Hennepin Health

999 Standard Companion Guide

Refers to the Implementation Guides Based on ASC X12 version 005010

CORE v5010 Master Companion Guide

March 2025

Preface

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

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1 INTRODUCTION

OVERVIEW
This document highlights information that is specific to Hennepin Health. The information presented in this document is intended to be used *in addition* to the guidelines set forth by relevant state and federal agencies.

REFERENCES
Entities subject to Minnesota Statutes, section 62J.536 and related rules must follow the data content and other transaction specific information of the applicable Minnesota Uniform Companion Guides. Copies of the Minnesota Uniform Companion Guides are available at no charge from the Minnesota Department of Health.

WORKING WITH HENNEPIN HEALTH
Hennepin Health follows the legislative standards outlined in Minnesota statute 62J.536. Per this statute, all claims submitted to Hennepin Health must be submitted electronically, following American National Standards Institute, Accredited Standards Committee X12 standard transactions or National Council for Prescription Drug Program (NCPDP) standards. No paper claim submissions will be accepted.

Providers are required to adhere to State of Minnesota Uniform Companion guide requirements and the Administrative Uniformity Committee (AUC) Best Practices for claims submission. These documents are available on the AUC website.

Hennepin Health contracts with **Payer Connectivity Services (PCS)**, part of Change Healthcare, to receive, test, and send HIPAA-compliant mandated transactions. Services provided by PCS can be performed in batch transactions, or as real-time transactions.

TRADING PARTNER REGISTRATION
Hennepin Health does not contract directly with providers as trading partners. **Payer Connectivity Services (PCS),** on behalf of Hennepin Health, works with several clearinghouses. If you would like to become a trading partner with Hennepin Health, please contact one of the clearinghouses listed below:

Clearinghouse Name	Phone	Website
Availity (835 only)	800-282-4548	www.availity.com
Smart Data Solutions	855-297-4436	www.sdata.us/what-we-do/clearinghouse/clearinghouse
Change Healthcare/Optum (legacy RelayHealth)	800-527-8133	www.changehealthcare.com
HealthEC, via MN e-Connect	877-444-7194	www.mneconnect.healthec.com
Office Ally	866-575-4120	www.officeally.com

If you are unable to send electronic institutional and professional claims and/or electronic replacement/cancel claims, Hennepin Health, along with several other large Minnesota group purchasers, has secured the services HealthEC LLC (formerly IGI) to provide free Web-based services for provider data entry of ANSI X12 837 v5010 and AUC compliant claims, via the MN e-Connect Portal.

Availity is not a direct submitter of 837 (claims) transactions to Hennepin Health. Providers using Availity as their claims submission clearinghouse can contact Availity directly if they would like to know how these are routed to Hennepin Health.

2 TESTING WITH THE PAYER

If testing is required, testing will be conducted by your selected clearinghouse in conjunction with Payer Connectivity Services. Please contact your selected clearinghouse for testing requirements.

3 CONNECTIVITY WITH THE PAYER/COMMUNICATIONS

PROCESS FLOW DIAGRAM
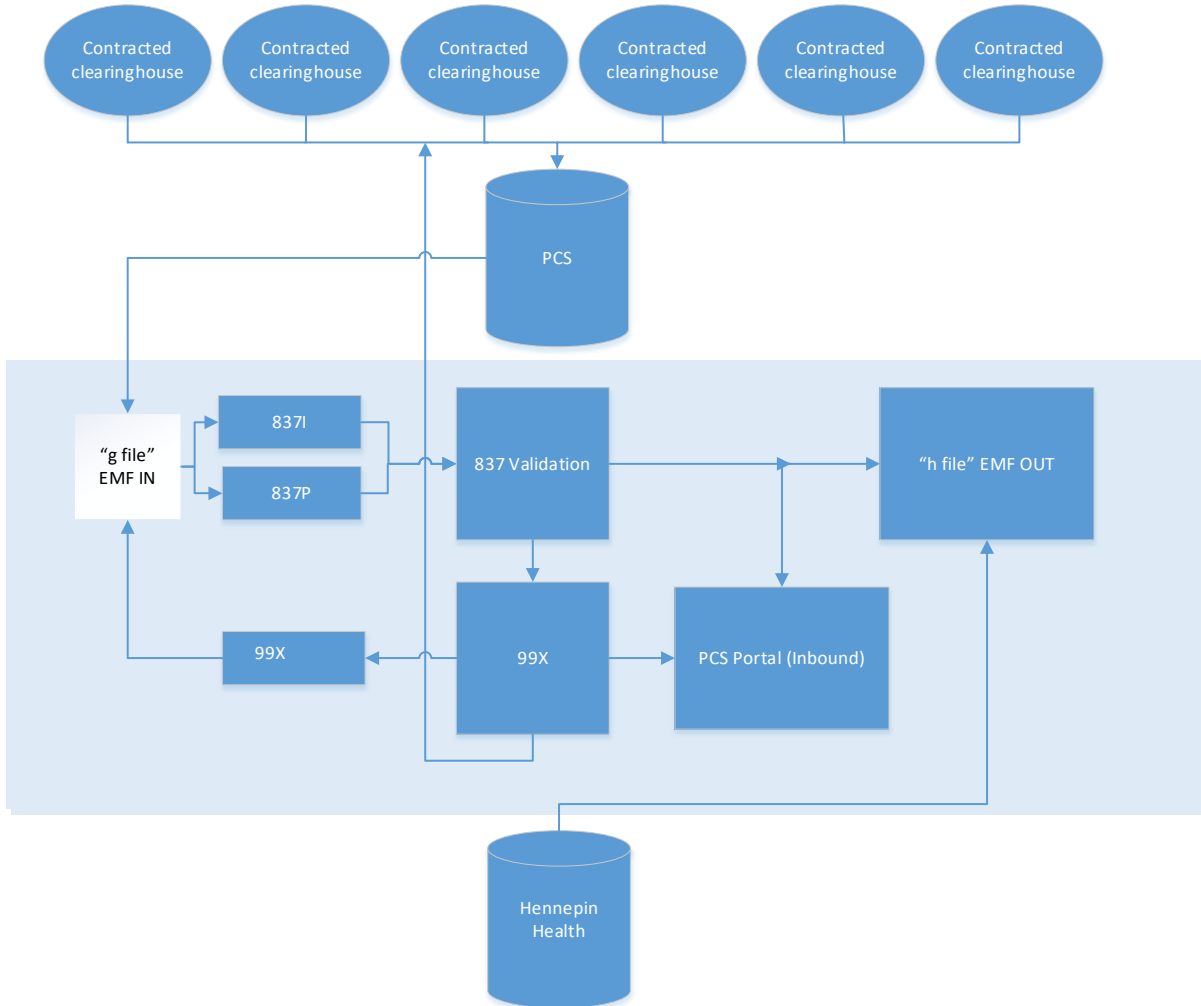
4 CONTACT INFORMATION

EDI CUSTOMER SERVICE
Email: chc_pcssupport@optum.com

EDI TECHNICAL ASSISTANCE
Email: chc_pcssupport@optum.com

PROVIDER SERVICE NUMBER
Phone: 877-411-7271

5 CONTROL SEGMENTS/ENVELOPES EXAMPLES

ISA-IEA
ISA*00*   *00*   *ZZ* {Sender ID}   *ZZ*6005801
*181203*2127*^*00501*000002459*0*P*:~
IEA*1*000002459~

6005801 is Hennepin Health's receiver ID

GS-GE
GS*HC*133052274*{RECEIVING UNIT}*20181203*212718*2459*X*005010X222A1~
GE*380*2459~

6 PAYER SPECIFIC BUSINESS RULES AND LIMITATIONS

MINNESOTA STATUTES
Entities subject to Minnesota Statutes, section 62J.536 and related rules must follow the data content and other transaction specific information of the applicable Minnesota Uniform Companion Guides. Copies of the Minnesota Uniform Companion Guides are available at no charge from the Minnesota Department of Health.

SNIP TESTING
Hennepin Health applies SNIP 1-3 edits and custom SNIP 4 & 5 edits to all incoming 837p and 837i transactions.

NON-CONTRACTED PROVIDERS
Non-contracted providers: Prior to submitting a claim, you must complete and submit a provider information form (PDF) and a W9 for non-contracted providers form (PDF). These forms can be found at: Forms / formulary | Hennepin Health. To prevent a delay in your claim being processed, please make sure the form is filled out accurately and completely. If you have any questions regarding claim inquiries, please contact Provider Services at 612-596-1036, press 2 (800-647-0550), TTY 711 from 8 a.m. to 4:30 p.m., Monday through Friday.

7 ACKNOWLEDGEMENTS AND/OR REPORTS

In addition to the standard 999 and 277CA acknowledgement transactions, Hennepin Health provides a custom response report for each 837 received. The report contains more detailed, user-friendly language that is intended to assist providers who may have limited EDI transaction knowledge. The custom report is sent at the same time as the standard 999 and 277CA responses.