

# **276/277 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 276/277 Health Care Claims Status Request and Response, as mandated by the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Type 3 and Errata (also The X12N 276/277 version of the 5010 Standards for Electronic Data Interchange (EDI) Technical Report 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 the specific companion guide to the 276/277 Transaction Sets for Sutter Health Plus. 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 Sutter Health Plus on the 276/277 Health Care Claim Status Request and Response Transaction. This document is subject to revisions as new versions of the 276/277 Institutional & Professional Health Care Claim Transaction Set Technical Reports are released. This document aids both the technical and business areas. It contains Sutter Health Plus specifications for the transactions as well as contact information and key points.

## **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 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 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 Claim: ASC X12N 276/277 (005010X212). 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 276/277 Health Care Claim 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:

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

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 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 Sutter Health Plus. This guide supplements (but does not contradict) requirements in the ASC X12N 276/277 (version 005010X212) implementation. This information should be given to the provider's business area to ensure that claims 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 276/277 Health Care Claim Status Request and Response Transaction, or testing contact the EDI department and email your 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 claim 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 276/277 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/iehsp800> and MIME request at <https://or.edifecs.com/iehmp800>
- Claim 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)
  - 277 Claim Response

#### 4.1.2 Batch

- The user application submits an SOAP request at <https://or.edifecs.com/iehsp900> and MIME request at <https://or.edifecs.com/iehmp900>
- Claim 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 277 transaction(s) will be available the following day (no later than 7:00a.m)

#### 4.1.3 Structure Requirements

Real-time 276 requests are limited to one inquiry, per patient, per transaction. Batch 276 requests are limited to 99 ST/SE groupings per transaction. Each batch inquiry must be in its own ST/SE.

#### 4.1.4 Response Times

A response (TA1, 999 reject or 277) 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 claim status payload:

- HTTP Version 1.1
- CSOAP Version 1.2
- SSL Version 3
- Health Care Claims Status Request and Response Version 005010X212
- 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 claim status payload:

- HTTP Version 1.1
- SSL Version 3.0
- MIME Version 1.0
- Health Care Claims Status Request and Response Version 005010X212
- CAQH MIME (Sutter Health Plan 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_276_Request_005010X212
ProcessingMode	RealTime
SenderID	Mutually agreed with Sutter Health Plus
ReceiverID	<u>SHP</u>
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 276/277 transaction have a standard maintenance schedule of 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, 276/277 Health Care Claim Status Request and Response Transactions, and documentation or testing.

### 5.1 EDI CUSTOMER SERVICE

For 276/277 Transaction EDI Claim 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 Defined
Interchange Receiver ID	ISA08	R	15	SHP	SHP'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		Code identifying party sending transmission
Application Receivers Code	G503	R	2/15		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	005010X212	Transaction version

Segment Name	Segment ID	R/O	No. of Char	Value	Remarks
Number of transactions sets included	GE01	R			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 always responds to a 276 request with status codes at both claim and service line level. Due to the extensive amount of status codes used at the claim and service line level, we recommend viewing the up-to-date status code lists at the Washington Publishing Company's website ([www.wpc-edi.com](http://www.wpc-edi.com)).

Sutter Health Plus follows the 277 Response Implementation Guide for an outbound response from both a structure and content perspective. There are no unique requirements that are specific to Sutter Health Plus. When programming to accept a Sutter Health Plus 277 response, follow the complete HIPAA Implementation Guide and TR3 guidelines.

## **SUPPORTED FUNCTIONALITY**

- Sutter Health Plus accepts the 276/277 transactions as a “read only” transaction and does not use any data coming in on the 276 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 276 transaction must include the member’s Sutter Health Plan’s identification (ID) number, the provider’s Sutter Health Plus Identification Number, and dates of service. In addition to the previous criteria, the claim number, claim amount, claim if for clearing house can also be submitted.

- For the best response time, Sutter Health Plus recommends that the 276 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 associated date of service
- If the 276 transaction is not rejected, Sutter Health Plus returns the 277 transaction with all of the Inquiry criteria information that was submitted in the 276 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 276 transactions when error or discrepancy found at GS or transaction level. For Batch 276 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. HIPAA Status Category Codes, Status Codes, and Entity Codes are used at the claim and service line level.

## 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 request through EDI Support 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
2100C	NM109	Provider Identification Code	2/80	Required value in 276
2100D	NM109	Subscriber Identification Code	2/80	Required value in 276

Additional information to be sent out in 276 for specific claim enquiries:

Loop ID	Element	Field Name	No. of Char	Remarks
2200D	REF	Payer Claim Control Number	1/50	Payer's claim id for specific claim
2200D	AMT	Claim Submitted Charges	1/18	
2200D	DTP	Claim Service Date	1/35	Date of service with Provider

## APPENDICES

### A. Transmission Examples

#### 276 Sample Request

```
ISA*00*00*ZZ*SUBMITTER*ZZ*RECEIVER*130924*0536^^*00501*001972007*0*P*:
GS*HR*00000003B*RECEIVER*20130924*0536*1972017*X*005010X212
ST*276*1973007*005010X212
BHT*0010*13*406ba0b7-700d-4c99-8c75-6da5adaf1da4*20130924*0536
HL*1**20*1
NM1*PR*2*TEST*****PI*RECEIVER
HL*2*1*21*1
NM1*41*1*A GOOD HOSPITAL*****46*1234567890
HL*3*2*19*1
NM1*1P*1*THE HOSPITAL*****XX*9876543210
HL*4*3*22*0
DMG*D8*19980510*F
NM1*IL*1*DOE*JANE*****MI*12345678901
TRN*1*406ba0b7-700d-4c99-8c75-6da5adaf1da4
REF*EJ*61157208-000
AMT*T3*1090.00
DTP*472*RD8*20130819-20130819
```

SE\*16\*1973007  
GE\*1\*1972017  
IEA\*1\*001972007

**277 Sample Response**

ISA\*00\* \*00\* \*ZZ\*SENDER \*ZZ\*RECEIVER \*130924\*0936\*\*^\*00501\*000039422\*0\*P\*~  
GS\*HN\* SENDER \*00000003B\*20130924\*0936\*39421\*X\*005010X212  
ST\*277\*0001\*005010X212  
BHT\*0010\*08\*277005010X212E2\*20130924\*0536\*DG  
HL\*1\*\*20\*1  
NM1\*PR\*2\* SUTTER HEALTH PLAN\*\*\*\*PI\*170558746  
PER\*IC\*EDI OPERATIONS\*TE\*8888808699\*EX\*4042\*FX\*6179235555  
HL\*2\*1\*21\*1  
NM1\*41\*1 A GOOD HOSPITAL \*\*\*\*\*46\*1234567890  
HL\*3\*2\*19\*1  
NM1\*1P\*1\*THE HOSPITAL \*\*\*\*\*XX\*9876543210  
HL\*4\*3\*22\*0  
NM1\*IL\*1\*DOE\*JANE\*\*\*\*MI\*12345678901  
TRN\*2\*406ba0b7-700d-4c99-8c75-6da5adaf1da4  
STC\*F1~65\*20130924\*\*1090\*20.08\*20130902\*\*20130902\*619524  
REF\*1K\*3239A7MW  
REF\*EJ\*61157208-000  
DTP\*472\*RD8\*20130819-20130819  
SVC\*HC~36415\*25\*0\*\*\*\*1  
STC\*P1~104\*20130924  
DTP\*472\*RD8\*20130819-20130819  
SVC\*HC~80051\*96\*0\*\*\*\*1  
STC\*P1~104\*20130924  
DTP\*472\*RD8\*20130819-20130819  
SVC\*HC~80076\*101\*0\*\*\*\*1  
STC\*P1~104\*20130924  
DTP\*472\*RD8\*20130819-20130819  
SVC\*HC~82565\*58\*0\*\*\*\*1  
STC\*P1~104\*20130924  
DTP\*472\*RD8\*20130819-20130819  
SVC\*HC~82947\*66\*0\*\*\*\*1  
STC\*P1~104\*20130924  
DTP\*472\*RD8\*20130819-20130819  
SVC\*HC~84520\*58\*0\*\*\*\*1  
STC\*P1~104\*20130924  
DTP\*472\*RD8\*20130819-20130819  
SVC\*HC~85025\*92\*20.08\*\*\*\*1  
STC\*P1~104\*20130924  
DTP\*472\*RD8\*20130819-20130819  
SVC\*HC~85652\*50\*0\*\*\*\*1  
STC\*P1~104\*20130924  
DTP\*472\*RD8\*20130819-20130819  
SVC\*HC~74020\*544\*0\*\*\*\*1  
STC\*P1~104\*20130924  
DTP\*472\*RD8\*20130819-20130819  
SE\*44\*0001  
GE\*1\*39421  
IEA\*1\*000039422

**B. Change Summary**

None

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