



Medical Associates Health Plans and Health Choices

276/277 HIPAA Transaction Companion Guide

HIPAA V5010X212

VERSION: 2.0

DATE: 06/21/2016

Disclosure Statement

This material contains confidential, proprietary information. Unauthorized use or disclosure of the information is strictly prohibited.

The information in this document is furnished for Medical Associates Health Plan and Health Choices (MAHP/HC) and Trading Partner use only. Changes are periodically made to the information in this document; these changes will be incorporated in new editions of this publication. Medical Associates Health Plan/Health Choices may make improvements and/or changes in the product and/or program described in this publication at any time.

Below are the plans either owned or administered by MAHP/HC. The Payer ID for Claim Status transaction is MASHP. These plans will be referred as MAHP/HC in the document hereinafter.

- Medical Associates Health Plan
- Medical Associates Health Plan Community Health Plan
- Medical Associates Health Plan Medicare Plan
- Health Choices

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 MAHP/HC. 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:

This page is blank because major sections of a book should begin on a right hand page

Table of Contents

INTRODUCTION	6
SCOPE	6
OVERVIEW	6
REFERENCES	7
ADDITIONAL INFORMATION	7
GETTING STARTED	7
WORKING WITH MAHP/HC	7
TRADING PARTNER REGISTRATION	7
CERTIFICATION AND TESTING OVERVIEW	7
TESTING WITH THE PAYER	8
CONNECTIVITY WITH THE PAYER/COMMUNICATIONS	8
PROCESS FLOW	8
TRANSMISSION ADMINISTRATIVE PROCEDURES	9
RE-TRANSMISSION PROCEDURE	9
COMMUNICATION PROTOCOL SPECIFICATIONS	9
PASSWORDS	9
CONTACT INFORMATION	10
EDI CUSTOMER SERVICE	10
EDI TECHNICAL ASSISTANCE	10
PROVIDER SERVICE NUMBER	10
APPLICABLE WEBSITES/E-MAIL	10
CONTROL SEGMENTS/ENVELOPES	10
ISA/IEA	10
GS-GE	11
ST-SE	12
PAYER SPECIFIC BUSINESS RULES AND LIMITATIONS	12
ACKNOWLEDGEMENTS AND/OR REPORTS	13
REPORT INVENTORY	13
TRADING PARTNER AGREEMENTS	13
TRANSACTION SPECIFIC INFORMATION	14

1. INTRODUCTION

This is the Companion Guide to the HIPAA V5010X212 Technical Reference Guide adopted under HIPAA; clarifies and specifies the data content when exchanging claim status data electronically with MAHP/HC. 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.

SCOPE

This Companion Guide is intended for Trading Partners trading ASC/X12N 276/277 5010 transactions with MAHP/HC. The purpose of the Communications/Connectivity Guide is to convey the information needed to commence and maintain communication exchange with MAHP/HC's Real-Time Exchange Services clearinghouse (Change HealthCare), for the purpose of conducting real-time X12N 276/277 5010 Claim Status Request and Response transactions. This guide is intended to supplement information from the ASC X12 Technical Reports Type 3 (TR3s).

OVERVIEW

This guide is composed of the following sections:

- Section 1 Introduction: scope, overview, and related references.
- Section 2 Getting Started: How to interact with the clearinghouse implementation team, how to register as a trading partner and complete payer enrollment, and an overview of testing and certification.
- Section 3 Testing: Details about the testing and certifying process.
- Section 4 Connectivity with Change HealthCare/Communications: process flows, transmission administrative procedures, communication protocols, security protocols, and passwords.
- Section 5 Contact Information: how to get help.
- Section 6 Control Segments/Envelopes: ISA/ISE, GS/GE, and ST/SE values specific to MAHP/HC.
- Section 7 Payer Specific Business Rules and Limitations: Describes MAHP/HC business rules.
- Section 8 Acknowledgements and Reports: Information about MAHP/HC use of acknowledgements and reports.
- Section 9 Trading Partner Agreements: Instructions regarding agreements that must be made between trading partners.
- Section 10 Transaction Specific Information: general supplemental instructions for each of the HIPAA-adopted transaction types.

REFERENCES

ASC X12 Technical Reports Type 3 (TR3s)

ASC X12 publishes implementation guides, known as Technical Reports Type 3 (TR3s), which define the data contents and compliance requirements for the health care implementation of the ASC X12N/005010 transaction sets. Following are the TR3s referenced in this guide: **ASC X12N/005010X212 Health Care Claim Status Request (276/277)**, hereinafter 005010X212 TR3s. Compliance with the requirements set forth in the TR3s is required. These guides can be purchased from the ASC X12 store at [ASC X12 Store - Store](#) or from Washington Publishing Company [Washington Publishing Company](#). The TR3s are copyrighted.

ADDITIONAL INFORMATION

For more detailed information refer to Change HealthCare Companion guide at

<http://www.ChangeHealthCare.com/resourcepdfs/X12-5010-Standard-Companion-Guide.pdf>

This Companion Guide assumes the reader is a representative of the Trading Partner, and understands basic X12 structure, looping, and standard data requirements as set forth in the TR3 for each transaction set needed to exchange. This Companion Guide also assumes that:

- The Trading Partner has a real-time EDI interface that supports the transaction sets the Trading Partner wishes to exchange.
- The Trading Partner has resources to develop a connection to Change HealthCare.

2. GETTING STARTED

WORKING WITH MAHP/HC

MAHP/HC currently uses Change HealthCare as the exclusive clearinghouse for managing 276/277 connections. This guide includes the instructions needed to get connected and start sending/receiving standard 276 and 277 transactions with Change HealthCare. Make sure to read the entire guide in order to take advantage of the full functionality of the system.

TRADING PARTNER REGISTRATION

Before submitting or receiving a 276 or 277 transaction, registration as a Trading Partner with Change HealthCare is required. To register, complete the Enrollment Application and Trading Partner Agreements and submit to: Email: rtenrollment@ChangeHealthCare.com
Fax: 615-885-3713

Real Time Provider Setup Form available at [Change HealthCare - Resource Library](#). Search for Change HealthCare Hosted Real Time Flyer.

CERTIFICATION AND TESTING OVERVIEW

The interface with Change HealthCare will involve utilization of Change HealthCare’s proprietary software suite. Trading Partners who have not used it before may need to go through a testing phase with Change HealthCare.

3. TESTING WITH THE PAYER

Testing will take place with Change HealthCare. Before testing with Change HealthCare can begin:

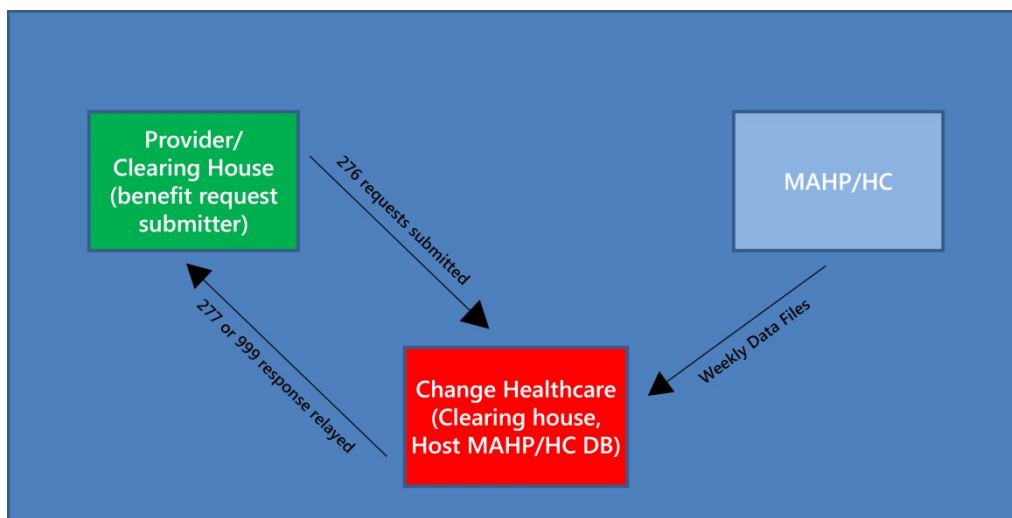
- Connectivity with Change HealthCare’s Real-Time Exchange Services must be established. The Implementation Coordinator will work to facilitate the setup and testing of connectivity and communications.
- Develop HIPAA and ASC/X12-compliant transaction sets. Transaction sets can be developed before connectivity with Change HealthCare is established.

It is strongly recommended that transactions are checked for compliance to 005010 standards using a compliance checker. Change HealthCare has partnered with Edifecs for this purpose and will activate an Edifecs account for the trading partner. For assistance with your Edifecs account, the Change HealthCare Implementation Coordinator can provide assistance; send questions to 5010submitterRTtesting@ChangeHealthCare.com. Any other compliance checker can also be used.

4. CONNECTIVITY WITH THE PAYER/COMMUNICATIONS

PROCESS FLOW

The process flow for the 276/277 transaction exchange will involve two separate entities: The provider or clearinghouse sending the claim status request, and Change HealthCare. Change HealthCare will serve as an intermediary between the request source and MAHP/HC, storing the benefit data for MAHP/HC and exchanging the claim status response through their secure connections.



TRANSMISSION ADMINISTRATIVE PROCEDURES

Change HealthCare will return a 277 response or 999 (in case of failed validation) within 20 seconds of receiving the 276 request from a submitter to provide as close to a real-time response as possible. Automation is currently configured to run 24 hours a day in order to process requests as submitted.

For more detailed information refer to Change HealthCare Companion guide at

<http://www.ChangeHealthCare.com/resourcepdfs/X12-5010-Standard-Companion-Guide.pdf>

RE-TRANSMISSION PROCEDURE

MAHP/HC Real-Time Exchange Services through Change HealthCare do not perform re-transmissions. It is the Trading Partner's responsibility to resubmit

COMMUNICATION PROTOCOL SPECIFICATIONS

Change HealthCare's security protocol is Username/Password. Change HealthCare does not use X.509.

The currently supported protocol for CORE is HTTP/S. The following is a list of standards and the versions that this Rule is based on:

- HTTP Version 1.1
- SSL Version 3.0
- MIME Version 1.0
- The MIME Multipart/Form-Data (IETF RFC 2388)
- SOAP Version 1.2
- WSDL Version 1.1
- Web Services-Security 1.1

Change HealthCare utilizes SOAP, MIME/Multipart, and WSDL.

For more information on the required protocols and envelopes, see **CORE 270: Phase II Connectivity Rule, version 2.2.0 section 4.**

PASSWORDS

As a secure connection between Change HealthCare and MAHP/HC has already been established, any passwords to protect the security of the data would only need to be setup between the trading partner and Change HealthCare. Change HealthCare reasons. The interchange submitter ID and passwords are authenticated against a database.

CONTACT INFORMATION

EDI CUSTOMER SERVICE

For customer service type inquiries in relation to the 276/277 setup and its efficiency, please contact Change HealthCare EDI support @ 1-866-742-4355 option 3.

EDI TECHNICAL ASSISTANCE

For EDI technical assistance, please contact Change HealthCare EDI support @ 1-866-742-4355, option 3.

PROVIDER SERVICE NUMBER

For provider services, please contact MAHP/HC EDI Support Specialist @ 563-584-4860.

APPLICABLE WEBSITES/E-MAIL

For more about MAHP/HC, visit our website at www.mahealthcare.com or www.preferredhealthchoices.com – click on the provider tab or e-mail us at <mailto:mahpedi@mahealthcare.com>

5. CONTROL SEGMENTS/ENVELOPES

ISA/IEA

The following are values for the r the interchange control segments. It includes a description of expected sender and receiver codes, authorization information, and delimiters, for both the Interchange Control Header (ISA) and the Interchange Control Trailer (IEA).

ISA RECORD LAYOUT

Reference Designator	Usage	Description	Possible Values(preferred values bolded)	Min	Max
ISA01	R	Authorization Information Qualifier	00	2	2
ISA02	R	Authorization Information	Leave blank	10	10
ISA03	R	Security Information Qualifier	01	2	2
ISA04	R	Security Information	TPG Serial Number	10	10
ISA05	R	Interchange ID Qualifier	ZZ	2	2
ISA06	R	Interchange Sender ID	TPG Terminal Number	15	15
ISA07	R	Interchange ID Qualifier	ZZ	2	2
ISA08	R	Interchange Receiver ID	Change HealthCare	15	15
ISA09	R	Interchange Date	YYMMDD format	6	6

ISA10	R	Interchange Time	HHMM Format	4	4
ISA11	R	Repetition Separator	>, :,	1	1
ISA12	R	Interchange Control Version No.	00501	5	5
ISA13	R	Interchange Control Number	See TR3	9	9
ISA14	R	Acknowledgement Requested	0	1	1
ISA15	R	Usage Indicator	P	1	1
ISA16	R	Component Element Separator	;	1	1
		Segment Terminator	~	1	1

IEA RECORD LAYOUT

Reference Designator	Usage	Description	Possible Values	Min	Max
IEA01	R	Number of Functional Groups		1	5
IEA02	R	Interchange Control Number	Must match ISA13	9	9

GS-GE

The following are values for the functional group control segments. It includes a description of expected application sender and receiver codes, for both the Group Control Header (GS) and the Group Control Trailer (GE). On inbound transmissions, the trading partner is to define the group control number to be sent. On outbound transmissions MAHP/HC will generate a unique sequenced control number.

MAHP/HC Real-Time Exchange Services through Change HealthCare support only one functional group per request and response.

GS RECORD LAYOUT

Reference Designator	Usage	Description	Possible Values	Min	Max
GS01	R	Functional Identifier Code	HS (INBOUND)	2	2
GS02	R	Application Sender's Code	(defined by sender)	2	15
GS03	R	Application Receiver's Code	MTEXE	2	15
GS04	R	Date	CCYYMMDD	8	8
GS05	R	Time	HHMM	4	8
GS06	R	Group Control Number	(defined by sender)	1	9
GS07	R	Responsible Agency Code	X	1	2
GS08	R	Version/Release/Industry identifier	005010X212	1	12

GE RECORD LAYOUT

Reference Designator	Usage	Description	Possible Values	Min	Max
GE01	R	Number of Transaction Sets Included		1	6
GE02	R	Group Control Number	Must match GS06	1	9

ST-SE

The following are values for the transaction set segments. It includes a description of expected transaction codes, for both the Transaction Set Header (ST) and the Transaction Set Trailer (SE). On inbound transmissions, the trading partner is to define the transaction set control number to be sent. On outbound transmissions MAHP/HC will generate a unique sequenced control number.

ST RECORD LAYOUT

Reference Designator	Usage	Description	Possible Values	Min	Max
ST01	R	Transaction Set Identifier Code	276	3	3
ST02	R	Transaction Set Control Number	(incrementing number)	4	9
ST03	R	Implementation Convention Ref.	005010X212	1	35

SE RECORD LAYOUT

Reference Designator	Usage	Description	Possible Values	Min	Max
SE01	R	Number of Included Segments		1	10
SE02	R	Transaction Set Control Number	Must match ST02	4	9

6. PAYER SPECIFIC BUSINESS RULES AND LIMITATIONS

Submitters may send a 276 claim status request on claims filed electronically (via an 837 Health Care Claim) or on paper. MAHP/HC does not distinguish between paper and electronic claims when issuing a 277 response.

Date ranges returned on the 277 response (DTP03) are those submitted on the 276 request. The 276 requests that use date ranges for service dates receive all claims within the range, unless other qualifiers, such as claim numbers or amount billed, preclude their return. To avoid unnecessary responses, date ranges should only be used for an inquiry when the date range represents the dates of a single service or claim.

MAHP/HC does not support service line specific status requests. When sent, this data will be ignored and the request will be processed using the claim level data.

MAHP/HC provides claim status information at the claim level for both Institutional and Professional claims.

MAHP/HC does not support the Dependent loop since all MAHP/HC member are uniquely identified in at the Subscriber Level (loop 2000D) with an 11 digit member number – starting with “R” followed by 10 digits.

For the 276 claim status request transaction, the TRN segment is required with the subscriber is the patient – as MAHP/HC considers all patients subscribers for the purposes of HIPAA as they are uniquely identifiable with an 11 digit member number. The TRN segment received on the 276 claim status transaction will be returned unaltered on the 277 response transaction, except that TRN01 will be changed to “2”.

7. ACKNOWLEDGEMENTS AND/OR REPORTS

As the 276 transaction is designed to be exchanged for a 277 response containing the claim status information sought in the 276 request, Change HealthCare will not send any other sort of acknowledgement that the 276 has been received, unless there is a problem processing the request. Should the 276 fail structural validation upon receipt, a 999 acknowledgment file will be returned detailing the specific errors. No 277 response will be generated unless the 276 is corrected and resubmitted.

REPORT INVENTORY

999 Implementation Acknowledgements (005010X231A1)

8. TRADING PARTNER AGREEMENTS

This section contains general information concerning Trading Partner Agreements (TPA).

TRADING PARTNERS

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

Payers have EDI Trading Partner Agreements that accompany the standard implementation guide to ensure the integrity of the electronic transaction process. The Trading Partner Agreement is related to the electronic exchange of information, whether the agreement is an entity or a part of a larger agreement between each party to the agreement.

For example, a Trading Partner Agreement may specify among other things, the roles and responsibilities of each party to the agreement in conducting standard transactions.

As MAHP/HC only will be directly exchanging data with Change HealthCare, the existing Trading Partner Agreement between MAHP/HC and Change HealthCare will cover these transmissions. It may be necessary for those originating these transactions to complete similar documents with Change HealthCare.

9. TRANSACTION SPECIFIC INFORMATION

The tables contain a row for each segment where MAHP/HC requires specific values for the 276 claim status inquiry.

Loop ID	Segment/Element ID	Data Element Name	MAHP/HC Business Rule	
2100A	NM1	Information Source Name		
	02	Entity Identification code	PR	MAHP/HC is Payer hence this value always has to be PR
	03	Name Last or organization name	Medical Associates Health Plan and Health Choices	
	08	Identification Code Qualifier	PI	MAHP/HC accepts only Payer Identification code
	09	Identification Code	MASHP	MASHP is the payer ID for MAHP/HC for 276/277 transactions
2100D	NM1	Subscriber Name		
	03	Subscriber Last Name	+If the Subscriber ID # is not submitted in NM109, this segment is required.	
	04	Subscriber First Name	+If the Subscriber ID # is not submitted in NM109, this segment is required.	
	08	Identification Code Qualifier	MI	
	09	Identification Code	If used, this is the member's ID# as it appears on their MAHP/HC ID card	
2200D	TRN	Claim status tracking number		Change HealthCare will provide specific instructions
2200D	DTP	Claim Service Date	To receive the most specific information limit the date range	
	03	Date Time Period	Be specific.	
2210D	SVC	Service Line Information	MAHP/HC does not return info at the service line level, only at the claim level	

Change HealthCare will not accept any dependent loop, 2000E loops.

Change Log

Date	Version	Change Description
12/01/2015	1.0	Published
06/21/2016	2.0	Updated Emdeon to Change HealthCare