Deliverables provided IAW the Government approved standard/frequency standard.  Documentation shall be comprehensive, accurate, and written in a format and text that is understandable to a wide range of users. |
| Each sub-task shall increase connectivity and decrease of paper processing for Revenue Transaction Processing and completed within the described standard.  PWS 12 | Review and acceptance by the Government | Deliverables provided IAW the Government approved standard/frequency standard.  Documentation shall be comprehensive, accurate, and written in a format and text that is understandable to a wide range of users and within the described monthly accuracy standard. |

**Deliverables Specific to This Order:** Each deliverable shall be priced independently and billed as follows:

| **Deliverable** | **Standard/Frequency** | **Medium/Format** | **Submit To** |
| --- | --- | --- | --- |
| Less than 1,500,000 **batch transactions** processed each month.  PWS 11.1 | Ninety eight percent (98%) monthly accuracy  The Contractor shall provide a Monthly Status Report | Electronically in Microsoft 2007 or higher | COR  e-Business Project Team |
| More than 1,500,000 but less than 2,500,000 **batch transactions** processed each month  PWS 11.2 | Ninety eight percent (98%) monthly accuracy  The Contractor shall provide a Monthly Status Report | Electronically in Microsoft 2007 or higher | COR  e-Business Project Team |
| More than 2,500,000 **batch transactions** processed each month  PWS 11.3 | Ninety eight percent (98%) monthly accuracy  The Contractor shall provide a Monthly Status Report | Electronically in Microsoft 2007 or higher | COR  e-Business Project Team |
| Less than 1,500,000 **real time transactions** processed each month.  PWS 11.4 | Ninety eight percent (98%) monthly accuracy  The Contractor shall provide a Monthly Status Report | Electronically in Microsoft 2007 or higher | COR  e-Business Project Team |
| More than 1,500,000 but less than 2,500,000 **real time transactions** processed each month  PWS 11.5 | Ninety eight percent (98%) monthly accuracy  The Contractor shall provide a Monthly Status Report | Electronically in Microsoft 2007 or higher | COR  e-Business Project Team |
| More than 2,500,000 **real time transactions** processed each month  PWS 11.6 | Ninety eight percent (98%) monthly accuracy  The Contractor shall provide a Monthly Status Report | Electronically in Microsoft 2007 or higher | COR  e-Business Project Team |
| Travel Expenses  PWS 11.7 & 15 | Not to exceed two (2) trips lasting no more than three (3) calendar days per trip with one (1) Contract Personnel per trip. | Electronically in Microsoft 2007 or higher | COR  PO |

**Deliverable Sub-Tasks Specific to This Order:** The below performance metrics are associated with this deliverable:

| **Deliverable** | **Standard/Frequency** | **Medium/Format** | **Submit To** |
| --- | --- | --- | --- |
| Support Current & Future VHA Transaction Volumes  PWS 12.1 | Ninety eight percent (98%) monthly accuracy  The Contractor shall provide a Monthly Status Report | Electronically in Microsoft 2007 or  higher | COR  e-Business Project Team |
| Establish Reconciliation & Production Failure Protocols  PWS 12.2 | Ninety eight percent (98%) monthly accuracy  The Contractor shall provide a Monthly Status Report | Electronically in Microsoft 2007 or higher | COR  e-Business Project Team |
| Coordination of System Changes  PWS 12.3 | Ninety eight percent (98%) monthly accuracy  The Contractor shall provide a Monthly Status Report | Electronically in Microsoft 2007 or higher | COR  e-Business Project Team |
| PWS 12.4  Omitted |  |  |  |
| Support National Provider Identifier (NPI) and Health Plan Identifier (HPID)  PWS 12.5 | Ninety eight percent (98%) monthly accuracy  The Contractor shall provide a Monthly Status Report | Electronically in Microsoft 2007 or higher | COR  e-Business Project Team |
| Operational Support  PWS 12. 6 | Ninety eight percent (98%) monthly accuracy  The Contractor shall provide a Monthly Status Report | Electronically in Microsoft 2007 or higher | COR  e-Business Project Team |
| Health Care Transaction Services  PWS 12.7 | Ninety eight percent (98%) monthly accuracy  The Contractor shall provide a Monthly Status Report | Electronically in Microsoft 2007 or higher | COR  e-Business Project Team |
| Access to Payers  PWS 12.8 | Ninety eight percent (98%) monthly accuracy  The Contractor shall provide a Monthly Status Report | Electronically in Microsoft 2007 or higher | COR  e-Business Project Team |
| Additional Access to Additional Payers  PWS 12.9 | Ninety eight percent (98%) monthly accuracy  The Contractor shall provide a Monthly Status Report | Electronically in Microsoft 2007 or higher | COR  e-Business Project Team |
| Submit VA Claims to Medicare  PWS 12.10 | Ninety eight percent (98%) monthly accuracy  The Contractor shall provide a Monthly Status Report | Electronically in Microsoft 2007 or higher | COR  e-Business Project Team |
| Implement Medicare-equivalent Remittance Advice (MRA)  PWS 12. 11 | Ninety eight percent (98%) monthly accuracy  The Contractor shall provide a Monthly Status Report | Electronically in Microsoft 2007 or higher | COR  e-Business Project Team |
| Print Facsimile Medicare EOB’s  PWS 12.12 | Ninety eight percent (98%) monthly accuracy  The Contractor shall provide a Monthly Status Report | Electronically in Microsoft 2007 or higher | COR  e-Business Project Team |
| Provide Paper Claims to Non-Electronic Carriers  PWS 12.13 | Ninety eight percent (98%) monthly accuracy  The Contractor shall provide a Monthly Status Report | Electronically in Microsoft 2007 or higher | COR  e-Business Project Team |
| Monitor Claims  PWS 12.14 | Ninety eight percent (98%) monthly accuracy  The Contractor shall provide a Monthly Status Report | Electronically in Microsoft 2007 or higher | COR  e-Business Project Team |
| Facilitate Enrollment and Registration  PWS 12.15 | Ninety eight percent (98%) monthly accuracy  The Contractor shall provide a Monthly Status Report | Electronically in Microsoft 2007 or higher | COR  e-Business Project Team |
| Support Pharmacy Claims  PWS 12.16 | Ninety eight percent (98%) monthly accuracy  The Contractor shall provide a Monthly Status Report | Electronically in Microsoft 2007 or higher | COR  e-Business Project Team |

**5. Methods of QA Surveillance:** Various methods exist to monitor performance. The COR and PO shall use the surveillance methods listed below in the administration of this QASP for the above deliverables.

a. **Direct Observation:** Can be performed periodically or through 100% surveillance.

b. **Periodic Inspection:** Evaluates outcomes on a periodic basis. Inspections shall be scheduled daily, weekly, monthly, quarterly, annually or unscheduled, as required based in part of results of Quality Assurance (QA) surveillance results.

c. **User Survey:** Combines elements of validated user complaints and random sampling. Random surveys shall be conducted to solicit user satisfaction, generate inspections, and sampling.

d. **Validated User/Customer Complaints:** The COR and PO shall identify deficiencies, investigate and validate complaints.

e. **Periodic Sampling:** This is a variation of random sampling. A sample is only taken when a problem/deficiency is suspected. Sample results are applicable only for the specific work inspected. Sampling is not entirely random and cannot be applied to total activity performance.

f. **Random Sampling:** Designed to evaluate performance by randomly selecting and inspecting a sample of uploads.

g. **Progress or Status Meetings:** Held with the Contractor to elicit and provide feedback.

h. **Analysis of Contractor’s Monthly Progress Reports:** Submitted electronically to the COR and PO.

**6. Ratings:** Metrics and methods are designed to determine if performance exceeds, meets, or does not meet a given standard and acceptable quality level. A rating scale shall be used to determine a positive, neutral, or negative outcome. The following ratings shall be utilized:

a. **Positive Outcome:** Performance meets or exceeds standards.

b. **Neutral outcome:** Performance meets or exceeds standards and/or shall not meet performance standards, but shall be within three percent (3%) of the performance target for the non-highest priority standard for no more than two (2) consecutive months for no more than two (2) standards.

c. **Negative outcomes:** Performance does not meet standards and/or shall not meet performance standards.

**7. DOCUMENTING PERFORMANCE:**

a. **Acceptable Performance:**  The Government shall document positive performance. Any report shall become a part of the supporting documentation for any Contractual action.

b. **Unacceptable Performance:** When unacceptable performance occurs, a written notice shall be issued to the Contractor, outlining the performance measure(s) that is not met. The Contractor shall provide a written corrective action plan to the COR within ten (10) business days. The COR shall document the discussion and place it in the COR file.

The COR shall prepare a Contract Discrepancy Report (CDR), and present it to the Contractor's PM. The Contractor shall acknowledge receipt of the CDR in writing. The CDR shall specify if the Contractor is required to prepare a corrective action plan to document how the Contractor shall correct the unacceptable performance and avoid a recurrence. The CDR shall state how long after receipt the Contractor has to present this corrective action plan to the COR. The Government shall review the Contractor's corrective action plan to determine acceptability.

All CDR’s shall become a part of the supporting documentation for any Contractual action deemed necessary by the CO.

8. **FREQUENCY OF MEASUREMENT:** During Contract performance, the COR shall periodically analyze whether the negotiated frequency of surveillance is appropriate for the work being performed. Various methods cited in para 5 shall be utilized.

9. **FREQUENCY OF PERFORMANCE ASSESSMENT MEETINGS:** The COR shall meet with the Contractor annually to assess performance and shall provide a written assessment. Feedback shall be provided quarterly.

<After award, both the Contractor’s PM and the COR shall sign this document>

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Signature – Contractor Program Manager

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Signature – Contracting Officer’s Representative