Refers to Implementation Guides
Based on ASC X12 Version 005010

CORE v5010
Master Companion Guide
Version 1.2

Change Log

Version	Release Date	Changes
1.0	April 2013	Initial release to incorporate Phase I and II of CORE operating rules
1.1	April 2014	Corrected values in outbound GS02 and GS03 elements Added information for 835 transactions in outbound GS segment Removed information for 820 transactions from outbound segments
1.2	October 2023	Updated to current info

Disclosure Statement

It is the sole responsibility of the provider/vendor to initiate all transactions. Health plans are dynamic; the data included in these transactions is deemed true and accurate only at the particular time of the transaction. Any questions regarding the data should be directed to the Paramount ECS Coordinator for claims and/or remittance data. All inquiries regarding member eligibility and/or claims status should be directed to Paramount's Provider Inquiry Department. All other inquiries should be directed to the Paramount EDI Help Desk. Transaction logs are retained for a period of six (6) months. Submit data transmissions problems to phcedihelpdesk@promedica.org as soon as possible. Paramount recommends by the end of the next business day.

Preface

This Companion Guide to the Technical Report Type (TR3) and associated errata adopted under HIPAA clarifies and specifies the data content when exchanging electronically with Paramount Health Care. Transmissions based on this companion guide, used in tandem with the TR3, 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 TR3 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.

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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 translations 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

The Administrative Simplification provision of HIPAA specifies the following nine standard health care transactions to allow all health care providers, clearinghouses, and health plans to exchange appropriate information quickly and accurately.

- 270/271 Health Care Eligibility Benefit Inquiry and Response
- 276/277 Health Care Claim Status Request and Response
- 278 Health Care Service Review – Request for Review and Response
- 820 Payroll Deducted and Other Group Premium Payment for Insurance Products
- 834 Benefit Enrollment and Maintenance
- 835 Health Care Claim Payment/Advice
- 837 Health Care Claim – Dental, Institutional, and Professional

1.1 Scope
This companion guide is designed to be used in conjunction with the ASC X12 v5010 TR3 implementation guide. This companion guide is not intended to replace the TR3.

1.2 Overview
This document was designed using the Phase I CORE operating rule 152: v5010 Master Companion Guide Template.

This companion document is split into multiple sections:
- Getting Started
- Testing and Production
- Connectivity
- Contact Information
- Acknowledgments and Reports
- Trading Partner Agreements

1.3 References
For more information regarding the ASC X12 Standards for Electronic Data Interchange and to purchase copies of the TR3 documents, consult the X12.Org web site at https://x12.org/products.The CORE Phase I and II operating rules are located on the CAQH web site at http://www.caqh.org.

1.4 Additional Information

- Assumes the provider/vendor initiates all transactions.
- Assumes the provider/vendor has a Third-Party Agreement on file with Paramount.

2 GETTING STARTED

2.1 Working with Paramount Health Care
Questions related to the 835, 837 dental, 837 institutional or 837 professional transactions should be emailed to PHCECShelpdesk@medmutual.com.
Questions related to the 270/271, 276/277, 278, 820 or 834 should be emailed to PHCEDIHelpDesk@medmutual.com.

2.2 Trading Partner Registration
All providers/vendors should contact the appropriate party at Paramount for the transaction they wish to submit. This contact will supply the necessary documents to register as a trading partner.

2.3 Certification and Testing Overview
Testing with the payer is required. You must contact the payer prior to sending all transactions.

3 TESTING WITH PARAMOUNT HEALTH CARE

Prior to submitting any production transactions to Paramount, you must first submit test transactions by contacting the EDI Help Desk at Paramount. The EDI Help Desk will work with you to ensure that testing has been verified and completed at which time you will be notified that your future transactions will be treated as production. All test submissions are to be sent in a separate file from normal production transactions. If you mix either test transactions or unapproved transactions with your production transactions, then the file will be returned to you. Thus, to ensure that all of your transactions are properly processed, do not mix the test and production transactions within the same file. All ASC X12 transactions must use ISA15 (Usage Indicator) to signal whether the data enclosed in the interchange envelope is test or production. Once again, until the EDI Help Desk has cleared the use of a particular transaction as production, your transaction will be treated as test even though you use a usage indicator of production. Every version/release of any ASC X12 transactions must go through separate testing by contacting the EDI Help Desk at Paramount.

4 CONNECTIVITY WITH THE PAYER/COMMUNICATIONS

4.1 Process Flows

Batch via SFTP

Your HIPAA standard transactions, both production and test, will be processed by our vendors Tibco Foresight server. This server is a vendor hosted and maintained server that continuously screens our inbound HIPAA transactions to determine the acceptability of those transactions.

For example, for inbound 837 claim transactions, the Tibco Foresight server will automatically evaluate acceptability on a claim-by-claim basis and allow only accepted claims to enter our adjudication system, while re-enveloping the rejected transactions. A 277CA will be returned back to you to assist in determining why the particular claims were rejected.
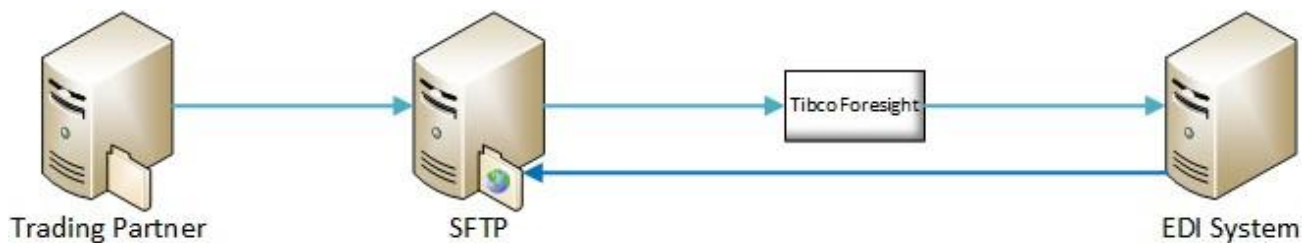
Batch via HTTPs

When you submit your HIPAA standard transactions via HTTPs, they will also be processed by our Tibco Foresight server.

Real time

Real time transactions will not be processed by our Tibco Foresight server. However, if the transaction is not HIPAA compliant, it could fail in other ways during processing.

4.2 Transmission Administrative Procedures

You will be assigned a Logon ID and password in order to connect to our system. You will obtain your logon information from the Paramount EDI Help Desk, who will be your primary contact regarding system access and transaction processing.

SFTP (Batch)

Your transmission times to submit batch transactions into Paramount's servers using the SFTP method are limited as follows:

• Claim transactions (837's) can be submitted anytime. Batches are submitted at 7:00 p.m. Monday thru Friday. Claim transactions sent after 7:00 p.m. on Friday and through the weekends will be sent on Monday at 7:00 p.m.

• All other transactions (non-837's) can be submitted at any time.

• All 270 and/or 276 real time transactions can be submitted at any time.

4.3 Re-Transmission Procedure

Batch (SFTP/ HTTPs)

If a file has been submitted and the entire file was rejected, that file cannot be resubmitted. It will fail as a duplicate file. Paramount compares the contents of the entire file to ensure it is not a duplicate. When you have to submit a corrected claim and/or appeal how a claim was processed/denied, attach the corrected claim or documentation to support your appeal to a claim adjustment form. Be sure to accurately complete the requested information checking off any applicable boxes on the form. The form can be obtained at https://www.paramounthealthcare.com/providers/tools-and-resources/documents-and-forms.

Real Time

These requests can be resubmitted at any time.

4.4 Communication Protocol Specification

Paramount uses the following transfer method for submitting HIPAA transactions.

Convention	Protocol	Processing Mode
SSH	SFTP	Batch
SOAP + WSDL	HTTPs	Batch/Real time
MIME	HTTPs	Batch/Real time

PARAMOUNT

Batch (SFTP)

There are no file naming conventions for submitting files into our system. We highly recommend transmission of files in a compressed format as this will greatly reduce your transmission times. If you will be submitting compressed files, they must be in a zip file format and use the file extension of "ZIP".

We require keeping transaction types separated in different files.

Paramount's outbound transactions will be provided to you in separate files with the transaction type serving as the prefix for the filename. For example, your electronic remittance file will have the following sample name:

• 835_5010_20121210_152301_123456.PHC

This filename contains a 3 to 4 character string representing the transaction type, followed by the HIPAA version, the date/time the transaction was generated and a unique identifier. We can provide these files in a zipped format.

HTTPs (Batch/Real Time)

You will be supplied with a specific URL based on the transaction type and the processing mode used to submit the HTTPs request.

HTTPS and SOAP Metadata

Field Name	Description	Data Type	Real Time/Batch	Field Constraints
PayloadType	Payload Type specifies the type of payload included within a request (e.g. HIPAA X12 transaction set 270, 276, etc)	Coded Set	Required for both	Please see section 4.4.3 of the Phase II CORE 270: Connectivity Rule version C2.2.0 March 2020 for enumeration of Payload Type field.
ProcessingMode	Processing Mode indicates Batch or Realtime processing mode. (As defined by CORE)	Coded Set	Required for both	RealTime, Batch
PayloadLength	Defines the length of the actual payload in bytes	Integer (Base 10)	Required for Batch interactions except under certain conditions. Is not used for Realtime.	
PayloadID	This is a payload identifier assigned by the Sender. If the payload is being resent in the absence of confirmation of receipt to persistent storage, the same Payload ID may be re-used	String	Required for both	PayloadID will conform to ISO UUID standards (described at https://www.rfc-editor.org/rfc/rfc4122), with hexadecimal notation, generated using a combination of local timestamp (in milliseconds) as well as the hardware (MAC) address to ensure uniqueness
TimeStamp	Time and date specifying when a message is created and sent to a receiver	dateTime	Required for both	dateTime (http://www.w3.org/TR/xmlschema11-2/#dateTime)
UserName	This is the user name to log into the account. A password will be associated with the User which allows a request to complete.	String	Required for both if X.509 Clientcertificate authentication over SSL/TLS is not used.	Maximum length 50 characters
Password	This is the password used in conjunction with the UserName field to allow access to the system.	String	Required for both if X.509 lientcertificate authentication over SSL/TLS is not used. If UserName field is present, a corresponding Password must be present.	Maximum length 50 characters
Field Name	Description	Data Type	Real Time/Batch	Field Constraints

SenderId	This is the Sender ID from the X12 file being submitted.	String	Required	Maximum length 50 characters
ReceiverId	This is the Receiver ID from the X12 file being submitted.	String	Required	Maximum length 50 characters
CORERuleVersion	The CORE Rule version that this envelope is using. This value can be used to maintain backwards compatibility when parsing/processing messages.	Coded Set	Required for both	2.2.0
CheckSum	An element used to allow receiving site to verify the integrity of the message that is sent.	String	Required for Batch Not used in Real time	Algorithm is SHA-1, Encoding is Hex. Checksum must be computed only on the payload and not on the metadata.
ErrorCode	Error code to indicate the error when processing the envelope	Coded Set	Required in Response for both Not used in Request	Please see section 4.3.3 of the Phase II CORE 270:Connectivity Rule version 2.2.0 March 2011 on Error Handling for a definition of error codes.
ErrorMessage	Text error message that describes the condition that caused the error. The text of the ErrorMessage must provide additional information describing how the Error can be resolved and must not provide conflicting information from that provided in the ErrorCode	String	Required in Response for both Not used in Request	Maximum length of 1024 characters. Please see section 4.3.3 of the Phase II CORE 270:Connectivity Rule version 2.2.0 March 2011 on Error Handling for examples of Error Messages.
Payload	This contains the actual X12 ANS transaction.	String	Required for both	HIPAA X12 v5010 Compliant

4.5 Passwords

You will be assigned a Logon ID and password in order to connect to our systems. You will obtain your logon information from the Paramount EDI Help Desk, who will be your primary contact regarding system access and transaction processing.

4.6 Downtime

Paramount has scheduled downtime for some of our systems every Sunday evening starting at 5:00 p.m. to 10:00 p.m. ET. This may not affect these processes, but if you experience difficulties during this time frame, this is most likely the reason.

5 CONTACT INFORMATION

5.1 EDI Customer Service

The contact at Paramount in regards to submitting the 835, 837 dental, 837 institutional and 837 professional transactions is the ECS Coordinator at the ECS Help Desk. The contact information is as follows:

- Email: PHCECShelpdesk@medmutual.com

The contact at Paramount in regards to submitting the 270/271, 276/277, 278, 820 and 834 transactions is the EDI Help Desk. The contact information is as follows:

- Email: PHCEDIHelpDesk@medmutual.com

5.2 EDI Technical Assistance

In the event of technical difficulties, please email the EDI Help Desk at PHCEDIHelpDesk@medmutual.com.

5.3 Provider Service Number

Paramount's Provider Inquiry department should be contacted at 888-891-2564 or 419-887-2564 instead of the ECS Help Desk if you have questions regarding the details of a member's benefits and with questions regarding claims and billing procedures. Provider Inquiry is available Monday – Friday 8:30 a.m. to 5:00 p.m. ET.

5.4 Missing or Late ERA

In the event that an ERA (835 File) is missing or late please reach out to PHCECShelpdesk@medmutual.com. A late ERA (835 file) is defined as not being received by the receiver (clearinghouse/trading partner) 4 business days after receipt of the EFT/

5.5 Missing or Late EFT

If an EFT is missing or late, please reach out to VPAY at (469)-543-6500. A late EFT is defined as not being received by your banking institution 4 business days after the receipt of the ERA (835 file)

5.6 Applicable Websites/E-Mail

CAQH CORE – http://www.caqh.org

Companion Guides – https://www.paramounthealthcare.com/assets/documents/provider/paramount-hipaa-companion-guide.pdf

Trading Partner Agreement - https://pcl.promedica.org/-/media/paramount/assets/documents/provider/trading_partner_agreement.pdf?rev=3b79902a62a84a488b63f0edacbada43

Paramount ECS Help Desk – PHCECShelpdesk@medmutual.com

Paramount EDI Help Desk – PHCEDIHelpDesk@medmutual.com

X12.Org – https://x12.org/products

6 CONTROL SEGMENTS/ENVELOPES

The following is a list of the HIPAA transactions that can be accepted/produced by Paramount.

HIPAA ASC X12N Transactions (Inbound to Paramount)

Type	Version/Release	Description	Batch	Real Time
270	005010X279A1	Health Care Eligibility Benefit - Inquiry	X	X
276	005010X212	Health Care Claim Status – Request	X	X
278	005010X217	Health Care Services Review – Request for Review	X	
820	005010X218	Payroll Deducted and Other Group Premium Payment	X	
834	005010X220A1	Benefit Enrollment and Maintenance	X	
837	005010X224A2	Health Care Claim: Dental	X	
837	005010X223A2	Health Care Claim: Institutional	X	
837	005010X222A1	Health Care Claim: Professional	X	

HIPAA ASC X12N Transactions (Outbound from Paramount)

Type	Version/Release	Description	Batch	Real Time
271	005010X279A1	Health Care Eligibility Benefit – Response	X	X
277	005010X212	Health Care Claim Status – Response	X	X
278	005010X217	Health Care Services Review – Response	X	
834	005010X220A1	Benefit Enrollment and Maintenance	X	
835	005010X221A1	Health Care Claim Payment/Advice	X	
837	005010X224A2	Health Care Claim: Dental	X	
837	005010X223A2	Health Care Claim: Institutional	X	
837	005010X222A1	Health Care Claim: Professional	X	

ASC X12N Interchange and Application Control Structures

The following is a description of the required fields for all of the HIPAA X12 transaction envelopes. The usage column specifies which fields must be provided to us before we can process your transactions. The values in the interchange control and function group headers for both inbound and outbound transactions are specified below, although most fields can be adjusted if required in order to meet the individual trading partner needs. These adjustments can be made by contacting the EDI Help Desk at Paramount, who will work with you to ensure that your HIPAA transactions are properly configured to
ensure that they are timely and accurately processed.
Inbound Transactions (X12 Transactions Submitted to PHC):

HIPAA ASC X12N Transactions (Inbound to Paramount)

Type	Version/Release	Description	Batch	Real Time
270	005010X279A1	Health Care Eligibility Benefit – Inquiry	X	X
276	005010X212	Health Care Claim Status - Request	X	X
278	005010X217	Health Care Services Review – Request for Review	X	
820	005010X218	Payroll Deducted and Other Group Premium Payment	X	
834	005010X220A1	Benefit Enrollment and Maintenance	X	

837	005010X224A2	Health Care Claim: Dental	X	
837	005010X223A2	Health Care Claim: Institutional	X	
837	005010X222A1	Health Care Claim: Professional	X	

6.1 Inbound ISA-IEA

Note: Concerning the data element separator, component element separator, segment terminator and the repetition separator, any of the standard X12 delimiters can be used for batch transactions. Real time transactions, however, must use the following delimiters:

ASC X12N Delimiters (Inbound)

Character	Name	Delimiter
*	Asterisk	DataElement Separator
:	Colon	Component Element Separator
~	Tilde	Segment Terminator
^	Carat	Repetition Separator

Interchange Control Header (ISA segment)

ISA Segment	Name	Expected Results	Usage
ISA01	Authorization Info Qualifier	'00'	Required
ISA02	Authorization Info	10 Spaces	Required
ISA03	Security Info Qualifier	'00'	Required
ISA04	Security Info	10 Spaces	Required
ISA05	Interchange ID Qualifier	'ZZ'	Required
ISA06	Interchange Sender ID	'ssss' where ssss is your PHC site #	Required
ISA07	Interchange ID Qualifier	'ZZ'	Required
ISA08	Interchange Receiver ID	'PARAMOUNTHEALTH'	Required
ISA09	Interchange Date	Date Format is YYMMDD	Required
ISA10	Interchange Time	Time format is HHMM (24 hour clock)	Required
ISA11	Interchange Control Standards ID	'^'	Required
ISA12	Interchange Control Version Number	'00501'	Required
ISA13	Interchange Control Number	Start with '000000001' and increment by 1 for each file	Required
ISA14	Acknowledgement Requested	'0'	Required
ISA15	Usage Indicator	'T' for Test Files, 'P' for Production Files	Required
ISA16	Component Element Separator	Your component element separator (i.e. ':')	Required

Interchange Control Trailer (IEA segment)

IEA Segment	Name	Expected Results	Usage
IEA01	Number of Included Functional Groups	Number of functional groups sent	Required
IEA02	Interchange Control Number	Start with '000000001' and increment by 1 for each file. Same as ISA13	Required

6.2 Inbound GS-GE

Functional Group Header (GS segment)

GS Segment	Name	Expected Results	Usage
GS01	Functional Identifier Code	'HS' – 270 (Eligibility Inquiry) 'HR' – 276 (Claim Status Request) 'HI' – 278 (Service Review Request) 'RA' – 820 (Payment Order/Remit Advice) 'BE' – 834 (Benefit Enrollment) 'HC' – 837 (Dental Claims) 'HC' – 837 (Institutional Claims) 'HC' – 837 (Professional Claims)	Required
GS02	Application Sender's Code	'ssssT270' – 270 (ssss is your PHC site #) 'ssssT276' – 276 'ssssT278' – 278 'ssssT820' – 820 'ssssT834' – 834 'ssssT837D' – 837 Dental 'ssssT837I' – 837 Institutional 'ssssT837P' – 837 Professional	Required
GS03	Application Receiver's Code	'PARAMOUNT270' – 270 'PARAMOUNT276' – 276 'PARAMOUNT278' – 278 'PARAMOUNT820' – 820 'PARAMOUNT834' – 834 'PARAMOUNT837D' – 837 Dental 'PARAMOUNT837I' – 837 Institutional 'PARAMOUNT837P – 837 Professional	Required
GS04	Date	Date format is CCYYMMDD	Required
GS05	Time	Time format is HHMM (24 hour clock)	Required
GS06	Group Control Number	Start with '1' and increment by 1 for each group	Required
GS07	Responsible Agency Code	'X'	Required
GS08	Version/Release/Industry ID Code	'005010X279A1' – 270 '005010X212' – 276 '005010X217' – 278 '005010X218' – 820 '005010X220A1' – 834 '005010X224A2' – 837 Dental '005010X223A2' – 837 Institutional '005010X222A1' – 837 Professional	Required

Functional Group Trailer (GE Segment)

GE Segment	Name	Expected Results	Usage
GE01	Number of Transaction Sets Included	Number of transaction sets sent	Required
GE02	Group Control Number	Group Control Number Start with '1' and increment by 1 for each group. Same as GS06 in Functional Group Header.	Required

Outbound Transaction (X12 Transaction Generated by PHC):

HIPAA ASC X12N Transactions (Outbound from Paramount)

Type	Version/Release	Description	Batch	Real Time
271	005010X279A1	Health Care Eligibility Benefit – Response	X	X
277	005010X212	Health Care Claim Status – Response	X	X
278	005010X217	Health Care Services Review – Response	X	
834	005010X220A1	Benefit Enrollment and Maintenance	X	
835	005010X221A1	Health Care Claim Payment/Advice	X	
837	005010X224A2	Health Care Claim: Dental	X	
837	005010X223A2	Health Care Claim: Institutional	X	
837	005010X222A1	Health Care Claim: Professional	X	

Note: Concerning the data element separator, component element separator, segment terminator and the repetition separator, any of the standard X12 delimiters can be used when generating the outbound transaction. Unless otherwise specified by you, we will use the following delimiter characters in all of our outbound transactions:

ASC X12N Delimiters (Outbound)

Character	Name	Delimiter
*	Asterisk	DataElement Separator
:	Colon	Component Element Separator
~	Tilde	Segment Terminator
^	Carat	Repetition Separator

6.3 Outbound ISA-IEA
Interchange Control Header (ISA segment)

ISA Segment	Name	Expected Results	Usage
ISA01	Authorization Info Qualifier	'00'	Required
ISA02	Authorization Info	10 Spaces	Required
ISA03	Security Info Qualifier	'00'	Required
ISA04	Security Info	10 Space	Required
ISA05	Interchange ID Qualifier	'ZZ'	Required
ISA06	Interchange Sender ID	'PARAMOUNTHEALTH'	Required
ISA07	Interchange ID Qualifier	'ZZ'	Required
ISA08	Interchange Receiver ID	'ssss' where ssss is your PHC site #	Required
ISA09	Interchange Date	Date format is YYMMDD	Required
ISA10	Interchange Time	Time format is HHMM (24 hour clock)	Required
ISA11	Interchange Control Standards ID	'^'	Required
ISA12	Interchange Control Version Number	'00501'	Required
ISA13	Interchange Control Number	Start with '000000001' and increment by 1 for each file	Required
ISA14	Acknowledgement Requested	'0'	Required
ISA15	Usage Indicator	'T' for Test files, 'P' for Production files	Required
ISA16	Component Element Separator	Your component element separator (i.e. ':')	Required

Interchange Control Trailer (IEA Segment)

IEA Segment	Name	Expected Results	Usage
IEA01	Number of Included Functional Groups	Number of functional groups sent	Required
IEA 02	Interchange Control Number	Start with '000000001' and increment by 1 for each file. Same as ISA 13	Required

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(Paramount logo)

6.4 Outbound GS-GE
Functional Group Header (GS segment)

GS Segment	Name	Expected Results	Usage
GS01	Functional Identifier Code	'HB' – 271 (Eligibility Response) 'HN' – 277 (Claim Status Response) 'HI' – 278 (Services Review Response) 'HP' – 835 (Claim Payment/Advice) 'BE' – 834 (Benefit Enrollment) 'HC' – 837 (Dental Claims) 'HC' – 837 (Institutional Claims) 'HC' – 837 (Professional Claims)	Required
GS02	Application Sender's Code	'PARAMOUNT271' - 271 'PARAMOUNT277' - 277 'PARAMOUNT278' - 278 'PARAMOUNT834' - 834 'PARAMOUNT835' - 835 'PARAMOUNT837D' – 837 Dental 'PARAMOUNT837I' – 837 Institutional 'PARAMOUNT837P' – 837 Professional	Required
GS03	Application Receiver's Code	'ssssT271' – 271 (ssss is your PHC site #) 'ssssT277' - 277 'ssssT278' - 278 'ssssT834' - 834 'ssssT835' - 835 'ssssT837D' – 837 Dental 'ssssT837I' – 837 Institutional 'ssssT837P' – 837 Professional	Required
GS04	Date	Date format is CCYYMMDD	Required
GS05	Time	Time Format is HHMM (24 Hour Clock)	Required
GS06	Group Control Number	Start with '1' and increment by 1 for each group	Required
GS07	Responsible Agency Code	'X'	Required
GS08	Version/Release/Industry ID Code	'005010X279A1' - 271 '005010X212' - 277 '005010X217' - 278 '005010X220A1' - 834 '005010X221A1' - 835 '005010X224A2' – 837 Dental '005010X223A2' – 837 Institutional '005010X222A1' – 837 Professional	Required

Functional Group Trailer (GE Segment)

GE Segment	Name	Expected Results	Usage
GE01	Number of Transaction Sets Included	Number of transaction sets sent	Required
GE02	Group Control Number	Start with '1' and increment by 1 for each group. Same as GS06 in Functional Group Header.	Required

6.5 ST-SE (For both inbound and outbound)

The beginning of a transaction is identified using a transaction set header segment (ST). The end of every transaction is marked by a transaction set trailer segment (SE). Real time transactions will always contain a single ST and SE combination. In a batch file, Paramount can handle one or more ST and SE combinations containing multiple requests or an ST and SE combination for each individual request. One of the changes that were made in the HIPAA 5010 version is the addition of the ST03 element. This element is mandatory for some of the transactions. Please ensure that it is included for the transactions
that require it. The ST02 element should always begin with one in each individual file submitted to Paramount. The minimum length required is four characters, so you will need leading zeros.

Transaction Set Header (ST Segment)

ST Segment	Name	Expected Results	Usage
ST01	Transaction Set ID Code	'270' – 270 '271' – 271 '276' – 276 '277' – 277 '278' – 278 '820' – 820 '834' – 834 '835' – 835 '837' – 837 Dental '837' – 837 Institutional '837' – 837 Professional	Required
ST02	Transaction Set Control Number	Start with '0001' and increment by 1 for each transaction set.	Required
ST03	Implementation Convention Reference	'005010X279A1' – 270 '005010X279A1' – 271 '005010X212' – 276 '005010X212' – 277 '005010X217' – 278 '005010X218' – 820 '005010X220A1' – 834 '005010X221A1' – 835 '005010X224A2' – 837 Dental '005010X223A2' – 837 Institutional '005010X222A1' – 837 Professional	Required for listed transactions

Transaction Set Trailer (SE Segment)

SE Segment	Name	Expected Results	Usage
SE01	Number of Included Segments	Number of segments in the transaction set including the ST and SE segments.	Required
SE02	Transaction Set Control Number	Start with '0001' and increment by 1 for each transaction set. Same as ST02 in Transaction Set Header	Required

7 PAYER SPECIFIC BUSINESS RULES AND LIMITATIONS

Paramount has implemented the CORE operating rules for Phase I and II.

8 ACKNOWLEDGEMENTS AND/OR REPORTS

When retrieving files from Paramount's systems, you have the option of leaving your current files in the "Out" folder until they are automatically deleted by the system. Our system will allow your files to remain in your "Out" folder for a maximum of 7 days from initial placement, at which time they will be deleted. You have the option of deleting the files in your "Out" folder at any time. We recommend you delete the files immediately upon successful retrieval of the files. Should you need a Paramount outbound transaction or report restored to your "Out" folder, you can contact the EDI Help Desk here at Paramount. We will maintain a 6 month archive of any transactions/reports that were placed in your folder.

8.1 Report Inventory

Batch (SFTP/HTTPs)

Several acknowledgements and reports will be generated by our systems in response to your submitted transactions. If you mixed your test and production transactions in one file or submit the same file more than once, then those files will be returned to you in your "OUT" folder along with a preliminary confirmation indicating the reason the file was returned. Any "business units" (i.e. individual claims) that are not accepted by the Tibco Foresight server will be re-enveloped and returned to you in a reject file. Following is a table listing the various files that you may find in your "OUT" folder. Your site can be configured to receive only those reports that you desire. Please note that these files will be available for your retrieval several minutes after you submit your file.

Submission Reports and Reject Files (Return to your "Out' folder)

File Prefix	File Description
EDIREJ	Error file from EDI system containing failed transaction
PHCACK	Preliminary acknowledgement (Initial status of your file submission)
RPTERR	Electronic version of error and confirmation reports (Available following business day)

9 Trading Partner Agreements

All EDI trading partners must have a signed Trading Partner Agreement prior to submitting production transactions to Paramount. The Trading Partner Agreement document can be found on the Paramount website at https://www.paramounthealthcare.com/providers/tools-and-resources/documents-and-forms and look for the link named Paramount's Trading Partner Agreement.

If a Trading Partner Agreement is already in place for an existing transaction, it is not necessary to submit another agreement. However, testing must occur before submitting production transactions for the new transaction.

9.1 Trading Partners

An EDI Trading Partner is defined as any Paramount Health Care customer (provider, billing service, software vendor, employer group, financial institution, etc.) that transmits to, or receives electronic data from Paramount.

Payers have EDI Trading Partner Agreements that accompany the standard implementation guide to ensure the integrity of the electronic transaction process. The Trading Partner Agreement is related to the electronic exchange of information, whether the agreement is an entity or a part of a larger agreement, between each party to the agreement.

10 TRANSACTION SPECIFIC INFORMATION

Paramount can accept transactions as described in the corresponding ASC X12 Implementation Guides adopted under HIPAA. There are only a couple of differences, which are specified in the tables below.

10.1 276 Claim Status Request (005010X212)

Loop ID	Element Name	Description	Usage
2100D	NM108	Subscriber Identification Code Qualifier	Use value 'MI' for Paramount's member ID code qualifier

10.2 837 Institutional (005010X223A2) and Professional (005010X222A1)

Claims

Loop	Element Name	Description	Usage
1000A	NM109	Identification Code (Submitter ID)	Paramount assigned Site# of Submitter is required
2010BB	NM108	Identification Code Qualifier	"PI" to indicate that it is a Payer ID in the following NM109 (until the National PlanID is mandated)
2010BB	NM109	Identification Code (Payer ID)	"4198872500" for Paramount (Until the Nation Plan ID is mandated)

Please remember that the HIPAA 5010 only allows physical addresses in the 2010AA Billing Provider loop. So, if your Pay-to Provider Address differs from the Billing Address, please be sure to include the Pay-to Address Name loop, loop 2010AB, with the Pay-to Address.

10.3 835 Health Care Claim Payment/Advice (005010X221A1)

Loop	Element Name	Description	Usage
Header	TRN04	Originating Company Supplemental Code	Paramount Business Segment

**HIPAA Transaction Standard
Companion Guide**

Appendices

This section contains one or more appendices

1. Implementation Checklist
- ϒ Contact the ECS Coordinator or the EDI Help Desk depending on the transaction to be implemented.
- ϒ Obtain login information to the Paramount system from your contact.
- ϒ Submit test files to assure your connectivity has been set up appropriately and that the transactions will process through Paramount's system.
- ϒ Complete, sign and submit the required Trading Partner Agreement.
- ϒ Submit production files.

2. Business Scenarios

These scenarios will be identified and/or discussed during implementation testing.

3. Transmission Examples

3.1 Batch via SFTP

Single ST and SE combination:
ISA*00* *00* *ZZ*1234
*ZZ*PARAMOUNTHEALTH*121212*1524*^*00501*000000001*0*T*:~
GS*HS*1234T270*PARAMOUNT270*20121212*1524*1*X*005010X279A1~
ST*270*0001*005010X279A1~
BHT…………
NM1…………
          Additional segments
SE*15*0001~
GE*1*1~
IEA*1*000000001~

Multiple ST and SE combinations:

```
ISA*00* *00* *ZZ*1234
*ZZ*PARAMOUNTHEALTH*121212*1524*^*00501*000000001*0*T*:~
GS*HS*1234T270*PARAMOUNT270*20121212*1524*1*X*005010X279A1~
ST*270*0001*005010X279A1~
BHT ..........~
NM1..........~
        Additional segments
SE*15*0001~
ST*270*0002*005010X279A1~
BHT ..........~
NM1..........~
        Additional segments
SE*12*0002~
ST*270*0003*005010X279A1~
BHT ..........~
NM1..........~
        Additional segments
SE*100*
GE*1*1~0003~
IEA*1*000000001~
```

SOAP Request

```
<soapenv:Envelope xmlns:soapenv="http://www.w3.org/2003/05/soap-envelope">
        <soapenv:Header>
                <wsse:Security xmlns:wsse="http://docs.oasis-open.org/wss/2004/01/oasis-200401-wss-wssecurity-
                secext-1.0.xsd" soapenv:mustUnderstand="true">
                        <wsse:UsernameToken xmlns:wsu="http://docs.oasis-open.org/wss/2004/01/oasis-200401-wss-
                        wssecurityutility-1.0.xsd" wsu:Id="UsernameToken-21621663">
                                <wsse:Username>USERNAME</wsse:Username>
                                <wsse:Password Type="http://docs.oasis-open.org/wss/2004/01/oasis-200401-wss-
                                usernametoken-profile-1.0#PasswordText">PASSWORD</wsse:Password>
                        </wsse:UsernameToken>
                </wsse:Security>
        </soapenv:Header>
        <soapenv:Body>
                <ns1:COREEnvelopeRealTimeRequest mlns:ns1="http://www.caqh.org/SOAP/WSDL/CORERule2.2.0.xsd">
                        <PayloadType>X12_270_Request_005010X279A1</PayloadType>
                        <ProcessingMode>RealTime</ProcessingMode>
                        <PayloadID>33061F6D-4AC2-0080-8000-005056A2002B</PayloadID>
                        <TimeStamp>2012-11-19T15:58:13</TimeStamp>
                        <SenderID>9999</SenderID>
                        <ReceiverID>PARAMOUNTHEALTH</ReceiverID>
                        <CORERuleVersion>2.2.0</CORERuleVersion>
                        <Payload><![CDATA[ISA... (see example under 3.1 Single ST and SE combination)]]></Payload>
                </ns1:COREEnvelopeRealTimeRequest>
        </soapenv:Body>
</soapenv:Envelope>
```

SOAP Response

```
<soapenv:Envelope xmlns:soapenv="http://www.w3.org/2003/05/soap-envelope">
        <soapenv:Body>
                <ns1:COREEnvelopeRealTimeResponse
xmlns:ns1="http://www.caqh.org/SOAP/WSDL/CORERule2.2.0.xsd">
                        <PayloadType>X12_271_Response_005010X279A1</PayloadType>
                        <ProcessingMode>RealTime</ProcessingMode>
                        <PayloadID>33061F6D-4AC2-0080-8000-005056A2002C</PayloadID>
                        <TimeStamp>2012-11-19T15:58:13</TimeStamp>
                        <SenderID>PARAMOUNTHEALTH</SenderID>
                        <ReceiverID>9999</ReceiverID>
                        <CORERuleVersion>2.2.0</CORERuleVersion>
                        <Payload><![CDATA[ISA... (see example under 3.1 Single ST and SE combination)]]></Payload>
                        <ErrorCode>Success<ErrorCode>
                        <ErrorMessage></ErrorMessage>
                </ns1:COREEnvelopeRealTimeResponse>
        </soapenv:Body>
</soapenv:Envelope>
```

MIME Request

Content-Type: multipart/form-data; boundary="PHC::877d7c80-2522-11e2-babf-

0002a5d5c51b"
--PHC::877d7c80-2522-11e2-babf-0002a5d5c51b
Content-Disposition: form-data; name=PayloadType
X12_276_Request_005010X212
--PHC::877d7c80-2522-11e2-babf-0002a5d5c51b
Content-Disposition: form-data; name=ProcessingMode
RealTime
--PHC::877d7c80-2522-11e2-babf-0002a5d5c51b
Content-Disposition: form-data; name=PayloadID
33061F6D-4AC2-0080-8000-005056A2002B
--PHC::877d7c80-2522-11e2-babf-0002a5d5c51b
Content-Disposition: form-data; name=TimeStamp
2012-11-19T15:58:13
--PHC::877d7c80-2522-11e2-babf-0002a5d5c51b
Content-Disposition: form-data; name=SenderID
9999
--PHC::877d7c80-2522-11e2-babf-0002a5d5c51b
Content-Disposition: form-data; name=ReceiverID
PARAMOUNTHEALTH
--PHC::877d7c80-2522-11e2-babf-0002a5d5c51b
Content-Disposition: form-data; name=CORERuleVersion
2.2.0
--PHC::877d7c80-2522-11e2-babf-0002a5d5c51b
Content-Disposition: form-data; name=Payload
ISA ......(see example under 3.1 Single ST and SE combination)
--PHC::877d7c80-2522-11e2-babf-0002a5d5c51b
Content-Disposition: form-data; name=Username
USERNAME
--PHC::877d7c80-2522-11e2-babf-0002a5d5c51b
Content-Disposition: form-data; name=Password
PASSWORD
--PHC::877d7c80-2522-11e2-babf-0002a5d5c51b--
PARAMOUNT HEALTH CARE COMPANION GUIDE

MIME Response

Type: multipart/form-data; boundary="PHC::877d7c80-2522-11e2-babf-0002a5d5c51b"
--PHC::877d7c80-2522-11e2-babf-0002a5d5c51b
Content-Disposition: form-data; name=PayloadType
X12_277_Response_005010X212
--PHC::877d7c80-2522-11e2-babf-0002a5d5c51b
Content-Disposition: form-data; name=ProcessingMode
RealTime
--PHC::877d7c80-2522-11e2-babf-0002a5d5c51b
Content-Disposition: form-data; name=PayloadID
33061F6D-4AC2-0080-8000-005056A2002C
--PHC::877d7c80-2522-11e2-babf-0002a5d5c51b
Content-Disposition: form-data; name=TimeStamp
2012-11-19T15:58:13
--PHC::877d7c80-2522-11e2-babf-0002a5d5c51b
Content-Disposition: form-data; name=SenderID
PARAMOUNTHEALTH
--PHC::877d7c80-2522-11e2-babf-0002a5d5c51b
Content-Disposition: form-data; name=ReceiverID
9999
--PHC::877d7c80-2522-11e2-babf-0002a5d5c51b
Content-Disposition: form-data; name=CORERuleVersion
2.2.0
--PHC::877d7c80-2522-11e2-babf-0002a5d5c51b
Content-Disposition: form-data; name=Payload
ISA ...... (see example under 3.1 Single ST and SE combination)
--PHC::877d7c80-2522-11e2-babf-0002a5d5c51b
Content-Disposition: form-data; name=ErrorCode
Success
--PHC::877d7c80-2522-11e2-babf-0002a5d5c51b
Content-Disposition: form-data; name=ErrorMessage
--PHC::877d7c80-2522-11e2-babf-0002a5d5c51b--

4. Frequently Asked Questions

Q. How do I contact Paramount to submit 837 transactions or to receive 835 transactions?

    A. Email Paramount's ECS Coordinator at the ECS Help Desk utilizing the email account PHCECShelpdesk@medmutual.com

Q. How do I contact Paramount to submit transactions other than the 837 or 835?

    A. Email Paramount's EDI Help Desk utilizing the email account PHCEDIHelpDesk@medmutual.com.

Q. Where is the Companion Guide located?

    A. https://www.paramounthealthcare.com/assets/documents/provider/paramount-hipaa-companion-guide.pdf

Q. Where is the Trading Partner Agreement document located?

    A. https://pcl.promedica.org/-/media/paramount/assets/documents/provider/trading_partner_agreement.pdf?rev=3b79902a62a84a488b63f0edacbada43

Q. Who do I contact with a transmission or technical question?

    A. PHCEDIHelpDesk@medmutual.com

Q. Who do I contact with a question regarding the member's coverage?

    A. Paramount Provider Inquiry at 419-887-2564.

Q. Does Paramount charge trading partners to submit transactions to them?

    A. No, there is no charge to submit transactions to Paramount. There is also no set-up fee. However, if the trading partner utilizes a third party to submit and receive transactions, you could incur charges from that third party.

Q. Once a real-time request is submitted to Paramount, when will a response be received?

    A. A single real-time request will receive a response back within 20 seconds.