Cook Children's
Health Plan

REMINDER!!

As previously communicated in June 2018, the Claim File Indicator and Coordination of Benefits (COB) claim edits will become effective for claims filed September 1, 2018 and ongoing. Claims that do not pass these edits will be rejected back to the provider for correction and resubmission.

The edits include:

- Claim Filing Indicator (Loop 2000B, SBR09) must be 11 = CHIP (CCHP1*).
- Claim Filing Indicator (Loop 2000B, SBR09) must be MC = STAR/STAR Kids (CCHP9**).
- Other Subscriber Address (Loop 2330A, N3/N4) is required when another payer has adjudicated the claim.
- Other Payer Address (Loop 2330B, N3/N4) is required when another payer has adjudicated the claim.
- Claim Check or Remittance Date (Loop 2330B, DTP) is required when another payer has adjudicated the claim.
- Other Payer Claim Control Number (Loop 2330B, REF*F8) is required when another payer has adjudicated the claim.
- Individual Relationship Code (Loop 2000B, SBR02) must equal 18 (Self).

In the event primary private insurance: a) does not cover the benefit, or b) the benefit for the services has been exhausted, providers should submit their claims to Cook Children's Health Plan (CCHP) as primary insurance, leaving all fields related to Other Health Insurance (OHI) blank. Before submitting the claim to CCHP, please follow the attached Other Health Insurance Process 080118 for verification of exhausted or non-covered services.

CCHP does not require EOB information from primary private insurance for the following LTSS services: PCS, CFC, DAHS, PPECC, MDCP respite, MDCP flexible family support services, MDCP supported employment, MDCP employment assistance, MDCP minor home modification, and MDCP adaptive aids. EOB information from primary private insurance is not required for mental health rehabilitation or mental health targeted case management services.

Taxonomy Reminder: The following taxonomy edits are required elements.

- If the Attending/Referring provider NPI (Loop 2310A, NM109) is submitted, the attending provider information segment (Loop 2310A, PRV) must be submitted because the provider's taxonomy code impacts adjudication.
- The provider information segment (Loop 2000A, PRV) must be submitted because the provider's taxonomy code impacts adjudication.
- The provider information segment (Loop 2310B, PRV) must be submitted because the provider's taxonomy code impacts adjudication.

Attached please find the EDI billing guidelines that should assist with your CCHP electronic claims submissions.

Should you have any questions, please feel free to contact us at (800) 964-2247.

Sincerely,

Cook Children's Health Plan

* CCHP1 = CHIP Availity Payor ID
** CCHP9 = STAR/STAR Kids Availity Payor ID

Attachments:
CCHP Electronic Data Interchange (EDI) Billing Requirements Aid – Institutional
CCHP Electronic Data Interchange (EDI) Billing Requirements Aid – Professional
Other Health Insurance Process 080118

Segment Field = Description	Qualifier/Value	Usage	Notes	Example
BILLING PROVIDER SPECIALTY INFORMATION / LOOP: 2000A / SEGMENT PRV				**Billing Taxonomy**
PRV01 = Provider Code	BI - Billing	Required		
PRV02 = Reference Identification Qualifier	PXC - Health Care Provider Taxonomy Code	Required		PRV*BI*PXC*987654321X~
PRV03 = Reference Identification	Provider Taxonomy Code	Required	PRV03 must contain the provider's assigned taxonomy	
BILLING PROVIDER NAME / LOOP: 2010AA / SEGMENT NM1				**Billing NPI**
NM101 = Entity Identifier Code	85 - Billing Provider	Required		
NM102 = Entity Type Qualifier	2 - Non-Person Entity	Required		
NM103 = Name Last or Organization Name		Required		NM1*85*2*MID TEXAS CARDIOLOGY GROUP*****XX*1234567890~
NM108 = Identification Code Qualifier	XX	Required		
NM109 = Identification Code	NPI Number	Required		
BILLING PROVIDER ADDRESS / LOOP: 2010AA / SEGMENT N3				**Billing Address**
N301 = Address Information		Required		N3*225 MAIN STREET*BARKLEY BUILDING~
N302 = Address Information		Situational		
BILLING PROVIDER CITY, STATE, ZIP CODE / LOOP: 2010AA / SEGMENT N4				**Billing Address**
N401 = City Name		Required		
N402 = State or Province Code		Required		N4*CENTERVILLE*PA*17111~
N403 = Postal Code		Required		
BILLING PROVIDER TAX IDENTIFICATION / LOOP: 2010AA / SEGMENT REF				**Billing TIN**
REF01 = Reference Identification Qualifier	EI	Required	Enter your TAX ID number	REF*EI*987654321~
REF02 = Reference Identification	Employer's Identification Number	Required		
SUBSCRIBER INFORMATION / LOOP: 2000B / SEGMENT SBR				**Subscriber**
SBR02 = Individidual Relationship Code	18 = Self	Required		
SBR09 = Claim Filing Indicator Code	11 = Non Medicaid (CHIP) MC = Medicaid (STAR, STAR KIDS)	Required		SBR*P*18*******MC
ATTENDING PROVIDER SPECIATY / LOOP: 2310A / SEGMENT PRV				**Attending Taxonomy**
PRV01 = Provider Code	AT - Attending	Required		
PRV02 = Reference Identification Qualifier	PXC - Health Care Provider Taxonomy Code	Required		PRV*AT*PXC*987654321X~
PRV03 = Reference Identification	Provider Taxonomy Code	Required	PRV03 must contain the provider's assigned taxonomy	

RENDERING PROVIDER NAME / LOOP: 2310D / SEGMENT NM1				Rendering NPI
NM101 = Entity Identifier Code	82 - Rendering Provider	Required	ONLY Required when Rendering provider is different than the Attending provider reported in the 2310A loop	NM1*82*1*SMITH*JOHN*C***XX*1234567890~
NM102 = Entity Type Qualifier	1 - Person	Required		
NM103 = Name Last or Organization Name		Required		
NM108 = Identification Code Qualifier	XX	Required		
NM109 = Identification Code	NPI Number	Required		
OTHER SUBSCRIBER INFORMATION / LOOP: 2320 / SEGMENT SBR				**Other Subscriber (Coordination of Benefits)**
SBR02 = Individidual Relationship Code	18 = Self	Required	ONLY Required when another insurance company has already adjudicated the transaction prior to submitting to Cook (Coordination of Benefits)	SBR*S*18*******MC
SBR09 = Claim Filing Indicator Code	11 = Non Medicaid (CHIP) MC = Medicaid (STAR, STAR KIDS)	Required		
OTHER SUBSCRIBER NAME / LOOP: 2330A / SEGMENT NM1				**Other Subscriber (Coordination of Benefits)**
NM101 = Entity Identifier Code	IL - Insured or Subscriber	Required	ONLY Required when another insurance company has already adjudicated the transaction prior to submitting to Cook (Coordination of Benefits)	NM1*IL*1*SMITHJOHN*****MI*1234567890~
NM102 = Entity Type Qualifier	1 -Person 2 - Non-Person Entity	Required		
NM103 = Name Last or Organization Name		Required		
NM108 = Identification Code Qualifier	MI - Member Identification Number	Required		
NM109 = Identification Code	Plan Code	Required		
OTHER SUBSCRIBER ADDRESS / LOOP: 2330A / SEGMENT N3				**Other Subscriber (Coordination of Benefits)**
N301 = Address Information		Required	ONLY Required when another insurance company has already adjudicated the transaction prior to submitting to Cook (Coordination of Benefits)	N3*225 MAIN STREET*BARKLEY BUILDING~
N302 = Address Information		Situational		
OTHER SUBSCRIBER ADDRESS / LOOP: 2330A / SEGMENT N4				**Other Subscriber (Coordination of Benefits)**
N401 = City Name		Required	ONLY Required when another insurance company has already adjudicated the transaction prior to submitting to Cook (Coordination of Benefits)	N4*CENTERVILLE*PA*17111~
N402 = State or Province Code		Required		
N403 = Postal Code		Required		
OTHER PAYER NAME / LOOP: 2330B / SEGMENT NM1				**Other Payer (Coordination of Benefits)**
NM101 = Entity Identifier Code	PR - Payer	Required	ONLY Required when another insurance company has already adjudicated the transaction prior to submitting to Cook (Coordination of Benefits)	NM1*PR*2*NAME*****PI*1234567890~
NM102 = Entity Type Qualifier	2 - Non-Person Enitity	Required		
NM103 = Name Last or Organization Name		Required		
NM108 = Identification Code Qualifier	PI	Required		
NM109 = Identification Code	Payers ID	Required		
OTHER PAYER ADDRESS / LOOP: 2330B / SEGMENT N3				**Other Payer (Coordination of Benefits)**
N301 = Address Information		Required	ONLY Required when another insurance company has already adjudicated the transaction prior to submitting to Cook (Coordination of Benefits)	N3*225 MAIN STREET*BARKLEY BUILDING~
N302 = Address Information		Situational		
OTHER PAYER ADDRESS / LOOP: 2330B / SEGMENT N4				**Other Payer (Coordination of Benefits)**
N401 = City Name		Required	ONLY Required when another insurance company has already adjudicated the transaction prior to submitting to Cook (Coordination of Benefits)	N4*CENTERVILLE*PA*17111~
N402 = State or Province Code		Required		
N403 = Postal Code		Required		

CLAIM CHECK OR REMITTANCE DATE / LOOP: 2330B / SEGMENT DTP				Other Payer (Coordination of Benefits)
DTP01 = Date/Time Qualifier	573 - Date Claim Paid	Required	ONLY Required when another insurance company has already adjudicated the transaction prior to submitting to Cook (Coordination of Benefits)	DTP*573*D8*20001231~
DTP02 = Date Time Period Format Qual	D8 - Date Expressed in Format CCYYMMDD	Required		
DTP03 = Date Time Period	Adjudication Date	Required		
OTHER PAYER CLAIM CONTROL NUMBER / LOOP: 2330B / SEGMENT REF				Other Payer (Coordination of Benefits)
REF01 = Reference Identification Qualifier	F8 - Original Reference Number	Required	ONLY Required when another insurance company has already adjudicated the transaction prior to submitting to Cook (Coordination of Benefits)	REF*F8*0000111111111~
REF02 = Reference Identification	Other Payer's Claim Control Number (Plans ICN)	Required		

Segment Field = Description	Qualifier/Value	Usage	Notes	Example
BILLING PROVIDER SPECIALTY INFORMATION / LOOP: 2000A / SEGMENT PRV				**Billing Taxonomy**
PRV01 = Provider Code	BI - Billing	Required		
PRV02 = Reference Identification Qualifier	PXC - Health Care Provider Taxonomy Code	Required		PRV*BI*PXC*987654321X~
PRV03 = Reference Identification	Provider Taxonomy Code	Required	PRV03 must contain the provider's assigned taxonomy	
BILLING PROVIDER NAME / LOOP: 2010AA / SEGMENT NM1				**Billing NPI**
NM101 = Entity Identifier Code	85 - Billing Provider	Required		
NM102 = Entity Type Qualifier	1 -Person 2 - Non-Person Entity	Required		
NM103 = Name Last or Organization Name		Required		NM1*85*2*MID TEXAS CARDIOLOGY GROUP*****XX*1234567890~
NM108 = Identification Code Qualifier	XX	Required		
NM109 = Identification Code	NPI Number	Required		
BILLING PROVIDER ADDRESS / LOOP: 2010AA / SEGMENT N3				**Billing Address**
N301 = Address Information		Required		N3*225 MAIN STREET*BARKLEY BUILDING~
N302 = Address Information		Situational		
BILLING PROVIDER CITY, STATE, ZIP CODE / LOOP: 2010AA / SEGMENT N4				**Billing Address**
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N403 = Postal Code		Required		
BILLING PROVIDER TAX IDENTIFICATION / LOOP: 2010AA / SEGMENT REF				**Billing TIN**
REF01 = Reference Identification Qualifier	EI	Required	Enter your TAX ID number	REF*EI*987654321~
REF02 = Reference Identification	Employer's Identification Number	Required		
SUBSCRIBER INFORMATION / LOOP: 2000B / SEGMENT SBR				**Subscriber**
SBR02 = Individidual Relationship Code	18 = Self	Required		
SBR09 = Claim Filing Indicator Code	11 = Non Medicaid (CHIP) MC = Medicaid (STAR, STAR KIDS)	Required		SBR*P*18*******MC
RENDERING PROVIDER NAME / LOOP: 2310B / SEGMENT NM1				**Rendering NPI**
NM101 = Entity Identifier Code	82 - Rendering Provider	Required		
NM102 = Entity Type Qualifier	1 -Person 2 - Non-Person Entity	Required		
NM103 = Name Last or Organization Name		Required		NM1*82*1*SMITH*JOHN*C***XX*1234567890~
NM108 = Identification Code Qualifier	XX	Required		
NM109 = Identification Code	NPI Number	Required		

RENDERING PROVIDER SPECIATY / LOOP: 2310B / SEGMENT PRV				Rendering Taxonomy
PRV01 = Provider Code	PE - Performing	Required		
PRV02 = Reference Identification Qualifier	PXC - Health Care Provider Taxonomy Code	Required		PRV*PE*PXC*987654321X~
PRV03 = Reference Identification	Provider Taxonomy Code	Required	PRV03 must contain the provider's assigned taxonomy	
OTHER SUBSCRIBER INFORMATION / LOOP: 2320 / SEGMENT SBR				**Other Subscriber (Coordination of Benefits)**
SBR02 = Individidual Relationship Code	18 = Self	Required	ONLY Required when another insurance company has already adjudicated the transaction prior to submitting to Cook (Coordination of Benefits)	SBR*S*18*******MC
SBR09 = Claim Filing Indicator Code	11 = Non Medicaid (CHIP) MC = Medicaid (STAR, STAR KIDS)	Required		
OTHER SUBSCRIBER NAME / LOOP: 2330A / SEGMENT NM1				**Other Subscriber (Coordination of Benefits)**
NM101 = Entity Identifier Code	IL - Insured or Subscriber	Required	ONLY Required when another insurance company has already adjudicated the transaction prior to submitting to Cook (Coordination of Benefits)	NM1*IL*1*SMITHJOHN*****MI*1234567890~
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NM103 = Name Last or Organization Name		Required		
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N302 = Address Information		Situational		
OTHER SUBSCRIBER ADDRESS / LOOP: 2330A / SEGMENT N4				**Other Subscriber (Coordination of Benefits)**
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N402 = State or Province Code		Required		
N403 = Postal Code		Required		
OTHER PAYER NAME / LOOP: 2330B / SEGMENT NM1				**Other Payer (Coordination of Benefits)**
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NM103 = Name Last or Organization Name		Required		
NM108 = Identification Code Qualifier	PI	Required		
NM109 = Identification Code	Payers ID	Required		
OTHER PAYER ADDRESS / LOOP: 2330B / SEGMENT N3				**Other Payer (Coordination of Benefits)**
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REF01 = Reference Identification Qualifier	F8 - Original Reference Number	Required	ONLY Required when another insurance company has already adjudicated the transaction prior to submitting to Cook (Coordination of Benefits)	REF*F8*0000111111111~
REF02 = Reference Identification	Other Payer's Claim Control Number (Plans ICN)	Required		

Other Health Insurance (OHI) process using CCHP Provider Portal

www.cookchp.org

1. Submit an Express Request Form using OHI tab.
2. Complete all required fields and attach supporting documentation (*see examples on the following page*) from the primary insurance carrier. Be sure to include termination date and/or EOB showing denial of claim.
3. Tracking numbers will be issued for each submitted Express request.

The Express Request form will be reviewed by Member Services to ensure that all supporting documentation is submitted and sufficient to remove the primary insurance flag.

Request is Approved:
- Provider will receive notification through the CCHP Provider Portal indicating that suporting documentation was sufficient for removal of OHI coverage flag.
- Removal of flag can take up to 3 business days.
- After the flag is removed from the Member's account, the information is forwarded to the Claims Department for review/reprocess of all eligible claims with dates of service after the primary carrier expiration date, regardless of provider submission status.

Request is Rejected:
- Provider will receive notification through the CCHP Provider Portal indicating the the request was rejected.
- Provider will receive a message stating the reason for rejection. The reason will be specific to each submission and rejection.
- The provider may resubmit additional/missing supporting documentation at anytime during the process.

Other Health Insurance (OHI) process through Fax or Email

Providers may submit any supporting documentation regarding termination of primary carrier benefits. Please make sure to include the termination date and/or EOB showing denial of claim by fax or by email:
- Fax: 682-885-8401
- Email: CCHPCOB@cookchildrens.org
  (Providers will receive a confirmation receipt by return email)

Fax/Email is approved:
- Removal of flag can take up to 3 business days and the Member's account will be updated with the flag removal information.
- Providers are welcome to call Member Services at 800-964-2247 for a status after 3 business days.
- After the flag is removed from the Member's account, the information is forwarded to the Claims Department for review/reprocess of all eligible claims with dates of service after the primary carrier expiration date, regardless of provider submission status.

Fax/Email is Rejected:
- The Member's account will be updated with the reason for the rejection.
- Providers are welcome to call Member Services at 800-964-2247 for information regarding the rejection of submitted documentation after three (3) business days.
- The provider may resubmit additional/missing supporting documentation at anytime during the process.

Examples of Supporting Documention can include but are not limited to:
- Letter of Creditable Coverage from primary carrier.
- EOB showing denial of claim for Member not effective at the time of service.
- Legible printout from Primary Carrier inquiry received via their portal, by fax, or by email.

Verification of Exhausted or Non-Covered Services

Please make sure to include the Other Health Insurance denial showing service is not covered and/or exhausted by:
- Email: CCHPCOB@cookchildrens.org
  (Providers will receive a confirmation receipt by return email)
- Submit an Express Request Form using the OHI tab on the CCHP Provider Portal

Other Health Insurance verification can take up to 3 business days. Providers are welcome to call Member Services at 800-964-2247 for a status after 3 business days.

Once verification is complete, and Providers have received notification via email or through the Provider Portal, Providers should resubmit their claims showing CCHP as primary insurance, leaving all fields related to Other Health Insurance (OHI) blank.

NOTE: *CCHP does not require EOB information from primary private insurance for the following LTSS services: PCS, CFC, DAHS, PPECC, MDCP respite, MDCP flexible family support services, MDCP supported employment, MDCP employment assistance, MDCP minor home modification, and MDCP adaptive aids. EOB information from primary private insurance are not required for mental health rehabilitation or mental health targeted case management services.*