
Horizon Casualty Services (HCS)

Companion Guide for Transaction and Communications/Connectivity Information

**Instructions related to Transactions based on ASC
X12 Implementation Guides, version 005010 Errata**

HCS Companion Guide Version Number: [0.5] Version
[Aug 2019]

This is a working document. Changes to the information provided here may be subject to future changes/updates.

Preface

Companion Guides (CG) may contain two types of data, instructions for electronic communications with the publishing entity (Communications/Connectivity Instructions) and supplemental information for creating transactions for the publishing entity while ensuring compliance with the associated ASC X12 IG (Transaction Instructions). Either the Communications/Connectivity component or the Transaction Instruction component must be included in every CG. The components may be published as separate documents or as a single document.

The Communications/Connectivity component is included in the CG when the publishing entity wants to convey the information needed to commence and maintain communication exchange.

The Transaction Instruction component is included in the CG when the publishing entity wants to clarify the IG instructions for submission of specific electronic transactions. The Transaction Instruction component content is limited by ASCX12's copyrights and Fair Use statement.

If you have any questions, please contact the Horizon BCBSNJ EDI Service Desk toll-free at 1-888-334-9242 or via e-mail at <HorizonEDI@HorizonBlue.com>. Representatives are available weekdays from 7 a.m. to 6 p.m.

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Transaction Instruction (TI)

1. TI Introduction

1.1 Background

1.1.1 Overview of HIPAA Legislation

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 carry 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
HIPAA serves to:

- Create better access to health insurance
- Limit fraud and abuse
- Reduce administrative costs

1.1.2 Compliance according to HIPAA

The HIPAA regulations at 45 CFR 162.915 require that covered entities not enter into a trading partner agreement that would do any of the following:

- Change the definition, data condition, or use of a data element or segment in a standard.
- Add any data elements or segments to the maximum defined data set.
- Use any code or data elements that are marked “not used” in the standard’s implementation specifications or are not in the standard’s implementation specification(s).
- Change the meaning or intent of the standard’s implementation specification(s).

1.1.3 Compliance according to ASC X12

ASC X12 requirements include specific restrictions that prohibit trading partners from:

- Modifying any defining, explanatory, or clarifying content contained in the implementation guide.

- Modifying any requirement contained in the implementation guide.

1.2 Intended Use

The Transaction Instruction component of this companion guide must be used in conjunction with an associated ASC X12 Implementation Guide. The instructions in this companion guide are not intended to be stand-alone requirements documents. This companion guide conforms to all the requirements of any associated ASC X12 Implementation Guides and is in conformance with ASC X12's Fair Use and Copyright statements.

1.3 Understanding ANSI Standards for Electronic Data Interchange

1.3.1 Transactions, Groups and Interchanges

A **transaction set** is simply the term used by ANSI to describe the transmission of a single electronic document between one company's computer and another company's computer.

The data included in a **transaction set** will usually convey the same information as a conventional printed document. Since information is being exchanged between computer applications, it is sometimes unnecessary to include all of the same details as a paper document that is intended for a person to read. For example, a health care provider's Identification Number and name may be all that is necessary when submitting a transaction through EDI since the insurance company database already contains related provider information such as address, city, state, and zip code for that provider. It may not be necessary to transmit certain information.

In ANSI X12, each printed line on a document is roughly equivalent to a **segment** in a transaction. **Each data segment has a unique 2- or 3-character identifier.**

Each piece of information on a printed line is roughly equivalent to a **data element** on a segment. **Data elements** are identified by their positions within a **segment**.

Important Note: For this example the asterisk (*) and the tilde (~) are used for illustration purposes. The actual X12 transmission will use different characters as defined in the control structure section of this document.

In this example, name information is converted to EDI format.

```

+-----+
|Entity ID|Ent. Qual|Last Name|First Name|M.I.|Prefix|Suffix|ID Qual.|ID Code|
+-----+-----+-----+-----+-----+-----+-----+-----+
|  IL    |  1      | JENSEN  |  MARY   |    |    |    |  N     |12345 |
+-----+

```

These items become an EDI **segment** using six of the nine possible **data elements**, grouped in a specific sequence as follows:

```

+-----+
|NM1*IL*1*JENSEN*MARY***N*12345~ |
+-----+

```

In this example "NM1" is the **segment identifier**.

This segment describes a person who is a subscriber, named Mary Jensen, whose Identification Number is 12345.

In the Data Dictionary, "IL" is the Entity ID Code for subscriber, "1" is the Entity Qualifier Code for person, "JENSEN" is the last name, "MARY" is the first name, "N" is the code qualifier for the insured unique ID, and "12345" is the actual ID number.

Using Delimiters

A data element delimiter (asterisk) separates each of the elements. A **segment terminator** (~) ends each segment. Adjacent **delimiters** (** or ***) indicate that optional **data elements** are omitted. In this example the values for middle initial, prefix and suffix are not used therefore we have adjacent delimiters in the segment.

```

+-----+
|NM1*IL*1*JENSEN*MARY***N*12345~ |
+-----+

```

A segment terminator may be placed after the last data element present if optional data elements are omitted. In this case there are potentially 9 **data elements** on the "NM1" **segment** as defined in the **segment directory**. We have used

6 of the 9. The **segment terminator** character is placed after the "12345" value. If there were more optional elements defined on this segment that were not used, the terminator would still be placed after the last element present, rather than have unnecessary asterisks finishing the segment.

This concept is illustrated below using a different segment:

Incorrect: SBR*P*****~ (Extra delimiters unnecessary.)

Correct: SBR*P~ (Terminator placed after last element used.)

Segments are built by grouping **data elements** as defined by the X12 standards.

Transaction sets are built by grouping **segments** as defined by the X12 standards.

Multiple **transaction sets** of the same type may be combined and transmitted together in **functional groups**.

Multiple **functional groups** may be combined and transmitted in EDI **interchanges**.

1.4 Interchange Envelopes

All EDI communications transmitted between Trading Partners will be grouped into **envelopes**.

- The beginning of each EDI document is identified using a transaction set header segment (ST). The end of every document is marked using a transaction set trailer segment (SE).
- EDI documents of a similar nature and destined for one Trading Partner are 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.
- EDI documents transmitted during a session are identified by an interchange header segment (ISA) and trailer segment (IEA). Each ISA marks the beginning of the transmission and provides sender and receiver identification.

1.5 Segment Hierarchy

ISA - Interchange Control Header segment

GS - Functional Group Header segment

ST - Transaction Set Header segment

```

+-----+
|           Transaction Set           |
|           in available              |
|           Specifications            |
|                                     |
|                                     |
|                                     |
+-----+

```

SE - Transaction Set Trailer segment

GE - Functional Group Trailer segment

IEA - Interchange Control Trailer segment

2. EDI Documentation

2.1 ASC X12 Releases

Since 1986, by approval of ANSI, the ASC X12 Secretariat has published a series of releases. These documents represent X12-approved revisions of those previously published American National Standards. As such, releases are not American National Standards, since their contents have not been subjected to the rigors of the public review process required by ANSI for such considerations. In the form provided in releases, all of the standards are considered to be Draft Standards for Trial Use (DSTU's). ASC X12's purpose in publishing these releases is to put current ASC X12

approved draft standards into the hands of users in a more frequent basis. The ANSI standards process is lengthy.

The Data Interchange Standards Association (DISA) monitors the progress and oversees the publication of the draft standards. DISA can be contacted at the following address:

It is recommended that you purchase the following document:

ASC X12 standards are obtained from:

Website: WWW.WPC-EDI.COM

Phone: (425) 562 - 2245

FAX: (775) 239 - 2061

3. **Included ASC X12 Implementation Guides**

This table lists the X12N Implementation Guides for which specific transaction Instructions apply.

Unique ID	Name
005010X222A1	Health Care Claim: Professional (837 P)
005010X223A2	Health Care Claim: Institutional (837 I)
005010X231A1	Implementation Acknowledgment (999)

4. HCS Specific Business Rules and Guidelines

4.1 005010X222A1 Health Care Claim: 837 Professional Business Rules and Guidelines

1. All batch numbers (BHT03) should be unique.
2. All Patient Control numbers should be unique.
3. A 999 will be utilized to acknowledge successful transaction and to indicate functional acknowledgement when a file/transaction is rejected for non-compliance. When a 999 is returned for non-compliance, an error status will indicate the error location, allowing submitter to correct and re-submit the file.
4. Please submit your claims in one ST....SE per claim, this will prevent the rejection of an entire batch of claims if only one claim is not in compliance.
5. Insured/ patient/ subscriber are always the same person. Please only use Subscriber Loop 2000B while submitting the form. Bill will be rejected if patient loop information is sent.
6. SBR 01 should always be equal to P (Primary). HCS will not accept Secondary claims.
7. Submission of Pay-To Provider information does not guarantee that payment will be made to that provider. HCS will make any payments based on contractual agreements previously established.

Guidelines for Health Care Claim: Professional (837P)

Loop Id	Reference	Implementation Name	Notes/Comments
1000A	NM109	Submitter Identifier	Submitter Tax ID 1-9 must be numeric.
1000B	NM103	Receiver Name	Must be "Horizon Casualty Services"
1000B	NM109	Receiver Primary Identifier	Must be "43322".
2000A	CUR	Foreign Currency Information	Horizon Casualty Services accepts claim submitted in US dollars only.
2000B 2000C	SBR02 PAT01	Individual Relationship	Self must always be checked off. Always use Subscriber Loop 2000B while submitting the form. Bill will be rejected if SBR02 is not equal to 18.
2010BA	NM109	Subscriber Primary Identifier	Enter the claim number for a particular injury in this field. Claim number is always numeric. Claim number must be either 9 digits or 13 digits. Bill will be rejected if claim number has values not equal to 9 and not equal to 13. Any special characters/ letters/symbols/dashes etc. entered in the claim number will be considered invalid entry and the bill will be rejected.
2010BA	NM103 NM104 NM105 NM107	Subscriber Name	Enter First name, Last name in this field. Bill will be rejected if Insured's /Subscriber loop is not populated. Patient/subscriber must always be the same.
2010BA	N301 N302 N401 N402 N403	Subscriber Address	Enter subscriber's address in this field. Patient/subscriber must always be the same.

Loop Id	Reference	Implementation Name	Notes/Comments
2010BA	DMG02 DMG03	Subscriber Birth Date and Subscriber Gender Code	Enter subscriber's date of birth in this field. Patient/subscriber will always be same.
2010BB	NM109	Payer Identifier	Must be "43322"
2300	CLM11	Related Causes Code	Required when the services provided are employment related or result of an accident at work where the qualifier or related causes code is EM = Employment. All other related causes codes will be rejected.
2300	PWK: 01 02 05 06	Additional Claim Information	If PWK segment is used, HCS requires element 01 02 05 and 06 PWK 01 (Report Type Code) PWK 02 (Report transmission code) = FT for File transfer. Should always be FT, otherwise bill will be rejected PWK 05 (Identification Code Qualifier) = AC for Attachment Control Number PWK 06 (Identification Code) Identification Code in PWK 06 should match with image being transmitted. Image file name should be unique for each bill. Maximum field length is 50 HCS prefers to have all documents in TIFF format.
2300	CLM05-3 REF02	Claim Frequency Code Payer Claim Control Number	This is required if it is an adjustment claim for 837. If the claim is an adjustment, then enter the original bill number/claim number in REF F8.

Loop Id	Reference	Implementation Name	Notes/Comments
2300	HI01-2, HI02-2, HI03-2, HI04-2, HI05-2, HI06-2, HI07-2, HI08-2, HI09-2, HI10-2, HI11-2, HI12-2	Diagnosis or Nature of Illness or Injury	<p>For Horizon Casualty Services, the principal diagnosis code is required and cannot have a "V, W, X, or Y" in the first position of the code. Claims received without a principal diagnosis code or with a "V, W, X, or Y" in the first position of the code will be rejected.</p> <p>For Horizon Casualty Services, do not transmit any decimal points in any of the diagnosis code segments. The decimal point is assumed. HCS will reject claims received with a decimal point in the diagnosis code.</p>
2310B	REF02	Rendering Provider	Required when the Rendering Provider information is different than that carried in the Billing Provider Loop 2010AA.
2310C	NM103 NM109 N301 N401 N402 N403	Service Facility Location Information	Required when the location of health care service is different than that carried in Billing Provider Loop 2010AA.

4.2 005010X223A2 Health Care Claim: 837 Institutional Business Rules and Guidelines

1. All batch numbers (BHT03) should be unique.
2. All Patient Control numbers should be unique.
3. A 999 will be utilized to acknowledge successful transaction and to indicate functional acknowledgement when a file/transaction is rejected for non-compliance. When a 999 is returned for non-compliance, an error status will indicate the error location, allowing submitter to correct and re-submit the file.
4. Please submit your claims in one ST....SE per claim, this will prevent the rejection of an entire batch of claims if only one claim is not in compliance.
5. Submission of Pay-To Provider information does not guarantee that payment will be made to that provider. HCS will make any payments based on contractual agreements previously established.

6. Insured/ patient/ subscriber are same person
7. SBR 01 should always be equal to P (Primary). HCS will not accept Secondary claims.

Guidelines for Health Care Claim: Institutional (837I)

Loop Id	Reference	Implementation Name	Notes/Comments
1000A	NM109	Submitter Identifier	Submitter Tax ID 1-9 must be numeric.
1000B	NM103	Receiver Name	Must be "Horizon Casualty Services"
1000B	NM109	Receiver Primary Identifier	Must be "43322".
2000A	CUR	Foreign Currency Information	Horizon Casualty Services accepts claim submitted in US dollars only.
2000B 2000C	SBR02 PAT01	Individual Relationship	Self must always be checked off. Always use Subscriber Loop 2000B while submitting the form. Bill will be rejected if SBR02 is not equal to 18.
2010BA	NM109	Subscriber Primary Identifier	Enter the claim number for a particular injury in this field. Claim number is always numeric. Claim number must be either 9 digits or 13 digits. Bill will be rejected if claim number has values not equal to 9 and not equal to 13. Any special characters/ letters/symbols/dashes etc. entered in the claim number will be considered invalid entry and the bill will be rejected.
2010BA	NM103 NM104 NM105 NM107	Subscriber Name	Enter First name, Last name in this field. Bill will be rejected if Insured's /Subscriber loop is not populated. Patient/subscriber must always be the same.

Loop Id	Reference	Implementation Name	Notes/Comments
2010BA	N301 N302 N401 N402 N403	Subscriber Address	Enter subscriber's address in this field. Patient/subscriber must always be the same.
2010BA	DMG02 DMG03	Subscriber Birth Date and Subscriber Gender Code	Enter subscriber's date of birth in this field. Patient/subscriber will always be same.
2010BB	NM109	Payer Identifier	Must be "43322".
2300	PWK: 01 02 05 06	Additional Claim Information	If PWK segment is used, HCS requires element 01 02 05 and 06. PWK 01 (Report Type Code). PWK 02 (Report transmission code) = FT for File transfer. Should always be FT, otherwise bill will be rejected. PWK 05 (Identification Code Qualifier) = AC for Attachment Control Number. PWK 06 (Identification Code). Identification Code in PWK 06 should match with image being transmitted. HCS prefers to have all documents in TIFF format.
2300	CLM05-3 REF02	Claim Frequency Code Payer Claim Control Number	This is required if it is an adjustment claim for 837. If the claim is an adjustment, then enter the original bill number/claim number in REF F8.

Loop Id	Reference	Implementation Name	Notes/Comments
2300	HI01-2, HI02-2, HI03-2, HI04-2, HI05-2, HI06-2, HI07-2, HI08-2, HI09-2, HI10-2, HI11-2, HI12-2	Diagnosis or Nature of Illness or Injury	For Horizon Casualty Services, the principal diagnosis code is required and cannot have a "V, W, X, or Y" in the first position of the code. Claims received without a principal diagnosis code or with a "V, W, X, or Y" in the first position of the code will be rejected. For Horizon Casualty Services, do not transmit any decimal points in any of the diagnosis code segments. The decimal point is assumed. HCS will reject claims received with a decimal point in the diagnosis code.
2310D	REF02	Rendering Provider	Required when the Rendering Provider information is different than that carried in the Billing Provider Loop 2010AA.
2310E	NM103 NM109 N301 N401 N402 N403	Service Facility Location Information	Required when the location of health care service is different than that carried in Billing Provider Loop 2010AA.

4.13 005010X231A1 Health Care: 999 Acknowledgement Business Rules and Guidelines

A 999 will be utilized to acknowledge successful transaction and to indicate functional acknowledgement when a file/transaction is rejected for non-compliance. When a 999 is returned for non-compliance, an error status will indicate the error location, allowing submitter to correct and re-submit the file.

Loop Id	Reference	Implementation Name	Codes	Notes/Comments
AK2	AK2	Transaction Set Response Header		HCS will always return this segment for all positive and negative transactions within a file

5. Transaction Testing Information

5.1 Business Scenarios

HCS does not allow multiple transaction types to be sent together in a single file.

5.1.1 837 Professional and Institutional Business Scenarios

- Test file must contain 50-100 claims that represent various levels of complexities
- Test file must contain Primary scenarios and include adjustments
- Test file must contain both Inpatient and Outpatient scenarios for 837 Institutional
- Test file must contain separate ST/SE per claim to prevent the rejection of an entire batch of claims if individual claims fail compliance Note: Separate ST/SE per claim will facilitate only the syntactically incorrect claim being returned as a 999.
- 999 syntactical testing must occur to verify Trading Partner can read and interpret the 999
- TA1 syntactical testing must occur to verify Trading Partner can read and interpret the TA1

Transaction	Test Scenario ID	Description	HCS Responsibility	Trading Partner Responsibility	Criteria
837P/I	837P/I-1	Primary and adjustment claims with 10 claims having Syntactical issues	Send 999 response to the Trading Partner	Able to interpret 999 response format	Success
837P/I	837P/I-2	A minimum of 10 claims with Primary and adjustment claims with 1 claim having TA1 Syntactical issues	Send TA1 response to the Trading Partner	Able to interpret TA1 response format	Success
837P/I	837P/I-3	A minimum of 10 claims consisting of Primary and adjustment claims with claims to be sent in separate ST/SE's with syntactical error	Send 999 response to the Trading Partner	Able to interpret 999 response format	Success

6. Scheduled Maintenance

HORIZON BCBSNJ notifies all Trading Partners, Clearing Houses, and Providers of System Outages via e-mail notification.

Communications/Connectivity Information (CCI)

8. CCI Introduction

This section includes information related to system operating hours, provider data services, and audit procedures. It also contains a list of valid characters in text data. Information concerning Trading Partner registration and the Trading Partner testing process is also included in this section.

9. Trading Partner Registration

An EDI Trading Partner is any entity (provider, billing service, software vendor, employer group, financial institution, etc.) that transmits electronic data to or receives electronic data from another entity.

Please visit <http://horizoncasualty.com/resources/electronic-billing>

Complete HCS Authorization Form and fax to number indicated on form.

10. Trading Partner Testing and Certification Approval Procedures for IS Vendors and Integrators

IS Vendors/Integrators who wish to send or receive electronic information to/from HCS must incorporate the attached specifications into their systems. They must also satisfactorily complete testing with HCS.

Upon completion of testing, vendors/integrators will be added to an approved list that will be distributed to health care providers interested in using vendors/integrators for electronic submission of institutional claims.

At this time, providers using an approved vendor/integrator will be able to apply for approval for submission of electronic claims. Providers must complete an application for approval for electronic submission of claims.

Once approved, providers will be assigned their own unique submitter Identification Number (ID). Working in conjunction with the vendor/integrator and EDI Services, the provider will begin submitting institutional claims electronically.

10.1 IS Vendor and Integrator Approval Tasks: (trading partner/submitter approval task)

1. The vendor/integrator must complete the HCS Electronic Authorization Form and forward it to HCS EDI Services – EDI Service HelpDesk Department. The address and fax number are located on the authorization form.
2. HCS will then assign the vendor/integrator a **TEST** submitter ID number.
3. Set up your EDI software using the specifications included in this document.
4. You **MUST** receive a Test ID prior to submitting a transaction test file.
5. The SFTP connectivity instructions and the Test Submitter ID and Password will be forwarded to you via secure email.
6. Test transmissions should begin using agreed upon communication protocols until a minimum of three to four consecutive successful transmissions have been received.
7. Vendor/Integrator must demonstrate the successful unwrapping and interpretation 999 and a workflow for error handling, when utilizing this transaction.
8. HCS EDI Technical Support will notify vendor/integrator upon successful completion of testing. Vendor/Integrator will be added to HCS approved vendor/integrator list.
9. If vendor/integrator will be a “collector” of claims from the health care providers, the vendor/integrator will be assigned a **PRODUCTION** submitter ID number and may begin submitting claims electronically and receiving responses back from for its approved providers.

If the vendor/integrator is going to install the HCS specifications on behalf of a health care provider, the following procedures must be adhered to:

10.2 Provider Approval Tasks:

1. The health care provider must complete the HCS Electronic Authorization Form and forward it to HCS – EDI Service Desk Department. The address and fax number are located on the authorization form.

To obtain access to the HCS Electronic Authorization Form, Please visit <http://horizoncasualty.com/resources/electronic-billing>

Complete HCS Authorization Form and fax to number indicated on form

2. Upon approval, if applicable, the health care provider will forward the request to their

vendor/ integrator who will forward them to HCS. Otherwise, HCS will assign a **PRODUCTION** submitter ID number for that provider.

3. When the health care provider receives a **PRODUCTION** submitter ID number, their vendor/integrator will incorporate the submitter ID number into their system.

10.3 Health Care Direct Submitters Approval Tasks

1. Health care providers who submit directly to HCS must complete the HCS Electronic Authorization Form and forward it to HCS EDI Services – EDI Service Desk Department. The address and fax number are located on the authorization form.

To obtain access to the HCS Electronic Authorization Form, please visit <http://horizoncasualty.com/resources/electronic-billing>

Complete HCS Authorization Form and fax to number indicated on form

2. HCS will then assign the provider a **TEST** submitter ID number.
3. Set up your EDI software using the specifications included in this document.
4. Test transmissions should begin using agreed upon communication protocols and continue until a minimum of three to four consecutive successful transmissions have been received.
5. The SFTP connectivity instructions and the Test Submitter ID and Password will be forwarded to you via secure email.
6. Direct submitter must demonstrate the successful unwrapping and interpretation of a 999 and a workflow for error handling, when utilizing this transaction.
7. A 999 will be utilized to indicate functional acknowledgement when a file/transaction is rejected for non-compliance. When a 999 is returned for non-compliance, an error status will appear to indicate the error location, allowing the submitter to correct and resubmit the claim.
8. EDI Tech Support will notify direct submitter upon successful completion of testing.
9. Upon approval, HCS will assign a **PRODUCTION** submitter ID number for the direct submitter.

11. Communication Protocols/Network Communications

All 5010 X12 transactions will be received into the EDI Gateway. The X12 transaction responses will be generated by the EDI Gateway back to the requestor.

The transaction is transmitted using the following HCS communication protocols:

- ◆ **Secure FTP(SFTP)**- SFTP is a terminal program that transfers files and encrypts/decrypts the files that you send and receive to a remote system. SFTP is a secure form of the FTP protocol. Whenever a user opens up a regular FTP session or most other TCP/IP connections, the entire transmission made between the host and the user is sent in plain text. When using SFTP instead of the FTP, the entire login session, including transmission of password is encrypted. An outsider, snooping the connection would only see encrypted information, not the clear text ID and password transmitted to access the FTP server. Submitters are expected to provide their own Secure FTP client that supports SSH (Secure Shell). Horizon requires that all Trading Partners use the current supported versions of SFTP code from their vendors.

Any questions with the above protocols and/or information regarding network/communication hardware and software please contact Horizon BCBSNJ EDI Services – EDI Service Desk Support at 1(888) 334-9242 or email <HorizonEDI@HorizonBlue.com>

11.1 Communication Protocols/Network Communications Frequently Asked Questions (FAQs)

Secure FTP FAQ's

Q. What is the SFTP application used by horizon BCBSNJ??

A. Horizon currently uses Cleo Harmony version 5.5 for SFTP/SSH transmission (as of 2/1/2019)

Q. What is the current SSL Minimum Protocol Version used? (as of 2/1/2019)

A. TLS 1.2 (SSL 3.3)

Q. What is the SSH server key algorithm used? (as of 2/1/2019)

A. SHA256

Q. What port do you use to connect using Secure FTP?

A. Users will be connecting to Standard SFTP port 22

Q. Why file is not being picked up?

A. Please verify if the file is placed in the correct folder. (please see instructions 11.2)

Q. Can we use the IP address instead of the DNS edisftp.horizon-bcbsnj.com?

A. Yes, the IPs can be used, however in case of a disaster to one of the sites, the next available IP should be used.

Penn site IP - 12.149.40.122

Wall site IP - 67.98.95.159

Q. Will all submitters regardless of transaction receive negative 999 syntax errors?

A. Yes. All submitters will now receive 999 syntax errors via Secure FTP.

11.2 Instructions for Secure FTP – New Submitters

Horizon BCBSNJ will supply you with a submitter ID and password. (e.g., *FTT0001* and *PASS5WORD*) Please note that you will lock out your account after 5 unsuccessful logon attempts. If your account becomes locked, you must notify the HCS EDI Service Desk.

The URL for sending/receiving files is **<edisftp.horizon-bcbsnj.com>** Submitters are expected to provide their own Secure FTP client that supports SSH.

IPs corresponding to DNS – edisftp.horizon-bcbsnj.com are - **12.149.40.122 and 67.98.95.159**

When sending transactions, point your files to the following paths:

Test		Production	EDI file naming convention
Professional Claims - 837P	ToHorizon\Test\DialinBatch	ToHorizon\Prod\DialinBatch	SubmitterID_CCYY mmddhhmm_837P
Institutional - 837I	ToHorizon\Test\GatewayBatch	ToHorizon\Prod\GatewayBatch	SubmitterID_CCYY mmddhhmm_837I
Responses (TA1,999) <i>(Please delete responses after you have pulled and reviewed them)</i>	FromHorizon\Transactions	FromHorizon\Transactions	SubmitterID_CCYY mmddhhmm_999 SubmitterID_CCYY mmddhhmm_TA1

12 Horizon BCBSNJ EDI Services – EDI Service Desk Contact Information

Phone Number: 1-888-334-9242
Fax Number: 1-973-274-4353
E-Mail Address: HorizonEDI@HorizonBlue.com
Operation Hours: Monday – Friday 7am-6pm EST

13 Horizon BCBSNJ EDI Transaction System Availability

13.1 Routine Maintenance

Horizon BCBSNJ Systems are available to receive and send HIPAA ANSI X12 transactions seven days a week except for Sunday from 1 a.m. to Monday, 12 a.m. Eastern Time.

A sample e-mail is as follows:

*****HORIZON BCBSNJ EDI SERVICES ALERT*****

Horizon Blue Cross Blue Shield of New Jersey has scheduled routine maintenance for this coming Sunday, 4/21/13, from 1 a.m. through Monday, 4/22/13 at 12 a.m. As a result, you will not be able to submit electronically via EDI during this timeframe. This will impact ALL HIPAA 5010 Production submitters/receivers for transactions - 837P and 837 I claims. We expect normal operations to be available immediately after the maintenance is completed. We ask that you please plan accordingly.

Thank you,
Horizon BCBSNJ EDI Services

13.2 Non Routine Maintenance

Horizon BCBSNJ Systems are available to receive and send HIPAA ANSI X12 transactions seven days a week except for Sunday from 1 a.m. to Monday at 12 a.m. Eastern Time.

If Horizon BCBSNJ Systems are unavailable, then Trading Partners are notified via an e-mail flare from the Horizon BCBSNJ EDI Mailbox.

A sample e-Mail is as follows:

*****HORIZON BCBSNJ EDI SERVICES ALERT*****

Horizon Blue Cross Blue Shield of New Jersey has scheduled maintenance for this coming Sunday, 4/21/13 from 1 a.m. through Monday, 4/22/13, at 12 a.m. As a result, you will not be able to submit electronically via EDI during this timeframe.

This will impact ALL HIPAA 5010 Production submitters/receivers for transactions – 837P and 837I. We expect normal operations to be available immediately after the maintenance is completed. We ask that you please plan accordingly.

Thank you,
Horizon BCBSNJ EDI Services

13.3 Unscheduled Maintenance Emergency

If Horizon BCBSNJ Systems are unavailable, then Trading Partners are notified via an e-mail flare from the Horizon BCBSNJ EDI Mailbox.

14 Control Segments / Envelopes

14.1 ISA-IEA

This section describes the use of the interchange control segments. It includes a description of expected sender and receiver codes, authorization information, and delimiters.

The ISA segment marks the beginning of an EDI interchange. It also sets the element delimiter and segment terminator for the entire interchange. The ISA is the only fixed length record in the transaction and is 106 bytes in length.

Ref.	Ele.		Req.	Data	Min.	
Des.	Num.	Description	Des.	Type	Max.	Value
ISA01	I01	Authorization Info. Qualifier	M	ID	2/2	"00"
ISA02	I02	Authorization Information	M	AN	10/10	BLANK
ISA03	I03	Security Information Qualifier	M	ID	2/2	"00"
ISA04	I04	Security Information	M	AN	10/10	BLANK
ISA05	I05	Interchange ID Qualifier	M	ID	2/2	"ZZ"
ISA06	I06	Interchange Sender ID	M	AN	15/15	Inbound Transactions Contact HCS for value. (Submitter test or production ID)
ISA07	I05	Interchange ID Qualifier	M	ID	2/2	"ZZ"
ISA08	I07	Interchange Receiver ID	M	AN	15/15	Inbound Transactions HZNCASUALTYGTWY Outbound Transactions Submitter/Partner ID
ISA09	I08	Interchange Date	M	DT	6/6	Date of interchange (YYMMDD).
ISA10	I09	Interchange Time	M	TM	4/4	Time of interchange (HHMM).
ISA11	I10	Repetition Separator	M	ID	1/1	"{" Left Open Brace
ISA12	I11	Interchange Version Number	M	ID	5/5	"00501"
ISA13	I12	Interchange Control Number	M	N0	9/9	Sequential number assigned by sender (CCYYJJ##).
ISA14	I13	Ack. Request Indicator	M	ID	1/1	"0"
ISA15	I14	Test Indicator	M	ID	1/1	"P" for production. "T" for test
ISA16	I15	Subelement Separator	M	AN	1/1	":."

14.2 IEA Segment - Interchange Control Trailer

The final segment in a transmission is the IEA. This segment defines the end of an interchange of one or more functional groups and provides a count of the included functional groups. The IEA segment is a variable length segment.

Ref.	Ele.		Req.	Data	Min.	
Des.	Num.	Description	Des.	Type	Max.	Value
IEA01	I16	Number of functional groups	M	N0	1/5	Total number of functional groups in the interchange.
IEA02	I12	Interchange control number	M	N0	9/9	S/B same value as ISA13

Note: The value in IEA02 **must** be equal to the value of ISA13 for the transmission, i.e., the control number in the trailer segment must match the control number in the corresponding header segment. The control number should be an ascending sequential number that includes, if possible, the date submitted. Format should be as follows: CCYYJJJ## where CC is the century; YY is the year; JJJ is the Julian date and ## is a sequential, ascending number from 01-99. HCS will reject any files that have the same or an earlier control number from a previous submission.

14.3 GS-GE

This section describes the use of the functional group control segments. It includes a description of expected application sender and receiver codes, how functional groups are to be sent, how similar transaction sets will be packaged and the use of functional group control numbers.

14.4 GS Segment - Functional Group Header

The GS segment marks the beginning of a functional group of related transaction sets and provides control and application identification information. The GS segment is a variable length segment.

Ref.	Ele.		Req.	Data	Min.	
Des.	Num.	Description	Des.	Type	Max.	Value
GS01	479	Functional ID Code	M	ID	2/2	"HC" <<this will have to be transaction specific>>
GS02	142	Application Sender Code	M	AN	2/15	Inbound Transaction Contact HCS for value. (This is your submitter test or production ID)
GS03	124	Application Receiver Code	M	AN	2/15	Inbound Transaction

Ref.	Ele.		Req.	Data	Min.	
Des.	Num.	Description	Des.	Type	Max.	Value
						HZNCASUALTYGTWY
GS04	373	Date	M	DT	8/8	Functional group date.
GS05	337	Time	M	TM	4/8	Functional group time.
GS06	28	Group Control Number	M	N0	1/9	Sequential number assigned by sender (CCYYJJJ##)
GS07	455	Responsible Agency Code	M	ID	½	"X"
GS08	480	Version/Release Indicator ID	M	AN	1/12	" V5010X Refer to applicable WPC Guide for appropriate value"

14.5 GE Segment - Functional Group Trailer segment

The GE segment defines the end of a functional group and provides a count of the included transaction sets within the group. The GE segment is a variable length segment.

Ref.	Ele.		Req.	Data	Min.	
Des.	Num.	Description	Des.	Type	Max.	Value
GE01	97	Number of included sets.	M	N0	1/6	Total number of transaction sets in the group.
GE02	28	Group control number	M	N0	1/9	S/B same value as GS06

Note: The value and number of positions in GE02 must be equal to the value and number of positions in GS06 for the group, i.e., the control number in the trailer segment must match the control number in the corresponding header segment. The group control number can equal the batch number in the reference segment.

14.6 ST-SE

This section describes the use of transaction set control numbers

Test file must contain separate ST/SE per claim to prevent the rejection of an entire batch of claims if individual claims fail compliance Note: Separate ST/SE per claim will facilitate only the syntactically incorrect claim being returned as a 999.