ELECTRONIC REMITTANCE ADVICE (835) COMPANION GUIDE

Refers to the Implementation Guide Based on ASC X12/005010X221A1 Health Care Claim Payment/Advice
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PREFACE

This Companion Guide to the v5010 ASC X12N Technical Reports Type 3 (TR3’s) and associated errata adopted under HIPAA clarifies and specifies the data content when exchanging electronically with Change Healthcare. Transmissions based on this companion guide, used in tandem with the v5010 ASC X12N TR3’s, are compliant with both ASC X12 syntax and those guides. This Companion Guide is intended to convey information that is within the framework of the ASC X12N Implementation Guides adopted for use under HIPAA. The Companion Guide is not intended to convey information that in any way exceeds the requirements or usages of data expressed in the Implementation Guides.
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1 INTRODUCTION

This section describes how ASC X12N Technical Reports Type 3 (TR3’s) adopted under HIPAA will be detailed with the use of a table. The tables contain a row for each segment that Change Healthcare has something additional, over and above, the information in the IGs. That information can:

1. Limit the repeat of loops, or segments
2. Limit the length of a simple data element
3. Specify a sub-set of the IGs internal code listings
4. Clarify the use of loops, segments, composite and simple data elements
5. Any other information tied directly to a loop, segment, composite or simple data element pertinent to trading electronically with Change Healthcare.

In addition to the row for each segment, one or more additional rows are used to describe Change Healthcare’s usage for composite and simple data elements and for any other information. Notes and comments should be placed at the deepest level of detail. For example, a note about a code value should be placed on a row specifically for that code value, not in a general note about the segment.

The following example table specifies the columns and suggested use of some rows for the detailed description of the transaction set companion guides. For more details, please see the Transaction Specific Information section.

<table>
<thead>
<tr>
<th>Page #</th>
<th>Loop ID</th>
<th>Reference</th>
<th>Name</th>
<th>Codes</th>
<th>Length</th>
<th>Notes/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>193</td>
<td>2100C</td>
<td>NM1</td>
<td>Subscriber Name</td>
<td></td>
<td></td>
<td>This type of row always exists to indicate that a new segment has begun. It is always shaded at 10% and notes or comment about the segment itself goes in this cell.</td>
</tr>
<tr>
<td>195</td>
<td>2100C</td>
<td>NM109</td>
<td>Subscriber Primary Identifier</td>
<td></td>
<td>15</td>
<td>This type of row exists to limit the length of the specified data element.</td>
</tr>
<tr>
<td>196</td>
<td>2100C</td>
<td>REF</td>
<td>Subscriber Additional Identification</td>
<td></td>
<td></td>
<td>These are the only codes transmitted by Change Healthcare.</td>
</tr>
<tr>
<td>197</td>
<td>2100C</td>
<td>REF01</td>
<td>Reference Identification Qualifier</td>
<td>18, 49, 6P, HJ, N6</td>
<td></td>
<td>This type of row exists when a note for a particular code value is required. For example, this note may say that value N6 is the default. Not populating the first 3 columns makes it clear that the code value belongs to the row immediately above it.</td>
</tr>
<tr>
<td>218</td>
<td>2110C</td>
<td>EB</td>
<td>Subscriber Eligibility or Benefit Information</td>
<td></td>
<td></td>
<td>This row illustrates how to indicate a component data element in the Reference column and also how to specify that only one code value is applicable.</td>
</tr>
<tr>
<td>231</td>
<td>2110C</td>
<td>EB13-1</td>
<td>Product/Service ID Qualifier</td>
<td>AD</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
SCOPE

This companion guide is intended for Trading Partners trading ASC/X12N 005010 transactions with Change Healthcare.

The purpose of this guide is to convey the information needed to commence and maintain communication exchange with Change Healthcare’s Exchange Services, for the purpose of conducting ASC X12/ 005010X221A1 Health Care Claim Payment/ Advice transactions.

This guide is intended to supplement information from the ASC X12 Technical Reports Type 3 (TR3s).

It is designed to provide the information necessary to facilitate electronic interchange of healthcare transactions with Change Healthcare.

Electronic Data Interchange, or EDI, is a way of sending information from one computer to another. EDI helps providers and payers maintain a flow of vital information by enabling the transmission of claims and managed care transactions.

EDI connects providers, payers and other health care partners using computers and communications networks or modems and ordinary phone lines. It allows you to send and receive vital healthcare information electronically. Information is sent from your billing or practice management system to an EDI network where it is verified for accuracy and then sent straight through to the payer’s computer systems.

At Change Healthcare, we partner with hundreds of practice management system vendors to bring you connectivity to our network. Upon request, we can supply you with a list of our Networked Partners.

As an industry leader with decades of experience, Change Healthcare provides EDI solutions and connectivity to more than 500,000 providers and 1,200 payers for claim, ERA and real-time eligibility and benefit verification transactions. With Change Healthcare, you will benefit through:

- The nation’s largest clearinghouse with the greatest provider reach in the industry
- Multiple transaction types in HIPAA-compliant formats
- Available data verification and edits that reduces rejections
- No additional software to install
- Expert and efficient implementation
OVERVIEW

This guide is composed of the following sections:

- **Section 1 Introduction**: Scope, overview, and related references.
- **Section 2 Getting Started**: How to interact with Change Healthcare’s implementation team, how to register as a trading partner and complete payer enrollment, and an overview of testing and certification.
- **Section 3 Testing with Change Healthcare**: details about the testing and certifying process.
- **Section 4 Connectivity with Change Healthcare/Communications**: Transmission administrative procedures, communication protocols, and security protocols.
- **Section 5 Contact Information**: How to get help.
- **Section 6 Control Segments/Envelopes**: ISA/ISE and GS/GE values specific to Change Healthcare.
- **Section 7 Payer Specific Business Rules and Limitations**: Information about Change Healthcare’s business rules.
- **Section 8 Acknowledgements**: Information about Change Healthcare’s use of acknowledgements.
- **Section 9 Trading Partner Agreements**: needed instructions regarding agreements that must be made between trading partners.
- **Section 10 Transaction Specific Information**: supplemental information about the ERA transaction.

REFERENCES

**ASC X12 Technical Reports Type 3 (TR3s)**

ASC X12 publishes TR3’s, which define the data contents and compliance requirements for the health care implementation of the ASC X12/005010X221A1 Health Care Claim Payment/Advice (835) transaction sets. The following TR3 is referenced in this guide:

**ASC X12N/005010X221A1 Health Care Claim Payment/Advice (835)**

You can purchase this copyrighted guide from the ASC X12 store at [http://store.x12.org](http://store.x12.org).
Change Healthcare Web Resources
The following resources are available on Change Healthcare’s website (www.changehealthcare.com):

- Payer List: The payer list at www.emdeon.com/payerlists/ provides information about the payers Change Healthcare supports, including the payer ID and the payer’s enrollment requirements.
- Enrollment/Registration Information: For enrollment forms and instructions, see www.emdeon.com/enrollment.
- For support for regulatory initiatives: visit www.hipaasimplified.com/

ADDITIONAL INFORMATION
A Trading Partner has a business relationship with Change Healthcare. This Companion Guide assumes that you, the reader, are a representative of the Trading Partner, and that as such, you understand basic X12 structure, looping, and standard data requirements as set forth in the TR3. This Companion Guide also assumes that you have resources to develop a connection between your interface and Change Healthcare.
2 GETTING STARTED

WORKING WITH CHANGE HEALTHCARE

Sales Contract
Change Healthcare will enter into a written agreement with your organization as a part of the sales contract. Change Healthcare will provide you with appropriate information about fee schedules, the various billing options, invoicing procedures, and wholesale vs. commission arrangements.

Non-Disclosure Agreement
A signed Non-Disclosure Agreement (NDA) is required before any exchange of Change Healthcare proprietary information can occur (e.g., database specifications, layouts, formats).

Implementation
Once the contract and non-disclosure agreement have been signed by your organization and Change Healthcare, implementation can begin. Your sales representative will set up a record for your organization in Change Healthcare’s customer database, which will trigger an initial conference call between you and your Implementation Coordinator at Change Healthcare. The Implementation Analyst will facilitate the implementation process and will be your primary contact during this process.

The Submitter Implementation Department at Change Healthcare works with a diverse group of customers that include practice management software vendors, clinics, hospitals, etc. Each customer type has unique requirements and processes required to do business. With that in mind, Change Healthcare structured the implementation process to prepare customers to submit production transactions with a high degree of comfort and knowledge.

Connectivity
Connectivity will be addressed during the implementation process. Your organization will provide technical resources who will work directly with the communications specialists at Change Healthcare to establish the physical connection.

TRADING PARTNER REGISTRATION
Trading Partner registration is required to set up the Trading Partner’s systems(s) with access to payers and transactions. Registration consists of two distinct processes:

- Registration with Change Healthcare.
- Payer enrollment, when required by the payer.
Enrollment

Enrollment is required to set up your system with access to the payers and transactions you need. This may include both Change Healthcare Setup and Payer Registration. Though your Change Healthcare contact will guide you through the process, this section is provided for your reference. After completing your Change Healthcare Enrollment, you may continue to Payer Enrollment. Change Healthcare provides the payer enrollment forms and communicates the approvals to our trading partners. Enrollment includes the following processes:

- Payer List Review
- Change Healthcare Setup
- Payer Registration

Payer List Review

To determine if the transaction type you are interested in is available from the payer(s) desired, you will need to review the Payer List. The Payer List also indicates what, if any, Payer enrollment is required. To generate the payer list, follow the steps below.

The information on the Payer List provides a guide to the registration requirements. For confirmation, please review the instructions and details associated with the payer under the Enrollment section of the web site.

1. From the Change Healthcare web site (www.changehealthcare.com), select Payer Lists from the Resources menu.
2. Click the Medical / Hospital / Dental Payers link to launch the Payer Lists page.
3. Make your choices from the fields present to narrow the results.
4. Click the View List button to view your results. Alternatively, click the Download List button to generate a spreadsheet file for use locally.
5. Assuming you filtered your list to include only the payers applicable to your organization and line of business, review the results for the payer requirements. Use the View Legend button for a brief description of each column.

The fields important to the Change Healthcare enrollment process are the Enroll and Re-Enroll columns, which contain the values described below:

Enroll Column

This column provides an indicator that describes the enrollment requirements for the payer. For ERA, the Enroll column may display one of the following values:

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Definition</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>N</td>
<td>(N)OT REQUIRED</td>
<td>A value of N indicates that no registration, setup, or approval notification is required for this payer.</td>
</tr>
<tr>
<td>R</td>
<td>(R)EGISTRATION</td>
<td>A value of R indicates that Payer Registration and Change Healthcare Setup are required. For claims, do not submit claims until you receive Change Healthcare Approval – authorization notification from Change Healthcare.</td>
</tr>
<tr>
<td>S</td>
<td>(S)ETUP ONLY</td>
<td>A value of S indicates that only Change Healthcare Setup is required. No approval is necessary.</td>
</tr>
</tbody>
</table>
**Re-Enroll Column**

This column provides a single indicator that describes if the payer has re-enrollment requirements. The **Re-Enr** column may display one of the following values:

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Definition</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>N</td>
<td>(N)OT REQUIRED</td>
<td>A value of N indicates that no re-registration, setup, or approval notification is required for this payer.</td>
</tr>
<tr>
<td>R</td>
<td>(R)EGISTRATION</td>
<td>A value of R indicates that Payer Registration and Change Healthcare Setup are required. For claims, do not submit claims until you receive Change Healthcare Approval – authorization notification from Change Healthcare.</td>
</tr>
<tr>
<td>S</td>
<td>(S)ETUP ONLY</td>
<td>A value of S indicates that this is that only Change Healthcare Setup is required. No approval is necessary.</td>
</tr>
</tbody>
</table>

Once you identify the payer re-enrollment requirements, follow the appropriate procedures below.

*After completing the enrollment requirements, in many cases you will need to wait for approval from Change Healthcare or the Payer before you may submit claims and subsequently receive ERAs.*

**Change Healthcare Setup**

Change Healthcare enrollment consists of providing the information that enables a submitter to receive ERA information.

1. From the Change Healthcare web site ([http://www.changehealthcare.com](http://www.changehealthcare.com)), select **Enrollment** from the Resources menu.

2. To set up your system with Change Healthcare or to make modifications to your existing setup, select the **Setup Forms** link at the bottom of the **Enrollment Categories** panel or complete via **Enrollment Wizard**. For more information about the Enrollment Wizard, please contact your Change Healthcare Account Manager.

   *All other links open the payer-specific provider enrollment forms for the selected category.*

3. From the page that appears, select the appropriate form from the list. Each form is defined under the **Setup Forms** topic below.

4. Submit the completed forms to the contact information at the bottom of the form.

**Setup Forms**

To enroll with Change Healthcare, you will use one or more of the forms described below. All forms are available under the **Setup Forms** category on the **Payer Enrollment** ([www.emdeon.com/enrollment](http://www.emdeon.com/enrollment)) page of the Change Healthcare web site.

**Provider Setup Form (PSF)**

Use the ERA PSF to initiate your Change Healthcare Setup. This form can be located at [www.emdeon.com/resourcedpdfs/ERAPSF.pdf](http://www.emdeon.com/resourcedpdfs/ERAPSF.pdf).
**Change Delete Form (CDF)**

Use the ERA CDF if you are an existing Change Healthcare partner and need to modify your payer associations. This form can be located at [www.emdeon.com/resourcepdfs/ERACDF%20.pdf](http://www.emdeon.com/resourcepdfs/ERACDF%20.pdf). This form is also needed when re-enrolling if the Re-Enr column includes S, R, or A.

**Change of Vendor Letter (COV)**

An ERA “change of vendor” (COV) letter is required when an existing Change Healthcare provider changes software vendors. The letter is required when the provider changes from their existing Change Healthcare certified software vendor (submitter id) or receiver (receiver id) to a different Change Healthcare certified software vendor (submitter id/receiver id). This form can be located at [www.emdeon.com/resourcepdfs/ERACOV.pdf](http://www.emdeon.com/resourcepdfs/ERACOV.pdf).

**ERA Merge Group PSF**

Use the ERA Merge Group PSF if you require specific routing instructions for remittance files. This form allows you to provide explicit ERA routing instructions to Change Healthcare. This form can be located at [http://www.emdeon.com/resourcepdfs/ERAMergeGrpPSF.pdf](http://www.emdeon.com/resourcepdfs/ERAMergeGrpPSF.pdf).

**Payer Registration**

1. From the Change Healthcare web site ([www.changehealthcare.com](http://www.changehealthcare.com)) select Enrollment from the Resources menu.
2. Select the appropriate line of business from the Enrollment Categories panel.
3. Locate the payer on the resulting page and follow the link to access the necessary form.
4. Some links may redirect you to another site or may simply provide the payer-specific form.
5. Submit the completed form to the location noted within the form.

**Enroll Now**


This Web Form does NOT replace the need for the provider to be set up at Change Healthcare with the specific payer. The set up process for that step should still be done using Change Healthcare’s ERA Provider set up form(s) located at [www.emdeon.com/enrollment](http://www.emdeon.com/enrollment).
CERTIFICATION AND TESTING OVERVIEW

Once the contract and non-disclosure agreement have been signed by your organization and Change Healthcare, implementation can begin. When a client is enrolled to receive ERA files, the Receiver’s software must be mapped in order to receive the information correctly.

During the Implementation process, the customer becomes familiar with Change Healthcare system processes, edits, reports, resources, and enrollment. In addition to a structured implementation process, Change Healthcare offers access to its services and payers through a variety of communication methods.

Existing trading partners that are introducing a new line of business will need to work with Account Management to complete the necessary documentation for a new transaction type. New trading partners are assigned an Implementation Analyst (IA) once the contract is approved. The IA or Account Representative will be your primary contact throughout the implementation process.

In addition, throughout your association with Change Healthcare, you will have access to the following support resources:

- ON24/7, our all hours customer service portal, allows our Trading Partners direct access to our Activity Tracking application,
- Vision, our web-based claim management application, and
- Our Community Portal, a third-party X12N validation and certification site, to allow your organization to verify X12N syntax and HIPAA rules prior to submission.

All issues or concerns while in production or self-directed implementation should be logged to ON24/7. For customers following a guided implementation, any concerns should be discussed with your primary contact in Account Management or Implementation before contacting customer or technical support. All other inquiries may be resolved via the Provider Direct Line at 866-742-4355.
3 TESTING WITH CHANGE HEALTHCARE

During testing, Change Healthcare gives our vendors a guided implementation process with an Implementation Analyst or a self-directed process using ON24/7, Change Healthcare’s customer self-service portal.

Your Implementation Analyst or Account Representative will provide you with login information and instruction to ON24/7. See the EDI Customer Service section for more information on ON24/7.

Before you begin your project, please discuss the options available with your Implementation Analyst or Account Representative.

ERA Implementation Process

The Submitter ERA Implementation Process is comprised of the following five main steps:

1. **Introduction Call** - The Workflow Coordinator will contact the client to determine readiness and order of projects to be implemented (if there are multiple lines of businesses in one contract.) If the client is ready to start the implementation process (within two weeks); the project will be assigned to a Implementation Analyst.

2. **Kickoff Call** - During the kickoff call, the Implementation Analyst will review target dates, the project plan, communication methods, and other information necessary to complete the implementation.

3. **Testing** - The Technical Analyst will notify the Submitter when their first file is available for testing to begin. Change Healthcare requires a minimum of 5 successful transmissions and postings to complete testing.

   The Technical Analyst will work via email with the payer on behalf of the Submitter/Vendor to resolve any file issues during testing. Once the Submitter agrees that they are receiving and posting their ERA files successfully they will move into Handholding/Production.

   During the testing phase the client should only be allowed to test with no more than two provider sites and no than two payers each. Doing so will keep the testing phase less complicated if issues occur; it will help make troubleshooting easier for both Change Healthcare and the client. The two provider sites have to actively submitting claims for 835 to come from the payers. The provider sites will be used as beta sites to test for ERA.

   ERA files from the payers are considered “live data.” The client will be testing with live data. Once the files come from the payers, our system will bundle up the files and send it to the receiver’s mailbox (comm. method). There, the client will download the files and post payment with them on their 835 system.

4. **Handholding** - Once the client has posted at least five (5) ERA files successfully, and has sent the Implementation Analyst “Approval” (via email), the customer will be moved to handholding.

5. **Production** - “Production” is the final phase of the Implementation Project and represents the submitter is certified to receive ERA files.
4 CONNECTIVITY WITH CHANGE HEALTHCARE / COMMUNICATIONS

PROCESS FLOWS

Below is the illustrated flow of ERA processing, which includes claims processing.

TRANSMISSION ADMINISTRATIVE PROCEDURES

Retransmission Procedures

If there is a problem with an ERA file submitted to Change Healthcare by a payer, Change Healthcare will work with the payer to correct the issue and retransmit the file where possible. If a previously delivered ERA file needs to be re-downloaded, the Submitter can use the Change Healthcare self service “ERA Requeue” tool located in On 24/7.
COMMUNICATION PROTOCOL SPECIFICATIONS

The Submitter/Vendor determines the communication method during the kickoff call. Communication should be the same as claims unless the Submitter/Vendor is upgrading.

CORE Internet Transaction Services (ITS-CORE®)

ITS allows clients to use HTTPS to send claims via a secure Change Healthcare portal communication method. Credentials are defined by Change Healthcare and delivered by your Implementation Analyst. This service, as per CORE operating rule 270 version 2.2.0, supports both the MIME and SOAP protocols required by the CORE Phase III operating rules.

Please refer to the ITS CORE User’s Guide.

Communication Standards

Regardless of the method selected, file submissions must follow specific guidelines. Your Implementation Analyst or Account Representative should provide the technical specifics to electronically submit your files to Change Healthcare using the selected Communication Protocol. In addition, all transmissions should follow the guidelines below.

Acceptable File Formats

Change Healthcare accepts X12 transactions in a continuous stream using delimiters to denote the end of the data. However, some communications protocols require the data to be in wrapped 80-byte format. Change Healthcare accepts both formats. Trading Partners who wish to use a continuous stream must inform the Implementation Analyst prior to testing with Change Healthcare.

PASSWORDS

The use of passwords is described in the ITS CORE User’s Guide.
5 CONTACT INFORMATION

EDI CUSTOMER SERVICE
Change Healthcare’s ON24/7 portal enables Change Healthcare’s business partners to submit, receive, and update service requests as well as access other support applications and tools via a single web-based application. ON24/7 is the support tool of choice for Change Healthcare channel partners and direct submitters, as it is web-based and available 24 hours, 7 days a week year-round. As a single source for support, it provides our partners with the ability to report and receive service requests or escalations and automated, up-to-date statuses in a secure, online portal.

Once your Change Healthcare representative provides you with your credentials, use the link below to access ON24/7.

https://clientsupport.emdeon.com

EDI TECHNICAL ASSISTANCE
Technical assistance is also available via ON24/7.

PROVIDER SERVICE NUMBER
Support is available Monday through Friday from 7:00 a.m. to 7:00 p.m. central time on the Provider Direct line 866-742-4355.

APPLICABLE WEBSITES/E-MAIL
6 CONTROL SEGMENTS/ENVELOPES

Control Segments / Envelopes are used to provide information about the trading partner and the type of information contained within the transmission. The Control Segments for most of the health care transactions are comprised of an Envelope (ISA-IEA); a Functional Group Header (GS/GE); and a Transaction Set (ST/SE). Information about the Interchange and Functional Group are contained in Appendix C of the TR3 documents.

ISA/IEA

Information in the Interchange Control Header must represent the information necessary to identify trading partners. Prior to implementing with Change Healthcare, a submitter and receiver of the transactions must obtain their trading partner numbers. These will be provided during the initial implementation.

The ISA/IEA Segment elements all have a minimum and maximum set to the same value. This requires that all positions within this segment must be filled. For example, the Change Healthcare receiver identification number in ISA08 is a 9 digit number making it necessary to complete the length of the element with spaces before ending the element with the delimiter (*).

The Interchange Acknowledgement is the TA1 and Change Healthcare will return a TA1 Acknowledgement upon request of the submitter by indicating a value of 1 in ISA14. All errors within the ISA/IEA will result in a TA1 with a rejection status.

Delimiters

Change Healthcare has adopted the TR3 recommendations for delimiters. Trading Partners who wish to implement different delimiters need to work with their Implementation Analyst or Account Representation prior to testing with Change Healthcare.

<table>
<thead>
<tr>
<th>Type of Delimiter</th>
<th>Symbol</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data Element</td>
<td>*</td>
<td>Asterisk</td>
</tr>
<tr>
<td>Repetition Separator</td>
<td>^</td>
<td>Carat</td>
</tr>
<tr>
<td>Component Element Separator</td>
<td>:</td>
<td>Colon</td>
</tr>
<tr>
<td>Segment Terminator</td>
<td>~</td>
<td>Tilde</td>
</tr>
</tbody>
</table>
GS/GE

Change Healthcare’s Real-Time Exchange Services support only one functional group per request and response.

<table>
<thead>
<tr>
<th>Element</th>
<th>Value</th>
<th>Additional Notes and Conditions</th>
</tr>
</thead>
<tbody>
<tr>
<td>GS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>GS02</td>
<td>The Change Healthcare Sender/Receiver code is 133052274. The Payer Sender/Receiver code is the vendor’s nine-digit Tax ID or unique value assigned during implementation.</td>
<td></td>
</tr>
<tr>
<td>GS03</td>
<td>Generated by translator and set to the date Change Healthcare GS05 created the file.</td>
<td></td>
</tr>
<tr>
<td>GS04</td>
<td>Generated by translator and set to the date Change Healthcare GS05 created the file.</td>
<td></td>
</tr>
<tr>
<td>GS05</td>
<td>Generated by translator and set to the date Change Healthcare GS05 created the file.</td>
<td></td>
</tr>
<tr>
<td>GE</td>
<td>The use of this segment and information in this segment follows the ASC X12 Technical Reports Type 3 (TR3’s)</td>
<td></td>
</tr>
</tbody>
</table>

For ERA files, Change Healthcare does not make any changes to the file received from the payer. ERA files are passed from the payer to the receiver exactly as received from the payer. For information or instructions regarding a specific payer, please see the payer’s companion guide.

ST/SE

<table>
<thead>
<tr>
<th>Element</th>
<th>Value</th>
<th>Additional Notes and Conditions</th>
</tr>
</thead>
<tbody>
<tr>
<td>ST-SE</td>
<td>The use of this segment and information in this segment follows the ASC X12 Technical Reports Type 3 (TR3’s)</td>
<td></td>
</tr>
</tbody>
</table>
7 CHANGE HEALTHCARE SPECIFIC BUSINESS RULES AND LIMITATIONS

For ERA files, Change Healthcare does not make any changes to the file received from the payer. ERA files are passed from the payer to the receiver exactly as received from the payer. For information or instructions regarding a specific payer, please see the payer's companion guide.

ERA Processing

ERA processing occurs hourly each day of the week. Each evening the system will distribute any ERA files that were received within the previous 24 hour period. Once processing is completed, ERA files are available for pick up by the client.

8 ACKNOWLEDGMENTS AND REPORTS

ACKNOWLEDGMENTS

It is the CORE certified submitter's responsibility to produce a 999 within 2 hours receipt of the batch transaction. If the submitter is not CORE certified then a 999 is not required.

REPORT INVENTORY

Online Reporting

Change Healthcare's Vision for Claim Management is a web-based portal that enables end-to-end visibility of healthcare claims from the point of submission through payer adjudication. It can be used in a standalone mode but may also be integrated with physician office systems. Vision for Claim Management is a simple yet powerful tool for day-to-day accounts receivable monitoring, error corrections, and claim tracking. Interactive dashboard reporting also helps office staff and management analyze their claim rejections and view ERA data.

Change Healthcare's Vision Mobile is an extension of the web-based program and offers healthcare providers a quick glimpse into the claim management side of their practice from their portable handheld device. Physicians can identify trends or potential issues while monitoring their practice remotely via the mobile application.

9 TRADING PARTNER AGREEMENTS

Trading partner agreements are established at the time of contract.
10 TRANSACTION SPECIFIC INFORMATION

For ERA files, Change Healthcare does not make any changes to the file received from the payer. ERA files are passed from the payer to the receiver exactly as received from the payer. For information or instructions regarding a specific payer, please see the payer’s companion guide.

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

## 1 IMPLEMENTATION CHECKLIST

<table>
<thead>
<tr>
<th></th>
<th>Action Items</th>
<th>Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1</strong></td>
<td><strong>Phase 1: Pre-Implementation</strong></td>
<td></td>
</tr>
<tr>
<td>1.1</td>
<td>Sign sales contract and sales ticket entered</td>
<td>Change Healthcare Sales/Trading Partner</td>
</tr>
<tr>
<td>1.2</td>
<td>Identify Trading Partner’s Primary Contact</td>
<td>Trading Partner</td>
</tr>
<tr>
<td>1.3</td>
<td>Identify Change Healthcare’s Implementation Analyst</td>
<td>Change Healthcare Implementation Analyst</td>
</tr>
<tr>
<td>1.4</td>
<td>Set Up Initial Conference Call</td>
<td>Trading Partner/Change Healthcare Sales/Change Healthcare Implementation Analyst</td>
</tr>
<tr>
<td><strong>2</strong></td>
<td><strong>Phase 2: Implementation Kick-Off</strong></td>
<td></td>
</tr>
<tr>
<td>2.1</td>
<td>Schedule weekly conference calls</td>
<td>Implementation Analyst/Trading Partner</td>
</tr>
<tr>
<td>2.2</td>
<td>Identify initial transactions to implement</td>
<td>Trading Partner</td>
</tr>
<tr>
<td>2.3</td>
<td>Identify desired production date</td>
<td>Trading Partner</td>
</tr>
<tr>
<td>2.4</td>
<td>Identify Change Healthcare’s technical (communications) contact</td>
<td>Implementation Analyst</td>
</tr>
<tr>
<td>2.5</td>
<td>Identify Trading Partner’s technical (communications) contact</td>
<td>Trading Partner</td>
</tr>
<tr>
<td>2.6</td>
<td>Schedule Communications call</td>
<td>Implementation Analyst/Change Healthcare and Trading Partner Communications Contacts</td>
</tr>
<tr>
<td>2.7</td>
<td>Identify special issues or concerns</td>
<td>Trading Partner/Implementation Analyst</td>
</tr>
<tr>
<td>2.8</td>
<td>Distribute Companion Guides</td>
<td>Implementation Analyst</td>
</tr>
<tr>
<td><strong>3</strong></td>
<td><strong>Phase 3: Communications</strong></td>
<td></td>
</tr>
<tr>
<td>3.1</td>
<td>Identify communications protocol</td>
<td>Change Healthcare and Trading Partner Communications Contacts</td>
</tr>
<tr>
<td>3.2</td>
<td>Identify hardware and communications network requirements</td>
<td>Change Healthcare and Trading Partner Communications Contacts</td>
</tr>
<tr>
<td>3.3</td>
<td>Order equipment and network installation, if necessary</td>
<td>Trading Partner</td>
</tr>
<tr>
<td>3.4</td>
<td>Estimate installation completion date</td>
<td>Trading Partner</td>
</tr>
<tr>
<td>3.5</td>
<td>Establish communications testing process</td>
<td>Change Healthcare and Trading Partner Communications Contacts</td>
</tr>
<tr>
<td>✓</td>
<td><strong>Action Items</strong></td>
<td><strong>Responsibility</strong></td>
</tr>
<tr>
<td>---</td>
<td>-----------------</td>
<td>-------------------</td>
</tr>
<tr>
<td>3.6</td>
<td>Test communications</td>
<td>Change Healthcare and Trading Partner Communications Contacts</td>
</tr>
<tr>
<td>3.7</td>
<td>Resolve issues</td>
<td>Change Healthcare and Trading Partner Communications Contacts</td>
</tr>
<tr>
<td>3.8</td>
<td>Communications sign-off</td>
<td>Change Healthcare and Trading Partner Communications Contacts</td>
</tr>
</tbody>
</table>

### 4 Phase 4: Transaction Structure Development And Certification (done concurrently with Phase 5)

| 4.1 | Transactions developed | Trading Partner |
| 4.2 | Transaction structures validated through Edifecs. | Trading Partner/Implementation Analyst |
| 4.3 | Correct any identified problems | Trading Partner |
| 4.4 | Repeat 4.2 and 4.3 until structure passes certification | Trading Partner/Implementation Analyst |
| 4.5 | Correct any identified problems | Trading Partner |
| 4.6 | Repeat 4.4 through 4.5 until response display passes certification | Trading Partner/Implementation Analyst |

### 5 Phase 5: Registration (done concurrently with Phase 4)

| 5.1 | Provide Provider Enrollment forms as required | Implementation Analyst |
| 5.2 | Submit Provider Enrollment forms | Trading Partner |
| 5.3 | Submit Customer Agreement | Trading Partner |

### 6 Phase 6: Payer Development

| 6.1 | Develop payer-specific test transactions | Trading Partner |
| 6.3 | Resolve development issues | Trading Partner/Implementation Analyst |

### 7 Phase 7: Production

| 7.1 | Assign production submitter ID(s) and password(s) | Trading Partner |
| 7.2 | Test transactions in production | Trading Partner |
| 7.3 | Resolve production issues | Trading Partner/Implementation Analyst |

### 8 Phase 8: Sign-Off

| 8 | | Trading Partner/Implementation Analyst |
FREQUENTLY ASKED QUESTIONS

Q: What is included in the EFT & ERA Operating Rules?

A: The EFT & ERA Operating Rules were developed to help the health care industry migrate from a paper-based process to utilizing electronic transactions. The rules include:

- 382: ERA Enrollment Data Rule
- 380: EFT Enrollment Data Rule
- 370: EFT & ERA Re-association (CCD+/835) Rule
- 360: Uniform Use of CARCS and RARCS (835) Rule
- 350: Health Care Claim Payment/Advice (835 Infrastructure Rule)

Q: How do I enroll for ERA after January 1, 2014?

A: Change Healthcare’s customers will need to access the Change Healthcare Vendor Enrollment Wizard through the Vision portal to enroll. Existing customers will receive the enhanced tool and instructions prior to January 1st, 2014 from their Account Manager. New customers will be assigned an Implementation Analyst to provide the tool and necessary training. Updated paper forms will be available as of January 1st, 2014 for those who prefer to use the paper format.
## CHANGE LOG

<table>
<thead>
<tr>
<th>Date</th>
<th>Version</th>
<th>Change Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>November 2013</td>
<td>1.0</td>
<td>Published.</td>
</tr>
<tr>
<td>December 31, 2015</td>
<td>2.0</td>
<td>Rebranded</td>
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