



Nebraska Hospital Association

Nebraska Hospital Information System Companion Guide

Instructions related to the 837 Health Care Claim: Institutional Transaction based on ASC X12
Technical Report Type 3 (TR3), version 005010X223A2.

Preface

This Companion Guide to the ANSI ASC X12N 837i Health Care Claims transaction for institutional claims and /or encounters Technical Report Type 3 (TR3) adopted under HIPAA clarifies and specifies the data content when claims data is transmitted electronically to Nebraska Hospital Association for the Nebraska Hospital Information System. This Companion Guide is intended to provide information that is within the framework of the ASC X12N TR3 adopted for use under HIPAA. The Companion Guide is not intended to provide instructions that contradict the requirements or usage of data expressed in the TR3.

Files submitted as claims data files that are copies of Health Care Claim Transaction (837i) files submitted under Electronic Data Interchange (EDI) environment will be process as long as they meet the ASC X12N 837i TR3 standards. In many cases, these files are exact copies being submitted to payers or EDI partners. Claims data files containing information not compliant with ASC X12N TR3 standards may be rejected and will not be processed for the NHIS.

This Companion Guide contains the format and establishes the data contents of the Health Care Claim Transaction (837i) for use within the context of a claims data file. Instructions on submitting claims data files and requirements can be obtained by calling the NHIS help desk at 402-742-8190 or emailing nhis@nebraskahospitals.org.

Claims Data File Submission

The NHA is set to receive copies of compliant 837i transactions files as part of the NHIS claims data collection. The 837i file that a hospital submits can be a copy of the file created for their EDI partner or payer. We ask that the hospital send the NHA a copy of the HIPAA compliant 837i transaction created for the EDI partner or payer.

The hospital may choose to have their EDI partner submit a copy of the claims data to NHA and behalf of the hospital. The NHA encourages the hospital to use the EDI partner as the claims data submitter.

File Name

The file naming convention is to facilitate processing of claims data. Variations are acceptable, but please contact NHIS help desk at 402-742-8190 or emailing nhis@nebraskahospitals.org to discuss options.

- Prefix: File prefix should be SSH account. ie. h045t or c207h. The NHA supplied utilities will append the prefix to the file during the file transmission.
 - The account prefix should not be added if a SFTP service is used to make the files available for NHA to download,
- Date/time stamp: File name should include date time stamp or other naming convention to keep each file unique. The common format being used is ccymmddhhmm (200505251152).
- Spaces or non-alpha/numeric characters are not allowed. Dash, underscore and periods are acceptable. Sample valid file names are:
 - h045t_200505251152_nha.837
 - h056k.200505160953.IPUB.nha.837
 - c206h-oct06-ip-nhav02.dat

File Transmission

The NHA plans on the hospital using Secure Shell Version 2 (SSH) over the Internet to send the 837i claims data file. Each submitter must have a unique user account supplied by NHA to send claims data over the Internet. There are several utilities the NHA will provide at no cost to allow the transmission over the Internet.

The NHA can also pull the files from a remote SFTP site if the EDI partner or submitter desires. Please contact NHIS help desk at 402-742-8190 or emailing nhis@nebraskahospitals.org to discuss options.

NHA Business Associate and Data Aggregation

The Health Insurance Portability and Accountability Act's (HIPAA) Privacy Regulations allow Nebraska hospitals to submit their claims data to the Nebraska Hospital Association (NHA). Under the Privacy Regulations, Nebraska hospitals are allowed to submit their claim data information to the NHA as a business associate with a valid Business Associate Agreement. In the Privacy Regulations preamble, Health and Human Services (HHS) recognizes the role of the data aggregators like the NHA in creating and maintaining the NHIS.

Federal Register / Vol. 65, No. 250 / 12/28/00, page 82475; For example, a state hospital association could act as a business associate of its member hospitals and could combine data provided to it to assist the hospitals in evaluating their relative performance in areas such as quality, efficiency and other patient care issues.

Federal Register / Vol. 65, No. 250 / 12/28/00, pages 82505-82506; However, we permit covered entities that enter into business associate contracts with a business associate for data aggregation to permit the business associate to combine or aggregate the protected health information they disclose to the business associate for their respective health care operations.

The regulations further define the role of the NHA in accepting claim information to create the Nebraska Hospital Information System (NHIS). The NHA serves as a business associate of the hospital to aggregate the claims data. Submission of claim data to the NHIS is allowed and not considered a disclosure for accounting purposes.

§164.501 *Data aggregation* means, with respect to protected health information created or received by a business associate in its capacity as the business associate of a covered entity, the combining of such protected health information by the business associate with the protected health information received by the business associate in its capacity as a business associate of another covered entity, to permit data analyses that relate to the health care operations of the respective covered entities.

§164.502(e)(2)(i)(B) The (Business Associate) contract may permit the business associate to provide data aggregation services relating to the health care operations of the covered entity.

§164.514(e)(3)(ii) A covered entity may use protected health information to create a limited data set that meets the requirements of paragraph (e)(2) of this section, or disclose protected health information only to a business associate for such purpose, whether or not the limited data set is to be used by the covered entity.

Nebraska Regulatory Compliance

Nebraska Statutes and Regulations require hospitals to report data to the Nebraska Department of Health and Human Services in its capacity as a public health authority as defined under the HIPAA Privacy Rules and authorized by Neb. Rev. Stat. §81-676 to 81-680. Further, the department is authorized to receive all of the health data described here by Neb. Rev. Stat. §81-3401.

The NHA is the private entity that is under contract for collecting statewide health data and serves as a data aggregator to provide data to the Department for use as outlined in Neb. Rev. Stat. §81-676 through 81-680. The following mandates are satisfied with submitting claims data to the NHIS.

AS Data Set: Ambulatory Surgery data is mandated by Neb. Rev. Stat. § 81-6,111 to 81-6,119 and governed by regulations 186 NAC 6. The hospital based ASC data set includes, Zip code, patient county information, dates of service with other administrative claim information.

Cancer Data Set: Cancer Registry data set is authorized by Neb. Rev. Stat. 81-642 to 81-650 and governed by regulations 186 NAC 1. The Cancer data set includes patients name, date of birth, Zip code, patient county information, and dates of service with other administrative claim information.

E-CODE Data Set: External Cause of Injury Registry (E-Code) is mandated by Neb. Rev. Stat. 71-2078 to 71-2082 and governed by regulations 186 NAC 3. The E-Code data set includes Zip code, patient county information, dates of service, and patient date of birth with other administrative claim information.

HBSI Data Set: Head, Brain, and Spinal Injury Registry is mandated by Neb. Rev. Stat. 81-653 to 81-661 and governed by regulations 186 NAC 2. The HBSI data set includes patients name, social security number, date of birth, Zip code, patient county information, and dates of service with other administrative claim information.

HIV Data Set: Human Immunodeficiency Virus Registry is authorized Neb. Rev. Stat. 71-532. The HIV data set includes patient name, medical record number, date of birth, city, patient county information, dates of service with other administrative claim information.

Parkinson Data Set: Parkinson Disease Registry is authorized by Neb. Rev. Stat. 81-697 to 81-6,110 governed by regulations 186 NAC 4. The Parkinson data set includes patient name, date of birth, street, city, dates of service with other administrative claim information.

Loop	Segment	Name	NHIS Instructions
Value loops, segments and codes as required by TR3 standard. Below are special instructions or notes.			
ISA	INTERCHANGE CONTROL HEADER		
	ISA05	Interchange ID Qualifier	Default code in submitted transaction or ZZ if no default code available.
	ISA06	Interchange Sender ID	Used code in submitted transaction. If no default code, use "NHA". If NHA is used, ISA05 should be ZZ.
	ISA07	Interchange ID Qualifier	Default code in submitted transaction or ZZ if no default code available.
	ISA08	Interchange Receiver ID	Used code in submitted transaction. If no default code, use "NHA". If NHA is used, ISA07 should be ZZ.
	ISA14	Acknowledgment Requested	Code 1 will not be processed. NHA does not serve as a clearinghouse and an TA1 could cause confusion.
	ISA15	Interchange Usage Indicator	Value of "T" should be used for test files.
GS	FUNCTIONAL GROUP HEADER		
	GS02	Application Sender Code	Used code in submitted transaction. If no default code, use "NHA".
	GS03	Application Receiver Code	Used code in submitted transaction. If no default code, use "NHA".
ST		TRANSACTION SET HEADER	Each hospital included in a single file should be in their own ST segment. Multiple ST segments may be included in each file. Hospital information and identifiers are set in 2010AA Loop.
2010AA	Billing Provider Name		
	NM108	Identification Code Qualifier	Code "XX" must be included.
		Identification Code	Hospital NPI for billing entity must be included.
	REF01	Reference Identification Qualifier	Code "IE" must be included.
	REF02	Reference Identification	Hospital federal employer ID must be included with "IE" qualifier REF01.
2000B	Subscriber Level		
	When the patient is self-pay (uninsured, private pay, etc.), the patients information should appear in the 2000B loop and not the 2000C loop.		
	SBR02	Individual Relationship Code	Private pay or self pay patients may be included in the file with "18".
	SBR09	Claim Filing Indicator Code	Private pay or self pay patients may be included in the file with "ZZ" with SBR02 18 or "09" code.

Loop	Segment	Name	NHIS Instructions
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2300	CLAIM INFORMATION		
	CLM05 – 1	Facility Code Value	<p>Include claims with the following UB Bill Types. Other UB Bill Types can be included, but will not be reported on by NHA.</p> <p>11: Hospital Inpatient 12: Hospital Part B bills 13: Hospital Outpatient 14: Hospital Outpatient Special 83: Ambulatory Surgery 84: Free Standing Birthing Center 85: CAH Outpatient</p>
	CLM05 – 3	Claim Frequency Code	<p>Include claims with the following UB Bill Frequency. Other UB Bill Frequencies can be included, but will not be reported on by NHA.</p> <p>1: Admit Through Discharge 2: Interim – First Claim 3: Interim – Continuing Claim 4: Interim – Last Claim 7: Replacement Claim 8: Void Claim</p>
Nebraska Reporting Requirements			
2300	External Cause of Injury		Nebraska Statute 71-2081; NAC, Title 186 - Chapter 3
	HI01 -1	Code List Qualifier	<p>Must be "BN" when Principle Diagnosis has HI01-1 equal to "BK",</p> <ul style="list-style-type: none"> • and HI01-02 ICD-9-CM codes in range of 800-904.9, or 910-995.89, or 996-999.9 • and CLM05 – 1 Facility Code Value Types "11", "12", "13", "83", or "85" • and CLM05 – 3 Claim Frequency Code "1" or "7".
	HI01-2	Industry Code	Must be ICD-9-CM external cause of injury code with HI01 -1 equal "BN"