



Electronic Data Interchange (EDI) Trading Partner Instructions

USAHC is committed to conducting its business transactions with the health care provider community as efficiently as possible. Therefore, USAHC encourages all participating providers to utilize Electronic Data Interchange (EDI), as is appropriate and practical.

Providers and Clearinghouses who are interested in filing claims electronically with USAHC are required to become a USAHC trading partner.

There are currently three (3) methods of exchanging data with USAHC. Please use the below grid to determine what forms are required depending on your data exchange method.

Method Number	Data Exchange Method	EDI Trading Partner Agreement	Provider EDI Trading Partner Profile	Clearinghouse EDI Trading Partner Profile
1	Provider sends EDI direct to USAHC	Required Provider Completes	Required Provider Completes	N/A
2	Provider sends EDI using a Software Vendor	Required Provider Completes	Required Provider Completes	N/A
3	Provider sends EDI using a Clearinghouse	Required Clearinghouse Completes	Required Provider Completes	Required Clearinghouse Completes

Method #1: Direct EDI

USAHC requires all providers exchanging electronic data with USAHC directly to complete and submit the EDI Trading Partner Agreement form and a Provider EDI Trading Partner Profile form.

Method #2: EDI exchange through a Software Vendor

USAHC requires all providers exchanging electronic data through an intermediary to complete and submit the Trading Partner Agreement form and a Provider EDI Trading Partner Profile form.

Software vendors who are acting as a network switch between providers and clearinghouses are NOT required to become an USAHC Trading Partner.

Method #3: EDI exchange through a Clearinghouse

USAHC requires all providers exchanging electronic data through a Clearinghouse to complete and submit the Clearinghouse EDI Trading Partner Profile form.

Providers of Service who exchange electronic data via a clearinghouse do NOT need to submit a EDI Trading Partner Agreement.

The clearinghouse is the trading partner and is required to submit both Clearinghouse Trading Partner Profile form and the EDI Trading Partner Agreement form.



Forms:

1. EDI Trading Partner Agreement

The trading partner agreement is an understanding between parties who have chosen to become electronic business partners. The trading partner agreement stipulates the general terms and conditions under which the partners agree to exchange information electronically. If an entity is sending multiple transaction types electronically, only one signed trading partner agreement is required.

If a provider of service is submitting transactions through a clearinghouse, the clearinghouse is the trading partner and a trading partner agreement is not required from the provider of service.

2. Provider EDI Trading Partner Profile

The Provider EDI Trading Partner Profile provides us with needed information that is required to ensure HIPAA compliant data exchanges. USAHC requires all providers exchanging electronic data with USAHC directly or through an intermediary to complete and submit the Provider EDI Trading Partner Profile form.

3. Clearinghouse EDI Trading Partner Profile

The Clearinghouse EDI Trading Partner Profile provides us with needed information that is required to ensure HIPAA compliant data exchanges. USAHC requires all clearinghouses exchanging electronic data with USAHC to complete and submit the Clearinghouse EDI Trading Partner Profile form.

The completed document(s) must be signed and either mailed to the following address:

USAHC Corporate Office
7064 NW 52nd Terrace
Gainesville, Florida 32653

Or faxed to: (512) 287-5356

Or emailed to: admin@usahealthcarecosts.com

Once the required documents are received, we will determine whether USAHC requires a Trading Partner Agreement be sent to the Clearinghouse indicated in the Trading Partner Profile-Provider form.

Upon receipt of the Trading Partner Profile and Agreement, the Trading Partner will be contacted to conduct EDI testing and or implementation.

If you have any questions about these forms or about the process, please contact our EDI Division at (512) 787-1852.



Electronic Data Interchange (EDI) Trading Partner Agreement

This document constitutes an agreement to the following provisions for exchanging Electronic Data Interchange (EDI) between the Trading Partner listed under the Signatures heading in this agreement and USA Healthcare Costs (USAHC.)

A. Definitions.

1. "HIPAA" means the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 and the regulations promulgated there under.
2. "PHI" means protected health information as defined by HIPAA, but limited to the PHI that is exchanged between the parties to this agreement.
3. "Confidential Information" means information concerning USAHC health plan participants or any information obtained by Trading Partner from USAHC.
4. "Providers" are healthcare providers who are clients and Business Associates of Trading Partner, as defined under the Administrative Simplification provisions of HIPAA.

B. The Trading Partner agrees:

1. That it will conform to the requirements of HIPAA as concerns PHI and that it will take no action which adversely affects USAHC's HIPAA compliance.
2. That it will promptly notify USAHC of any and all unlawful or unauthorized disclosures of Confidential Information or PHI that come to its attention and that it will cooperate with USAHC in the event any litigation arises concerning the unauthorized use, transfer, or disclosure of either confidential information or PHI.
3. That it will use sufficient security procedures to ensure that all HIPAA transmissions with USAHC are authorized and to protect all participant-specific PHI from improper access.
4. That all files it transmits to USAHC will comply with the national Electronic Data Interchange (EDI) Transaction Set Implementation Guide effective on the date of transmission.
5. That it will establish and maintain procedures and controls so that Confidential Information shall not be used by agents, officers, or employees of the trading partner other than for its intended purpose.
6. That the information stated in any EDI Trading Partner Profile(s) submitted with this Agreement, or subsequently, is correct and complete.
7. That it will allow USAHC 30 days after receipt of written notice from the provider if there is any change in the trading partner representative or location where electronic transactions are sent.
8. That it is bound by written agreement with the provider to comply with state and federal law, if the Trading Partner is an intermediary for the billing provider.

C. USAHC agrees:



1. That it will conform to the requirements of HIPAA as concerns PHI and that it will take no action which adversely affects the trading partner's HIPAA compliance.
2. That it will use sufficient security procedures to ensure that all HIPAA transmissions are authorized and to protect all participant-specific PHI from improper access.
3. That all files it transmits to Trading Partner will comply with the national Electronic Data Interchange (EDI) Transaction Set Implementation Guide effective on the date of transmission.

D. Both parties agree:

1. That data transmitted between them will not be considered as received and no responsibility assigned until accessible at the receiving party's computer.
2. That upon receiving any HIPAA transaction from the other, to prepare and transmit a timely response or an acknowledgment of transaction receipt. If acceptance of a transaction is required, a document is not considered received until an acceptance acknowledgement is returned.
3. That it will notify the other party within a reasonable time frame if any transmitted data are received in an unintelligible or garbled form.
4. That it will provide and maintain the equipment, software, services, and testing necessary to transmit data with the other party.
5. That it will conduct business and perform under this agreement as required by this agreement and as required by any applicable rules or regulations.
6. That this agreement will remain in effect until terminated by either party with at least 30 days prior written notice. The notice will specify the effective date of termination, but will not affect the obligations or rights of either party prior to the effective date of termination. This agreement is automatically terminated in the event the Trading Partner or provider is disqualified through a federal administrative action or state action.
7. That any document transmitted according to this agreement will be considered an original and signed when received electronically. Neither party will contest the validity or enforceability of signed documents under any applicable law concerning whether certain agreements must be signed in writing to be binding. Neither party will contest the admissibility of copies of signed documents under the business records exception to the hearsay rule, the best evidence rule, nor the basis that the signed documents were not originated in documentary form.
8. That neither party will be liable to the other for any special, incidental, exemplary, or consequential damages resulting from any delay, omission, or error in the electronic transmission or receipt of any document, even if either party has been advised such damages are possible.
9. That both parties will attempt to resolve any issues relating to this agreement.

E. Signatures:

I am authorized to sign this document on behalf of the indicated party and I have read and agree to the foregoing provisions and acknowledge same by signing below.



Trading Partner:

Name, Company, Title

Date

USA Healthcare Costs (USAHC)

Dana R. Bellefontaine Jr., President
USA Healthcare Costs

Date

7064 N.W. 52nd Terrace
Gainesville, Florida 32653
Phone: (512) 787-1852
Fax: (512) 287-5356
admin@usahealthcarecosts.com
www.USAHealthcareCosts.com



Provider EDI Trading Partner Profile

Provider of Service:

Name _____
Address (include suite) _____
City _____ State _____ ZIP + 4 _____

Contact Name _____

Telephone number _____ Fax number _____
E-Mail _____

Software Vendor Information:

(Providers, please complete this section if you are currently working with any Software vendor)
Please list all Software Vendor(s) used for submission of Medical, Dental, Vision, and Pharmacy electronic claims.

Software Vendor 1:

X12 NCPDP V5.1

Name _____
Address (include suite): _____
City _____ State _____ ZIP + 4 _____

Contact Name _____

Telephone number _____ Fax number _____
E-Mail _____

Software Vendor 2:

X12 NCPDP V5.1

Name _____
Address (include suite) _____
City _____ State _____ ZIP + 4 _____

Contact Name _____

Telephone number _____ Fax number _____
E-Mail _____

Clearinghouse Information:

(Providers, please complete this section if you are currently working with any clearinghouse / switch to submit transactions to USAHC. Please list all Clearinghouse(s) used for submission of Medical, Dental, Vision, and Pharmacy electronic claims.



Clearinghouse 1:

- X12 NCPDP V5.1

Name _____

Address (include suite) _____

City _____ State _____ ZIP + 4 _____

Contact Name _____

Telephone number _____ Fax number _____

E-Mail _____

Clearinghouse 2:

- X12 NCPDP V5.1

Name _____

Address (include suite) _____

City _____ State _____ ZIP + 4 _____

Contact Name _____

Telephone number _____ Fax number _____

E-Mail _____

Indicate your request(s) for the EDI transactions below

Inbound (sent from you to USAHC):

Outbound (sent from USAHC to you):

- Health Care Claim (837)
- Prior Authorization (278)
- Eligibility Request (270)
- Claim Status Request (276)
- Prior Authorization (NCPDP P1-P4)
- Billing / Reversal (NCPDP B1, B2)
- Re-bill (NCPDP B3)
- Eligibility Verification (NCPDP E1)

- Payment Advice (835)
- Prior Authorization (278)
- Eligibility Request (271)
- Claim Status Request (277)
- Response (NCPDP B1, B2)

Remittance Advices are provided twice weekly include claims submitted electronically and on paper.

Data Transmission / Retrieval Method (please complete if you will be submitting transactions directly from your office to USAHC.

- Asynchronous Dial-up
- Secure FTP (planned for future use)
- Side by Side VPN connection



I am authorizing the outbound transactions indicated to be retrieved by:

- Provider of Service
- Software Vendor /Third party vendor
- Clearinghouse / Switch

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Provider:

Name, Company, Title

Date

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Dana R. Bellefontaine Jr., President
USA Healthcare Costs

Date

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Phone: (512) 787-1852
Fax: (512) 287-5356
admin@usahealthcarecosts.com
www.USAHealthcareCosts.com



Clearinghouse EDI Trading Partner Profile

Clearinghouse:

Name _____

Address (include suite) _____

City _____ State _____ ZIP + 4 _____

Contact Name _____

Telephone number _____ Fax number _____

E-Mail _____

Indicate below which EDI transactions you will be submitting:

X12 NCPDP V5.1

Inbound (sent from you to USAHC):

Outbound (sent from USAHC to you):

- Health Care Claim (837)
- Prior Authorization (278)
- Eligibility Request (270)
- Claim Status Request (276)
- Prior Authorization (NCPDP P1-P4)
- Billing / Reversal (NCPDP B1, B2)
- Re-bill (NCPDP B3)
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Name, Company, Title

Date



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Dana R. Bellefontaine Jr., President
USA Healthcare Costs

Date

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