



MAGNACARESM

Electronic Remittance Advice (835) Companion Guide

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



Disclosure Statement

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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 MagnaCare. 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 TR3's 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's.

Introduction

Under the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act (HIPAA) of 1996, the Secretary of the Department of Health and Human Services (HHS) is directed to adopt standards to support the electronic exchange of administrative and financial healthcare transactions. The purpose of the Administrative Simplification portion of HIPAA is to enable health information to be exchanged electronically and to adopt standards for those transactions.

Scope

This Companion Guide is intended for trading partners trading ASC/X12N 005010 transactions with MagnaCare.

This guide is intended to supplement information from the ASC X12 Technical Reports Type 3 (TR3's). It is designed to provide the information necessary to facilitate electronic interchange of healthcare transactions with MagnaCare.

Electronic Data Interchange (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 healthcare 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.

Overview

This Companion Guide is issued in an effort to provide the MagnaCare trading partners with the most up-to-date information related to standard transactions. Any and all information in this guide is subject to change at any time without notice. Please be sure to use the most current version of the Companion Guide available at the MagnaCare website.

This document is designed to assist both technical and business areas of trading partners who wish to receive HIPAA standard 835 transactions from MagnaCare. It contains specifications for the transactions, contact information, and other information that is helpful.

All instructions in this document are written using information known at the time of publication and are subject to change. The most current version of the guide is available on the MagnaCare website.

MagnaCare is not responsible for the performance of software outside of its installations.



References

ASC X12 Technical Reports Type 3 (TR3's)

ASC X12 publishes TR3's, which define the data contents and compliance requirements for the healthcare 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).

Additional Information

A trading partner has a business relationship with MagnaCare. 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 for each transaction set you wish to exchange. This Companion Guide also assumes that you have resources to develop a connection between your interface and MagnaCare.

Getting Started

Working with MagnaCare

There are two ways to connect and receive 835 transactions from MagnaCare:

1 CLEARINGHOUSE CONNECTION

Physicians and healthcare professionals should contact their current clearinghouse vendor to discuss their ability to support the Health Claim Payment/Advice transaction (835), as well as associated timeframe, costs, etc.

2 DIRECT CONNECTION

Direct connection to MagnaCare is available via FTP with PGP encryption and SFTP with PGP encryption. MagnaCare will also require the trading partner public PGP encryption key.

3 WEBSITE DOWNLOAD

ERA (835) can be downloaded from the [MagnaCare provider portal](#). First time users must [register](#).

Trading Partner Registration

For a trading partner to register to receive 835 electronic transactions, a trading partner must contact MagnaCare according to the instructions in the [Contact Information Section](#).

The requested information on the [Trading Partner Information Form](#) must be filled out by the trading partner and emailed to the [EDI Support Team](#).

Certification and Testing Overview

MagnaCare requires all potential trading partners to participate in testing to ensure that transactions produce the desired results. **MagnaCare supplies the test data from the test system. Successful completion and validation is an indication that all systems can properly send and receive the transactions.**

Production Status

The EDI Support Group will advise the new trading partners when all conditions are satisfied and transmission of production transactions can begin.

Testing

MagnaCare requires all potential trading partners to participate in testing to ensure that transactions produce the desired results.

The MagnaCare EDI Support Group coordinates the testing activities and provides a detailed test plan and test data. Additional test cases may be added by the trading partner.

TEST TIME IS AVAILABLE MONDAY - FRIDAY, 9 AM - 5 PM ET.

Please fill out the form below so that MagnaCare can arrange testing.

TRADING PARTNER INFORMATION FORM

Trading Partner Name _____

EDI Support Contact Name _____

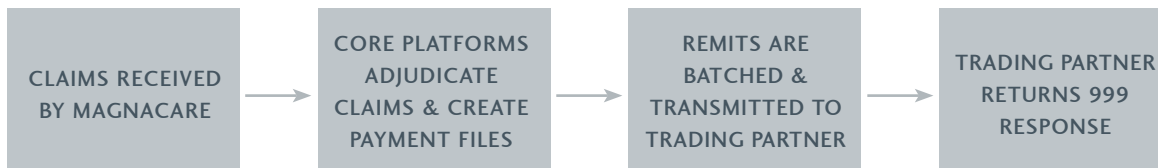
Phone _____ Fax _____

Email Address _____

Connectivity/Communications

Process Flow

The basic steps and flow of the 835 remittance transactions are as follows:



Transmission Administrative Procedures

Schedule, Availability and Downtime Notification

The MagnaCare production system is available 24/7 for the 835 remittance transaction. There are occasional downtimes for system maintenance that are scheduled outside of normal business hours.

Retransmission Procedures

If there is a problem with an ERA file submitted by MagnaCare to a trading partner, MagnaCare will work with the trading partner to correct the issue and retransmit the file where possible. If a previously delivered ERA file needs to be re-downloaded, the trading partner can work with the MagnaCare EDI Support Team to fulfill the request.

Communication Protocol Specifications

The following items are required from the Client in order to exchange data with MagnaCare utilizing a FTP server over the Internet:

1. Internet connectivity; Client should consider a broadband connection for large files.
2. Computer with FTP client and connectivity to the Internet.
3. PGP software for encryption/decryption. RSA (or Legacy) keys must be generated and exchanged with MagnaCare via email (public keys only).
4. Email capability to exchange configuration and testing information.

Initial setup will include confirming FTP connectivity, exchanging PGP public keys and performing end-to-end communications testing. Before sending data to MagnaCare, the data must be encrypted with PGP and then sent to the MagnaCare FTP using the FTP client over the Internet connection. When receiving data from MagnaCare, the FTP client will be used to get the data from the MagnaCare FTP server after which PGP will be used to decrypt the data.

MagnaCare provides the following two connectivity options to establish interface with its servers:

- 1** SFTP (SECURE FILE TRANSFER PROTOCOL) is based on SSH2 (Secure Shell 2). SFTP provides comprehensive protection for a user's data, ID, and password by establishing a secure channel for file transfers. MagnaCare recommends SFTP for small-to-medium size file transfers whenever possible.
- 2** VPN (VIRTUAL PRIVATE NETWORK) is the second connectivity option available to larger trading partners with extensive data interchange needs. VPN allows a user to connect directly to MagnaCare's LAN via a controlled access point. The VPN protocol is used to establish a secure data tunnel between MagnaCare and a client or vendor, where large numbers of files are to be transferred periodically. If appropriate, VPN access must be pre-arranged, and configured with MagnaCare's IT Dept.

Passwords

MagnaCare requires the use of user IDs and passwords to access its systems and servers and will assign each client a unique user id and password when using the MagnaCare server. In the event a client forgets their password, MagnaCare will change the password after verifying the authenticity of the request.

Encryption

MagnaCare requires the encryption of data that is exchanged via the Internet or any other public network. MagnaCare utilizes Gnu PGP encryption with 1024 or 2048 bit keys for file encryption.

FTP Server

MAGNACARE'S FTP SERVER CAN BE REACHED USING THE DNS NAME:
`ftp://itbbs.magnacare.com`.

MagnaCare highly recommends using the DNS name rather than the IP address of the server, as we have more than one FTP server available to meet our Disaster Recovery needs.

Data Transfer

When MagnaCare sends data to the client (see Figure 1 A), MagnaCare will generate the X12 data file and encrypt it. Once encrypted, the file will be sent to MagnaCare's FTP server where the client can retrieve the file, transfer it to their internal system using their FTP client, and decrypt it and process it.

Encrypted Data sent over the Internet from MagnaCare FTP Server to Client

Figure 1A





Contact Information

✉ EDI CUSTOMER SERVICE: edienrollment@magnacare.com

For all inquiries and comments regarding EDI Customer Service, technical assistance and provider service information, including initiation, set-up, testing, and receipt of HIPAA transactions, please contact us at the provided address. **Questions regarding applicable websites and email issues should be directed there as well.** Support is provided by the Help Desk during normal business hours (Monday - Friday, 9AM - 5PM).

🖥 MAGNACARE ONLINE PROVIDER SERVICES

For all provider services inquiries and comments regarding adjudication outcomes, such as service line payment amount, service line denial, patient liability, etc., contact Provider Services. For the appropriate contact information, please refer to our website at <http://www.magnacare.com/providers/eraeft.aspx>


PLEASE NOTE: THE MOST CURRENT VERSION OF THIS GUIDE IS AVAILABLE ON THE MAGNACARE WEBSITE.

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 healthcare 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 MagnaCare, a receiver of the transactions must obtain their trading partner number. These will be provided during the initial implementation.

 The Interchange Acknowledgement is the TA1 and MagnaCare will require a TA Acknowledgement upon request by indicating a value of 1 in ISA14. All errors within the ISA/IEA must result in a TA1 with a rejection status. **NOTE: MagnaCare will accept only one ISA-IEA per file.**

ELEMENT	ELEMENT DEFINITION	VALUES	DESCRIPTION
ISA01	Authorization Information Qualifier	0	No authorization information present
ISA02	Authorization Information		[space fill]
ISA03	Security Information Qualifier	0	No security information present
ISA04	Security Information		[space fill]
ISA05	Interchange ID Qualifier	ZZ	U.S. Federal Tax Identification Number
ISA06	Interchange Sender ID	113410766	
ISA07	Interchange ID Qualifier	ZZ	Mutually defined
ISA08	Interchange Receiver ID	MagnaCare assigned trading partner ID	MagnaCare assigned trading partner ID
ISA09	Interchange Date	YYMMDD	Date of interchange
ISA10	Interchange Time	HHMM	Time of interchange
ISA11	Interchange Control Standards Identifier	fi	Repetition separator
ISA12	Interchange Control Version Number	501	Draft standards approved by ascx12
ISA13	Interchange Control Number	Assigned by sender	Must be identical to the interchange trailer IEA02
ISA14	Acknowledgment Request	1	Acknowledgment requested
ISA15	Usage Indicator	P or T	P = Production, T = Test
ISA16	Component Element Separator		“:”
IEA01	Number of included Functional Groups		Number of included functional groups
IEA02	Interchange Control Number	Assigned by sender	Must be identical to the value in ISA13

GS – GE

ELEMENT	ELEMENT DEFINITION	VALUES	DESCRIPTION
GS01	Functional Identifier Code	HP	Health Care Claim Payment Advice (835)
GS02	Application Sender's Code	Must be identical to the value in ISA06.	Must be identical to the value in ISA06
GS03	Application Receiver's Code	Must be identical to the value in ISA08	Must be identical to the value in ISA08
GS04	Date	CCYYMMDD	Group creation date
GS05	Time	HHMM	Creation time
GS06	Group Control Number		Assigned and maintained by the sender
GS07	Responsible Agency Code	X	Accredited Standards Committee X12
GS08	Version/Release/Industry Identifier Code	005010X221A1	Version/Release/Industry identifier code
GE01	Number of Transaction Sets Included		Number of transaction sets included
GE02	Group Control Number	Assigned by Sender	Must be identical to the value in GS06

ST – SE

ELEMENT	ELEMENT DEFINITION	VALUES	DESCRIPTION
ST01	Transaction Set Identifier Code	835	Healthcare Payment/Advice
ST02	Transaction Set Control Number		The transaction set control numbers in ST02 and SE02 must be identical. This number must be unique within a specific group and interchange.
SE01	Transaction Set Identifier Code		Total number of segments included in a transaction set including ST and SE segments.
SE02	Transaction Set Control Number	Assigned by Sender	The transaction set control numbers in ST02 and SE02 must be identical. This number must be unique within a specific group and interchange.

Valid Delimiters for MagnaCare EDI

DEFINITION	ASCII	DEFINITION
Segment separator	fl	Tilde
Element separator	*	Asterisk
Compound element separator	:	Colon
Repetition separator	fi	Carat

MagnaCare Specific Business Rules and Limitations

MagnaCare will do either paper checks with paper Remittance Advice (RA) or Electronic Fund Transfer (EFT) with Electronic Remittance Advice (ERA). EFT is accompanied by ERA.

A provider can designate an entity to receive an 835 transaction known as Receivers. The Receivers can be either the provider or an outside party (such as a billing service, clearinghouse, or another provider). A provider must have a business associate agreement with outside parties who are designated to receive the ERA (835 transaction).

MagnaCare will issue ERA and EFT for claims that are administered by MagnaCare and are part of the claim adjudication cycle.

A provider is required to verify the routing number and bank account information.

EFT and ERA are supported at the provider TIN level. All providers billing under that TIN will be enrolled in the EFT/ERA process.

Acknowledgment and Reports

The recipient of an 835 Health Claim Payment/Advice must return a 999 to acknowledge receipt of all transactions within two hours receipt of the batch transaction.

The TA1 Interchange Acknowledgment is used to indicate a rejection (aka a negative acknowledgment) of the ISA/IEA Interchange containing the 835 Health Claim Payment/Advice (ERA).

Report Inventory

There are no reports regarding the 835 transaction available to trading partners.

Trading Partner Agreements

All inquiries and comments regarding trading partner relationships with MagnaCare should be addressed by contacting MagnaCare using the information in the [Contact Information Section](#).

Setup

CONTROL SEGMENT VALUES	ANSI FORMAT TYPE RA (X221A1)
ISA_05 Value Sender ID qualifier	ZZ
ISA_06 Sender ID	113410766
ISA_07 Value Receiver ID Qualifier	ZZ
ISA_08 Value Receiver ID	MagnaCare Assigned TP ID
GS_02 Value Application Sender's Code	113410766
GS_03 Value Application Receiver's Code	MagnaCare Assigned TP ID
BPR_07 Value Sender Transit Routing number	Citibank ABA Transit Routing Number Including Check Digits
BPR_09 Value Sender Bank Account number	MagnaCare Account number in Citibank
BPR_13 Value Payer Payer Transit Routing number	Refer to EFT Authorization form submitted
BPR_15 Value Payer Payer Bank Account number	Refer to EFT Authorization form submitted

Transaction Specific Information

Introduction to 835 Transactions

The 835 healthcare payment and remittance advice transaction is the transmission of either of the following for health care:

- 1


THE TRANSMISSION OF ANY OF THE FOLLOWING FROM A HEALTH PLAN TO A HEALTHCARE PROVIDER’S FINANCIAL INSTITUTION:

 - Payment
 - Information about the transfer of funds
 - Payment processing information
- 2

THE TRANSMISSION OF EITHER OF THE FOLLOWING FROM A HEALTH PLAN TO A HEALTHCARE PROVIDER:

 - Explanation of benefits
 - Remittance advice

835 Transaction Specification

 The following pages consist of situational fields that are required for the MagnaCare Program, however, this document is not the complete EDI transaction format.

LOOP NAME	LOOP ID	HIPAA FIELD POSITION-SEGMENT	HIPAA DATA ELEMENT NAME AND PAGE NUMBER FROM IMPLEMENTATION GUIDE	VALID VALUES AND/OR COMMENTS
Financial Information		020-BPR01	Transaction Handling Code Pg. 45	“I” Remittance information only
		020-BPR02	Total Actual Provider Payment	Check Amount
		020-BPR03	Credit/Debit Flag Code Pg. 46	‘C’ Credit ‘D’ Debit
		020-BPR04	Payment Method Code Pg. 46	‘CHK’ Check ‘ACH’ Automated Clearinghouse. When this code is used, information in BPR05 through BPR15 must also be included.
		020-BPR05	Payment Format Code	If payment is made via EFT, then set this to ‘CCP’
		020-BPR06	Depository Financial Institution (DFI) Identification Number Qualifier	If payment is made via EFT, then set this to ‘01’ - ABA transit routing number including check digits.
		020-BPR07	Sender DFI Identifier	If payment is made via EFT, then set this to Citibank ABA transit routing number including check digits.
		020-BPR08	Account Number Qualifier	If payment is made via EFT, then set this to ‘DA’ – Demand Deposit
		020-BPR09	Sender Bank Account Number	If payment is made via EFT, then set this to MagnaCare account number in Citibank

LOOP NAME	LOOP ID	HIPAA FIELD POSITION-SEGMENT	HIPAA DATA ELEMENT NAME AND PAGE NUMBER FROM IMPLEMENTATION GUIDE	VALID VALUES AND/OR COMMENTS
Financial Information		020-BPR10	Payer Identifier	If payment is made via EFT, then BPR10 must be the Federal Tax ID Number, preceded by a '1' E.g. '1113410766'
		020-BPR11	Originating Company Supplemental Code	'113410766'
		020-BPR12	Receiving Depository Financial Institution (DFI) Identification Number Qualifier	If payment is made via EFT, then set this to '01' - ABA transit routing number including check digits (9 digits)
		020-BPR13	Receiver or Provider Bank ID Number	
		020-BPR14	Account Number Qualifier	'DA' – Demand Deposit
		020-BPR15	Account Number	
		020-BPR16	Check Issue or EFT Effective Date	Use this code for the effective entry date. If BPR04 is ACH, this code is the date that the money moves from the payer and is available to the payee. If BPR04 is CHK, this code is the check issuance date.
Re-association Trace Number		040-TRN01	Trace Type Code Pg. 52	'1' Current Transaction Trace No.
		040-TRN02	Check or EFT Trace Number	This number must be unique within the sender/receiver relationship. There may be a number of uses for the trace number. If payment and remittance detail are separated, this number is used to re-associate data to dollars.
		040-TRN03	Payer Identifier	TRN03 must contain the Federal Tax ID Number, preceded by a "1."
Receiver Identification NOTE: Use this segment only when the receiver of the transaction is other than the payee (e.g., Clearing House or billing service ID).		060-REF01	Receiver Identification Qualifier	'EV' - Receiver identification number
		060-REF02	Receiver Identifier/identification	
Production Date		070-DTM01	Date Time Qualifier	'405' - Use this code for the end date for the adjudication production cycle for claims included in this 835.
		070-DTM02	Date	CCYYMMDD format
Payer Identification	1000A	080-N101	Entity Identifier Code	'PR' - Payer
		080-N102	Payer Name	'MAGNACARE ADMIN SRV, LLC'
		080-N103	Identification Code Qualifier	'XV' - Health Care Financing Administration National Plan ID (NPI)
		080-N104	Payer Identifier	
		100-N301	Payer Address	'1600 Stewart Avenue'
		110-N401	City	'Westbury'
		110-N402	State	'NY'
		110-N403	Zip	'11590'

LOOP NAME	LOOP ID	HIPAA FIELD POSITION-SEGMENT	HIPAA DATA ELEMENT NAME AND PAGE NUMBER FROM IMPLEMENTATION GUIDE	VALID VALUES AND/OR COMMENTS
PayerPayer Technical Contact Info		PER01	Contact Function Code	'BL' – Technical Department
		130-PER02	Name	'MAGNACARE ADMIN SRV, LLC'
		130-PER03	Communication Number Qualifier	EM/FX/TE
			Communication Number	Telephone
Payee Identification	1000B	N101	Entity Identifier Code	'PE' – Payee
		080-N102	Payee Name	Pay-to-Provider last name/first name as stored on MagnaCare provider file.
		080-N103	Identification Code Qualifier	'FI' Federal Taxpayer's Identification Number 'XX' NPI
		080-N104	Payee Identification Code	Pay-to-provider Tax ID/NPI number as stored in the file.
Header Number	2000	003-LX01	Header Number	Assigned Number
Claim Payment Info	2100	010-CLP01	Patient Control Number	Patient Control Account Number, match it to CLM01 of the original claim.
		010-CLP02	Claim Status Code	'1' Processed as primary '2' Processed as secondary '3' Processed as tertiary '4' Denied
		010-CLP03	Total Claim Charge Amount	Total billed amount for this claim.
		010-CLP04	Claim Payment Amount	Amount paid against this claim.
		010-CLP05	Patient Responsibility Amount	Sum of deductible, non-covered services, co-pay, and co-insurance, other carrier.
		010-CLP06	Claim Filing Indicator Code	Refer to guide
		010-CLP07	Payer Claim Control Number	MagnaCare Claim number
		010-CLP11	Diagnosis Related Group (DRG) Code	Institutional claims only (5010 usage changed to required when the institutional claim was adjudicated using a DRG).
		010-CLP12	Quantity Diagnosis Related Group (DRG) Weight	The diagnosis-related group (DRG) weight-Institutional (5010 usage changed to required when the institutional claim was adjudicated using a DRG).
Claim Adjustment	2100	020-CAS01	Claim Adjustment Group Code	(5010 – OA – Other Adjustment Code deleted)
		020-CAS02	Claim Adjustment Reason Code	Complete listing of HIPAA Adjustment Codes can be found a http://www.wpc-edi.com/reference/codelists/healthcare/claim-adjustment-reason-codes/
		020-CAS03	Adjustment Amount	Total billed – (paid + patient responsibility)

LOOP NAME	LOOP ID	HIPAA FIELD POSITION-SEGMENT	HIPAA DATA ELEMENT NAME AND PAGE NUMBER FROM IMPLEMENTATION GUIDE	VALID VALUES AND/OR COMMENTS
Subscriber/ Patient Name	2100	030-NM101	Entity Identifier Code	'IL' Insurer/Subscriber 'QC' Patient (if SBR is not the patient then only QC will be used)
		030-NM102	Entity Type Qualifier	'1' Person '2' Entity
		030-NM108	Entity Identifier Code	'MI' - Member identification number
		030-NM109	Entity Identifier	SSN
Corrected Patient/ Insured Name (NM101 = '74')	2100	030-NM102	Entity Type Qualifier	'1' Person '2' Entity
		030-NM103	Corrected Last Name or Organization Code	
		030-NM104	Corrected First Name	Will not be used if Qualifier = 2
		030-NM108	Identification Code Qualifier	'C' insured's changed unique identification number
		030-NM109	Identification Code	SSN
Rendering Provider Info NM101 = '82'	2100	030-NM102	Entity Type Qualifier	'1' Person '2' Entity
		030-NM103	Last Name or Organization Code	Provider last name or office name
		030-NM104	First Name	Will not be used if Qualifier = 2
		030-NM108	Identification Code Qualifier	'FI' Federal Tax ID Qualifier
		030-NM109	Identification Code	Federal Tax ID
Crossover Carrier Name NM101 = 'TT'	2100	030-NM102	Entity Type Qualifier	'2' Entity NOTE: The crossover carrier is defined as any payer to which the claim is transferred for further payment after being finalized by the current Payer.
		030-NM103	Organization Name	
		030-NM108	Identification Code Qualifier	'PI' Payer Identification
		030-NM109	Identification Code	Coordination of benefits carrier identifier

LOOP NAME	LOOP ID	HIPAA FIELD POSITION-SEGMENT	HIPAA DATA ELEMENT NAME AND PAGE NUMBER FROM IMPLEMENTATION GUIDE	VALID VALUES AND/OR COMMENTS
Corrected Priority Payer Payer Name. NM101 = 'PR'	2100	030-NM102	Entity Type Qualifier	'2' Entity NOTE: This segment is required when the current payer believes that another payer has priority for making a payment. Provide any reference numbers in NM109. Use of this segment identifies the priority payer. It is not necessary to use the Crossover Carrier NM1 segment in addition to this segment.
		030-NM103	Organization Name	
		030-NM108	Identification Code Qualifier	'PI' Payer Identification
		030-NM109	Identification Code	Corrected Priority Payer identification number
Other Claim Related Identification (REF)	2100	040-REF01	Reference Identification Qualifier	'EA' – MagnaCare claim reference number '9C' - Adjusted Repriced Claim Reference Number
Statement From or To Date	2100	050-DTP01	Date Time Qualifiers	'232' – Claim Statement Period Start. Format: CCYYMMDD '233' - Claim Statement Period End (only if not same as Claim Period Start Date). Format: CCYYMMDD
Claim Received Date	2100	050-DTP01	Date Time Qualifiers	'050' - Received
Service Payment Info	2110	070-SVC01	Composite Medical Proc Identifier	HCPCS Code: CPT Code :Modifier1:Modifier2:Modifier3
		070-SVC02	Line Charge	Claim Line Charge
		070-SVC03	Line Item Provider Payment Amount	For balancing SVC03 = SVC02-Sum(CAS03)
		070-SVC05	Units of Service Paid Count	Units on the claim. Default value is '1'
		070-SVC07	Original Units of Service Count	Actual units came on the claim
Service Dates	2110	080-DTM01	Date/Time Qualifier	'150' Service period starts. Use this code only for reporting the beginning of multi-day services. '151' Service period ends. Use this code only for reporting the end of multi-day services. '472' Service. Use this code to indicate a single day service.

LOOP NAME	LOOP ID	HIPAA FIELD POSITION-SEGMENT	HIPAA DATA ELEMENT NAME AND PAGE NUMBER FROM IMPLEMENTATION GUIDE	VALID VALUES AND/OR COMMENTS
Service Adjustment	2110	090-CAS01	Claim Adjustment Group Code	<p>'CO' Contractual Obligations. Use this code when a joint payer/payee agreement or a regulatory requirement has resulted in an adjustment. 'OA' Other adjustments.</p> <p>PI Payer Initiated Reductions. Use this code when, in the opinion of the payer, the adjustment is not the responsibility of the patient, but no supporting contract exists between the provider and the payer. 'PR' Patient Responsibility.</p>
		090-CAS02	Claim Adjustment Reason Code	Complete listing of HIPAA Adjustment Codes can be found at http://www.wpc-edi.com/reference/codelists/healthcare/claim-adjustment-reason-codes/
		090-CAS03	Adjustment Amount	Use this monetary amount for the adjustment amount. A negative amount increases the payment, and a positive amount decreases the payment contained in SVC03 and CLP04.
Health Care Remark Codes	2110	130-LQ01	Code List Qualifier Code	'HE' Claim Payment Remark Codes
		130-LQ01	Industry Code/Remark Code	Remark Codes can be found on http://www.wpc-edi.com/reference/codelists/healthcare/remittance-advice-remark-codes/

Appendices

Implementation Checklist

CHECK	#	ACTION ITEMS	RESPONSIBILITY
	1	PHASE 1: PRE-IMPLEMENTATION	
	1.1	Sign EFT/ERA Authorization Agreement	MagnaCare/Trading partner
	1.2	Identify trading partner's primary contact	Trading partner
	1.3	Identify MagnaCare Implementation Analyst	MagnaCare implementation analyst
	1.4	Set up initial conference call	Trading partner/MagnaCare implementation analyst
	2	PHASE 2: IMPLEMENTATION KICK OFF	
	2.1	Schedule weekly conference calls	Implementation analyst/Trading partner
		Identify initial transactions to implement	Trading partner
		Identify desired production date	Trading partner
		Identify MagnaCare's technical (communications) contact	Implementation analyst
		Identify trading partner's technical (communications) contact	Trading partner
		Schedule Communications call	Implementation analyst/Trading partner communications contacts
		Identify special issues or concerns	Trading partner/Implementation analyst
		Distribute companion guides	Implementation analyst
	3	PHASE3: TRANSACTION STRUCTURE DEVELOPMENT <i>(done concurrently with Phase 4)</i>	
	3.1	Transactions developed	Trading partner/Implementation analyst
	3.2	Transaction structures validated through REDIX	Trading partner/Implementation analyst
	3.3	Correct any identified problems	Trading partner/Implementation analyst
	3.4	Repeat 3.2 and 3.3 until structure passes certification	Trading partner/Implementation analyst
	3.5	Correct any identified problems	Trading partner/Implementation analyst
	3.6	Repeat 3.4 through 3.5 until response display passes certification	Trading partner/Implementation analyst
	4	PHASE4: REGISTRATION <i>(done concurrently with Phase 3)</i>	
	4.1	Provide Provider Enrollment forms as required	Implementation analyst
	4.2	Submit Provider Enrollment forms	Trading partner
	4.3	Submit Customer Agreement	Trading partner
	5	PHASE 5: TRADING PARTNER DEVELOPMENT	
	5.1	Develop trading partner-specific test transactions	Implementation analyst
	5.2	Resolve development Issues	Trading partner/Implementation analyst
	6	PHASE 6: PRODUCTION	
	6.1	Assign production submitter ID(s) and password(s)	Implementation analyst
	6.2	Test transactions in production	Trading partner/Implementation analyst
	6.3	Resolve production issues	Trading partner/Implementation analyst
	7	PHASE 7: SIGN-OFF TRADING PARTNER/IMPLEMENTATION ANALYST	

Business Scenarios

There are no Business Scenarios at this time.

Transmission Examples

There are no Transmission Examples at this time.

Frequently Asked Questions

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

A: The EFT and ERA Operating Rules were developed to help the healthcare 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 and 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: MagnaCare providers will need to access the Electronic Remit Enrollment link through the [MagnaCare Provider Portal](#) to enroll.

Q: *Is a provider able to enroll for ERA/835 and for EFT at the same time?*

A: MagnaCare requires that a provider first be enrolled in the MagnaCare system for ERA/835. When the enrollment for ERA/835 is complete at MagnaCare, the enrollment for EFT will then be processed by MagnaCare. EFT is accompanied by ERA.

Q: *The provider is missing a specific ERA/835. How can the provider locate the 'missing' remittances?*

A: The provider should contact their trading partner first (if applicable). If the trading partner is not able to locate the remittance or if MagnaCare is the provider's trading partner, then contact the [MagnaCare EDI Customer Service/Help Desk](#). See the [Contact Information Section](#) for further details.

Q: *After a provider is registered for ERA/835, will the provider receive an ERA for all payments from MagnaCare?*

A: No. There are exception cases where an ERA/835 is not created. MagnaCare will issue ERA and EFT for claims that are administered by MagnaCare and are part of claim adjudication cycle.

Q: *Does the ERA/835 include claims that were submitted on paper?*

A: Yes. The ERA/835 includes electronic, paper and Medicare crossover claims.

Q: *Will the paper RA use the HIPAA code sets, or non-standard codes?*

A: The paper RA will continue to show the current proprietary codes.

Q: *A provider has a question about the payment or denial of a service. Who should be contacted?*

A: All inquiries and comments regarding adjudication outcomes, such as service line payment amount, service line denial, patient liability, etc., should be directed to Provider Services. For the appropriate contact information, please refer to the MagnaCare website http://www.magnacare.com/providers/webmd_claims_submission.aspx

Q: *Does MagnaCare require a 999 Acknowledgement in response to an 835 transaction?*

A: Yes, under the Core rule 382 recipients of an ERA/835 are required to send a 999 Acknowledgement. The receiver of ERA/835 should send this upon receipt of the ERA/835.

Q: *What is your schedule for producing ERA/835s?*

A: Varies by trading partner.

MAGNACARESM

ERA Companion Guide Change Summary

Version	Date
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1.0	June 24, 2011
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1.1	July 31, 2014
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1.2	April 1, 2015
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