



UnitedHealth GroupSM

Standard Companion Guide

**Refers to the Implementation Guide Based
on X12 Version 005010X222A1
Health Care Claim: Professional (837)**

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Change Log

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Preface

This companion guide (CG) to the Technical Report Type 3 (TR3) adopted under HIPAA clarifies and specifies the data content when exchanging transactions electronically with UnitedHealthcare. Transactions based on this companion guide, used in tandem with the TR3, also called Health Care Claim: Professional (837) ASC X12N/005010X222A1, are compliant with both X12 syntax and those guides. This companion guide is intended to convey information that is within the framework of the TR3 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 TR3.

EDITOR'S NOTE:

This page is blank because major sections of a book should begin on a right hand page.

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1. INTRODUCTION

This section describes how Technical Report Type 3 (TR3), also called Health Care Claim: Professional (837) ASC X12N/005010X222A1, adopted under HIPAA, will be detailed with the use of a table. The tables contain a row for each segment that UnitedHealth Group has something additional, over and above, the information in the TR3. 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 TR3's 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, and composite or simple data element pertinent to trading electronically with UnitedHealthcare

In addition to the row for each segment, one or more additional rows are used to describe UnitedHealthcare 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 table specifies the columns and suggested use of the rows for the detailed description of the transaction set companion guides. The table contains a row for each segment that UnitedHealthcare has something additional, over and above, the information in the TR3's. The following is just an example of the type of information that would be spelled out or elaborated on in: Section 9 – Transaction Specific Information.

Page#	Loop ID	Reference	Name	Codes	Length	Notes/Comments
71	1000A	NM1	Submitter Name			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.
114	2100C	NM109	Subscriber Primary Identifier		15	This type of row exists to limit the length of the specified data element.
114	2100C	NM108	Identification Code Qualifier			
				MI		This type of row exists when a note for a particular code value is required. For example, this note may say that value MI is the only valid value. Not populating the first 3 columns makes it clear that the code value belongs to the row immediately above it.

184	2300	HI	Principal Diagnosis Code			
	2300	HI01-2	Code List Qualifier Code	BK		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.

1.1. SCOPE

This document is to be used for the implementation of the Technical Report Type 3 (TR3) HIPAA 5010 Health Care Claim: Professional (837) (referred to Professional Claim in the rest of this document) for the purpose of submitting Professional Claim(s) electronically. This companion guide (CG) is not intended to replace the TR3.

1.2. OVERVIEW

This CG will replace, in total, the previous UnitedHealthcare CG versions for Health Care Professional Claim and must be used in conjunction with the TR3 instructions. The CG is intended to assist you in implementing electronic Professional Claim that meet UnitedHealthcare processing standards, by identifying pertinent structural and data related requirements and recommendations.

Updates to this companion guide will occur periodically and new documents will be posted on www.UnitedHealthCareOnline.com - > News Section; these updates will also be available at http://www.uniprise.com/hipaa/companion_docs.html and distributed to all registered trading partners with reasonable notice, or a minimum of 30 days, prior to implementation.

In addition, all trading partners will receive an email with a summary of the updates and a link to the new documents posted online.

1.3. REFERENCE

For more information regarding the ASC X12 Standards for Electronic Data Interchange Health Care Claim: Professional (837) ASC X12N/005010X222A1 and to purchase copies of the TR3 documents, consult the Washington Publishing Company web site at <http://www.wpc-edi.com/>.

1.4. ADDITIONAL INFORMATION

The American National Standards Institute (ANSI) is the coordinator for information on national and international standards. In 1979 ANSI chartered the Accredited Standards Committee (ASC) X12 to develop uniform standards for electronic interchange of business transactions and eliminate the problem of non-standard electronic data communication. The objective of the ASC X12 committee is to develop standards to facilitate electronic interchange relating to all types of business transactions. The ANSI X12 standards is recognized by the United States as the standard for North America. Electronic Data Interchange (EDI) adoption has been proved to reduce the administrative burden on providers.

2. GETTING STARTED

2.1. WORKING WITH UNITEDHEALTHCARE

There are three methods to connect with UnitedHealthcare for submitting and receiving EDI transactions; clearinghouse connection, direct using Connectivity Director, and direct connection.

Clearinghouse Connection:

Physicians and Healthcare professionals should contact their current clearinghouse vendor to discuss their ability to support the Professional Claim transaction, as well as associated timeframe, costs, etc.

Physicians and Healthcare professionals also have an opportunity to submit and receive a suite of EDI transactions via the Ingenix Health Information Networks (HIN) clearinghouse. For more information, please contact your HIN Account Manager. If you do not have an HIN Account Manager, please contact the HIN Sales Team at (800) 341- 6141 option 3 for more information.

Connectivity Director:

Direct connection to UnitedHealthcare for sending Professional Claim transactions is available via Connectivity Director. This connection type will support batch and real-time submissions and responses. Trading partners are able to get more information and register for Connectivity Director via <http://www.unitedhealthcarecd.com>.

Direct Connection:

Direct connection to UnitedHealthcare is available via FTP with PGP encryption, SFTP or a web service connection. With PGP Encryption, UnitedHealthcare will also require the trading partner PGP key. A signed "User Agreement for EDI Data Exchange Services" must be completed prior to direct connectivity set up. If you are interested in this type of direct connection, please contact the EDI Customer Support via email at Unitedhelpdesk@ediconnect.com or phone 800-842-1109 Monday – Friday: 6 a.m. – 7 p.m. EST.

2.2. TRADING PARTNER REGISTRATION

Clearinghouse Connection:

Physicians and Healthcare professionals should contact their current clearinghouse vendor to discuss their ability to support the Professional Claim transaction.

Connectivity Director:

Register for Connectivity Director via <http://www.unitedhealthcarecd.com>.

Direct Connection:

A signed "User Agreement for EDI Data Exchange Services" must be completed prior to direct connectivity set up.

2.3. CERTIFICATION AND TESTING OVERVIEW

UnitedHealthcare does not certify Providers or Clearinghouses.

2.4. TESTING WITH UNITEDHEALTHCARE

Clearinghouse Connection:

Physicians and Healthcare professionals should contact their current clearinghouse vendor to discuss testing.

Connectivity Director:

All trading partners who wish to submit Professional Claim Transactions to UnitedHealthcare must complete testing to ensure that their systems and connectivity are working correctly before any production transactions can be processed. Connectivity Director will assist in this testing process. Trading partners are able to get more information and register for Connectivity Director via this link <http://www.unitedhealthcarecd.com>.

Direct Connection:

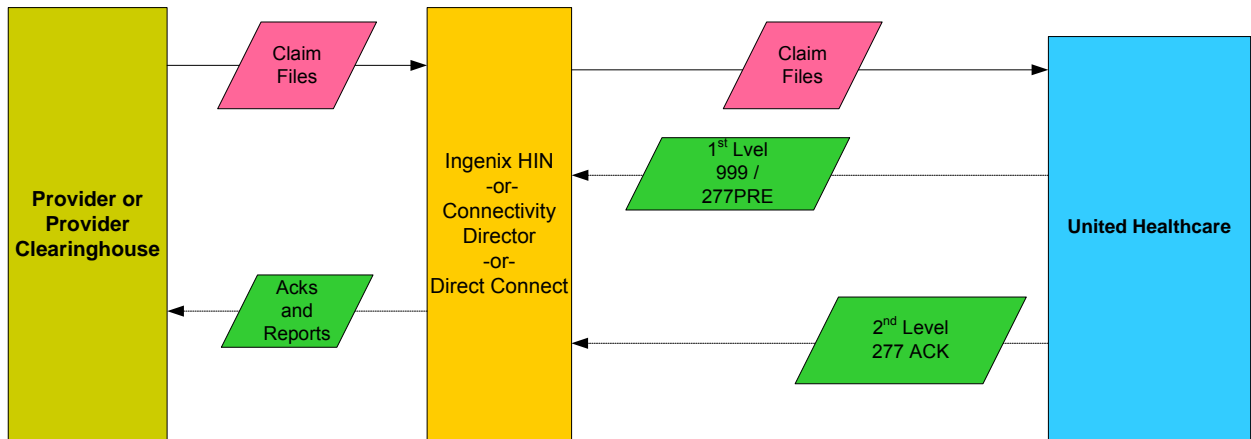
If you wish to test the Professional Claim transaction in UnitedHealthcare's testing region please contact your EDI Account manager. If you do not have an EDI Account Manager please call EDI Customer Support at 800-842-1109 or via email at supportedi@uhc.com.

If there is a connection issue (e.g. password failure, no response), please contact 888-848-3375 to open a ticket. Please have the ticket assigned to External Customer Gateway-UHT group and include your FTP login user name (DO NOT INCLUDE YOUR PASSWORD).

3. CONNECTIVITY WITH THE PAYER / COMMUNICATIONS

3.1. PROCESS FLOWS

Batch Professional Claim:



3.2. TRANSMISSION ADMINISTRATIVE PROCEDURES

Ingenix HIN and Connectivity Director can be used in either batch or real-time modes. Connectivity Director supports manual transactions via the website (batch only) or programmatically via several different communication protocols.

3.3. RE-TRANSMISSION PROCEDURE

For sections 3.2 – 3.5, Physicians and Healthcare professionals should contact their current clearinghouse vendor for information on the most current process.

3.4. COMMUNICATION PROTOCOL SPECIFICATIONS

Clearinghouse Connection:

Physicians and Healthcare professionals should contact their current clearinghouse vendor to discuss communication protocol specifications.

Connectivity Director:

Connectivity Director currently supports the following communications methods:

- HTTPS Batch and Real-Time
- FTP + PGP Batch
- FTP over SSL Batch

Direct Connection:

Direct connection supports the following communication methods:

- FTP with PGP for batch
- SFTP for batch
- Web services for real-time

FTP

UnitedHealthcare will provide PGP encryption key.

SFTP

FTP user id and password information will be provided by UnitedHealthcare.

3.5. PASSWORDS

Clearinghouse Connection:

Physicians and Healthcare professionals should contact their current clearinghouse vendor to discuss testing.

Connectivity Director:

To create a new connectivity director account please follow the instructions online at <https://www.UnitedHealthcareCD.com>.

Direct Connection:

Passwords for direct connection will be supplied upon signing of the trading partner agreement. Passwords will be sent via secure e-mail.

3.6. SYSTEM AVAILABILITY

UnitedHealthcare will accept 837 claim transaction submissions at any time, 24 hours per day/7 days a week. No changes to current system availability are expected. Any scheduled or unplanned outages will be communicated via email.

3.7. COSTS TO CONNECT

Clearinghouse Connection:

Physicians and Healthcare professionals should contact their current clearinghouse vendor to discuss costs.

Connectivity Director:

There is no cost imposed on the trading partners by UnitedHealthcare to set-up or use Connectivity Director.

Direct Connection:

There is no cost imposed on the trading partners by UnitedHealthcare to set-up or use direct connectivity.

4. CONTACT INFORMATION

4.1. EDI CUSTOMER SERVICE

Most questions can be answered by referencing the materials posted at <https://www.unitedhealthcareonline.com> > News. Updates to the companion guide will be posted at: http://www.uniprise.com/hipaa/companion_docs.html.

If you have questions related to transactions submitted through a clearinghouse please contact your clearinghouse vendor.

For connectivity options contact EDI customer service 800-842-1109 x3 Monday – Friday: 6 a.m. – 7 p.m. EST

For questions on the format of Professional Claim, use the Online EDI Issue Reporting tool at <http://www.UnitedHealthcareOnline.com> -> Contact Us -> Service & Support -> Electronic Data Interchange (EDI) or click <https://www.unitedhealthcareonline.com/b2c/CmaAction.do?txnType=ProblemReport&forwardToken=ProblemReport>

4.2. EDI TECHNICAL ASSISTANCE

Clearinghouse

- When receiving the 271 transaction from a clearinghouse please contact the clearinghouse.

Connectivity Director

- Email - Unitedhelpdesk@ediconnect.com
- Connectivity Director Customer Support line - 800-445-8174

UnitedHealthcare EDI Issue Reporting

- Online at - <https://www.unitedhealthcareonline.com/b2c/CmaAction.do?txnType=ProblemReport&forwardToken=ProblemReport>
- Email - supportededi@uhc.com
- Customer Support line - 800-842-1109, Monday – Friday: 6 a.m. – 7 p.m. EST

4.3. PROVIDER SERVICE NUMBER

Provider Services should be contacted at 877-842-3210 instead of EDI Customer Service if you have questions regarding the details claim status. Provider Services is available Monday – Friday 7 a.m. to 7 p.m. in provider's time zone.

4.4. APPLICABLE WEBSITES / E-MAIL

Connectivity Director – <http://www.unitedhealthcarecd.com>

Companion Guides - http://www.uniprise.com/hipaa/companion_docs.html

UnitedHealthcare EDI help desk – supportededi@uhc.com

Ingenix Health Information Networks (HIN) - www.ingenix.com

Washington Publishing Company - <http://www.wpc-edi.com/hipaa/>

5. CONTROL SEGMENTS / ENVELOPES

5.1. ISA-IEA

Transactions transmitted during a session or as a batch are identified by an interchange header segment (ISA) and trailer segment (IEA) which form the envelope enclosing the transmission. Each ISA marks the beginning of the transmission (batch) and provides sender and receiver identification.

The table below represents only those fields that UnitedHealthcare requires insertion of a specific value or has additional guidance on what the value should be. The table does not represent all of the fields necessary for a successful transaction; the TR3 should be reviewed for that information.

TR3 Page #	LOOP ID	Reference	NAME	Codes	Notes/Comments
C.3	None	ISA	ISA Interchange Control Header		
C.3		ISA08	Interchange Receiver ID	87726	UnitedHealthcare Payer ID Right pad as needed with spaces to 15 characters.
C.6		ISA15	Usage Identifier	P	Code indicating whether data enclosed is production or test.

5.2. GS-GE

EDI transactions of a similar nature and destined for one trading partner may be gathered into a functional group, identified by a functional group header segment (GS) and a functional group trailer segment (GE). Each GS segment marks the beginning of a functional group. There can be many functional groups within an interchange envelope. The number of GS/GE functional groups that exist in the transmission.

The table below represents only those fields that UnitedHealthcare requires insertion of a specific value or has additional guidance on what the value should be. The table does not represent all of the fields necessary for a successful transaction; the TR3 should be reviewed for that information.

Page#	LOOP ID	Reference	NAME	Codes	Notes/Comments
C.7	None	GS	Functional Group Header		Required Header
C.7 (60 in Errata)		GS03	Application Receiver's Code	87726	UnitedHealthcare Payer ID Code
C.8 (61 in Errata)		GS08	Version/Release/Industry Identifier Code	005010X222A1	Version expected to be received by UnitedHealthcare.

5.3. ST-SE

The beginning of each individual transaction is identified using a transaction set header segment (ST). The end of every transaction is marked by a transaction set trailer segment (SE). For real time transactions, there will always be one ST and SE combination. An 837 file can only contain 837 transactions.

The table below represents only those fields that UnitedHealthcare requires insertion of a specific value or has additional guidance on what the value should be. The table does not represent all of the fields necessary for a successful transaction; the TR3 should be reviewed for that information.

Page#	LOOP ID	Reference	NAME	Codes	Notes/Comments
70	None	ST	Transaction Set Header		Required Header
70 (14 in Errata)		ST03	Implementation Convention Reference	005010X222A1	

5.4. CONTROL SEGMENT HIERARCHY

- ISA - Interchange Control Header segment
 - GS - Functional Group Header segment
 - ST - Transaction Set Header segment
 - First 837 Transaction
 - SE - Transaction Set Trailer segment
 - ST - Transaction Set Header segment
 - Second 837 Transaction
 - SE - Transaction Set Trailer segment
 - ST - Transaction Set Header segment
 - Third 837 Transaction
 - SE - Transaction Set Trailer segment
 - GE - Functional Group Trailer segment
- IEA - Interchange Control Trailer segment

5.5. CONTROL SEGMENT NOTES

The ISA data segment is a fixed length record and all fields must be supplied. Fields that are not populated with actual data must be filled with space.

- The first element separator (byte 4) in the ISA segment defines the element separator to be used through the entire interchange.
- The ISA segment terminator (byte 106) defines the segment terminator used throughout the entire interchange.
- ISA16 defines the component element

5.6. FILE DELIMITERS

UnitedHealthcare requests that you use the following delimiters on your 837 file. If used as delimiters, these characters (* : ~ ^) must not be submitted within the data content of the transaction sets.

Data Segment: The recommended data segment delimiter is a tilde (~).

Data Element: The recommended data element delimiter is an asterisk (*).

Component-Element: ISA16 defines the component element delimiter is to be used throughout the entire transaction. The recommended component-element delimiter is a colon (:).

Repetition Separator: ISA11 defines the repetition separator to be used throughout the entire transactions. The recommended repetition separator is a carrot (^).

6. PAYER SPECIFIC BUSINESS RULES AND LIMITATIONS

6.1 Electronic Claim Submission Guidelines

Please reference the UnitedHealthcare Administrative Guide which can be found at www.unitedhealthcare.com under the Most Visited section of the Physician main page.

Coordination of Benefits (COB) Electronic Details

Section 1.4.1 of the TR3 for 837P explains COB changes

For secondary claims to be paid electronically, the COB information must be submitted per TR3 requirements in the applicable Loops and Segments.

Loops include:

LOOP ID - 2320 OTHER SUBSCRIBER INFORMATION
LOOP ID - 2330A OTHER SUBSCRIBER NAME
LOOP ID - 2330B OTHER PAYER NAME
LOOP ID - 2330C OTHER PAYER REFERRING PROVIDER
LOOP ID - 2330D OTHER PAYER RENDERING PROVIDER
LOOP ID - 2330E OTHER PAYER SERVICE FACILITYLOCATION
LOOP ID - 2330F OTHER PAYER SUPERVISING PROVIDER
LOOP ID - 2430 LINE ADJUDICATION INFORMATION

6.2 Validation of Claims at UnitedHealthcare:

United applies 2-levels of editing to inbound HIPAA 837 files and claims:

1. Level-1 HIPAA Compliance:

- Full levels 1-4.
- Claims passing are assigned an UnitedHealthcare Payer Claim Control Number and our “accepted” for **front-end** processing.

2. Level-2 Front-End Validation:

- a. Member match
- b. Provider match

3. Claims passing **front-end** validation are accepted into the **Adjudication** system for processing.

4. Professional Claim that is received before the service date (prior to 10/1/2013) with ICD-10 codes qualifiers will be rejected by UnitedHealthcare. Note: Note: Mandate date for accepting the ICD -10 is set as 10/1/2013.

5. Professional Claim with the value 'II' (Standard Unique Health Identifier) in Subscriber Name, field NM108 will be rejected by UnitedHealthcare. **If this situational segment is used, a value of MI should be sent. ***addenda info, now situational**
Note: Mandate date is still not decided for using the Standard Unique Health Identifier

7. ACKNOWLEDGEMENTS AND OR REPORTS

7.1. REPORT INVENTORY

999 - This file informs submitter that the transaction arrived and provides information about the syntactical quality of each of the 837 claims submitted. Level 1 validation.

277PRE - This file informs the submitter with more detail about why the claim failed validation. The 277PRE is generated when claims in the batch file failed Level 1 validation. If no claims failed Level 1 validation, then the 277PRE is not created

277ACK – This file informs the submitter of the disposition of their claims through Level 2 Front End Validation, it reports both accepted and rejected claims.

8. TRADING PARTNER AGREEMENTS

8.1. TRADING PARTNERS

An EDI Trading Partner is defined as any UnitedHealthcare customer (provider, billing service, software vendor, employer group, financial institution, etc.) that transmits to, or receives electronic data from UnitedHealth Group.

Payers have EDI Trading Partner Agreements that accompany the standard implementation guide to ensure the integrity of the electronic transaction process. The Trading Partner Agreement is related to the electronic exchange of information, whether the agreement is an entity or a part of a larger agreement, between each party to the agreement.

For example, a Trading Partner Agreement may specify among other things, the roles and responsibilities of each party to the agreement in conducting standard transactions.

9. TRANSACTION SPECIFIC INFORMATION

This section describes how TR3's adopted under HIPAA will be detailed with the use of a table. The tables contain a row for each segment that UnitedHealth Group has something additional, over and above, the information in the TR3's. 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 TR3's 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, and composite or simple data element pertinent to trading electronically with UnitedHealthcare

In addition to the row for each segment, one or more additional rows are used to describe UnitedHealthcare'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 table specifies the columns and suggested use of the rows for the detailed description of the transaction set companion guides. The table contains a row for each segment that UnitedHealthcare has something additional, over and above, the information in the TR3's. The following is just an example of the type of information that would be spelled out or elaborated on in: Section 9 – Transaction Specific Information.

The below table provides any UnitedHealthcare specific requirements for claim construct and data values.

Page #	LOOP ID	Reference	NAME	Codes	Length	Notes/Comments
71	None	BHT	Beginning of Hierarchical Transaction			
		BHT02	Transaction Set Purpose Code	00		Code identifying the purpose of the Transaction. 00 = Original 18 = Reissue
		BHT06	Transaction Type Code	CH		Use CH when the transaction contains only fee for service claims or claims with at least one chargeable line item. CH = Chargeable
74	1000A	NM1	Submitter Name			Required Segment
	1000A	NM109	Identification Code	Submitter ID		Fed Tax ID of the Submitter. This number should be identical to the ISA06 and GS02 Federal Tax ID.

Page #	LOOP ID	Reference	NAME	Codes	Length	Notes/Comments
79	1000B	NM1	Receiver Name			Required Segment
	1000B	NM103	Name Last or Organization Name	UNITED HEALTHCARE		Receiver Name (Organization)
	1000B	NM108	Identification Code Qualifier	46		
	1000B	NM109	Identification Code	87726		United Payer ID
114	2000B	HL	Subscriber Hierarchical Level			<p>United patients cannot be identified within Loop 2010CA. If a United patient can be uniquely identified by a unique Member Identification Number, then the patient is considered the subscriber and is identified at this level.</p> <p>When the patient is the subscriber, loops 2000C and 2010CA are not sent.</p>
121	2010BA	NM1	Subscriber Name			
		NM108	Identification Code Qualifier	MI		MI is the only valid value at this time. Claims received with value II will be rejected. (Value of ZZ removed in 5010)
133	2010BB	NM1	Payer Name			
		NM103	Name Last or Organization Name	UNITED HEALTHCARE		
		NM108	Identification Code Qualifier	PI		
		NM109	Identification Code	87726		
157	2300	CLM	Claim Information			
165	2300	DTP	Date-Initial Treatment			Submit Initial Treatment Date for End Stage

Page #	LOOP ID	Reference	NAME	Codes	Length	Notes/Comments
						Renal Disease (ESRD) Submit Initial Treatment Date for dental services required as the result of an accident
176	2300	DTP	Date-Admission			Submit Admission Date for Emergency Room (ER) visits when patient is admitted from the ER
226	2300	HI	Health Care Diagnosis Code			
	2300	HI01-1	Code List Qualifier Code	BK		BK is the only valid value at this time. Claims received with value ABK will be rejected until ICD10 implementation on 10/1/13.
227	2300	HI	Health Care Diagnosis Code			
	2300	HI02-1 to HI12-1	Code List Qualifier Code	BF		BF is the only valid value at this time. Claims received with value ABF will be rejected until ICD10 implementation on 10/1/13.
351	2400	SV1	Professional Service			
355	2400	SV103	Unit or Basis for measurement code	MJ		Submit code MJ when reporting anesthesia minutes in Loop 2400 SV104
355	2400	SV104	Quantity			<u>Units</u> Submit a maximum unit quantity of 999 per occurrence of Loop 2400 SV1. When unit quantity is greater than 999, submit multiple occurrences with up to 999 units per occurrence. <u>Minutes</u> Submit quantity as minutes for time based anesthesia services, using MJ qualifier in Loop 2400 SV103

Page #	LOOP ID	Reference	NAME	Codes	Length	Notes/Comments
393	2400	MEA	Test Result			
394		MEA01	Measurement reference ID code	TR for Hematocrit		Hematocrit (HCT) test level is requested on all claims with services for erythropoietin (EPO).
394		MEA02	Measurement qualifier	R2 for Hematocrit		To indicate test results being reported for Hematocrit
394		MEA03	Measurement value			Submit Hematocrit test result value
415	2400	PS1	Purchased Service Information			Submit Purchased Service Information when contract between UHG and the provider indicates reimbursement based on a percentage of invoice
416	2400	HCP	Line Pricing/Repricing Information			Submit line pricing for repriced claims
423	2410	LIN	Drug Identification			Submit NDC for all unlisted injectable drugs and for other injectable drugs when required per the contract between UHG and the provider

10. APPENDECIES

10.1. IMPLEMENTATION CHECKLIST

The implementation check list will vary depending on your choice of connection; Direct Connect, Connectivity Director, CAQH CORE Connectivity or Clearinghouse. However, a basic check list would be to:

1. Register with Trading Partner
2. Create and sign contract with trading partner
3. Establish connectivity
4. Send test transactions
5. If testing succeeds, proceed to send production transactions

10.2. BUSINESS SCENARIOS

Please refer to Section 4.4 above, which points to the appropriate website for Washington Publishing where the reader can view the 5010 Technical Report Type 3 (TR3, formerly known as Implementation Guide), which contains various business scenario examples.

10.3. TRANSMISSION EXAMPLES

Please refer to Section 4.4 above, which points to the appropriate website for Washington Publishing where the reader can view the TR3, which contains various transmission examples.

10.4. FREQUENTLY ASKED QUESTIONS

1. Does this Companion Guide apply to all UnitedHealthcare payers?

No. The changes will apply to commercial and government business for UnitedHealthcare using payer ID 87726.

2. How does UnitedHealthcare support, monitor, and communicate expected and unexpected connectivity outages?

Our systems do have planned outages. For the most part, transactions will be queued during those outages. We have identified the planned maintenance windows in the UnitedHealthcare section 3.6 of this document. We will send an email communication for scheduled and unplanned outages.

3. If a 837 is successfully transmitted to UnitedHealthcare, are there any situations that would result in no response being sent back?

No. UnitedHealthcare will always send a response. Even if UnitedHealthcare's systems are down and the transaction cannot be processed at the time of receipt, a response detailing the situation will be returned.

10.5. FILE NAMING CONVENTIONS

Platform 999 ACK File Names-examples

Submitter Id	Payor	Expected 999ACK Filename
BFT219999610	NDC - AMERICHoice OF FL & RI	NDCACFLRI.DYYMMDD.T.HHMM.837P.9995010.txt
BFT219999320	NDC – EVERCARE	NDCEVERCARE.DYYMMDD.T.HHMM.837P.9995010.txt
BFT219999600	NDC - SECURE HORIZONS	NDCSH.DYYMMDD.T.HHMM.837P.9995010.txt
BFT219999620	NDC - UNITED HEALTHCARE	NDCUHC.DYYMMDD.T.HHMM.837P.9995010.txt

Platform 277 ACK File Names-examples

Submitter Id	Payor	Expected 277ACK Filename
BFT219999610	NDC - AMERICHoice OF FL & RI	NDCACFLRI.DYYMMDD.T.HHMM.837P.2775010.txt
BFT219999320	NDC - EVERCARE	NDCEVERCARE.DYYMMDD.T.HHMM.837P.2775010.txt
BFT219999600	NDC - SECURE HORIZONS	NDCSH.DYYMMDD.T.HHMM.837P.2775010.txt
BFT219999620	NDC - UNITED HEALTHCARE	NDCUHC.DYYMMDD.T.HHMM.837P.2775010.txt

Node	Description	Value
ZipUnzip	Responses will be sent as either zipped or unzipped depending how UnitedHealthcare received the inbound batch file.	N - Unzipped Z – Zipped
ResponseType	Identifies the file response type.	999 – Implementation Acknowledgement
Batch ID	Response file will include the batch number from the inbound batch file specified in ISA13.	ISA13 Value from Inbound File
Submitter ID	The submitter ID on the inbound transaction must be equal to ISA06 value in the Interchange Control Header within the file.	ISA08 Value from Inbound File
DateTimeStamp	Date and time format is in the next column. Time is expressed in military format and will be in CDT/CST.	MMDDYYYYHHMMSS