Trustmark/Starmark

HIPAA Transaction
EDI Implementation Guide

For Health Care Providers

Implementation Guide Version Number: 1.4

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1 Introduction

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 carries provisions for administrative simplification. This requires the Secretary of the Department of Health and Human Services (HHS) to adopt standards to support the electronic exchange of administrative and financial health care transactions primarily between health care providers and plans. HIPAA directs the Secretary to adopt standards for transactions to enable health information to be exchanged electronically and to adopt specifications for implementing each standard.

Purpose of this Guide

The HIPAA EDI Implementation Guide explains the procedures necessary for Health Care Providers to conduct Electronic Data Interchange (EDI) transactions with Trustmark. These transactions could include:

Health Care Claim: Dental	ASC X12N 837
Health Care Claim: Professional	ASC X12N 837
Health Care Claim: Institutional	ASC X12N 837
Eligibility for a Health Plan Request and Response	ASC X12N 270/271
Health Care Claim Status Request and Response	ASC X12N 276/277
Health Care Payment and Remittance Advice	ASC X12N 835
Referral Certification and Authorization Request and Response	ASC X12N 278

This Guide is intended to convey information that is within the framework and structure of the X12N Implementation Guides and not to contradict or exceed them.

2 Getting Started

2.1 Working with Trustmark/Starmark

Throughout this guide, all references to Trustmark include Trustmark's subsidiary, Starmark. Trustmark will conduct EDI transactions with any Health Care Provider that otherwise would legitimately conduct non-electronic transactions with Trustmark. All transactions must be routed through a Clearinghouse. Trustmark currently has direct connections with Emdeon (formerly WebMD). Trustmark's electronic payer id is 61425.

2.2 Trading Partner Registration

Trustmark does not require trading partner registration for any EDI transaction other than the 835 Health Care Claim Payment/Advice. A

Provider should notify the clearinghouse if they wish to receive 835 transactions from Trustmark. The clearinghouse will then register the provider with us. Trustmark will begin transmitting the 835 in production to registered Providers on 10/16/2003.

2.3 Certification and Testing Overview

Certification and Provider testing are not required prior to production use. Providers that wish to test may arrange to do so through a Clearinghouse. Trustmark will obtain 3rd party certification of all outbound transactions prior to production use.

3 Connectivity with Trustmark

3.1 Clearinghouses Directly Connected with Trustmark

	Emdeon
Real Time Transactions:	
Eligibility Inquiry	✓
Claim Status Inquiry	✓
Batch Transactions:	
Professional Claim Submission	✓
Institutional Claim Submission	✓
Dental Claim Submission	✓
Electronic Remittance Advice	✓
Contact Information:	
Phone	877-469-3263
Web address	www.emdeon.com

Trustmark uses various Business Associates to provide Precertification of hospital admissions and surgery. Please contact these vendors directly at the phone number provided on the Patient's ID card for information on the vendors' support of the 278 transaction.

3.2 Hours of Availability for Real Time Transactions

Trustmark will accept and respond to real time transactions Monday through Saturday between the hours of 6:00 AM and 8:00 PM Central Time.

3.3 Contingency Plan

If the Clearinghouses are not ready to handle the online transactions by October 16, 2003, Trustmark will support direct connections in the interim. Should this occur, contact Trustmark EDI support at 847-283-2007 to obtain implementation assistance.

4 Contact Information

4.1 EDI Customer Service

Trustmark EDI customer service calls should be directed to the phone number provided on the patient's id card for eligibility and benefit information. Email support is available at edicsr@trustmarkins.com.

5 Trustmark Specific Business Rules

5.1 Companion Guides

Trustmark does not have a specific Companion Guide. Providers may be required to utilize the general Companion Guide provided by their Clearinghouse.

5.2 Eligibility Inquiry Transaction Use

Eligibility inquiries are supported to enable a Provider to establish eligibility prior to claim submission. Eligibility data may not be requested by a Provider not involved in provision of health care services to a purported Trustmark patient, unless the Provider has been approached by the purported Trustmark patient or other Provider to provide health care services to that individual. Searches of eligibility data of possible beneficiaries who are not currently receiving services, or for whom a Provider has not been approached to furnish services, is prohibited.

The ratio of claims to eligibility inquiries per Provider will be monitored. Providers will be contacted if their ratio suggests possible overuse of eligibility queries. Providers that are determined to have abused their query privileges may lose eligibility query for 1 year after the date of determination of abuse.