

# **270/271 HIPAA Transaction Standard Companion Guide**

Refers to the Implementation Guides  
Based on ASC X12 version 005010

CORE v5010 Companion Guide

February 2019

## **Disclosure Statement**

Sutter Health Plus is accepting X12N 270/271 Health Care Eligibility Request and Response, as mandated by the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Type 3 and Errata (also The X12N 270/271 version of the 5010 Standards for Electronic Data Interchange (EDI) Technical Report referred to as Implementation Guides) for the Health Care Eligibility Request and Response Transaction has been established for eligibility status inquiry and response compliance. This document has been prepared to serve as the specific companion guide to the 270/271 Transaction Sets for Sutter Health Plus. This document supplements but does not contradict any requirements in the 270/271 Technical Report, Type 3. The primary focus of the document is to clarify specific segments and data elements that should be submitted to Sutter Health Plus on the 270/271 Health Care Eligibility Status Request and Response Transaction. This document is subject to revisions as new versions of the 270/271 Transaction Set Technical Reports are released. This document aids both the technical and business areas.

## **Preface**

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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 Sutter Health Plus. 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

Under the Administrative Simplification provisions of HIPAA (1996), the Secretary of the Department of Health and Human Services (HHS) is directed to adopt standards to support the electronic exchange of administrative and financial health care transactions. The purpose of the Administrative Simplification portion of HIPAA is to enable health information to be exchanged electronically and to adopt standards for those transactions.

To submit a valid transaction, refer to the National EDI Transaction Set Technical Report & Errata for the Health Care Eligibility: ASC X12N 270/271 (005010X279A1). The Technical Reports can be ordered from the Washington Publishing Company's website at [www.wpc-edi.com](http://www.wpc-edi.com).

For questions relating to the Sutter Health Plus 270/271 Health Care Eligibility Status Request and Response Transaction or testing, please email your questions to [shpedi.support@sutterhealth.org](mailto:shpedi.support@sutterhealth.org).

Sutter Health Plus billing guidelines are not included in this document. For guidelines, please call Sutter Health Plus Member Services at 1-855-315-5800.

## 1.1 SCOPE

This section specifies the appropriate and recommended use of the Companion Guide.

This companion guide is intended for Sutter Health Plus Trading Partners interested in exchanging HIPAA compliant X12 transactions with Sutter Health Plus. It is intended to be used in conjunction with X12N Implementation Guides and is not intended to contradict or exceed X12 standards. It is not intended to be used to clarify the CORE rules. It contains information about specific Sutter Health Plus requirements for processing following X12N Implementation Guides:

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

All instructions in this document are written using information known at the time of publication and are subject to change.

## 1.2 OVERVIEW

The Health Insurance Portability and Accountability Act—Administration Simplification (HIPAAAS) requires Sutter Health Plus and all other covered entities to comply with the EDI 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 eligibility 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 Sutter Health Plus. This guide supplements (but does not contradict) requirements in the ASC X12N 270/271 (version 005010X279A1) implementation. This information should be given to the provider's business area to ensure that eligibility status responses are interpreted correctly.

## 1.3 REFERENCES

This section specifies additional documents useful for the read. For example, the X12N Implementation Guides adopted under HIPAA that this document is a companion to.

ACS X12 Version 5010 TR3s: <http://store.x12.org/store/healthcare-5010-consolidated-guides>

CAQH/CORE: <http://www.caqh.org/COREv5010.php>

## 2 GETTING STARTED

### 2.1 WORKING WITH SUTTER HEALTH PLUS

For questions relating to Sutter Health Plus 270/271 Health Care Eligibility Status Request and Response transaction or testing, contact the EDI department by email at questions to [shpedi.support@sutterhealth.org](mailto:shpedi.support@sutterhealth.org).

### 2.2 TRADING PARTNER REGISTRATION

This is not available with Sutter Health Plus as of now.

## 3 TESTING WITH THE PAYER

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

- During the testing process, Sutter Health Plus examines submitted test transactions for required elements, and also ensures that the submitter gets a response during the testing mode
- When the submitter is ready to send ANSI 270/271 transactions to a production mailbox, they must notify the Sutter Health Plus EDI Department at [shpedi.support@sutterhealth.org](mailto:shpedi.support@sutterhealth.org). The EDI Department 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 Provider Relations Team

## 4 CONNECTIVITY WITH THE PAYER/COMMUNICATIONS

### 4.1 PROCESS FLOWS

#### 4.1.1 Real-time

- The user application submits an SOAP request at <https://or.edifecs.com/mt1sp800> and MIME request at <https://or.edifecs.com/mt1mp800>
- Eligibility status system authenticates the user
- If the user is successfully authorized, the following files will be issued within 20 seconds:
  - TA1 (if problem with the ISA/IEA segments exist)
  - 999 Reject (if problem occurs within the subsequent loops and segments)
  - 271 Eligibility Response

#### 4.1.2 Batch

- The user application submits an SOAP request at <https://or.edifecs.com/mt1sp900> and MIME request at <https://or.edifecs.com/mt1mp900>
- Eligibility status system authenticates the user

- If the user is successfully authorized, one of the following will be generated back to the user:
  - TA1 available within one hour, if there is a problem with the ISA or IEA segments
  - 999 Reject available within one hour, if there is a problem with the segments occurring between the ISA and IEA
  - 999 Acceptance response will be available within one hour
  - The 271 transaction(s) will be available the following day (no later than 7:00a.m)

#### **4.1.3 Structure Requirements**

Real-time 270 requests are limited to one inquiry, per patient, per transaction. Batch 270 requests are limited to 99 inquiries per ST-SE transaction.

#### **4.1.4 Response Times**

A response (TA1, 999 reject or 271) to real-time inquiries will be provided within 20 seconds. A response to the batch inquiry will be provided by 7 a.m. (ET) the following day. Batch requests submitted after 9 p.m. (ET) will be available by 7 a.m. (ET) two days following submission.

### **4.2 RE-TRANSMISSION PROCEDURE**

If the HTTP post reply message is not received within the 60-second response period, the user's CORE compliant system 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 user's CORE compliant system should submit no more than five duplicate transactions within the next 15 minutes. If the additional attempts result in the same timeout termination, the user's CORE compliant system should notify the user to contact the health plan or information source directly to determine if system availability problems exist or if there are known Internet traffic constraints causing the delay.

### **4.3 COMMUNICATION PROTOCOL SPECIFICATIONS**

The following is a list of technical standards and versions for the SOAP envelope and eligibility status payload:

- HTTP Version 1.1
- CSOAP Version 1.2
- SSL Version 3
- Health Care Eligibility Status Request and Response Version 005010X279A1
- CAQH SOAP (Sutter Health supports the use of HTTP SOAP + WSDL envelope standards as identified in CAQH CORE Phase I/II Connectivity.  
(<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 eligibility status payload:

- HTTP Version 1.1
- SSL Version 3.0
- MIME Version 1.0
- Health Care Eligibility Status Request and Response Version 005010X279A1
- CAQH MIME (Sutter Health 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 I/II Connectivity standards)



| Message Specifications for SOAP Envelope Element | Specification                              |
|--|--|
| PayloadType                                      | X12_270_Request_005010X279A1               |
| ProcessingMode                                   | RealTime                                   |
| SenderID   | As mutually agreed with Sutter Health Plus |
| ReceiverID                                       | SHP  |
| CORERuleVersion                                  | 2.2.0                                      |
| Certificate Version                              | Username Password                          |

#### 4.4 PASSWORDS

Sutter Health Plus Member Services is responsible for password assignment and resets. For any information or queries, please contact Member Services at 1-855-315-5800.

#### 4.5 MAINTENANCE SCHEDULE

The systems used by the 270/271 transaction have a standard maintenance schedule from Sunday 10PM to 12AM PST. The systems are unavailable during this time. Email notifications will be sent notifying submitters of unscheduled system outages.

## 5 CONTACT INFORMATION

The following sections provide contact information for any questions regarding HIPAA, 270/271 Health Care Eligibility Status Request and Response Transactions, and documentation or testing.

#### 5.1 EDI CUSTOMER SERVICE

For 270/271 Transaction EDI Eligibility Status Request and Response Questions  
 Email us at [shpedi.support@sutterhealth.org](mailto:shpedi.support@sutterhealth.org)

#### 5.2 EDI TECHNICAL ASSISTANCE

Email us at [shpedi.support@sutterhealth.org](mailto:shpedi.support@sutterhealth.org)

#### 5.3 MEMBER SERVICES NUMBER

Contact us at 1-855-315-5800

#### 5.4 APPLICABLE WEBSITES/EMAIL

Website URL: <https://www.sutterhealthplus.org/providers/non-participating-providers>

## 6 CONTROL SEGMENTS/ENVELOPES

### 6.1 ISA-IEA

| Segment Name  | Segment ID | R/O | No. 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           | <senderqual>                        | Sender Qualifier  |
| Interchange Sender ID/Trading Partner ID                  | ISA06      | R   | 15          | <SENDER ID>                         | Sender's Identification Number  |
| Interchange ID Qualifier/Qualifier for Sutter Health Plus | ISA07      | R   | 2           | ZZ                                  | Mutually Agreed   |
| Interchange Receiver ID/ AAH                              | ISA08      | R   | 15          | SHP                                 | Sutter Health's receiver id   |
| Interchange Date  | ISA09      | R   | 6           | <YYYYMMDD>                          | Date of the interchange in YYYYMMDD 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  |
| Separator   | ISA16      | R   | 1           | :                                   | ASCII Value. Component element separator                                  |

## 6.2 GS-GE

| Segment Name                             | Segment ID | R/O | No. of Char | Value         | Remarks  |
|--|------------|-----|-------------|---------------|--|
| Functional Identifier Code               | GS01       | R   | 2           | HR            | Eligibility, Coverage or Benefit Inquiry   |
| Application Senders Code                 | GS02       | R   | 2/15        | <SENDER ID>   | Code identifying party sending transmission                                      |
| Application Receivers Code               | G503       | R   | 2/15        | <RECEIVER ID> | Code identifying party receiving transmission                                    |
| Date                                     | G504       | R   | 8           | <CCYYMMDD>    | Functional Group creation date in CCYYMMDD format                                |
| Time                                     | GS05       | R   | 4/8         |               | <HHMM>   |
| Group Control Number                     | GS06       | R   | 9           |               | Assigned and maintained by the sender, must be associated with GE02 segment GS06 |
| Responsible Agency Code                  | GS07       | R   | 2           | X             | Accredited Standards Committee X12   |
| Version/Release/Industry Identifier Code | GS08       | R   | 12          | 005010X279A1  | Transaction version  |

| Segment Name                         | Segment ID | R/O | No. of Char | Value | Remarks  |
|--------------------------------------|------------|-----|-------------|-------|--|
| Number of transactions sets included | GE01       | R   | 1           |       | Total number of transactional sets included in functional group or interchange |
| Group Control Number                 | GE02       | R   |             |       | Assigned number originated and maintained by the sender                        |

## 7 PAYER SPECIFIC BUSINESS RULES AND LIMITATIONS

Sutter Health Plus uses real time processing for its EDI transactions to provide immediate responses to its submitters. In real time, the submitter transmits a request transaction to Sutter Health Plus and then remains connected while Sutter Health Plus processes the transaction and responds to the submitter. Sutter Health Plus accepts the 270/271 transactions as a “read only” transaction and will not use any data coming in on the 270 transaction to update its internal systems. Additionally, where stated in the ASC X12N ANSI 270/271 Health Care Eligibility Inquiry and Response Transaction Set Implementation Guide, Sutter Health Plus will respond with its source data from internal systems, including but not limited to such data as Subscriber Name information, Member Identification (ID) number and Date of Birth.

## **SUPPORTED FUNCTIONALITY**

- Sutter Health Plus accepts the 270/271 transactions as a “read only” transaction and does not use any data coming in on the 270 transaction to update its internal systems
- To provide immediate response to submitters, Sutter Health Plus uses real time processing for its EDI transactions

## **SUBSCRIBER AND MEMBER SEARCHES**

To uniquely identify a member, a 270 transaction must include the member’s Sutter Health Plus ID number, the information source’s ID number, member’s last name and date of birth and service type code.

- For the best response time, Sutter Health Plus recommends that the 270 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 request service type code(s)
- If the 270 transaction is not rejected, Sutter Health Plus returns the 271 transaction with all of the Inquiry criteria information that was submitted in the 270 transaction

# **8 ACKNOWLEDGEMENTS AND/OR REPORTS**

## **8.1 999 – ACKNOWLEDGEMENT FOR HEALTH CARE INSURANCE**

Sutter Health Plus supports the Acknowledgement for Health Care Insurance (999). The 999s are sent for real-time submissions of 270 transactions when error or discrepancy found at GS or transaction level. For Batch 270 transactions, Sutter Health Plus always sends a 999.

## **8.2 TA1 - INTERCHANGE ACKNOWLEDGEMENT REQUEST**

Sutter Health Plus supports the Interchange Acknowledgement Request (TA1) when any issues at ISA level.

## **8.3 REJECTION LOGIC/STATUS CODES**

Sutter Health Plus developed its rejection logic using HIPAA standard codes available on the Washington Publishing Company’s website ([www.wpc-edi.com](http://www.wpc-edi.com)) to better communicate to providers the reason a transaction was rejected and what action to take to resolve the rejection.

## 9 TRADING PARTNER AGREEMENTS

This section contains general information concerning Trading Partner Agreements (TPA). An actual TPA may optionally be included in an appendix.

### 9.1 TRADING PARTNERS

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

Sutter Health Plus uses Member Services to register new partners and agreement/set-up forms to process electronic transactions.

## 10 TRANSACTION SPECIFIC INFORMATION

The following table specifies the segments and suggested use of them in the transmission:

| Loop ID | Element | Field Name                             | No. of Char | Remarks               |
|---------|---------|--|-------------|-----------------------|
| 2100A   | NM109   | Information Source Identification Code | 2/80        | Required value in 270 |
| 2100C   | NM109   | Subscriber Identification Code         | 2/80        | Required value in 270 |
| 2100C   | DMG02   | Subscriber Date of Birth               | 1/35        | Required value in 270 |
| 2100C   | NM103   | Subscriber Last Name                   | 1/60        | Required value in 270 |
| 2110C   | EQ01    | Service Type Code                      | 1 / 2       | Required value in 270 |

## APPENDICES

### A. Transmission Examples

#### 270 Sample Request

```
ISA*00*      *00*      *ZZ*4137147      *ZZ*SHP      *131001*1545*^*00501*99999999*0*T*:
GS*HS*4137147*PLANA*20141001*1545*99999999*X*005010X279A1
ST*270*0001*005010X279A1
BHT*0022*13*99999999*20141001*1545
HL*1**20*1
NM1*PR*2*Inf Src Org*****PI*00999
HL*2*1*21*1
NM1*1P*2*Inf Rcvr Org*****XX*1447252804
HL*3*2*22*0
NM1*IL*1*ARROJO*ROLANDO****MI*5643296
DMG*D8*19710102
EQ*30
SE*11*0001
GE*1*999999999
IEA*1*999999999
```

#### 271 Sample Response

```
ISA*00*      *00*      *ZZ*SHP      *ZZ*4137147      *060119*1545*!*00501*167260415*0*T*:
GS*HB*PLANA*4137147*20140119*1545*1*X*005010X279A1
ST*271*0001*005010X279A1
BHT*0022*11*99999999*20140119*1545
HL*1**20*1
```

NM1\*PR\*2\*PLANA CERTIFICATION PAYER\*\*\*\*\*PI\*00999  
HL\*2\*1\*21\*1  
NM1\*1P\*1\*ALLISON HOSPITAL\*\*\*\*\*SV\*ABC123DEF  
HL\*3\*2\*22\*0  
NM1\*IL\*1\*ARROJO\*ROLANDO\*A\*\*\*MI\*5643296  
REF\*18\*2614153  
REF\*6P\*19482002  
N3\*1 MAIN ST SUITE 1  
N4\*NASHVILLE\*TN\*37207  
DMG\*D8\*19710102\*M  
DTP\*307\*D8\*20130101  
EB\*1\*FAM\*30\*\*TENNESSEE PCN  
DTP\*346\*D8\*20150101  
EB\*C\*FAM\*30\*\*TENNESSEE PCN\*22\*500\*\*\*\*\*Y  
DTP\*346\*D8\*20150101  
EB\*C\*IND\*30\*\*TENNESSEE PCN\*22\*250\*\*\*\*\*Y  
DTP\*346\*D8\*20150101  
EB\*C\*FAM\*30\*\*TENNESSEE PCN\*29\*300\*\*\*\*\*Y  
EB\*C\*IND\*30\*\*TENNESSEE PCN\*29\*50\*\*\*\*\*Y  
EB\*1\*FAM\*1!33!47!48!50!86!88!98!2!4!5!6!7!8!13!20!45!51!52!53!62!65!68!73!76!78!80!81!82!99!A0!A6!A  
7!A8!AD!AE!AG!AI!BG!BH!UC\*\*TENNESSEE PCN  
EB\*B\*FAM\*33!88!99!A0\*\*TENNESSEE PCN\*\*15\*\*\*\*\*Y  
EB\*A\*FAM\*33!98\*\*TENNESSEE PCN\*\*\*.20\*\*\*\*\*N  
EB\*B\*FAM\*33\*\*TENNESSEE PCN\*\*20\*\*\*\*\*N  
EB\*I\*FAM\*35!AL!12!18!40!42!93!A3!AF\*\*TENNESSEE PCN  
EB\*A\*FAM\*48!50!86!52\*\*TENNESSEE PCN\*\*\*.20\*\*\*\*\*Y  
EB\*C\*IND\*88\*\*TENNESSEE PCN\*22\*25\*\*\*\*\*Y  
DTP\*346\*D8\*20150101  
EB\*C\*FAM\*88\*\*TENNESSEE PCN\*22\*75\*\*\*\*\*Y  
DTP\*346\*D8\*20150101  
EB\*C\*IND\*88\*\*TENNESSEE PCN\*29\*25\*\*\*\*\*Y  
EB\*C\*FAM\*88\*\*TENNESSEE PCN\*29\*50\*\*\*\*\*Y  
EB\*B\*FAM\*98\*\*TENNESSEE PCN\*\*10\*\*\*\*\*Y  
EB\*B\*FAM\*98\*\*TENNESSEE PCN\*\*15\*\*\*\*\*N  
EB\*C\*FAM\*4!5\*\*TENNESSEE PCN\*22\*0\*\*\*\*\*Y  
DTP\*346\*D8\*20150101  
EB\*C\*FAM\*4!5\*\*TENNESSEE PCN\*22\*0\*\*\*\*\*N  
DTP\*346\*D8\*20150101  
EB\*A\*FAM\*4!5!13!53!A7!A8!AI\*\*TENNESSEE PCN\*\*\*.10\*\*\*\*\*Y  
EB\*A\*FAM\*4!5!13!52!53!99!A0!A7!A8!AI\*\*TENNESSEE PCN\*\*\*.30\*\*\*\*\*N  
EB\*C\*FAM\*4!5\*\*TENNESSEE PCN\*29\*0\*\*\*\*\*Y  
EB\*C\*IND\*4!5\*\*TENNESSEE PCN\*29\*0\*\*\*\*\*Y  
EB\*B\*FAM\*13!53\*\*TENNESSEE PCN\*\*100\*\*\*\*\*Y  
EB\*I\*FAM\*20\*\*TENNESSEE PCN\*\*\*\*\*N  
EB\*B\*FAM\*52\*\*TENNESSEE PCN\*\*50\*\*\*\*\*Y  
EB\*B\*FAM\*A7!AI\*\*TENNESSEE PCN\*\*250\*\*\*\*\*Y  
EB\*B\*FAM\*A7!AI\*\*TENNESSEE PCN\*\*250\*\*\*\*\*N  
EB\*B\*FAM\*A8\*\*TENNESSEE PCN\*\*30\*\*\*\*\*Y  
EB\*B\*FAM\*A8\*\*TENNESSEE PCN\*\*30\*\*\*\*\*N  
SE\*52\*0001  
GE\*1\*1  
IEA\*1\*167260415

## B. Change Summary

None