# Tufts Health Plan

## HIPAA Transaction
## Standard Companion Guide

## Refers to the Implementation Guides
## Based on ASC X12 version 005010

## Instructions Related to 276/277 Health Care Claim Status Request and Response Transactions Based on ASC X12 Implementation Guides, Version 005010

**August 2015**                                    **DMS #2244504**

**Disclosure Statement**

Tufts Health Plan® 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). The X12N 276/277 version of the 5010 Standards for Electronic Data Interchange Technical Report Type 3 and Errata (also 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 Tufts Health Plan'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 Tufts Health Plan 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 Tufts Health Plan'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 Tufts 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.

EDITOR'S NOTE:
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## 1  INTRODUCTION

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 Tufts Health Plan's 276/277 Health Care Claim Status Request and Response Transaction or testing, please contact the EDD Operations Department at 888-880-8699 x54042 or email your questions to EDD_Operations@point32health.org.

Tufts Health Plan's billing guidelines are not included in this document. Please refer to our website at http://www.tuftshealthplan.com/ for these guidelines, or contact Provider Services at 888-884-2404.

**NOTE**: Tufts Health Plan is not responsible for any software used by the submitter for the creation of 276/277 transactions.

### SCOPE

The Transaction Instruction component of this companion guide must be used in conjunction with an associated ASC X12 Implementation Guide. The instructions in this companion guide are not intended to be stand-alone requirements documents. This companion guide conforms to all the requirements of any associated ASC X12 Implementation Guides and is in conformance with ASC X12's Fair Use and Copyright statements.

### OVERVIEW

The Health Insurance Portability and Accountability Act–Administration Simplification (HIPAA-AS) requires Tufts Health Plan 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 Tufts Health Plan. 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.

### REFERENCES

The ASC X12N 276/277 (version 005010X212) Technical Report Type 3 guide for Health Care Claim Status Request and Response was established as the standard for Health Care Claim Status Request and Response Transaction and is available at http://store.x12.org/store/healthcare-5010-original-guides.

Tufts Health Plan's Web site containing documentation on e-transactions for providers is located at http://www.tuftshealthplan.com./providers.

## 2  GETTING STARTED

### WORKING WITH TUFTS HEALTH PLAN

For questions relating to the Tufts Health Plan's 276/Health Care Claim Status Request and Response Transaction, or testing contact the EDD Operations department at 888-880-8699 x4649 or e-mail your questions EDD_Operations@point32health.org

### TRADING PARTNER REGISTRATION

By contacting the EDD Operations department, the Trading Partner is sent a File Exchange Request Form to complete and return to EDD Operations.

The trading partner then sets up in Tufts HP testing environment, and the information is sent back to the trading partner so they can begin testing.

## 3  TESTING WITH THE PAYER

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

- During the testing process, Tufts Health Plan examines submitted test transactions for required elements, and also ensures that the submitter gets a response during the testing mode.

  **NOTE:** There is no limitation in transaction volume for ANSI 276/277 testing environment, but transactions must be submitted one at a time. Tufts Health Plan does not support batch claim status transactions.

- When the submitter is ready to send ANSI 276/277 transactions to a production mailbox, he/she must notify EDD Operations at Tufts Health Plan. EDD Operations 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 EDD Operations Team.

  **NOTE:** This password requirement is not part of the NEHEN provider setup. With NEHEN providers, security is provided through the telecommunications link.

## 4  CONNECTIVITY WITH THE PAYER/COMMUNICATIONS

### TRANSMISSION ADMINISTRATIVE PROCEDURES

#### Direct Submitters

Providers interested in submitting electronic Health Care Claim Status Request and Response transactions directly to Tufts Health Plan should contact EDD Operations via e-mail or telephone to request setup. For EDD Operations Team contact information, refer to 5 CONTACT INFORMATION.

#### NEHEN Providers

NEHEN is a consortium of the six largest payer organizations in Massachusetts that created an affordable, Web-based, single gateway for essential electronic transactions.

Providers interested in submitting electronic Health Care Claim Status Request and Response transactions via NEHEN should contact the vendor directly. The vendor then facilitates the setup with EDD Operations. EDD Operations works with NEHEN support staff to facilitate an IP address for the provider. For contact information, refer to 5 CONTACT INFORMATION.

After setup is complete, EDD Operations notifies the submitter and NEHEN technical support that the eGateway and telecommunications are set up. Then, the submitter can configure his/her eGateway to send the Claim Status transactions to the Tufts Health Plan test eGateway. After successful testing between Tufts Health Plan and the new submitter, the submitter migrates to a production status.

### RE-TRANSMISSION PROCEDURE

Currently, Tufts Health Plan only supports real-time transaction submission. For re-transmissions, the 276 request must be resent.

### COMMUNICATION PROTOCOL SPECIFICATIONS

The following is a list of technical standards and versions for the HTTPS multipart 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 (Tufts Health Plan supports the use of HTTP SOAP + WSDL envelope standards as identified in CAQH CORE Phase 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 (In a future release)
- Health Care Claims Status Request and Response Version 005010X212
- CAQH MIME (Tufts Health Plan 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 II Connectivity standards.)

Tufts Health Plan provides certificates to use in place of a user ID and password for SOAP upon completion of enrollment process.

**Message Specifications for SOAP**

| Envelope Element | Specification |
|---|---|
| PayloadType | X12_276_Request_005010X212 |
| ProcessingMode | RealTime |
| SenderID | ISA06 value as assigned by THP |
| ReceiverID | 170558746 |
| CORERuleVersion | 2.2.0 |
| Certificate Version | X.509 |

**NOTE:** Changes to CAQH that occur after this document has been written will override this document.

### PASSWORDS

The EDD Operations Group is responsible for password assignment and resets. For contact information, refer to 5 CONTACT INFORMATION.

### MAINTENANCE SCHEDULE

The systems used by the 276/277 transaction have a standard maintenance schedule of Sunday 8PM to 12AM EST. The systems are unavailable during this time. Email notifications will be sent notifying submitters of unscheduled system outages.

### RULES OF BEHAVIOR

Rules of Behavior for programs that connect to this site:

- Unauthorized use of certificate is not permitted
- Must not deliberately submit batch files that contain Viruses.

## 5  CONTACT INFORMATION

### EDI CUSTOMER SERVICE

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.

*For General HIPAA Questions*

If you have any general HIPAA questions, access the Tufts Health Plan website. To access the site, go to http://www.tuftshealthplan.com/providers and click **Electronic Services**.

*276/277 Transaction EDI Claim Status Request and Response Questions*

Contact EDD Operations at 888-880-8699 x54649 or EDD_Operations@point32health.org

**EDI TECHNICAL ASSISTANCE**

Contact EDD Operations at 888-880-8699 x54649 or EDD_Operations@point32health.org

**APPLICABLE WEBSITES/E-MAIL**

The following is a list of useful web sites and email addresses:
- http://www.wpc-edi.com/ (for corrected examples)
- http://www.tuftshealthplan.com/providers
- http://www.nehen.org (New England Healthcare Exchange Network (NEHEN))
- http://www.nehennet.org(NEHENNet**)**

## 6  CONTROL SEGMENTS/ENVELOPES

**ENVELOPE IDENTIFIERS**

As part of the setup process, Tufts Health Plan supplies each submitting provider with the Submitter and Sender Identifiers for the envelope elements. The Interchange Receiver and Application Receiver IDs depend on which e-Channel is used.

- For NEHEN and NEHENnet, the Interchange Receiver ID (ISA08) is 170558746 and Application Receiver ID (GS03) is NEHEN002.
- For non-NEHEN e-Channels, the Interchange Receiver ID (ISA08) is 170558746 and the Application Receiver ID (GS03) is 170558746.

**SETUP FOR 276 INBOUND TRANSACTIONS**

*ISA-IEA*

**ISA Interchange Control Header Segment**

| Segment Name | Seg. ID | Req// Opt. | # 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 | ZZ | Sender Qualifier |
| Interchange Sender ID/Trading Partner ID | ISA06 | R | 15 | <SENDER ID>* | Sender's Identification Number |
| Interchange ID Qualifier/Qualifier for Tufts Health Plan ID | ISA07 | R | 2 | 01 | Dun & Bradstreet Number is being used. |
| Interchange Receiver ID/ Tufts Health Plan ID | ISA08 | R | 15 | 170558746 | Tufts DUNS number: 170558746 |
| Interchange Date | ISA09 | R | 6 | <YYMMDD> | Date of the interchange in YYMMDD format |
| Interchange Time | ISA10 | R | 4 | <HHMM> | Time of the interchange in HHMM format |

| Segment Name | Seg. ID | Req// Opt. | # of Char. | Value | Remarks |
|---|---|---|---|---|---|
| Repetition Separator | ISA11 | R | 1 | ^ (is a typical separator received) | Type is not applicable; the repetition separator is a delimiter and not a data element; this field provides the delimiter used to separate repeated occurrences of a simple data element or a composite data structure; this value must be different than the data element separator, component element separator, and the segment terminator |
| Interchange Control Version Number | ISA12 | 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 | <Any> | ASCII Value. Component element separator |
| * Provider and Tufts Health Plan agreed upon entries | | | | | |

*GS-GE*

**Functional Group Header Segment**

| Segment Name | Seg. ID | Req// Opt. | # of Char. | Value | Remarks |
|---|---|---|---|---|---|
| Functional Identifier Code | GS01 | R | 2 | HR | Eligibility, Coverage or Benefit Inquiry |
| Application Sender's Code | GS02 | R | 2/15 | <SENDER ID> | Code identifying party sending transmission |
| Application Receiver's Code | GS03 | R | 2/15 | 170558746 | Code identifying party receiving transmission. Uses Tufts Health Plan DUNS number 170558746. |
| Date | GS04 | R | 8 | <CCYYMMDD> | Functional Group creation date in CCYYMMDD format |
| Time | GS05 | R | 4/8 | <HHMM> | Functional Group creation time in HHMM format. Time expressed in 24-hour clock. For example, 3:23 PM is entered as 1523. |
| Group Control Number | GS06 | R | 1/9 | <#> | Assigned and maintained by the sender, must be associated with GE02 segment GS06 |
| Responsible Agency Code | GS07 | R | 1/2 | X | Accredited Standards Committee X12 |
| Version/Release/Industry Identifier Code | GS08 | R | 1/12 | 005010X212 | Transaction version |

**Group Trailer**

| Segment Name | Seg. ID | Req// Opt. | # of Char. | Value | Remarks |
|---|---|---|---|---|---|
| Number of Transaction Sets Included | GE01 | R | | 1 | Total number of transactional sets included in the functional group or interchange |
| Group Control Number | GE02 | R | | <#> | Assigned number originated and maintained by the sender |

### SETUP FOR 277 OUTBOUND TRANSACTIONS

*ISA*

**Interchange Control Header Segment**

| Segment Name | Seg. ID | Req// Opt. | # 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 Tufts Health Plan ID | ISA05 | R | 2 | 01 | Sender Qualifier |
| Interchange Sender ID/ Tufts Health Plan ID | ISA06 | R | 15 | 170558746 | Tufts DUNS number: 170558746 |
| Interchange ID Qualifier/ Qualifier for Trading Partner ID | ISA07 | R | 2 | ZZ | Receiver Qualifier |
| Interchange Receiver ID/ Trading Partner ID | ISA08 | R | 15 | <RECEIVER ID>* | Receiver's Identification Number |
| Interchange Date | ISA09 | R | 6 | <YYMMDD>* | 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 sent) | Type is not applicable; the repetition separator is a delimiter and not a data element; this field provides the delimiter used to separate repeated occurrences of a simple data element or a composite data structure; this value must be different than the data element separator, component element separator, and the segment terminator |
| Interchange Control Version Number | ISA12 | R | 5 | 00501 | Version number |
| Interchange Control Number/Last Control Number | ISA13 | R | 9 | <#> | Assigned by the interchange sender, must be identical to associated Interchange Trailer, IEA-02. |
| Acknowledgement Request | ISA14 | R | 1 | 0 | 0 - No Acknowledgement Requested |
| Usage Indicator/Acknowledgment Request | ISA15 | R | 1 | <T or P> | T-test data; P-production data |
| Separator | IAS16 | R | 1 | ~ | Component element separator |

**Functional Group Header Segment**

| Segment Name | Seg. ID | Req// Opt. | # of Char. | Value | Remarks |
|---|---|---|---|---|---|
| Functional Identifier Code | GS01 | R | 2 | HN | Elig, Coverage or Benefit Information |
| Application Sender's Code | GS02 | R | 2/15 | Direct Submitter - 170558746 NEHEN Submitter – NEHEN002 | Tufts DUNS number Submitter ID |
| Application Receiver's Code | GS03 | R | 2/15 | <RECEIVER ID>* | Code identifying party sending (inbound) transmission |
| Date | GS04 | R | 8 | <CCYYMMDD>* | Functional Group creation date in CCYYMMDD format |
| Time | GS05 | R | 4/8 | <HHMM>* | Functional Group creates time in HHMM format; time in 24-hour clock, i.e., 3:23 PM entered as 1523. |
| Group Control Number | GS06 | R | 1/9 | <#> | Assigned and maintained by the sender, must be associated with GE02 segment |
| Responsible Agency Code | GS07 | R | 1/2 | X | Accredited Standards Committee X12 |
| Version/Release/Industry Identifier Code | GS08 | R | 1/12 | 005010X212 | Transaction version |

**Group Trailer**

| Segment Name | Seg. ID | Req// Opt. | # of Char. | Value | Remarks |
|---|---|---|---|---|---|
| Number of Transaction Sets Included | GE01 | R | | 1 | Total number of transactional sets included in the functional group or interchange |
| Group Control Number | GE02 | R | | <#> | Assigned number originated and maintained by the sender |

## 7  PAYER SPECIFIC BUSINESS RULES AND LIMITATIONS

Tufts Health Plan always responds to a 276 request with status codes at the claim level, as well as at the service line level, whenever possible. Due to the extensive amount of status codes used at the service line level, we recommend viewing the up-to-date status code lists at the Washington Publishing Company's website (www.wpc-edi.com) to review the service line level code definition returned on the 277 response.

Tufts Health Plan 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 Tufts Health Plan. When programming to accept a Tufts Health Plan 277 response, follow the complete Implementation Guide and addenda.

**SUPPORT FUNCTIONALITY**

- Tufts Health Plan accepts and processes Commercial (HMO, POS, PPO) and Tufts Health Plan Medicare Preferred claim status inquiry requests electronically, in the HIPAA-compliant 276 X12N format, and responds with the HIPAA-compliant 277 X12N format.
- Tufts Health Plan 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.
- As Tufts Health Plan is capable of uniquely identifying its dependent members based on the member's identification, Tufts Health Plan does not use the Dependent Loop 2000E on the 276/277 transactions. Typically, this number is a combination of the subscriber's number (or other 9 to 11 digit ID number) and a 2-digit suffix for the individual's relationship with the

subscriber, i.e., 01 for self, 02 for spouse. When information is sent in the Dependent Loop of the 276 transaction, Tufts Health Plan only responds referencing the status of claims for the member identified in the Subscriber loop.

- Tufts Health Plan responds at the service line level whenever possible. The response at the service line level includes status category codes, status codes, and entity codes when needed as defined in the 276/277 implementation guide

### UNSUPPORTED BUSINESS FUNCTIONS

To provide immediate response to submitters, Tufts Health Plan uses real time processing for its EDI transactions. As a result, Tufts Health Plan does not support a 999-response transaction for any 276 transactions submitted and, at this time, does not support batch transactions.

### SUBSCRIBER AND MEMBER SEARCHES

To uniquely identify a member, a 276 transaction must include the member's Tufts Health Plan Identification Number, the provider's Tufts Health Plan Identification Number, and dates of service. In addition to the previous criteria, the claim number can also be submitted.

| Inquiry Criteria | Expected Date |
|---|---|
| Member ID Qualifier | 2100 NM108 Identification Code Qualifier (Expected "MI") |
| Member ID | 2100 NM109 Member Primary Identifier (Expected Member's ID) |
| Provider ID Qualifier | 2100C NM108 Identification Code (Expected "MM") |
| Provider ID | 2100C NM109 Provider Identifier (Expected Provider's NPI) |
| Date of Service qualifier | 2200D DTP02 Claim Service Period (Expected "RD8" Qualifier) |
| Date of Service | 2200D DTP03 Claim Service Date Range |
| Claim Number | 2200D REF102 Payer Claim Control Number |

- For the best response time, Tufts Health Plan 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, Tufts Health Plan returns the 277 transaction with all of the Inquiry criteria information that was submitted in the 276 transaction.

### DATE OF SERVICE

The date of service (DOS) on the request must correspond with the entire service period submitted on the claim. Tufts Health Plan accepts inquiries that request information on a range of dates ("RD8" qualifier). If the DOS is equal to one date only, the same date should be used in both sections of the range. Tufts Health Plan accepts the DOS that is provided in Loop 2200D Segment DTP Element DTP03 of the transaction.

### MEMBER ID

The member's full identification number, including suffix on the request, must correspond with what was submitted on the claim. If the member ID submitted correlates to an active Tufts Health Plan member in the last two years, the response displays the member's name and date of birth in the appropriate fields as it appears in the Tufts Health Plan database, if all other criteria are valid. If the member ID submitted does not correlate to an active Tufts Health Plan member in the last two years, the response displays "UNKNOWN" in the text field.

### PROVIDER ID

On the 276 request, the provider's identification number must correspond with what was submitted on the claim. If the provider ID submitted is, or has been, a Tufts Health Plan provider, the response displays the provider's name from the Tufts Health Plan database, if all other criteria are valid. If the provider ID submitted is not, or never has been, a Tufts Health Plan provider, the response displays "UNKNOWN" in the text field.

## 8  ACKNOWLEDGEMENTS AND/OR REPORTS

### 999 – ACKNOWLEDGEMENT FOR HEALTH CARE INSURANCE

Tufts Health Plan does not support the Acknowledgement for Health Care Insurance (999) as we do not currently support batch submission. No 999s are sent for real-time submissions of 276 transactions.

### TA1 - INTERCHANGE ACKNOWLEDGEMENT REQUEST

Tufts Health Plan does not support the Interchange Acknowledgement Request (TA1) when requested by submitters with the ISA14 value of one.

### REJECTION LOGIC/STATUS CODES

Tufts Health Plan 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

### TRADING PARTNERS

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

Tufts Health Plan uses the File Exchange Request Form to establish the Trading Partners agreement/set-up forms to process electronic transactions.10.

## 10  TRANSACTION SPECIFIC INFORMATION.

The following table specifies the columns and suggested use of the rows for the detailed description of the transaction set companion guides.

| Legend |
| --- |
| **BOLDED and SHADED rows represent "loops" or "segments" in the X12N implementation guides.** |
| NON-SHADED rows represent "data elements" in the X12N implementation guides. |

| Loop ID | Reference | Name | Codes | Notes/Comments |
| --- | --- | --- | --- | --- |
| **2100B** | **NM1** | **Information Receiver Name** | | |
| | NM108 | Identification Code Qualifier | 46 | |
| | NM109 | Identification Code | | Tufts Health Plan expects to receive the 10-digit NPI Number |
| **2100C** | **NM1** | **Provider Name** | | |
| | NM108 | Identification Code Qualifier | XX | |
| | NM109 | Identification Code | | Tufts Health Plan expects to receive the 10-digit NPI Number |
| **2000D** | **DMG** | **Subscriber Demographic Information** | | **Tufts Health Plan is capable of uniquely identifying each member within its system** |
| | DMG02 | Date Time Period | | DOB of Member |
| | DMG03 | Gender Code | | Gender Code |
| **2100D** | **NM1** | **Subscriber Name** | | |

| Loop ID | Reference | Name | Codes | Notes/Comments |
|---------|-----------|------|-------|----------------|
| | NM01 | Entity ID Code | IL | Tufts Health Plan is capable of uniquely identifying each member within its system. Therefore, we expect the 'IL'-Insured/Subscriber qualifier. |
| | NM02 | Identification Code Qualifier | MI | Tufts Health Plan requires submitting 'MI'. |
| | NM109 | Identification Code | | Member ID (9-digit base number with 2-digit suffix), e.g., BBBBBBBBBSS |
| **2200D** | **TRN** | **Claim Submitter Trace Number** | | |
| | TRN02 | Reference Identification | | Trace Number |
| | REF101 | Reference Identification | 1K | Required when the Information Receiver knows the assigned claim number and intends the search criteria to be narrowed to a specific claim. |
| | REF102 | Reference Identification | | Tufts Health Plan Claim Number |

**APPENDICES**

1. **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*TUFTS*****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
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 Responses at the Claim Level**

| Scenario | Status Category Code | Status Code | Entity Code |
|---|---|---|---|
| Trading Partner is not allowed to view the claim | E0: Response not possible – error on submitted request | 25: Entity not approved | 40: Waiting for final approval |
| Claim number submitted is not on Tufts Health Plan's system | E0: Response not possible – error on submitted request. | 35: Claim/Encounter not found. | |
| Request cannot be located in Tufts Health Plan's system | A4: Acknowledgement /not found – the claim/encounter cannot be found in the adjudication system. | 0: Cannot provide further status electronically. | |
| Tufts Health Plan's systems are down | E0: Response not possible – error on submitted request. | 484: Business Application Currently Not Available | |
| Claim received and pending in system | A2: Acknowledgement/Acceptance into adjudication system – the claim/encounter has been accepted into the adjudication system | 20: Accepted for processing 38: Awaiting next periodic adjudication cycle | |
| Claim received, finalized in system with at least one service line paid | F1: Finalized/Payment | 65: Partial payment made for this claim | |
| Claim received, finalized in system, and all service lines are denied | F2: Finalized/Denial | 8: No payment due to contract/plan provisions | |

**Sample 277**

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*TUFTS HEALTH PLAN*****PI*170558746
PER*IC*EDI   OPERATIONS*TE*8888808699*EX*54042*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
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IEA*1*000039422

## 2. Change Summary

This section describes the differences between the current Companion Guide and previous guides.

| Revision | Revision Date | Comments |
|---|---|---|
| 1 | 06/2011 | Version 5010 |
| 2 | 12/2012 | Core® Operating Rule Additions |
| 3 | 08/2015 | Changed phone extensions to 5 digit numbers |