PART 2: States, Clearinghouses, Vendors and Standards Development Organizations
Session B – Standards Organization X12

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5/3/2017

DISCLAIMER

This presentation is for informational purposes only.

- This presentation is not intended to represent legal advice.

- The content is point-in-time information, which is subject to revision.

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X12 TR3s identify Payers.

Definition of payer*:

The term "payer" as used in the transactions is defined as the intended entity that is responsible for one or more of the following:

- final processing of the claim in order to return the remittance advice.
- final processing of the inquiry (eligibility, services review or claim status) in order to return the response (eligibility, services review or claim status).
- final processing of the (member) enrollment or premium payment.

*WEDI, "What is the Difference Between a Health Plan and a Payer?", July 24, 2014, http://www.wedi.org/knowledge-center/white-papers-articles/issue-briefs/page/2/.

005010 837 TR3s, for example, have entities & identifiers:

- Submitters & Receivers are identified with the qualifier ETIN, which is established by trading partner agreement.

- Payers are identified with the qualifier PI, for Payor identification.
  - There is a qualifier of XV that is also available for use.

X12 has not received any business requests supporting the necessity to identify a Health Plan as a "Health Plan" in a transaction.

The development of 007030 X12 TR3s remains neutral on the usage of HPID.

- Situational code note on XV qualifiers reads:
  - ➢Required when reporting the Health Plan ID (HPID) or Other Entity Identifier (OEID). If not required by this implementation guide, do not send.

If it is determined that health plan identifiers are no longer needed for business purposes and/or regulatory requirements, X12 may remove HPID/OEID from all TR3's.

Questions?

Thank You

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