Glossary

Accredited Standards Committee (ASC) X12

A group of government and industry members chartered by ANSI to develop national electronic standards for submission to ANSI for subsequent approval and dissemination.

Adjudication

A process in which a claim passes through a series of edits to determine proper payment liability.

American National Standards Institute (ANSI)

A member of the International Organization for Standardization (ISO) that acts as the coordinating body for voluntary standards groups within the United States.

Anthem East

A regional entity of Anthem Blue Cross and Blue Shield, representing the states of Connecticut, Maine, and New Hampshire.

Anthem Gateway

The receptacle for all incoming electronic data files sent by providers to Anthem. Metaphorically, it can be viewed as a electronic bulk mail center for all incoming claims and other transactions that are appropriated sorted and routed to their intended recipient.

Anthem Consolidated Clearinghouse

The communications source that receives and distributes electronic transactions to and from external trading partners, houses a "mailbox" for each Trading Partner, and performs the following functions:

    HIPAA Syntax Edits

    Control Segment Balancing

    Return of 997 Functional Acknowledgments

    Transactions copied to Transaction Repository

    Routing of Transactions

Asynchronous (ASYNC)

A physical transfer of data to or from a device that occurs without a regular or predictable time relationship following the execution of an I/O request. Opposite from synchronous data transfer.

Automated Error Notification

A system process that automatically sends notification (via email or other predefined

Billing Service

An organization that collects billing information and bills the appropriate party for the charges incurred by the patient.

Blocked Asynchronous Transmission (BLAST®)

A type of DOS-based communication software. As an asynchronous transmission, the length of time between transmitted characters may vary. The receiving modem must be signaled as to when the data bits of a character begin and when they end. (More information is available at the Internet site www.blast.com.)

Business Partner

An entity involved directly or indirectly with Anthem. For example, software Vendors may act as business partners. They provide applications to our providers to send EDI transactions and may, or may not, directly exchange transactions with Anthem. (See Trading Partner).

Clearinghouse

An entity that accepts electronic transactions from another organization, performs high-level edits, translates data from one format to another, and electronically routes the transaction to a receiving entity.

Code Set

Under HIPAA, any grouping used to encode data elements such as tables of terms, medical concepts, medical diagnostic codes, and medical procedure codes.

Control Segment

The process of verifying that the control segment counts within an interchange balance.

Control Segment Balancing

Verification that the control segment counts within the interchange balance.

Covered Entity

Under HIPAA, this is a health plan, a health care clearinghouse, or a health care provider who transmits any health information in electronic form in connection with a HIPAA transaction.

Data Element

Under ASC X12 standards, the basic unit of information in the EDI standards containing a set of values that represent a singular fact. Corresponds to a data field in data processing terminology, and may be single-character codes, literal descriptions, or numeric values.

Data Segment

Under ASC X12 standards, the data segment is used for transferring application information. Each data segment begins with a segment ID, contains related data elements and ends with a segment terminator. It is used primarily to convey user information. Corresponds to a record in data processing.

Delimiter

A character, such as an asterisk (*), used to separate two data elements or to terminate a segment; a common element separator.

Department of Health and Human Services (DHHS)

The Federal Government Department that has overall responsibility for implementing HIPAA.

Designated Code Set

A medical code set or an administrative code set that Department of Health and Human Services has designated for use in one or more of the HIPAA standards.

Duplicate Submission

A transmission of an electronic claims file that exactly matches a file sent in an earlier transmission with the same Submitter ID.

Electronic Data Interchange (EDI)

The computer-application-to-computer-application exchange of business information in a standard electronic format. Translation software aids in exchange by converting data extracted from the application database into standard EDI format for transmission to one or more trading partners.

Electronic Envelope

Electronic information that binds together a set of transmitted documents being sent from one sender to one receiver. Also, controls and tracks interchanges. One interchange may contain many transaction sets grouped into functional groups. The interchange includes control segments such as the ISA, IEA, GS, and GE.

Federal Employee Health Benefits Program (FEHBP)

The program that provides health benefits to federal employees.

Federal Tax Number

The number assigned to the provider by the Federal government for tax reporting purposes. Also known as Tax Identification Number (TIN) or Employer Identification Number (EIN).

File Transfer Protocol (FTP)

A standard Internet protocol commonly used to exchange files such as Web page files between computers on the Internet. It is also commonly used to download programs and other files to your computer from other servers.

Format

Pre-established layout of those data elements that provide or control the enveloping or hierarchical structure of an EDI transaction, or assist in identifying data content of a transaction. For example, the ANSI V4010 is the format mandated by HIPAA.

Formatting Errors

Under HIPAA, irregularities in those data elements that provide or control the enveloping or hierarchical structure of an EDI transaction, or assist in identifying data content of a transaction, may be reported as errors.

Frame Relay

A telecommunication service designed for cost-efficient data transmission for intermittent traffic between local area networks (LANs) and between end-points in a wide area network (WAN). Puts data in a variable-size unit called a frame and leaves any necessary error correction (retransmission of data) up to the end-points, which speeds up overall data transmission.

Functional Group

Under ASC X12 standards, a formal structure that defines a group of similar transaction sets and identifies LOB/Application information (i.e., Medicare, BC, Commercial) Anthem intends to route transactions based on the functional group.

Functional Group Header (GS)

A formal structure that identifies the group of transaction sets that are included within the functional group such as the functional control group, sender, receiver, date, time, group control number and version/release/ industry code for the transaction sets.

Functional Group Control Segment (GS/GE Control Segment)

Under ASC X12 standards, a formal structure that is delineated by the functional group header (GS segment) and the functional group trailer (GE segment). Identifies the start of a functional group, defines the group of transactions that may be included and is used to identify the sending and receiving unit of the transmission. May have multiple transaction sets within a Functional Group and multiple Functional Groups within an Interchange.

Functional Group Trailer (GE)

A formal structure that indicates the end of the functional group and provides control information.

Hardware

The physical aspect of computers, telecommunications, and other information technology devices.

Health Care Financing Administration Common Procedural Coding System Codes (HCPCS)

Information in the Remittance Advice transaction is generated by the payer's adjudication system to indicate the claim has been paid. However in a coordination of benefits (COB) situation where the provider is sending an 837 to a secondary payer, information from the 835 may be include in the secondary 837.

Health Insurance Portability and Accounting Act (HIPAA)

HIPAA of 1996 (Public Law 104-191) includes provisions for administrative simplification that require the Secretary of the Department of Health and Human Services 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. Regulations address key areas including Transaction and code sets, Standard identifiers, Security and electronic signatures, and Privacy standards. With the issue of Privacy and Security, regulations address key areas of consumer control, boundaries, accountability, public responsibility, and security.

HIPAA Implementation Guide

A government publication describing the HIPAA compliance standards and used as a primary reference by those implementing the associated transactions.

Interchange

The envelope and/or complete batch of data that is transmitted between Trading Partners.

Interchange Control Header (ISA)

The beginning, outermost envelope of the interchange that contains authorization and security information, and identifies the sender, receiver, date, time, and interchange control number.

Interchange Control Structure (ISA/IEA Segment)

Under ASC X12 standards, this includes strict format rules to ensure the integrity and maintain the efficiency of the interchange. Delineated by the Interchange header (ISA segment) and trailer (EIA segment), data elements such as authorization and security information, sender and receiver information and test or production mode indicator are included.

Interchange Control Trailer (IEA)

The IEA segment is the ending, outermost envelope of the interchange that indicates the number of functional groups included with the interchange and the interchange control **number.**

Kermit

A file transfer protocol first developed at Columbia University in New York City in 1981 for the specific purpose of transferring text and binary files without errors between diverse types of computers over potentially hostile communication links. It consists of a suite of communications software programs from the Kermit Project at Columbia University.

Loop

The largest named unit of information in a transaction set. A loop contains logically related segments in a defined sequence in order to group related information together. Loops may repeat up to a specified number of times. They may be optional, situational or mandatory based on the usage of the first segment of that loop.

Mailbox/Mailboxing

Place where an EDI transmission is stored for pickup or delivery within a third party service provider's system. Specifically, a mailbox is setup in the Gateway for each Trading Partner and is used to receive and distribute electronic transactions to and from the external Trading Partners.

Network Data Mover (NDM)

A direct electronic method of delivering Competitive Local Exchange Carrier (CLEC) and Reseller usage data files and Reseller bills, and transmitting CLEC Access Service Requests (ASR). Available in several platforms including NDM-MVS for mainframe and NDM-PC for personal computers. Known in Verizon as Connect: Direct.

Paired Transactions

Transactions that are directly related to one another. Normally will consist of a request and a response. Example: 276/277 Claim Status Request and Response.

Point-to-Point Protocol (PPP)

A method of connecting a computer to the Internet. For example, your Internet server provider may provide you with a PPP connection so that the provider's server can respond to your requests, pass them on to the Internet, and forward your requested Internet responses back to you.

PPP uses the Internet protocol (IP) (and is designed to handle others). It packages your computer's TCP/IP packets and forwards them to the server where they can actually be put on the Internet. PPP is more stable than the older Serial Line Internet Protocol (SLIP) and provides error-checking features. It can handle synchronous as well as asynchronous communication.

Protocol

A formal set of conventions governing the format and relative timing of message exchange between two communication processes

Segment

A defined sequence of logically related data elements.

Software

A general term for the various kinds of programs, rules and associated documentation used to operate computers and related devices.

Strategic National Implementation Process (SNIP)

A collaborative healthcare industry-wide process resulting in the implementation of standards and furthering the development and implementation of future standards.

Syntax

The set of rules, conventions and file structure (order and arrangement of parts) that must be followed to record valid information for a specific purpose. HIPAA specific syntax is described in the HIPAA Implementation Guides.

Syntax Edits

Validation of EDI transactions for compliance with syntax and grammar (i.e., structure, format, codes, data types, lengths, required segments, required data elements) performed by the clearinghouse.

Syntax Errors

Errors detected as a result of the Syntax Edits. Under HIPAA, syntax errors will be returned on a 997 Functional Acknowledgment.

Trading Partner

Refers to parties engaged in the exchange of business data through electronic means. (See Business Partner)

External: A non-Anthem entity that electronically exchanges data with Anthem (i.e., providers, pharmacies, labs, other payers, clearinghouses, employers, billing services and members).

Internal: A Trading Partner that is a part of Anthem. Includes adjudication, payment or processing systems.

Trading Partner Agreement

Clarifies and simplifies implementation for providers and vendors.

Transaction Level Editing

The Strategic National Implementation Process (SNIP) White Paper on Front End Edits recommends 3 levels of reporting:

> Transaction Format (X12) Syntax Checking

> HIPAA Implementation Guide Compliance Checking

> Since error reporting standards have not been specified by the Secretary of the U. S. Department of Health and Human Services and Anthem has a technically diverse Trading Partner population, Anthem uses the 864 for Error Reports.

Transaction Set

Under ASC X12 standards, a formal structure that defines, in the standard syntax, information of business significance (i.e., health care claim, premium payment) and is the smallest meaningful set of information exchanged between trading partners. Consists of a header segment, one or more path segments in a specified order, and a trailer segment.

Transaction Set Control Segment (ST/SE)

Under ASC X12 standards, a formal structure that is delineated by the transaction set header (ST segment) and the transaction set trailer (SE segment).

Transaction Set Header (ST)

Identifies the beginning of a transaction set. Used to convey business data (i.e., ST01, ST02)

Transaction Set Trailer (SE)

Identifies the end of the transaction set.

Transaction Type

Under HIPAA, this is the exchange of information between two parties to administer financial or administrative activities related to healthcare, The HIPAA mandate, ANSI X12 V4010 transaction set includes:

270/271   Health Care Eligibility Benefit Inquiry and Response

Paired transaction comprised of requesting (inquiring) information and then responding with coverage, eligibility, and benefit information

276/277   Health Care Claim Status Request and Response

Paired transaction comprised of requesting the status of a claim and responding with the information regarding the specified claim(s). Requestors include hospitals, nursing homes, laboratories, physicians, dentists, allied professional groups, employers, and supplemental (i.e., other than primary payer) health care claims adjudication processors. Responders include payers, who may be insurance companies, third party administrators, service corporations, plan purchasers, and any other entity that processes health care claims. Other business partners include billing services, consulting services, vendors of systems, software and EDI translators, and EDI network intermediaries, Value-Added Networks, and telecommunications services.

278   Health Care Services Review – Request for Review and Response

Purpose to request reviews (specialty care, treatment, admission) and those responding to the requests with the information

820   Payroll Deducted and Other Group Premium Payment for Insurance Products

Purpose of reporting payroll deducted and other group premiums – submitters sending premium payments to an insurance company, health care organization or government agency

834   Benefit Enrollment and Maintenance

Used to transfer enrollment information from the sponsor of the insurance coverage, benefits, or policy to a payer

835   Health Care Claim Payment / Remittance Advice

Purpose of sending and/or receiving electronic remittance advice. Receivers include hospitals, nursing homes, laboratories, physicians, dentists, and allied professional groups. Senders include insurance companies, third party administrators, service corporations, state and federal agencies and their contractors, plan purchasers, and any other entities that process health care reimbursements. Other business partners include Depository Financial Institutions, billing services, consulting services, vendors of systems, software and EDI translators, EDI network intermediaries, value-added networks, and telecommunication services.

837   Health Care Claim: Professional, Institutional, or Dental Claims

Purpose of achieving a totally electronic data interchange health encounter / claims processing and payment environment

864   Text Message

Provides electronic communication – moves messages, contracts, explanations, and other one-time communications.

997   Functional Acknowledgment

Purpose of indicating receipt and syntactical acceptability of data transmitted according to the ASC X12 standards.

UNIX

A popular multi-user, multi-tasking operating system developed at Bell Labs in the early 1970s. Created by just a handful of programmers, UNIX was designed to be a small, flexible system used exclusively by programmers. (Although it has matured considerably over the years, UNIX still betrays its origins of cryptic command names and general lack of user-friendliness.) Due to its portability, flexibility, and power, UNIX has become the leading operating system for workstations.

Workgroup of Electronic Data Exchange (WEDI)

A group of health industry executives that believed that the electronic data interchange (EDI) for health care transactions offered significant potential in reducing health care administrative costs. Their work resulted in federally adopted standards for electronic transactions, codes data privacy and security.

X12

An ANSI-accredited group that defines EDI standards for many American industries, including health care insurance. Most of the electronic transaction standards mandated or proposed under HIPAA are X12 standards.

Xmodem

Developed by Ward Christensen in 1977, a protocol for transferring files during direct dial-up communications. Xmodem has basic error checking to ensure that information is not lost nor corrupted during transfer; it sends data in 128-byte blocks. Xmodem has undergone a couple of enhancements: Xmodem CRC uses a more reliable error-correction scheme, and Xmodem-1K transfers data faster by sending it in 1,024-byte blocks.

Ymodem

An asynchronous communications protocol designed by Chuck Forsberg for transferring files during direct dial-up communications. Building on the earlier Xmodem protocol, Ymodem sends data in 1,024-byte blocks and is consequently faster than Xmodem. However, it does not work well on noisy phone lines, unlike its successor, Zmodem. Ymodem has undergone a few enhancements: Ymodem-Batch can send several files in one session; Ymodem-G drops software error correction, which accelerates the process by leaving hardware-based error correction in modems.

Zmodem

Intended to supersede Xmodem and Ymodem, a transfer protocol for sending and receiving files using dial-up connections with enhanced speed and error checking. Zmodem can resume a file transfer after a break in communications. Zmodem protocol should be available in both your communications software and any BBS where you dial.

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