HIPAA Transaction Standard Companion Guide

Refers to the Implementation Guides
Based on ASC X12 version 005010
CORE v5010 Companion Guide

Disclosure Statement

Health Plan of San Joaquin/Mountain Valley Health Plan (HPSJ/MVHP) is accepting X12N 276/277 Health Care Claims Status Request and Response, as mandated by the Health Insurance Portability and Accountability Act of 1996 (HIPAA).Type 3 and Errata (also The X12N 276/277 version of the 5010 Standards for Electronic Data Interchange Technical Report referred to as Implementation Guides) for the Health Care Claims Status Request and Response Transaction has been established for claim status inquiry and response compliance. This document has been prepared to serve as a HPSJ/MVHP's specific companion guide to the 276/277 Transaction Sets. This document supplements but does not contradict any requirements in the 276/277 Technical Report, Type 3. The primary focus of the document is to clarify specific segments and data elements that should be submitted to HPSJ/MVHP on the 276/277 Health Care Claim Status Request and Response Transaction. This document will be subject to revisions as new versions of the 276/277 Institutional & Professional Health Care Claim Transaction Set Technical Reports are released. This document has been designed to aid both the technical and business areas. It contains HPSJ/MVHP's specifications for the transactions as well as contact information and key points.

Preface

This Companion Guide to the v5010 ASC X12N Implementation Guides and associated errata adopted under HIPAA clarifies and specifies the data content when exchanging electronically with Health Plan of San Joaquin/Mountain Valley Health Plan. Transmissions based on this companion guide, used in tandem with the v5010 ASC X12N Implementation Guides, are compliant with both ASC X12 syntax and those guides. This Companion Guide is intended to convey information that is within the framework of the ASC X12N Implementation Guides adopted for use under HIPAA. The Companion Guide is not intended to convey information that in any way exceeds the requirements or usages of data expressed in the Implementation Guides.

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1 Introduction

Under the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act (HIPAA) of 1996, the Secretary of the Department of Health and Human Services (HHS) is directed to adopt standards to support the electronic exchange of administrative and financial health care transactions. The purpose of the Administrative Simplification portion of HIPAA is enable health information to be exchanged electronically and to adopt standards for those transactions.

To submit a valid transaction, refer to the National Electronic Data Interchange Transaction Set Technical Report & Errata for the Health Care Claim: ASC X12N 276/277 (005010X212). The Technical Reports can be ordered from the Washington Publishing Company's website at www.wpc-edi.com.

For questions relating to the HPSJ/MVHP's 276/277 Health Care Claim Status Request and Response Transaction or testing, please contact the (209) 942-6320

HPSJ/MVHP's billing guidelines are not included in this document. Please refer to our website at http://www.hpsj.com/providers/ for these guidelines, or contact Provider Relations at (209) 942-6340

1.1 SCOPE

This section specifies the appropriate and recommended use of the Companion Guide.
This companion guide is intended for HPSJ/MVHP's Trading Partners interested in exchanging HIPAA compliant X12 transactions with HPSJ/MVHP. It is intended to be used in conjunction with X12N Implementation Guides and is not intended to contradict or exceed X12 standards. It is not intended to be used to clarify the CORE rules. It contains information about specific HPSJ/MVHP requirements for processing following X12N Implementation Guides:

- 005010X212, Health Care Claim Status Request and Response (276/277)

All instructions in this document are written using information known at the time of publication and are subject to change.

1.2 OVERVIEW

The Health Insurance Portability and Accountability Act–Administration Simplification (HIPAAAS) requires HPSJ/MVHP and all other covered entities to comply with the electronic data interchange standards for health care as established by the Secretary of Health and Human Services.

This guide is designed to help those responsible for testing and setting up electronic claim status transactions. Specifically, it documents and clarifies when situational data elements and segments must be used for reporting and identifies codes and data elements that do not apply to HPSJ/MVHP. This guide supplements (but does not contradict) requirements in the ASC X12N 276/277 (version 005010X212) implementation. This information should be given to the provider's business area to ensure that claims status responses are interpreted correctly.

1.3 REFERENCES

This section specifies additional documents useful for the read. For example, the X12N Implementation Guides adopted under HIPAA that this document is a companion to

ACS X12 Version 5010 TR3s: http://store.x12.org/store/healthcare-5010-consolidated-guides
CAQH/CORE: http://www.caqh.org/COREv5010.php

2 Getting Started

2.1 WORKING WITH HEALTH PLAN OF SAN JOAQUIN/MOUNTAIN VALLEY HEALTH PLAN

For questions relating to the HPSJ/MVHP's 276/Health Care Claim Status Request and Response Transaction, or testing contact the Provider Relations department at (209) 942-6340

2.2 TRADING PARTNER REGISTRATION

Providers will retrieve the enrollment form from the HPSJ/MVHP website at the address listed below. Providers will submit the completed form to HPSJ/MVHP via website listed below. All forms and instructions will be located on this page: http://www.emdeon.com/epayment/enrollment/

3 Testing with the Payer

After the submitter setup is complete, the submitter can send claim status transactions to the test environment. HPSJ/MVHP notifies the provider after the successful completion of testing and prepares the provider for production status.

- During the testing process, HPSJ/MVHP examines submitted test transactions for required elements, and also ensures that the submitter gets a response during the testing mode.
- When the submitter is ready to send ANSI 276/277 transactions to a production mailbox, they must notify HPSJ/MVHP Provider Relations. Provider Relations then moves the submitter to the production environment.
- The submitter's mailbox name remains the same when moving from test to production. Changing passwords is optional upon submitter's request to the Provider Relations Team.

4 Connectivity with the Payer/Communications

4.1 PROCESS FLOWS

4.1.1 Real-time
- The user application submits an SOAP request at
  https://or.edifecs.com/mt1sp800 and MIME request at
  https://or.edifecs.com/mt1mp800
- Claim status system authenticates the user
- If the user is successfully authorized, the following files will be issued within 20 seconds:
    - TA1 (if problem with the ISA/IEA segments exist)
    - 999 Reject (if problem occurs within the subsequent loops and segments)
    - 277 Eligibility Response

4.1.2 Batch
- The user application submits an SOAP request at
  https://or.edifecs.com/mt1sp900 and MIME request at
  https://or.edifecs.com/mt1mp900
- Claim status system authenticates the user

· If the user is successfully authorized, one of the following will be generated back to the user:
- · TA1 available within one hour, if there is a problem with the ISA or IEA segments
- · 999 Reject available within one hour, if there is a problem with the segments occurring between the ISA and IEA.
- · 999 Acceptance response will be available within one hour.
- ·The 277 transaction(s) will be available the following day (no later than 7:00a.m)

4.1.3 Structure Requirements
Real-time 276 requests are limited to one inquiry, per patient, per transaction.
Batch 276 requests are limited to 99 ST/SE groupings per transaction. Each batch inquiry must be in its own ST/SE

4.1.4 Response Times
A response (TA1, 999 reject or 277) to real-time inquiries will be provided within 20 seconds.
A response to the batch inquiry will be provided by 7 a.m. (ET) the following day. Batch requests submitted after 9 p.m. (ET) will be available by 7 a.m. (ET) two days following submission.

4.2 Re-Transmission Procedure
If the HTTP post reply message is not received within the 60-second response period, the user's CORE compliant system should send a duplicate transaction no sooner than 90 seconds after the original attempt was sent.
If no response is received after the second attempt, the user's CORE compliant system should submit no more than five duplicate transactions within the next 15 minutes. If the additional attempts result in the same timeout termination, the user's CORE compliant system should notify the user to contact the health plan or information source directly to determine if system availability problems exist or if there are known Internet traffic constraints causing the delay.

4.3 Communication Protocol Specifications
The following is a list of technical standards and versions for the SOAP envelope and claim status payload:
• HTTP Version 1.1
• CSOAP Version 1.2
• SSL Version 3
• Health Care Claims Status Request and Response Version 005010X212
• CAQH SOAP (HPSJ/MVHP supports the use of HTTP SOAP + WSDL envelope standards as identified in CAQH CORE Phase I/II Connectivity standards
  http://www.caqh.org/pdf/CLEAN5010/250-v5010.pdf)

The following is a list of technical standards and versions for the HTTP MIME multipart envelope and claim status payload:
• HTTP Version 1.1
• SSL Version 3.0
• MIME Version 1.0
• Health Care Claims Status Request and Response Version 005010X212
• CAQH MIME (HPSJ/MVHP supports the use of HTTP MIME Multipart existing
  envelope standards and has implemented the HTTP MIME Multipart envelope standards as
  identified in CAQH CORE Phase I/II Connectivity standards.)

Message Specifications for SOAP Envelope Element	Specification
PayloadType	X12_276_Request_005010X212
ProcessingMode	RealTime
SenderID	Mutually agreed with HPSJ/MVHP
ReceiverID	HPSJ02
CORERuleVersion	2.2.0
Certificate Version	Username Password

4.4 Passwords
The Provider Relations is responsible for password assignment and resets. For any information or queries, please contact at (209) 942-6340

4.5 Maintenance Schedule
The systems used by the 276/277 transaction have a standard maintenance schedule of Sunday 10PM to 12AM PST. The systems are unavailable during this time. Email notifications will be sent notifying submitters of unscheduled system outages.

5 Contact Information

The following sections provide contact information for any questions regarding HIPAA, 276/277 Health Care Claim Status Request and Response Transactions, and documentation or testing.

5.1 EDI CUSTOMER SERVICE
For 276/277 Transaction EDI Claim Status Request and Response Questions
Contact at (209) 942-6320

5.2 EDI TECHNICAL ASSISTANCE
Contact at (209) 942-6320

5.3 PROVIDER SERVICE NUMBER
Contact at (209) 942-6340

5.4 APPLICABLE WEBSITES/E-MAIL
Website URL: http://www.hpsj.com/providers/

6 Control Segments/Envelopes

6.1 ISA-IEA

Segment Name	Segment ID	R/O	No. of Char	Value	Remarks
Authorization Information Qualifier	ISA01	R	2	00	00 - No Authorization Information Present
Authorization Information	ISA02	R	10	<spaces>	No Authorization Information Present
Security Information Qualifier	ISA03	R	2	00	00 - No Security Information Present
Security Information/ Password	ISA04	R	10	<spaces>	No Security Information Present
Interchange ID Qualifier/ Qualifier for Trading Partner ID	ISA05	R	2	<senderqual>	Sender Qualifier
Interchange Sender ID/ Trading Partner ID	ISA06	R	15	<SENDER ID>	Sender's Identification Number
Interchange ID Qualifier/ Qualifier for Health Plan of San Joaquin/Mountain Valley Health Plan	ISA07	R	2	ZZ	Mutually Defined
Interchange Receiver ID/ HPSJ/MVHP	ISA08	R	15	HPSJ02	HPSJ's/MVHP receiver id
Interchange Date	ISA09	R	6	<YYYYMMDD>	Date of the interchange in YYMMDD format
Interchange Time	ISA10	R	4	<HHMM>	Time of the interchange in HHMM format
Repetition Separator	ISA11	R	1	^ (is a typical separator received)	
Interchange Control Version Number	ISAI2	R	5	00501	Version number
Interchange Control Number/Last Control Number	ISA13	R	9	<Auto-generated>	Assigned by the interchange sender, must be associated with IEA02 segment
Acknowledgement Request	ISA14	R	1	0	0 - No Acknowledgement Requested
Usage Indicator	ISA15	R	1	<T or P>	T-test data; P-production data
Separator	ISA16	R	1	:	ASCII Value. Component element separator

6.2 GS-GE

Segment Name	Segment ID	R/O	No. of Char	Value	Remarks
Functional Identifier Code	GS01	R	2	HR	Eligibility, Coverage or Benefit Inquiry
Application Senders Code	GS02	R	2/15		Code identifying party sending transmission
Application Receivers Code	G503	R	2/15	HPSJ02	Code identifying party receiving transmission

Date	G504	R	8	<CCYYMMDD>	Functional Group creation date in CCYYMMDD format
Time	GS05	R	4/8	HR	<HHMM>
Group Control Number	GS06	R	9		Assigned and maintained by the sender, must be associated with GE02 segment GS06
Responsible Agency Code	GS07	R	2	X	Accredited Standards Committee X12
Version/Release/Industry Identifier Code	GS08	R	12	005010X212	Transaction version

Segment Name	Segment ID	R/O	No. of Char	Value	Remarks
Number of transactions sets included	GE01	R			Total number of transactional sets included in functional group or interchange
Group Control Number	GE02	R			Assigned number originated and maintained by the sender

7 Payer Specific Business Rules and Limitations

HPSJ/MVHP always responds to a 276 request with status codes at both claim and service line level. Due to the extensive amount of status codes used at the claim and service line level, we recommend viewing the up-to-date status code lists at the Washington Publishing Company's website (www.wpc-edi.com).

HPSJ/MVHP follows the 277 Response Implementation Guide for an outbound response from both a structure and content perspective. There are no unique requirements that are specific to HPSJ/MVHP. When programming to accept a HPSJ/MVHP 277 response, follow the complete HIPAA Implementation Guide and TR3 guidelines.

SUPPORTED FUNCTIONALITY
- HPSJ/MVHP accepts the 276/277 transactions as a "read only" transaction and does not use any data coming in on the 276 transaction to update its internal systems.
- To provide immediate response to submitters, HPSJ/MVHP uses real time processing for its EDI transactions.

SUBSCRIBER AND MEMBER SEARCHES
To uniquely identify a member, a 276 transaction must include the member's HPSJ/MVHP's Identification Number, the provider's HPSJ/MVHP Identification Number, and dates of service. In addition to the previous criteria, the claim number, claim amount, claim if for clearing house can also be submitted.

- For the best response time, HPSJ/MVHP recommends that the 276 transaction set be programmed to a single record. This consists of a one-to-one ratio in a single loop structure: one information receiver, one provider, one subscriber and associated date of service.
- If the 276 transaction is not rejected, HPSJ/MVHP returns the 277 transaction with all of the Inquiry criteria information that was submitted in the 276 transaction.

8 Acknowledgements and/or Reports

8.1 999 – ACKNOWLEDGEMENT FOR HEALTH CARE INSURANCE

HPSJ/MVHP supports the Acknowledgement for Health Care Insurance (999). 999s are sent for real-time submissions of 276 transactions when error or discrepancy found at GS or transaction level. For Batch 276 transactions a 999 is sent always.

8.2 TA1 - INTERCHANGE ACKNOWLEDGEMENT REQUEST

HPSJ/MVHP supports the Interchange Acknowledgement Request (TA1) when any issues at ISA level.

8.3 REJECTION LOGIC/STATUS CODES

HPSJ/MVHP developed its rejection logic using HIPAA standard codes available on the Washington Publishing Company's website (www.wpc-edi.com) to better communicate to providers the reason a transaction was rejected and what action to take to resolve the rejection. HIPAA Status Category Codes, Status Codes, and Entity Codes are used at the claim and service line level.

9 Trading Partner Agreements

This section contains general information concerning Trading Partner Agreements (TPA). An actual TPA may optionally be included in an appendix.

9.1 TRADING PARTNERS

An EDI Trading Partner is defined as any HPSJ/MVHP customer (provider, billing service, software vendor, employer group, financial institution, etc.) that transmits to, or receives electronic data from HPSJ/MVHP.

HPSJ/MVHP uses request through Provider Relations to register new partners and agreement/set-up forms to process electronic transactions.

10 Transaction Specific Information

The following table specifies the segments and suggested use of them in the transmission:

Loop ID	Element	Field Name	No. of Char	Remarks
2100C	NM109	Provider Identification Code	2/80	Required value in 276
2100D	NM109	Subscriber Identification Code	2/80	Required value in 276

Additional information to be sent out in 276 for specific claim enquiries:

Loop ID	Element	Field Name	No. of Char	Remarks
2200D	REF	Payer Claim Control Number	1/50	Payer's claim id for specific claim
2200D	AMT	Claim Submitted Charges	1/18	
2200D	DTP	Claim Service Date	1/35	Date of service with Provider

Appendices

A. Transmission Examples

276 Sample Request

```
ISA*00* *00* *ZZ*SUBMITTER *ZZ*RECEIVER *130924*0536*^*00501*001972007*0*P*:
GS*HR*00000003B* RECEIVER *20130924*0536*1972017*X*005010X212
ST*276*1973007*005010X212
BHT*0010*13*406ba0b7-700d-4c99-8c75-6da5adaf1da4*20130924*0536
HL*1**20*1
NM1*PR*2*HPSJ*****PI* RECEIVER
HL*2*1*21*1
NM1*41*1*A GOOD HOSPITAL*****46*1234567890
HL*3*2*19*1
NM1*1P*1*THE HOSPITAL*****XX*9876543210
HL*4*3*22*0
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```
DMG*D8*19980510*F
NM1*IL*1*DOE*JANE****MI*12345678901
TRN*1*406ba0b7-700d-4c99-8c75-6da5adaf1da4
REF*EJ*61157208-000
AMT*T3*1090.00
DTP*472*RD8*20130819-20130819
SE*16*1973007
GE*1*1972017
IEA*1*001972007
```

277 Sample Response

```
ISA*00* *00* *ZZ*SENDER *ZZ*RECEIVER *130924*0936*^*00501*000039422*0*P*~
GS*HN* SENDER *00000003B*20130924*0936*39421*X*005010X212
ST*277*0001*005010X212
BHT*0010*08*277005010X212E2*20130924*0536*DG
HL*1**20*1
NM1*PR*2*HEALTH PLAN OF SAN JOAQUIN*****PI*170558746
PER*IC*EDI OPERATIONS*TE*8888808699*EX*4042*FX*6179235555
HL*2*1*21*1
NM1*41*1 A GOOD HOSPITAL *****46*1234567890
HL*3*2*19*1
NM1*1P*1*THE HOSPITAL*****XX*9876543210
HL*4*3*22*0
NM1*IL*1*DOE*JANE****MI*12345678901
TRN*2*406ba0b7-700d-4c99-8c75-6da5adaf1da4
STC*F1~65*20130924**1090*20.08*20130902**20130902*619524
REF*1K*3239A7MW
REF*EJ*61157208-000
DTP*472*RD8*20130819-20130819
SVC*HC~36415*25*0****1
STC*P1~104*20130924
DTP*472*RD8*20130819-20130819
SVC*HC~80051*96*0****1
STC*P1~104*20130924
DTP*472*RD8*20130819-20130819
SVC*HC~80076*101*0****1
STC*P1~104*20130924
DTP*472*RD8*20130819-20130819
SVC*HC~82565*58*0****1
STC*P1~104*20130924
DTP*472*RD8*20130819-20130819
SVC*HC~82947*66*0****1
STC*P1~104*20130924
DTP*472*RD8*20130819-20130819
SVC*HC~84520*58*0****1
STC*P1~104*20130924
DTP*472*RD8*20130819-20130819
SVC*HC~85025*92*20.08****1
```

```
STC*P1~104*20130924
DTP*472*RD8*20130819-20130819
SVC*HC~85652*50*0****1
STC*P1~104*20130924
DTP*472*RD8*20130819-20130819
SVC*HC~74020*544*0****1
STC*P1~104*20130924
DTP*472*RD8*20130819-20130819
SE*44*0001
GE*1*39421
IEA*1*000039422
```

B. Change Summary

None