HIPAA Transaction: Standard Companion Guide 270/271

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

005010X279A1 Health Care Eligibility Benefit Inquiry and Response (270/271).

Preface

This Companion Guide to the v5010 ASC X12N Implementation Guides (IGs) and associated errata adopted under HIPAA clarifies and specifies the data content when exchanging electronically with Central California Alliance for Health (the Alliance). 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

1.1　Purpose

This section describes how Technical Report Type 3 (TR3), also called Health Care Eligibility Benefit Inquiry and Response (270/271) ASC X12N/005010X279A1, adopted under HIPAA, will be detailed with the use of a table. The tables contain a row for each segment that the Alliance has something additional, over and above, the information in the IGs. That information can:

- Limit the repeat of loops, or segments
- Limit the length of a simple data element
- Specify a subset of the IGs internal code listings
- Clarify the use of loops, segments, and composite and simple data elements
- Contain any other information tied directly to a loop, segment, composite or simple data element pertinent to trading electronically with the Alliance

In addition to the row for each segment, one or more additional rows describe the Alliance's usage for composite and simple data elements and for any other information. For example, a note about a code value should be placed on a row specifically for that code value, not in a general note about the segment.

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

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
Page in 5010 guide	Loop number	Segment or Element ID	Segment or Element Name	Allowable values/ qualifiers	Length allowed	Note/Comment about the use of the segment or element for the Alliance
72	2100A	NM103	Information Source Last or Organization Name			Use "Central California Alliance for Health" to identify the Alliance.
73	2100A	NM108	Identification Code Qualifier	FI		Until a mandate for the National Plan ID, identify Alliance by tax identification number.
73	2100A	NM109	Information Source Primary Identifier			Use "770395311" to identify the Alliance.

1.2 Scope

This Companion Guide is to be used for the implementation of the HIPAA 5010 Health Care Eligibility Benefit Inquiry and Response (270/271) (IGs) (Eligibility) for the purpose of submitting a Health Care Eligibility Benefit Inquiry electronically. It is designed to include all of the information needed by the Alliance's trading partners to process the Health Care Eligibility Benefit transaction.

1.3 Overview

This Companion Guide applies to the HIPAA mandated inquiries about benefits for a single provider, a single member, and a date of service or range of dates. A real-time response is sent within 20 seconds of receipt of the inquiry.

1.4 References

For more information regarding the ASC X12 Standards for Electronic Data Interchange Health Care Eligibility Benefit Inquiry and Response (270/271) ASC X12N/005010X279A1A1 and to purchase copies of the TR3 documents, consult the website at http://store.x12.org/store/.

1.5 Additional Information

The receipt or use of the information does not guarantee payment of any health care claim by the Alliance, and such information is subject to change. This change may be retroactive in nature.

2 Getting Started

2.1 Working with the Alliance

Please refer to the contact information below for the EDI Support Team:

- Email: edisupport@ccah-alliance.org
- Phone: 1-800-700-3874 ext.5510

2.2 Trading Partner Registration

If you intend to submit through a clearinghouse, contact the clearinghouse to discuss their ability to support the Health Care Eligibility Benefit transaction as well as timeframe.

If you are not already set up with an EDI account, please do the following:

- Go to the Alliance Claims Information webpage for general information:
  http://www.ccah-alliance.org/claims.html

- Go to the EDI Request Form and submit it online:
  https://www.ccah-alliance.org/ProviderECSForm.html

If you are already set up with an EDI account, please do the following:

- Send an email to edisupport@ccah-alliance.org. Include your Trading Partner ID and request the Health Care Eligibility Benefit (270/271) transaction.

2.3   Testing Overview

The Alliance requires testing of Health Care Eligibility Benefit transactions prior to going live.

3   Testing with the Payer

The Alliance will coordinate the trading partner and associated NPI(s) and testing period.
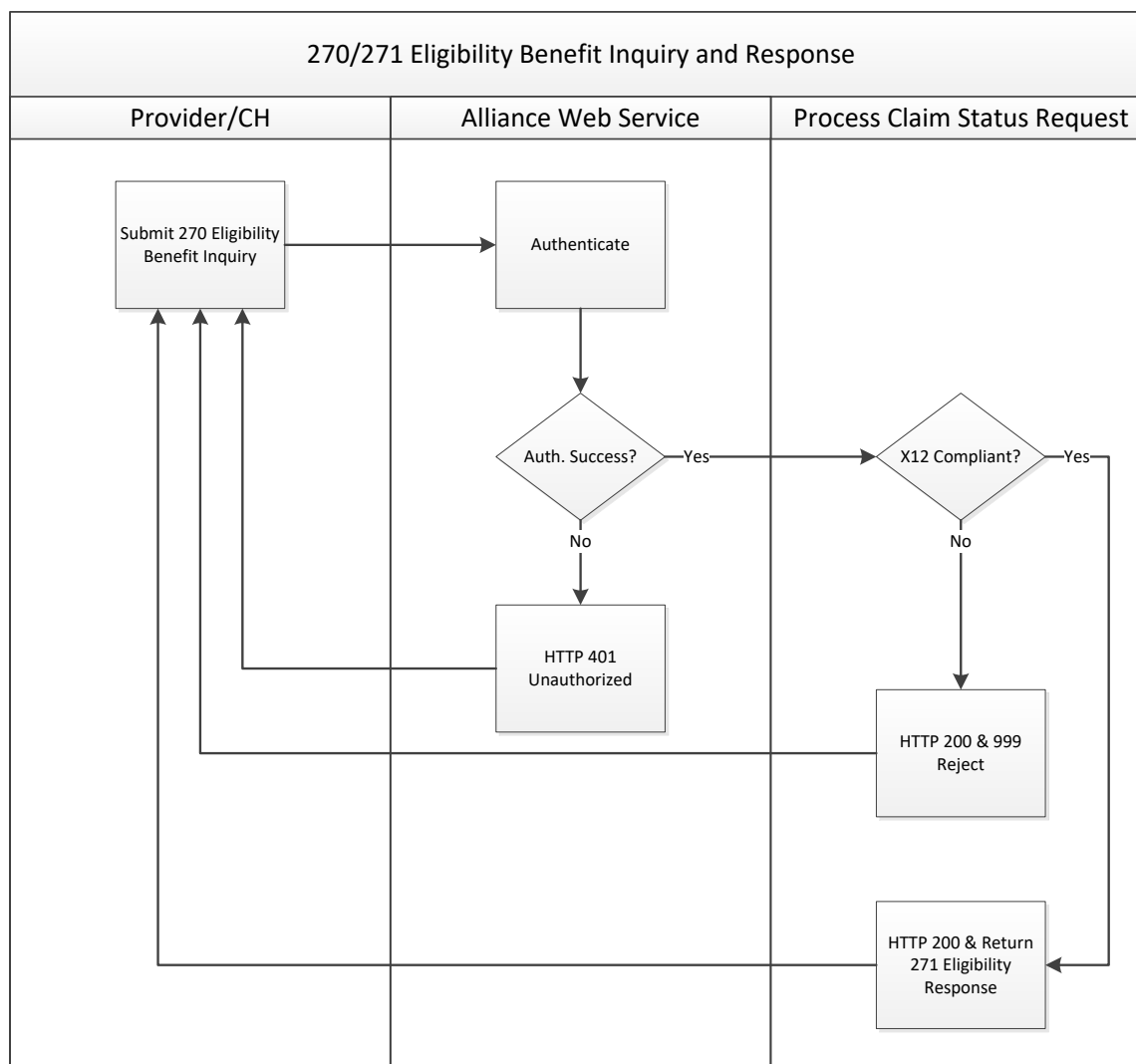
Since the Eligibility Inquiry and Response transaction is an inquiry and response transaction and does not result in any data changing, the testing will be done with ISA15 value "T" against production data without any negative impact.

Upon three successful Eligibility Inquiry and Response transactions, the trading partner will be turned on for production.

4 Connectivity and Communications

4.1 Process Flows

Below is the process flow diagram of a real-time 270 submission.

270/271 Eligibility Benefit Inquiry and Response		
Provider/CH	Alliance Web Service	Process Claim Status Request

Each transaction is validated in multiple steps to ensure the 270 complies with the 005010X279A1A1 guide as well as Alliance standards.

The following outlines the process of validation:

> Step 1 – The provider/clearinghouse (CH) submits the 270 inquiry transaction via HTTPS using an Alliance provided user ID and password.

> Step 2 – The Alliance authenticates the submitter using the user ID and password. If authentication fails, "HTTP 401 Unauthorized access" message is returned.

Step 3 – The Alliance checks the X12 syntax on the transaction. If the syntax fails, the Alliance returns a 999 transaction.

Step 4 – The Alliance responds with the appropriate eligibility status.

4.2   Transmission Administrative Procedures

The Alliance supports only real-time Eligibility Inquiry and Response. The real-time 270 inquiries are limited to one inquiry, per patient, per transaction.

A response (999 reject or 271) to a real-time inquiry is provided within 20 seconds.

4.3   Re-Transmission Procedure

If the HTTP post reply message is not received within the 60-second response period, the sender 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 sender should submit no more than five duplicate transactions within the next 15 minutes.

If the additional attempts result in the same timeout termination, the sender should notify the user to contact the Alliance directly to determine if there are system availability problems or if there are known Internet traffic constraints causing the delay.

4.4   Communication and Security Protocols

The Alliance supports transactions formatted according to the *Simple Object Access Protocol* (SOAP) conforming to standards set forth by the *Web Services Description Language* (WSDL) for XML envelope formatting, submission, and retrieval.

4.5   Passwords

An Alliance issued user ID and password must be used on the 270 inquiry transaction.

4.6   System Availability

The system may be unavailable Monday through Thursday between 5:00 pm and 7:00 pm for daily routine maintenance.

For non-routine system downtime, communication will occur a week in advance via email.

For unscheduled/emergency downtime, communication will occur within one hour of the downtime and will continue until resolution has been found.

5   Contact Information

5.1   EDI Customer Service and Technical Assistance

For further details or any questions that you may have, please contact the EDI Support Team:

- Email: edisupport@ccah-alliance.org
- Phone: 1-800-700-3874 ext.5510

5.2   Applicable Website/Email

- The Alliance Claims Information webpage: http://www.ccah-alliance.org/claims.html
- The Alliance EDI support team email address: edisupport@ccah-alliance.org

6   Control Segments and Envelopes

6.1   ISA-IEA

This section describes the Alliance's use of the interchange control segments.

270 Inquiry:

Reference	Name	Value	Notes/Comments
ISA	**ISA Interchange Control Header**		
ISA06	Trading Partner ID		
ISA08	Alliance Tax ID	770395311	

271 Response:

Reference	Name	Value	Notes/Comments
ISA	**ISA Interchange Control Header**		
ISA06	Alliance Tax ID	770395311	
ISA08	Trading Partner ID		

6.2 GS-GE

This section describes the Alliance's use of the functional group control segments.

270 Inquiry:

GS	**Functional Group Header**		
GS02	Trading Partner ID		
GS03	Alliance Tax ID	770395311	

271 Response:

GS	**Functional Group Header**		
GS02	Alliance Tax ID	770395311	
GS03	Trading Partner ID		

6.3 ST-SE

The Alliance follows the X12 standard.

7 Acknowledgements and Reports

The Alliance uses the 999 – Functional Acknowledgement transaction and follows the X12 standard.

8 Additional Trading Partner Agreements

8.1 Trading Partners

An EDI Trading Partner is defined as any Alliance customer (such as a provider, billing service, software vendor, employer group, or financial institution) that transmits to, or receives electronic data from the Alliance.

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.

9 Transaction Specific Information

The table below contains a row for each field that the Alliance has something additional, over and above, the information in the IGs. The table does not represent all of the fields that are returned in the Eligibility Benefit transaction. Review the TR3 for that information.

9.1 005010X279A1 Health Care Eligibility Benefit Inquiry (270)

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
67		BHT06	Transaction Type Code	RT		Alliance doesn't support reporting of spend down in the 270 transaction.
72	2100A	NM103	Information Source Last or Organization Name	Central California Alliance for Health		Value to identify the Alliance.
73	2100A	NM109	Information Source Primary Identifier	770395311		Tax ID value to identify the Alliance.
88	2000C	Loop	Subscriber Level			For an inquiry on a baby that has yet to receive a unique Alliance member ID, use the mother's member ID and name on the transaction.
99	2100C	REF	Subscriber Additional Identification			Alliance has no alternate search options that need a subscriber additional identification.
102	2100C	N3	Subscriber Address			Alliance has no alternate search options that need a subscriber address.
103	2100C	N4	Subscriber City, State, ZIP Code			Alliance has no alternate search options that need a subscriber city, state, and ZIP Code.

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
105	2100C	PRV	Provider Information			Alliance does process this information in creating a response when the patient is enrolled in our HMO.
115	2100C	HI	Subscriber Health Care Diagnosis Code			Alliance does not support inquiries at this level of functionality.
112	2100C	INS	Multiple Birth Sequence			Alliance does not support this functionality.
115	2100C	HI	Diagnosis Code			Alliance does not support this functionality.
124	2100C	DTP	Subscriber Date			Alliance responds to inquiries 12 months back and through a future date within the current month.
128	2110C	EQ01	Service Type Code	30		Alliance supports benefit information for the listed Service Type Codes.
133	2110C	EQ02	Composite Medical Procedure Identifier			Alliance doesn't support procedure specific benefit requests.
136	2110C	EQ03	Coverage Level Code			Alliance does not support this functionality.
138	2110C	AMT	Spend Down Amount Spend Down Total Billed Amount			Alliance does not support this functionality.
140	2110C	III	Facility Type Code			Alliance does not support this functionality.

146	2100C	DTP	Eligibility/Benefit Date			Alliance responds to inquiries 12 months back and through a future date within the current month.
148	2000D	HL	Dependent Level			The Alliance does not support the dependent loop. All members are inquired using the subscriber loop.

9.2   005010X279A1 Health Care Eligibility Benefit Response (271)

						Notes/Comments
221	2100A	NM103	Information Source Last or Organization Name	Central California Alliance for Health		Value to identify the Alliance.
222	2100A	NM109	Information Source Primary Identifier	770395311		Tax ID value to identify the Alliance.
248	2000C	Loop	Subscriber Level			For an inquiry on a baby that has yet to receive a unique Alliance member ID, benefits are reported under the mothers' plan.
251	2000C	TRN	Subscriber Trace Number			Alliance doesn't assign an additional unique trace number for the response.
	2100C	NM1	Subscriber Name			Alliance reports the member name from the Alliance database.
258	2100C	REF	Subscriber Additional Identification			Alliance doesn't require additional identifiers on subsequent transactions and does not populate any beyond what is required from the 270 inquiry.

					Length	Notes/Comments
279	2100C	HI	Subscriber Health Care Diagnosis Code			Alliance doesn't use diagnosis information from a 270 to determine benefits, so this segment is not supported in the response.
296	2110C	EB01	Eligibility or Benefit Information	1, 6, B, L, R		Alliance only sends the listed codes.
297	2110C	EB02	Benefit Coverage Level Code	IND, ECH		Alliance only sends the listed codes. ECH is only used to identify benefits for a covered party and her baby, prior to the baby qualifying for separate benefits.
298	2110C	EB03	Service Type Code			Alliance returns Service Type codes where benefits are supported.
303	2110C	EB04	Insurance Type Code			Alliance doesn't require this information on subsequent transactions and does not send it in the 271.
309	2110C	EB13	Composite Medical Procedure Identifier			Alliance doesn't support Medical Procedure Code based 271 transactions or use a medical procedure from a 270 to determine benefit responses.
312	2110C	EB14	Composite Diagnosis Code Pointer			Alliance doesn't use diagnosis information from a 270 to determine benefits, so this composite is not supported in the response.

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
319	2110C	REF	Subscriber Additional Identification			Alliance doesn't require additional identifiers on subsequent transactions and does not populate any beyond what is required from the 270 inquiry.
327	2110C	MSG	Message Text			Alliance does not support this segment.
329	2115C	III	Subscriber Eligibility or Benefit Additional Information			Alliance does not support this segment.
352	2000D	HL	Dependent Level			The Alliance does not support the dependent loop. All member responses are reported in the subscriber loop.

10 Appendices

10.1 Implementation Checklist

1. Sign contract with the Alliance

2. Register for EDI services with the Alliance

3. Establish connectivity

4. Send test transactions

5. If testing succeeds, proceed to send production transactions

10.2 Business Scenarios

Section 3 of the Technical Report Type 3 Health Care Eligibility Benefit Inquiry and Response ASC X12N/005010X279A1 contains various business scenario examples.

10.3 Transmission Examples

Section 3 of the Technical Report Type 3 Health Care Eligibility Benefit Inquiry and Response ASC X12N/005010X279A1 contains various transmission examples.

10.4 Change Summary

This section describes the differences between the current Companion Guide and the previous guide(s).

Version	Release Date	Changes Description
1.0	October 2012	Draft Copy
2.0	January 2014	Original Copy
2.1	March 2016	Minor edits and formatting
2.2	October 2016	Minor edits and formatting
2.3	April 2021	Formatting edits