# Trading Partner Questionnaire

# Electronic Enrollments – New Implementations/Change in Sender

**Check ONLY one desired file type:**

☐ Kaiser Permanente Proprietary Flat File

☒ X12 834 File

**Check ONLY one:**

☒ NEW IMPLEMENTATION (For new electronic enrollments, only)

☐ CHANGE IN SENDER/ TPA /CONSULTANT (For change of Senders, TPAs, or Consultants)

\*\***Please provide us the switch over date for the production file** MM/DD/YYYY

**Trading Partner / Group Name** (*Name of business entity whose enrollees will be on the file)****:***

Berry Petroleum Company

**The Trading Partner’s KP group number(s) / purchaser number(s) REQUIRED:**

**Trading Partner Address:**

**Trading Partner Phone #: (***)* *-**, Ext*

**Who will be sending the TEST file?** **REQUIRED:** *(Name of sender)*

1. **TESTING** Technical contact(s) who will work with KP on the electronic 834 testing implementation:

|  |  |  |
| --- | --- | --- |
| Name | Lea King |  |
| Email | lking@tekpartners.com |  |
| Physical Address |  |  |
| Phone # | 515-480-4262 |  |

**Who will be sending the PRODUCTION file?** **REQUIRED:** *(Name of sender)*

1. **PRODUCTION FILE:** Technical contact(s) for file transmission and/or to correct discrepancies:

|  |  |  |
| --- | --- | --- |
|  | **Technical Contact** | **Eligibility Discrepancy Contact(s)** |
| Name | Marisol Ramirez | Marisol Ramirez |
| Email | mramirez@bry.com | mramirez@bry.com |
| Physical Address |  |  |
| Phone # | 661.616.3864 | 661.616.3864 |

**Note to TPAs:** To expedite testing set ups, please indicate if your department is one of these subdivisions within your company:

1. What are the dates for: Expected First test file**\*** MM/DD/YYYY TBD ☒ ASAP ☐

Desired first production file**\*\*** MM/DD/YYYY TBD ☒ ASAP ☐

**\*** NOTE: Kaiser handles new HIPAA 834 implementations on a First-In, First-Out basis

1. Please indicate the KP regions involved that will have enrollees sent to KP:

CO ☐ GA ☐ HI ☐ ***\*\*\****NW☐ KP Wash ☐ Mid-Atlantic ☐ NCal ☐ SCal ☐

***\*\*\**** **If NW region** is selected, please indicate if dental information will be sent (Y ☐ / N ☐ ).

**If YES**, both dental and medical information will be sent, KP typically needs a separate 834 file for each the dental enrollees and medical enrollees.

1. If sending multiple regions, would you prefer sending consolidated files? (Y ☐ / N ☐ ).

***\*\*\**** **Please note that consolidated file are subject to approval.**

1. Will you be sending: (a) Full Files? (Y ☒ / N ☐ ) Frequency/Schedule Weekly

(b) Change Files? (Y ☐ / N ☐ ) Frequency/Schedule

**For frequency, change files weekly and full files (monthly / quarterly) are preferred.**

1. The Kaiser standard transmission protocol is sFTP. If sFTP is not possible, then KP’s NEDI Transmission department will need to discuss alternatives with your technical contact(s).

**NOTE:** Any SSH2 compliant software may be used.

1. Specifications to use for sending X12 files to Kaiser:

* Kaiser requires a file record format of fixed block
* 834 Field element delimiter should be an asterisk ‘\*’
* 834 Segment delimiter should be a tilde ‘~’
* 834 Subelement delimiter should be a colon ‘:’

1. Specifications to use for sending KP’s Proprietary Flat Files:

* Kaiser requires the file to abide by the position and lengths provided from the record layout.

1. Do you require a file acknowledgment for the production files?

☐ 997 ACK – syntax only (*Please complete* ***server info*** *below*) – **used for 834’s**

☒ e-mail notification (successful receipt of file only). *(Group mailbox preferred)* Send to email(s): mramirez@bry.com

☐ None

**NOTE:** Checking either the 997 and/or the 999 requires that we have a server on the sender’s side to send back acknowledgements. **(834 only)** Please fill out the necessary info below

**Server Address:**

**User Name:**

**Password:**

**Folder:**

1. Do you require a notification once your production file(s) processing is complete? (Y ☒ N ☐)

*Only applicable for CA Regions. Group mailbox preferred.*

Send to email(s): mramirez@bry.com

1. Are COBRA enrollments going to be sent on this file? (Y ☐ N ☐)

If yes, will this implementation be for ONLY COBRA enrollees? (Y ☐ N ☐)

1. Are Medicare enrollments going to be sent on this file? (Y ☐ N ☒)

9a. Will there be instances of split family scenarios? (Y ☐ N ☒)

1. Are enrollees with Alternate Medicare Enrollment (**AME**) information going to be sent? (Y ☐ N ☒)

NOTE: AME refers to the process of enrolling members into Kaiser's Medicare Advantage plan electronically.

1. Approximately what is the total number of enrollees that will be sent in the 834 files?
2. Are there any special processing requirements that KP needs to be aware of? (Y ☐ N ☒)

If yes, please explain:

1. Test files that closely mirror production data/population are preferred by KP. Will you be sending production-like membership data? (Y ☒ N ☐)

If not, do you desire KP to approve for production with fictitious/limited data? (Y ☐ N ☐)

**Important Testing Implementation Information:**

Typically, each test file is processed via the mentioned departments and order listed below. The entire process may take up to **14 business days** from the start of testing to being ready for production. If the 1st test file was not approved for production, please add 7 days of test file processing for each file thereafter.

* 1. **National EDI Business Operations (NEBO)**
     1. NEBO (KP834) receives completed questionnaire at [kp834@kp.org](mailto:kp834@kp.org)
     2. 834 companion guides or appropriate file specifications and account structures are generated; then sent to the Testing Technical Contact provided in question# 12 of this form.
     3. Please review the document(s). If adjustments are needed, contact [kp834@kp.org](mailto:kp834@kp.org) AND the KP account manager (listed in the companion guide email) so we can work with you on corrections.
  2. **NEDI Transmission department**
     1. NEDI sends you technical information on how to submit the test files to KP.
     2. KP processes test files upon being notified of submission; therefore, please inform the NEDI transmission team via email and copy kp834@kp.org. The transmission team is copied on the email correspondence for “companion guide”. Make sure to mention the trading partner name, and group #.
     3. Each test file is processed within **2 business days** and if there are no errrors, the test file will be forwarded to KP’s NEDI Translation department.
  3. **NEDI Translation department -** (Not applicable for Proprietary Flat Files)
     1. NEDI Translation reviews the file from an X12 834 perspective to ensure data elements are properly translated.
     2. Each test file is processed within **2 business days** and feedback of needed adjustments would be provided OR the test file will be forwarded to KP’s Customer Service Center (CSC).
  4. **Customer Service Center (CSC)**
     1. The CSC reviews the file from a membership perspective to ensure member information is accurate for successful processing.
     2. Each test file is processed within **3 business days** and feedback of needed adjustments would be provided; OR if all is well, notification that the testing implementation was approved.
  5. **Migration into Production**
     1. Once testing has been approved, KP's NEDI Development team will move everything into our production environment so we may receive a production file.
     2. This should take approximately **5 business days.**
     3. Thereafter, NEBO (KP834) will contact the TESTING technical contacts with an official email stating that KP is "*Ready for a Production file*".
     4. DO NOT send a production file until you receive this "*Ready for a Production file*" email.
  6. **1st Production file**
     1. Once KP is Production ready, the testing technical contacts will receive a "*Ready for a Production file*" email from NEBO/KP834
     2. After KP receives the first production file, the testing technical contact will receive a confirmation that the file was received by our EDI team.
     3. Thereafter the testing technical contact will receive a confirmation of file processing.
     4. Optional #5 Confirmation the file has successfully completed processing.

If you have any questions about filling out this questionnaire, please contact [kp834@kp.org](mailto:kp834@kp.org). You are welcome to email [kp834@kp.org](mailto:kp834@kp.org) as needed to know the testing status.