



**'OHANA EDI TRANSACTION SET  
837D X12N HEALTH CARE  
CLAIM / ENCOUNTER DENTAL  
ASC X12N (004010X097A1)  
Companion Guide**

**Inbound  
837 Dental  
Claims / Encounter Submission**

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## REVISION HISTORY

Date	Rev #	Author	Description
12/01/2005	DRAFT	G. Webb	Initial draft
04/10/2006	Final	"	Final Review)cosmetic updates
04/18/2006		"	Added NPI statement (2010AA)
03/19/2008	DRAFT	Sean Malone	
06/16/2008	DRAFT	Craig Smitman	Review and Updates
06/25/2008	Final	Fred Thorpe	Review and Approval
09/15/2008	2.1	Craig Smitman	Clearinghouse Submitters
01/05/2009	2.2	Craig Smitman	Updated for Hawaii Information

## CONTACT ROSTER

Trading Partners and Providers ; Questions, Concerns, Testing information please email the following	
<b>EDI Coordinator</b>	
<a href="mailto:EDICoordinator@wellcare.com">EDICoordinator@wellcare.com</a>	Multi group supported email distribution
<b>EDI Testing</b>	
<a href="mailto:EDITesting@wellcare.com">EDITesting@wellcare.com</a>	Multi group supported email distribution



## **INTRODUCTION**

'Ohana Health Plan ("Ohana") used the standard format for Claims Data reporting from Providers and Trading Partners (TPs). 'Ohana X12N 837 Dental Claim 'Companion Guide" is intended for use by 'Ohana Providers and TPs in conjunction with ANSI ASC X12N National Implementation Guide. It has been written to assist those Submitters who will be implementing the X12N 837D Healthcare Claim Dental transaction. This 'Ohana Companion Guide clarifies the HIPAA-designated standard usage and must be used in conjunction with the following document:

### **The 837D Healthcare Claim Dental Implementation Guides (IG)**

To purchase the IG contact the Washington Publishing company at [www.wpc-edi.com/hipaa/HIPAA\\_40.asp](http://www.wpc-edi.com/hipaa/HIPAA_40.asp).

This 'Ohana Companion Guide contains data clarifications derived from specific business rules that apply exclusively to claims processing for 'Ohana Health Plan. Field requirements are located in the ASC X12N 837D (004010X097A1) Implementation Guide.

Submitters are advised that updates will be made to the Companion Guides on a continual basis to include new revisions to the web sites below. Submitters are encouraged to check our website periodically for updates to the Companion Guides.

### **Reporting States**

This Guide covers further clarification to Providers and TPs reporting claims to 'Ohana and providing services in the following states;

<u>Medicaid State Companion Guide:</u>	<u>Companion Guide Release Date</u>
• Florida – FL	Version 8.4 December 22, 2006
• Georgia – GA	Version 2.4 July 20, 2007
• Ohio – OH	Version 10 June 2007
• Illinois – IL	HFS 302 (1) April 2006
• Louisiana – LA	Version 1.3 May 22, 2004
• New York – NY	Version 3.0 May 09, 2007
• Missouri – MO	Not available in document
• Texas – TX	June 1, 2003
• Hawaii – HI	Version 1.5 March 2004



## GENERAL INFORMATION

### Valid Provider Identifiers

All Submitters are required to use the National Provider Identification (NPI) numbers that is now required in the ANSI ASC X12N 837 as per the 837 Dental (004010X097A1) Implementation Guide for all appropriate loops.

<b>HIPAA Standard Electronic Claims – 837 Professional, Institutional, and Dental Claims</b>			
<b>Provider submits a transaction with...</b>	<b>Dual Receipt Period (Now through 05/22/07)</b>	<b>Contingency Period (05/23/07 – 05/22/08)</b>	<b>Full Implementation (Post 05/23/08)</b>  (A notification will be sent 60 days before requiring the use of NPI only on transactions)
Legacy ID Only (Provider License# or Medicare ID)	Accept Transaction	Accept Transaction	Reject Transaction
NPI & Legacy ID (Provider License# or Medicare ID)	Accept Transaction (Dual Receipt)	Accept Transaction (NPI must be in primary loops)	Reject Transaction
NPI Only	Reject (unless testing is completed with EDI area)	Accept Transaction (NPI must be registered with us)	Accept Transaction

### 'Ohana Front-End WEDI Snip Validation

The 'Ohana Front-End System, utilizing EDIFECS Validation Engine, will be performing four levels of WEDI Snip Validation for the State of Florida starting on July 1, 2008 and three levels of WEDI Snip Validation for All other States starting on August 1, 2008.

#### **WEDI SNIP Levels**

- WEDI SNIP Type 1: EDI Syntax Integrity Testing
- WEDI SNIP Type 2: HIPAA Syntactical Requirement Testing
- WEDI SNIP Type 3: Balancing
- WEDI SNIP Type 4: Situational Testing

### **Coordination of Benefits (COB)**

All Submitters that adjudicate claims for 'Ohana or have COB information from other payers are required to send in all the Coordination of Benefits and Adjudication Loops as per the 837 Dental (004010X097A1) Implementation Guide as per Coordination of Benefits Section 1.4.2.



### **Electronic Submission**

Dental service claims submitted using the ANSI ASC X12N 837 format should be separated from all Encounter reporting. When sending Dental service claims 'Ohana expects the BHT06, Claims Identifier to be set to "CH". When reporting Encounters 'Ohana expects the BHT06 to be set to "RP".

### **Fee for Service Clearinghouse Submitters**

All Fee For Service (FFS) Providers / Vendors must send their claims through a Clearinghouse. 'Ohana is currently contracted with Emdeon, ACS-Gateway, Availity and SSI. Please contact your clearinghouse for the 'Ohana Payer ID to use for Claim Routing and any other pertinent ID's.

### **Encounter File Upload for Direct Submitters**

Encounter EDI files for production should be submitted to the following Secure FTP site <https://edi.wellcare.com/human.aspx>, using secure File Transfer Protocol; See section FTP Process.

### **Submission Frequency**

We process files 24 by 7.

### **File Size Requirements**

The following list outlines the file sizes by transaction type:

<b>Transaction Type</b>	<b>Testing Purposes</b>	<b>Production Purposes</b>
837 formats – claims/encounters	50-100 claims	< 5000 claims per ST/SE



## **FTP PROCESS for Production Encounters and Test files**

### **Secure File Transfer Protocol**

MOVEit® is 'Ohana's preferred file transfer method of transferring electronic transactions over the Internet. It has the FTP option or online web interface.

Secure File Transfer Protocol (SFTP) is specifically designed to handle large files and sensitive data. 'Ohana utilizes Secure Sockets Layer (SSL) technology, the standard internet security and SFTP ensures unreadable data transmissions over the Internet without a proper digital certificate.

- Registered users are assigned a secure mailbox where all reports are posted. Upon enrollment, they will receive a login and password.

In order to send files to 'Ohana submitters need to have an FTP client that supports AUTH SSL encryption.

The AUTH command allows 'Ohana to specify the authentication mechanism name to be used for securing the FTP session. Sample FTP client examples are:

- WS\_FTP PRO® (The commercial version supports automation and scripting)
  - WS\_FTP PRO® has instructions on how to connect to a WS\_FTP Server using SSL.
- Core FTP Lite® (The free version supports manual transfers)
  - Core FTP Lite® has instructions on how to connect to a WS\_FTP Server. Additionally, 'Ohana can provide setup assistance.



## Encounter FILE TEST PROCESS

'Ohana will accept test files on a case-by-case basis. Notify the Testing Coordinator of your intent to test and to schedule accordingly.

***IF YOU DO NOT NOTIFY 'OHANA OF YOUR INTENT TO TEST, YOUR CLAIM SUBMISSION MAY BE OVERLOOKED.***

### Encounter Testing

1. Create test files in the ANSI ASC X12N 837D format.
  - Files should include all types of provider claims.
  - Batch files by 837D type of claim and group by month.
  - Set Header Loops for Test:
    - Header ISA15 to "T"
    - Header BHT06 use "CH" in the Header for claims
    - Header BHT06 use "RP" in the Header for encounters
2. Name each batch file according to the File Naming Standards listed below:
  - Your company Identifier short name must be 5 characters (Example: CMPNM)
  - 837TEST
  - Date test file is submitted to 'Ohana (CCYYMMDDHHMM)
  - Last byte equaling file type **D** = Dental services  
**Example:** CMPNM\_837TEST\_200509011525**D**
3. Transmit your **TEST** files to the 'Ohana SFTP site: <https://edi.wellcare.com> or submitted through your Clearinghouse.
4. Email a copy of the file Upload Response and your file name to the EDI Coordinator (See contact roster)

### Encounter Production

After the Provider or TPs are production ready 'Ohana will accept ANSI ASC X12N 837D format and process batch files daily. Files must have the appropriate PRODUCTION identifiers as listed in the 837D Mapping Documents.

### Encounter Naming Standards:

'Ohana uses the file name to help track each batch file from the drop off site through the end processing into 'Ohana's data warehouse.

1. Claim Header information for Production and Encounters ID's:
  - Set Header Loops for Production:
    - Header ISA15 to "P"



- Header BHT06 use "**CH**" in the Header for claims
  - Header BHT06 use "**RP**" in the Header for encounters
2. Name each batch file according to the File Naming Standards listed below:
    - Your company Identifier short name must be 5 characters (Example: CMPNM)
    - 837DROD
    - Date production file is submitted to 'Ohana (CCYYMMDDHHMM)
    - Last byte equaling file type **D** = Dental services
    - **Example:** CMPNM\_837DROD\_200509011525D
  3. 'Ohana recommends the use of EDIFECs or CLAREDI for SNIP Level 1 through 6 for integrity testing prior to uploading your production files.
  4. Transmit your Production files to 'Ohana through the SFTP site or through your clearinghouse. For direct submitters see FTP Process section.
  5. After the file has passed through 'Ohana's Enterprise Systems validation process, (includes business edits), the electronic ANSI ASC X12N 997 (Functional Acknowledgement) outlining file acceptance/rejection will be posted to the SFTP site within 24 hours. See the 837 IG for additional information about the response coding and Attachment C in this Guide for examples.
  6. If the file is unreadable then trading partner will be notified by a 'Ohana third party coordinator via email.



## **DESIGNATOR DESCRIPTION**

M- Mandatory - The designation of mandatory is absolute in the sense that there is no dependency on other data elements. This designation may apply to either simple data elements or composite data structures. If the designation applies to a composite data structure then at least one value of a component data element in that composite data structure shall be included in the data segment.

R- Required - At least one of the elements specified in the condition must be present.

S – Situational - If a Segment or Field is marked as “Situational”, it is only sent if the data condition stated applies.



## FURTHER CLAIM FIELD DESCRIPTION

Refer to the IG for the initial mapping information. The grid below further clarifies additional information 'Ohana requires.

### Interchange Control Header:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Notes</u>
	ISA06	Interchange Sender ID	M	1		For Direct submitters Unique ID assigned by 'Ohana. Example: 123456 followed by spaces to complete the 15-digit element
	ISA08	Interchange Receiver ID	M	1		For Clearinghouse submitters please use ID as per the clearinghouse For Direct submitters Use "OHANA" <b>Note:</b> Please make sure the Receiver ID is <b>left justified</b> with <b>trailing spaces</b> for a total of 15 characters. Do not use leading ZEROS.  For Clearinghouse submitters please use ID as per the clearinghouse.

### Functional Group Header:

	GS02	Senders Code	M	1		For Direct submitters Use your existing 'Ohana Submitter ID or the trading partner ID provided during the enrollment process.  For Clearinghouse submitters please use ID as per the clearinghouse
	GS03	Receivers Code	M	1		For Direct submitters Use WC ID "OHANA"  For Clearinghouse submitters please use ID as per the clearinghouse



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<b>Header:</b>						
<b>Pos</b>	<b>Id</b>	<b>Segment Name</b>	<b>Req</b>	<b>Max Use</b>	<b>Repeat</b>	<b>Notes</b>
010	<b>BHT06</b>	Claim/Encounter Identifier	R	1		Use value the value of "CH" or "RP"
<b>LOOP ID - 1000A – Submitter Name</b>					<b><u>1</u></b>	
020	<b>NM109</b>	Submitter Identifier	R			For Direct Submitters Submitter's "ETIN" i.e., Use the 'Ohana Submitter ID or 6-digit trading partner ID assigned during the EDI enrollment process.  For Clearinghouse submitters please use ID as per the clearinghouse
<b>LOOP ID - 1000B – Receiver Name</b>					<b><u>1</u></b>	
020	<b>NM103</b>	Receiver Name	R	1		For Direct Submitters Use value "OHANA HEALTH PLAN, INC"  For Clearinghouse submitters please use ID as per the clearinghouse
020	<b>NM109</b>	Receiver Primary ID	R	1		For Direct Use the value of Payer IID  For Clearinghouse submitters please use ID as per the clearinghouse



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**Detail:**

Pos	Id	Segment Name	Req	Max Use	Repeat	Notes
<b>LOOP ID - 2000A – Billing/Pay-To Provider Hierarchical Level</b>					<b>≥1</b>	
003	<b>PRV03</b>	Billing/Pay-To Provider Specialty Information	S	1		<p><b>State Note:</b> IL, NY, GA submitters are required to Use the value of “BI” = Billing or “PT” Pay-To Provider in the “PRV01” and the Taxonomy Code in the “PRV03”.</p> <p><b>MO</b> Submitters are required to Use the value of “BI” = Billing or “PT” Pay-To Provider in the “PRV01” and the Taxonomy Code in the “PRV03 if submitter has multiple MO HealthNet Legacy Provider ID’s</p>
<b>LOOP ID - 2010AA – Billing Provider Name</b>					<b>1</b>	
015	<b>NM108</b>	Provider Primary Type	R	1		Must have value of “XX”.
015	<b>NM109</b>	Billing Provider ID	R	1		Must have NPI.
035	<b>REF01</b>	Reference Identification Qualifier	R	8		<p><b>All States:</b> All submitters are required to use the value of “EI”.</p>
035	<b>REF02</b>	Billing Provider Additional Identifier	R	8		<p><b>All States:</b> All submitters are required to send in their “TAX ID”.</p>
<b>LOOP ID - 2010AB – Pay to Provider’s Name</b>					<b>1</b>	
015	<b>NM108</b>	Provider Primary Type	S-R	1		Must have the value of “XX”
015	<b>NM109</b>	Pay to Provider’s Identifier	R	1		Must have NPI.
035	<b>REF01</b>	Reference Identification Qualifier	S-R	8		<p><b>All States</b> All submitters are required to use the Use the value of “EI”.</p>
035	<b>REF02</b>	Billing Provider Additional Identifier	R	8		<p><b>All States:</b> All submitters are required to send in their “TAX ID”.</p>
<b>LOOP ID - 2000B – Subscriber Hierarchical Level</b>					<b>≥1</b>	
005	<b>SBR01</b>	Payer Responsibility Sequence Number Code	R	1		Use the value of “P” if ‘Ohana is the primary payer.
005	<b>SBR09</b>	Claim Filing Indicator Code		1		Value equal to Medicaid or Medicare filing.
007	<b>PAT09</b>	Pregnancy Indicator	S			Use indicator of “Y” if subscriber is pregnant.
<b>LOOP ID - 2010BA – Subscriber Name</b>					<b>1</b>	
015	<b>NM108</b>	Subscriber Primary Identification code Qualifier	S-R			Use the value “MI”.
015	<b>NM109</b>	Subscriber Primary Identifier				Subscriber Medicaid/Medicare ID,
032	<b>DMG01</b>	Subscriber Demographic Information	S-R	1		Required when Loop ID-2000B, SBR02 = “18” (self).
<b>LOOP ID - 2010BB – Payer Name</b>					<b>1</b>	



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015 **NM108** Identification code Qualifier Use value "PI".  
 015 **NM109** Identification code Use value Payer ID

**LOOP ID – 2300 – Claim Information** **1**

190 **NTE01** Claim Note - ID S-R 1 10

**State Note:**  
**MO - For fee-for-service (FFS) dental claims, where topical fluoride treatment for adults is done, enter 'ADD' here and provide the conditions or criteria for the treatment in NTE02.**  
 Up to 5 occurrences of the NTE segment are used.  
 Reference the Missouri Medicaid Provider Manual: Section 15: Billing Instructions - Dental for additional information.

For dental **encounters** containing **capitated services**, enter 'ADD' in NTE01 and '**CAPITATED SERVICES**' in NTE02

**OH** –Use when Ohio Medicaid Co-payment exclusions. Enter “ADD” Here.

**NTE02** Claim Note - Note

190 R 1 10

**State Note:**  
**MO - For fee-for-service (FFS) dental claims, where topical fluoride treatment for adults is done, enter 'ADD' in NTE01 and provide the conditions or criteria for the treatment here. Up to 5 occurrences of the NTE segment are used.**  
 Reference the Missouri Medicaid Provider Manual: Section 15: Billing Instructions - Dental for additional information.

For dental **encounters** containing **capitated services**, enter '**CAPITATED SERVICES**' in NTE02 and



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**'ADD' in NTE01**

**OH** - When Medicaid co-payment exclusion applies, the 10 character code (see Application Value List below) must be the first item listed in the NTE02. There must always be a single space between the word COPAY and the four character exclusion code.

ODJFS Example:  
NTE\*ADD\*COPAY PREG~

Application Value List:

- COPAY EMER (Emergency)
- COPAY HSPC (Hospice)
- COPAY PREG (Pregnancy)

<b>LOOP ID – 2310A – Referring Provider Name</b>					<b>1</b>
271	<b>REF02</b>	Referring Provider Secondary Identification	S	5	<p><b>State Note:</b> HI Submitters For all claims except Medicare crossovers, the Med-QUEST ID and Location Code of the rendering provider. Submit this number with two leading zeros. The format is 00aaaaaa11 when aaaaaa is the Med-QUEST Provider ID and 11 the Location Code.</p> <p>On Medicare crossovers, use the Medicare Provider ID without leading zeros.</p>
<b>LOOP ID - 2310B – Rendering Provider Name</b>					<b>1</b>
250	<b>NM108</b>	Rendering Provider Name	S-R	1	Must have value of "XX".
015	<b>NM109</b>	Billing Provider ID	R	1	Must have NPI.
128	<b>REF01</b>	Reference Identification Qualifier	S	5	<p><b>All States</b> Only Tax ID Qualifier (EI) can be sent known</p>
271	<b>REF02</b>	Rendering Provider Secondary Identification	S	5	<p><b>All States:</b> Only Tax ID can be sent if known</p> <p><b>State Note:</b> HI Submitters For all claims except Medicare crossovers, the Med-QUEST ID and Location Code of the rendering provider. Submit this number with two leading zeros. The format is</p>



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00aaaaaall when aaaaaa is the Med-QUEST Provider ID and ll the Location Code.

On Medicare crossovers, use the Medicare Provider ID without leading zeros.

## ATTACHMENT A

### Glossary

<b>Term</b>	<b>Definition</b>
<b>HIPAA</b>	In 1996, Congress passed into federal law the Health Insurance Portability and Accountability Act (HIPAA) in order to improve the efficiency and effectiveness of the entire health care system. The provisions of HIPAA, which apply to health plans, healthcare providers, and healthcare clearinghouses, cover many areas of concern including, preventing fraud and abuse, preventing pre-existing condition exclusions in health care coverage, protecting patients' rights through privacy and security guidelines and mandating the use of a national standard for EDI transactions and codesets.
<b>SSL (Secure Sockets Layer)</b>	SSL is a commonly used protocol for managing the security of a message transmission through the Internet. SSL uses a program layer located between the HTTP and TCP layers. The "sockets" part of the term refers to the sockets method of passing data back and forth between a client and a server program in a network or between program layers in the same computer. SSL uses the public-and-private key encryption system from RSA, which also includes the use of a digital certificate.
<b>Secure FTP (SFTP)</b>	Secure FTP, as the name suggests, involves a number of optional security enhancements such as encrypting the payload or including message digests to validate the integrity of the transported files to name two examples. Secure FTP uses Port 21 and other Ports, including SSL.
<b>AUTH SSL</b>	AUTH SSL is the explicit means of implementing secure communications as defined in RFC 2228. AUTH SSL provides a secure means of transmitting files when used in conjunction with an FTP server and client that both support AUTH SSL.
<b>Required Segment</b>	A required segment is a segment mandated by HIPAA as mandatory for exchange between trading partners.
<b>Situational Segment</b>	A situational segment is a segment mandated by HIPAA as optional for exchange between trading partners.
<b>Required Data Element</b>	A mandatory data element is one that must be transmitted between trading partners with valid data.
<b>Situational Data Element</b>	A situational data element may be transmitted if data is available. If another data element in the same segment exists and follows the current element the character used for missing data should be entered.



Term	Definition								
<b>N/U (Not Used)</b>	An N/U (Not Used) data element included in the shaded areas if the Implementation Guide is NOT USED according to the standard and no attempt should be made to include these in transmissions.								
<b>ATTENDING PROVIDER</b>	The primary individual provider who attended to the client/member during an in-patient hospital stay. Must be identified in 837D, Loop 2310A, REF02 Segment, by their assigned Medicaid/Medicare ID number assigned by State to the individual provider while the client was in-patient.								
<b>BILLING PROVIDER</b>	The Billing Provider entity may be a health care provider, a billing service, or some other representative of the provider.								
<b>IMPLEMENTATION GUIDE (IG)</b>	Instructions for developing the standard ANSI ASC X12N Health Care Claim 837 transaction sets. The Implementation Guides are available from the Washington Publishing Company.								
<b>PAY-TO-PROVIDER</b>	This entity may be a medical group, clinic, hospital, other institution, or the individual provider who rendered the service.								
<b>REFERRING PROVIDER</b>	Identifies the individual provider who referred the client or prescribed Ancillary services/items such as Lab, Radiology and Durable Medical Equipment (DME).								
<b>RENDERING PROVIDER</b>	The primary individual provider who attended to the client/member. They must be identified in 837D.								
<b>TRADING PARTNERS (TPs)</b>	Includes all of the following; payers, switch vendors, software vendors, providers, billing agents, clearinghouses								
<b>DATE FORMAT</b>	All dates are eight (8) character dates in the format CCYYMMDD. The only date data element that varies from the above standard is the Interchange Date data element located in the ISA segment. The Interchange Date data element is a six (6) character date in the YYMMDD format.								
<b>DELIMITERS</b>	<p>A delimiter is a character used to separate two (2) data elements or sub-elements, or to terminate a segment. Delimiters are specified in the interchange header segment, ISA The ISA segment is a 105 byte fixed length record. The data element separator is byte number 4; the component element separator is byte number 105; and the segment terminator is the byte that immediately follows the component element separator. Once specified in the interchange header, delimiters are not to be used in a data element value elsewhere in the transaction. The following characters are used as data delimiters for all transaction segments:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">CHARACTER</th> <th style="text-align: center;">PURPOSE</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">* Asterisk</td> <td>Data Element Separator</td> </tr> <tr> <td style="text-align: center;">: COLON</td> <td>Sub-Element Separator</td> </tr> <tr> <td style="text-align: center;">~ Tilde</td> <td>Segment Terminator</td> </tr> </tbody> </table>	CHARACTER	PURPOSE	* Asterisk	Data Element Separator	: COLON	Sub-Element Separator	~ Tilde	Segment Terminator
CHARACTER	PURPOSE								
* Asterisk	Data Element Separator								
: COLON	Sub-Element Separator								
~ Tilde	Segment Terminator								



## ATTACHMENT B

### File Example

ISA\*00\* \*00\*  
\*ZZ\*123456789012345\*ZZ\*123456789012346\*020502\*1758\*U\*00401\*001000019\*0\*T\*:  
GS\*HC\*1234567890\*1234567890\*20020502\*1758\*20019\*X\*004010X097A1~  
ST\*837\*872501~  
BHT\*0019\*00\*0125\*19970411\*1524\*CH~  
REF\*87\*004010X098~  
NM1\*41\*2\*FERMANN HAND & FOOT CLINIC\*\*\*\*\*46\*591PD123~  
PER\*IC\*JAN FOOT\*TE\*8156667777~  
NM1\*40\*2\*HEISMAN INSURANCE COMPANY\*\*\*\*\*46\*555667777~  
HL\*1\*\*20\*1~NM1\*85\*2\*FERMANN HAND & FOOT CLINIC\*\*\*\*\*XX\*591PD123~  
N3\*10 1/2 SHOEMAKER STREET~  
N4\*COBBLER\*CA\*99997~  
REF\*EI\*579999999~HL\*2\*1\*22\*1~  
SBR\*P\*\*\*\*\*AM~  
NM1\*IL\*1\*HOWLING\*HAL\*\*\*MI\*B99977791G~  
NM1\*PR\*2\*HEISMAN INSURANCE COMPANY\*\*\*\*\*XV\*999888777~  
N3\*1 TROPHY LANE~  
N4\*NYAC\*NY\*10032~HL\*3\*2\*23\*0~  
PAT\*41~  
NM1\*QC\*1\*DIMPSON\*DJ\*\*\*\*34\*567324788~  
N3\*32 BUFFALO RUN~  
N4\*ROCKING HORSE\*CA\*99666~  
DMG\*D8\*19480601\*M~  
REF\*Y4\*32323232~  
CLM\*900000032\*185\*\*\*11::1\*Y\*A\*Y\*Y\*B\*AA~  
DTP\*439\*D8\*19940617~  
HI\*BK:8842~  
NM1\*82\*1\*MOGLIE\*BRUNO\*\*\*\*XX\*687AB861~  
PRV\*PE\*ZZ\*203BE004Y~  
NM1\*77\*2\*FERMANN HAND & FOOT CLINIC\*\*\*\*\*XX\*591PD123~  
N3\*10 1/2 SHOEMAKER STREET~  
N4\*COBBLER\*CA\*99997~  
LX\*1~SV1\*HC:99201\*150\*UN\*1\*\*\*1\*\*Y~  
DTP\*472\*D8\*19940620~  
LX\*2~SV1\*HC:26010\*35\*UN\*1\*\*\*1\*\*Y~  
DTP\*472\*D8\*19940620~  
SE\*39\*872501~  
GE\*1\*20019  
IEA\*1\*001000019



## ATTACHMENT C

### 997 Interpretation

The examples below show an accepted and a rejected X12 N 997. On the 'Ohana sftp site in the respective Provider directory the X12N 997 files, when opened, will display as one complete string without carriage returns or line feeds.

#### Accepted 997

```
ISA*00* 00*5265 *ZZ*100000 *ZZ*100008  
*050923*1126*U*00401*000000166*1*T*~  
GS*FA*77046*100008*20031023*112600*1660001  
*X*004010X097A1~  
ST*997*0001~  
AK1*HC*19990000~  
AK2*837*TEST~  
AK5*A~  
AK9*A*1*1*1~  
SE*6*0001~  
GE*1*1660001~  
IEA*1*000000166~
```

#### Rejected 997

```
ISA*00* 00*5264 *ZZ*100000 *ZZ*100008  
*050923*1124*U*00401*000000165*1*T*~  
GS*FA*77046*100008*20031023*112400*1650001  
*X*004010X097A1~  
ST*997*0001~  
AK1*HC*19990000~  
AK2*837*TEST~  
AK5*R*7~  
AK9*R*1*1*~  
0~  
SE*6*0001~  
GE*1*1650001~  
IEA*1*000000165~
```

#### Partial 997

```
ISA*00* 00* *ZZ*'OHANA *ZZ*391933153 *080121*1329*U*00401*000000007*0*P*::~~  
GS*FA*'OHANA*391933153001*20080121*1329*7*X*004010X097A1~  
ST*997*0005~  
AK1*HC*1~  
AK2*837*0001~  
AK3*NM1*164396**8~  
AK4*9**1~  
AK5*R*5~  
AK2*837*0002~  
AK5*A~  
AK9*E*2*2*1~  
SE*10*0005~
```



**'Ohana Health Plan  
837D Claims/Encounter Data  
Transaction Guide**

GE\*1\*7~  
IEA\*1\*00000007~