



EDI Companion Guide 276/277



HIPAA Transaction: Standard Companion Guide 276/277

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

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

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.

Table of Contents

1	INTRODUCTION	3
1.1	PURPOSE	3
1.2	SCOPE.....	3
1.3	OVERVIEW	4
1.4	REFERENCES.....	4
1.5	ADDITIONAL INFORMATION.....	4
2	GETTING STARTED	4
2.1	WORKING WITH THE ALLIANCE.....	4
2.2	TRADING PARTNER REGISTRATION	4
2.3	TESTING OVERVIEW.....	5
3	TESTING WITH THE PAYER.....	5
4	CONNECTIVITY WITH THE PAYER/COMMUNICATIONS	6
4.1	PROCESS FLOWS.....	6
4.2	TRANSMISSION ADMINISTRATIVE PROCEDURES.....	7
4.3	RE-TRANSMISSION PROCEDURE.....	7
4.4	COMMUNICATION AND SECURITY PROTOCOLS	7
4.5	PASSWORDS.....	7
4.6	SYSTEM AVAILABILITY.....	7
5	CONTACT INFORMATION	8
5.1	EDI CUSTOMER SERVICE AND TECHNICAL ASSISTANCE.....	8
5.2	APPLICABLE WEBSITE/EMAIL.....	8
6	CONTROL SEGMENTS AND ENVELOPES.....	8
6.1	ISA-IEA	8
6.2	GS-GE	9
6.3	ST-SE.....	9
7	ACKNOWLEDGEMENTS AND REPORTS	9
8	ADDITIONAL TRADING PARTNER AGREEMENTS	9
8.1	TRADING PARTNERS.....	9
9	TRANSACTION SPECIFIC INFORMATION.....	10
9.1	005010X212 HEALTH CARE CLAIM STATUS REQUEST (276).....	10
9.2	005010X212 HEALTH CARE CLAIM STATUS RESPONSE (277).....	11
10	APPENDICES.....	12
10.1	IMPLEMENTATION CHECKLIST.....	12
10.2	BUSINESS SCENARIOS.....	12
10.3	TRANSMISSION EXAMPLES.....	12
10.4	CHANGE SUMMARY.....	12

1 Introduction

1.1 Purpose

This section describes how Technical Report Type 3 (TR3), also called Health Care Claim Status Request and Response (276/277) ASC X12N/005010X212, 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
41	2100A	NM103	Payer Name			Use "Central California Alliance for Health" to identify the Alliance.

1.2 Scope

This Companion Guide is to be used for the implementation of the HIPAA 5010 Claim Status Request and Response (276/277) (IGs) (Claim Status) for the purpose of submitting a Claim Status Request electronically. It is designed to include all of the information needed by the Alliance's trading partners to process the Claim Status transaction.

1.3 Overview

This Companion Guide applies to the HIPAA mandated inquiries about a claim 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 request.

1.4 References

For more information regarding the ASC X12 Standards for Electronic Data Interchange Claim Status Request and Response (276/277) ASC X12N/005010X212 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 Claim Status transactions prior to going live.

3 Testing with the Payer

The Alliance will coordinate the trading partner and associated NPI(s) and testing period.

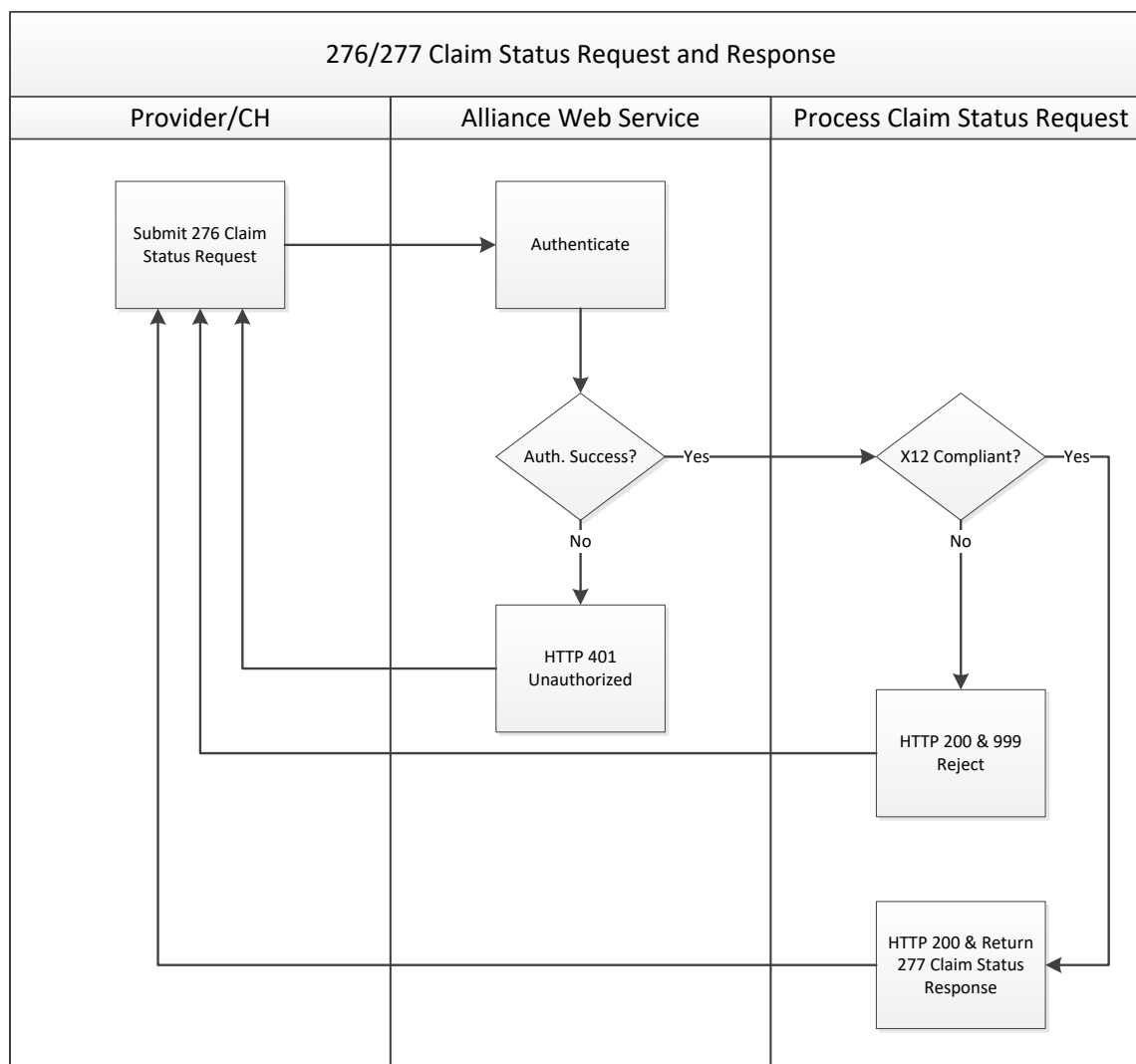
Since the Claim Status Request and Response transaction is a request and response transaction and does not result in any data changing, the testing will be done with ISA15 value "T" against production data without any negative impact.

Upon three successful Claim Status Request and Response transactions, the trading partner will be turned on for production.

4 Connectivity with the Payer/Communications

4.1 Process Flows

Below is the process flow diagram of a real-time 276 submission.



Each transaction is validated in multiple steps to ensure the 276 complies with the 005010X212 guide as well as Alliance standards.

The following outlines the process of validation:

Step 1 – The provider/clearinghouse (CH) submits the 276 request 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 claim status.

4.2 Transmission Administrative Procedures

The Alliance supports only real-time Claim Status Request and Response. The real-time 276 requests are limited to one request, per patient, per transaction.

A response (999 reject or 277) to a real-time request 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.

The Alliance processes electronic claims twice a day Monday through Friday. The first process runs at 2:00 pm, and the second process runs at 7:00 pm. On Sunday at 5:00 pm, the Alliance processes claims that are received over the weekend.

On average, claim processing takes about 30 minutes depending on the volume. Trading partners are advised to consider processing times when submitting Claim Status request transactions for newly submitted claims.

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.

276 Request:

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

277 Response:

Reference	Name	Value	
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.

276 Request:

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

277 Response:

Reference	Name	Value	Notes/Comments
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 Claim Status transaction. Review the TR3 for that information.

9.1 005010X212 Health Care Claim Status Request (276)

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
41	2100A	NM103	Payer Name	Central California Alliance for Health		Value to identify the Alliance.
42	2100A	NM109	Payer Identifier	770395311		Tax ID value to identify the Alliance.
49	2100C	NM1	Provider Name			The Alliance requests this segment be used to identify the Billing Provider
52	2000D	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.
61	2200D	REF	Application or Location System Identifier			Alliance does not assign Application or Location System Identifiers.

					Length	Notes/Comments
64	2200D	REF	Pharmacy Prescription Number			Alliance does not support prescription number inquiry. See section 7 for direction on where to inquire for Pharmacy claims.
75	2000E	Loop	Dependent Level			The Alliance does not support the dependent loop. All members are inquired using the subscriber loop.

9.2 005010X212 Health Care Claim Status Response (277)

111	2100A	NM103	Payer Name	Central California Alliance for Health		Value to identify the Alliance.
112	2100A	NM109	Payer Identifier	770395311		Tax ID value to identify the Alliance.
133	2000D	Loop	Subscriber Level			For an inquiry on a baby that has yet to receive a unique Alliance member ID, the Alliance uses the mother's member ID and name on the transaction.
152	2200D	REF	Pharmacy Prescription Number			Alliance does not support prescription number inquiry.
153	2200D	REF	Voucher Identifier			Segment is not used by the Alliance.
173	2000E	Loop	Dependent Level			The Alliance does not support the dependent loop. All members are inquired using 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 4.4 of the Technical Report Type 3 Health care Claim Status Request and Response (276/177) ASC X12N/005010X212 contains various business scenario examples.

10.3 Transmission Examples

Section 4.4 of the Technical Report Type 3 Health care Claim Status Request and Response (276/177) ASC X12N/005010X212 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	August 2012	Initial draft of document
1.1	March 2013	Original document
1.2	March 2016	Minor edits and formatting; removed trading partner validation step in the diagram and text in § 4.1
1.3	October 2016	Minor edits and formatting
1.4	April 2021	Formatting edits