



Tufts Health Public Plans

**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**

Version 2.0

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DISCLOSURE STATEMENT

The information in this document is subject to change. Changes will be posted via the Tufts Health Public Plans website located at: www.tuftshealthplan.com/

Tufts Health Public Plans 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 Public Plans 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 Public Plans 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 Public Plans specifications for the transactions as well as contact information and key points.

PREFACE

This Companion Guide to the ASC X12N Technical Report Type 3 guides adopted under HIPAA clarifies and specifies the data content when exchanging electronically with Tufts Health Public Plans.

The following information is intended to serve as a companion document to the HIPAA ASC X12N 276/277 (005010X212E2) Implementation Guide for Health Care Claim Status Request and Response. This companion document supplements, but does not exceed any requirements in the ASC X12N 276/277 (005010X212E2) Implementation Guide.

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.

The information describes specific requirements for sending and receiving Health Care Claim Status Request and Response with Tufts Health Public Plans through New England Healthcare Exchange Network (NEHEN) and Tufts Health Plans CORE services.

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1. INTRODUCTION

In order to submit a valid transaction, refer to the Technical Reports that can be ordered from the Washington Publishing Company's website at www.wpc-edi.com.

For questions relating to the Tufts Health Public Plans 276/277 Health Care Claim Status Request and Response Transaction or testing, please contact the Provider Services at 888-257-1985 or email your questions to edi@point32health.org.

Tufts Health Public Plans billing guidelines are not included in this document.

Please refer to our website at www.tuftshealthplan.com for these guidelines, or contact Provider Services at 888-257-1985.

NOTE: Tufts Health Public Plans 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. It is intended for use with CAQH CORE compliant systems. For additional information on building a CORE compliant system go to www.caqh.org

OVERVIEW

The Health Insurance Portability and Accountability Act—Administration Simplification (HIPAA-AS) requires Tufts Health Public Plans 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 Public Plans.

This guide supplements (but does not contradict) requirements in the ASC X12N 276/277 (version 005010X212E2) implementation. This information should be given to the provider's business area to ensure that health care claim status responses are interpreted correctly.

REFERENCES

The ASC X12N 276/277 (version 005010X212E2) Implementation Guide for Health Care Claim Status Request and Response has been established as the standard for claim status transactions and is available at www.wpc-edi.com/HIPAA

Tufts Health Public Plans Web site containing documentation on transactions for providers is located at www.tuftshealthplan.com/providers

2. GETTING STARTED

WORKING WITH TUFTS HEALTH PUBLIC PLANS

This section describes how to interact with Tufts Health Public Plans EDI Department. For questions relating to the Tufts Health Public Plans 276 Health Care Claim Status Request Transaction or testing contact the Provider Services at 888-257-1985 or e-mail your questions to edi@point32health.org

TRADING PARTNER REGISTRATION

Two documents important to the setup of new EDI partnerships are detailed below:

1. VPN Set Up Form – To submit via NEHEN, please refer to the NEHEN set up guide.
2. EDI Intake Form – A survey of Trading Partner information, identifiers, desired EDI transactions, and requested e-channels.

This information is used to set up new Trading Partners for EDI or to edit existing information. Please contact EDI Team for further information. Email: edi@point32health.org

The EDI Intake Form can be accessed at

https://tuftshealthplan.com/getattachment/342cf3e-8876-460b-901c-1981aca7b4db/THPP_Electronic-Data-Interchange-%28EDI%29-Intake.aspx

3. TESTING WITH THE PAYER

276/277 transactions are inquiry and response transactions and do not result in any data changing upon completion, therefore test transactions (ISA15 value of "T") with production data can be sent to our production environment without any negative impact.

NEHEN

Tufts Health Public Plans employs NEHEN for Trading Partner testing of 276 request and 277 responses. Please contact Tufts Health Public Plans EDI Team to setup the NEHEN user within its NEHEN gateway configurator website.

DIRECT CONNECTION

If you wish to test the 276 /277 Claim Status transactions in Tufts Health Public Plans test environment please contact EDI Team at

- Fax: 857-304-6340 or
- Email: edi@point32health.org

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 Public Plans should contact EDI team via e-mail or telephone to request setup. For EDI Team contact information, refer to 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.

RE-TRANSMISSION PROCEDURE

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

COMMUNICATION PROTOCOL SPECIFICATIONS

Tufts Health Public Plans provides two options for submission of production 276 transactions. Our preferred channels are:

1. New England Healthcare Exchange Network (NEHEN) – www.nehen.org
2. Tufts Health Public Plans CORE web services - Trading Partners and Providers will be given detailed information on how to log on through the web services by the EDI Team.

For further information, please contact the EDI Team: CONTACT INFORMATION

Tufts Health Public Plans follows the connectivity rules specified in the CORE Guide: www.caqh.org/pdf/CLEAN5010/270-v5010.pdf

SYSTEM AVAILABILITY

Tufts Health Public Plans 276/277 services are available for processing transactions any time from Monday - Sunday except during the maintenance window.

MAINTENANCE SCHEDULE

The systems used by the 276/277 transaction have a standard maintenance schedule on Sunday from 8AM - 12PM. The systems are unavailable during this time.

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.

Current version of the companion guide is posted at:

<https://tuftshealthplan.com/getattachment/91e18e9d-967b-4e0f-be87-4e1c678ab830/ASC-X12N-276-277-Health-Care-Claim-Stat.aspx>

GENERAL HIPAA QUESTIONS

If you have HIPAA related questions, please access the Tufts Health Public Plans website at www.tuftshealthplan.com

EDI TECHNICAL ASSISTANCE

EDI Team can be contacted from Monday – Friday, 8 AM to 5 PM by

- Email: edi@point32health.org
- Fax: 857-304-6340

Provider Services should be contacted at 888-257-1985 instead of EDI Customer Service if you have questions regarding the details of a member's benefits. Provider Services is available Monday – Friday, 8 AM to 5 PM.

APPLICABLE WEBSITES/E-MAIL ADDRESSES

This section contains a list of useful websites and email addresses.

www.wpc-edi.com for corrected examples

www.tuftshealthplan.com/providers

edi@point32health.org

6. CONTROL SEGMENTS/ENVELOPES

The following table specifies the columns and suggested use of the rows for the detailed description of the transaction set companion guides. The table contains a row for each segment that Tufts Health Public Plans has something additional, over, and above the information in the TR3's.

ENVELOPE IDENTIFIERS

As part of the setup process, Tufts Health Public Plans supplies each submitting provider with the Submitter and Sender Identifiers for the envelope elements.

SETUP FOR 276 INBOUND TRANSACTIONS

ISA - IEA

This section describes Tufts Health Public Plans use of the interchange control segments. It includes a description of expected sender and receiver codes, authorization information and delimiters.

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	ZZ	Receiver Qualifier
Interchange Receiver ID/ Tufts Health Plan ID	ISA08	R	15	NEHEN041	
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 received)	
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
Component Element Separator	ISA16	R	1	: (is a typical separator received)	

IEA - Interchange Control Trailer

Segment Name	Seg ID	Req/ Opt	# of Char	Value	Remarks
Number of Included Functional Groups	IEA01	R	1/5		
Interchange Control Number	IEA02	R	9		

GS - GE

This section describes Tufts Health Public Plans use of the functional group control segments. It includes a description of expected application sender and receiver codes. Also included in this section is a description of how Tufts Health Public Plans expects functional groups to be sent and how Tufts Health Public Plans will send functional groups.

GS Functional Group Header Segment

Segment Name	Seg ID	Req/ Opt	# of Char	Value	Remarks
Functional Identifier Code	GS01	R	2	HR	Claim Status Inquiry
Application Sender's Code	GS02	R	2/15	<SENDER ID>	Code identifying party sending transmission
Application Receiver's Code	GS03	R	2/15	NEHEN041	Code identifying party receiving transmission
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.
Group Control Number	GS06	R	1/9	<#>	Assigned and maintained by the sender, must be associated with GE02
Responsible Agency	GS07	R	1/2	X	Accredited Standards

Code					Committee X12
Version/Release/ Industry Identifier Code	GS08	R	1/12	005010X212	Transaction version

GE - Group Trailer

Segment Name	Seg ID	Req/ Opt	# of Char	Value	Remarks
Number of Transaction Sets Included	GE01	R	1/6	1	Total number of transactional sets included in the functional group or interchange.
Group Control Number	GE02	R	1/9	<#>	Assigned number originated and maintained by the sender

SETUP FOR 277 OUTBOUNDTRANSACTIONS**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	ZZ	Sender Qualifier
Interchange Sender ID	ISA06	R	15	NEHEN041	
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 Time	ISA10	R	4	<HHMM>*	Time of the interchange in HHMM format
Repetition Separator	ISA11	R	1	^ (is a typical separator sent)	
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 IEA02.
Acknowledgement Request	ISA14	R	1	0	0 - No acknowledgement requested
Usage Indicator/ Acknowledgment	ISA15	R	1	<T or P>	T-test data; P-production data

Request					
Component Element Separator	ISA16	R	1	: (is the typical separator received)	

GS-FUNCTIONAL GROUP HEADER SEGMENT

Segment Name	Seg ID	Req/ Opt	# of Char	Value	Remarks
Functional Identifier Code	GS01	R	2	HN	HN-Health Care Claim Status Response
Application Sender's Code	GS02	R	2/15	NEHEN041	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.
Group Control Number	GS06	R	1/9	<#>	Assigned and maintained by the sender, must be associated with GE02
Responsible Agency Code	GS07	R	1/2	X	Accredited Standards Committee X12
Version/Release/Industry Identifier Code	GS08	R	1/12	005010X212	Transaction version

GE - GROUP TRAILER

Segment Name	Seg ID	Req/ Opt	# of Char	Value	Remarks
Number of Transaction Sets Included	GE01	R	1/6	1	Total number of transactional sets included in the functional group or interchange
Group Control Number	GE02	R	1/9	<#>	Assigned number originated and maintained by the sender

7. PAYER SPECIFIC BUSINESS RULES AND LIMITATIONS

MEMBER IDENTIFICATION NUMBERS

Complete Tufts Health Public Plans member IDs, including suffix, are 11-character alphanumeric values. The last two digits represent the member suffix. If a member ID is sent without the two digit suffix, Tufts Health Public Plans will attempt to match members using either the MMIS ID or SSN. If both MMIS ID and SSN are not submitted but 9 digits Member ID is submitted, Tufts Health Public Plans will try to match the ID to a single Id. If a single 9 digit member id submitted on the claim is not found in the system, Tufts Health Public Plans will return the error code.

CLAIM HEADER FOR EACH CLAIM

If a claim number is submitted on the status request, the response is sent for that specific claim. If a range of date of service is sent on the status request, Tufts Health Public Plans will return all of the claims within the date of service for the member or provider sent.

CLAIM STATUS AND EXPLANATION OF PAYMENT (EOP) INFORMATION

The 276/277 transaction pair is designed to provide information only on the status of a claim. It is not intended to be used as an EOP and does not contain detailed information about payments other than the date and amount paid. The Health Care Payment/Advice transaction (the 835) is used to convey claim payment information such as Copay, Denied amount, deductible, Risk, etc.

VALIDATION CHECKS PERFORMED BY TUFTSHEALTH PUBLICPLANS

Tufts Health Public Plans performs the following validation checks on the 276 status request to warrant a 277 status response:

#	Validation Description
1.	Submitter is authorized to use the 276/277 transaction
2.	Provider is related to the Submitter of the 276/277 transactions
3.	Member ID is submitted
4.	Member Last name is submitted
5.	Member First Name is submitted
6.	Member Birth Date is submitted
7.	Member Gender is submitted
8.	Provider NPI is submitted

9.	Provider Last Name is submitted
10.	Provider First Name is submitted
11.	Member Birth Date is in the future
12.	Claim DOS is in the future
13.	Claim DOS is missing

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

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

Tufts Health Public Plans utilizes the Electronic Data Interchange (EDI) Intake Form to establish the Trading Partners agreement/set-up forms to process electronic transactions. The EDI Intake Form can be accessed from here:

https://tuftshealthplan.com/getattachment/342fcf3e-8876-460b-901c-1981aca7b4db/THPP_Electronic-Data-Interchange-%28EDI%29-Intake.aspx

10. APPENDIX: TRANSMISSION EXAMPLES**SAMPLE 276**

ISA*00* *00* *ZZ* NWHV9999 *ZZ*NEHEN041
 *130325*1513*|*00501*000000212*0*T*:~
 GS*HR*NWHV9999*NEHEN041*20130325*1513*212*X*005010X212~
 ST*276*0208*005010X212~
 BHT*0010*13*NWH20110715223838*20110715*223839~
 HL*1*0*20*1~
 NM1*PR*2*TuftsHealthPlan*****PI*NEHEN04~
 HL*2*1*21*1~
 NM1*41*2*Tuftshealthplan*****46*NEHEN0~
 HL*3*2*19*1~
 NM1*1P*2*One patient Diagnostic*****XX*14444444448~
 HL*4*3*22*0~ DMG*D8*19180511*M~
 NM1*IL*1*Smith*john****MI*N0345623~
 TRN*1*291114V1672~
 AMT*T3*29.00~
 DTP*472*RD8*20100616-
 20100916~ SE*15*0208~
 GE*1*212~
 IEA*1*0000012~

SAMPLE 277

ISA*00* *00* *ZZ*NEHEN041*ZZ*NWHV9999
 *130325*1513*|*00501*000052826*0*T*:~
 GS*HN*NEHEN041*NWHV9999 *20130325*1513*52826*X*005010X212~
 ST*277*52884*005010X212~
 BHT*0010*08*294554V1672*20130325*151328*DG~
 HL*1**20*1~
 NM1*PR*2*Tufts Health Plan*****PI*NEHEN041~
 PER*IC*E-Business Department*EM*EDI@tuftshealth.com~
 HL*2*1*21*1~
 NM1*41*2*Tufts Health Plan*****46*NEHEN041~
 HL*3*2*19*1~
 NM1*1P*2* Onepatient Diagnostic*****XX*14444444448~
 HL*4*3*22*0~
 NM1*IL*1* Smith*john****MI*N0345623301~ TRN*2*294554V1672~
 STC*F1:65*20120425**59*131.02*20100910*CHK*20100924*011117 260012~
 REF*1K*10000E0000M~
 REF*EJ*290000V1000~
 DTP*472*RD8*20110417-20110417~
 SVC*HC:60*159*131.02****1~
 STC*F1:65*20130325**59*31.82~
 DTP*472*RD8*20100419-20100420~

SE*20*52884~
GE*1*52826~
IEA*1*000052826~