

Partnership HealthPlan of California

HIPAA Transaction Companion Guide

CORE: 276/277 Health Care Claim Status Request and Response

ASC X12 version 005010

**Disclosure Statement**

This document is subject to change. Changes will be posted to the PHC website. See http://www.partnershiphp.org for updates.

**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 Partnership Health Plan. 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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# INTRODUCTION

Partnership Health Plan (PHC) is following federal regulations of the Patent Protection and Affordable Care Act (PPACA) to support HIPAA Claim Status Request, and Response transactions in Real Time (276/277).

SCOPE

Providers, billing services and clearinghouses are advised to use the ASC X12N 276/277 (005010x212) Implementation Guide as a basis for submitting and receiving Claim Status Requests and Responses. This companion document should be used to explain the CORE Business rules for 276/277 data content, transaction acknowledgment, connectivity, response time and system availability requirements.

REFERENCES

* ASC X12N 276/276 (Version 005010x212) Technical Report Type 3 guide for Health Care Claim Status Request and Response: http://wpc-edi.com/

* PHC Companion Guide:

http://www.partnershiphp.org

* CAQH/CORE Rules: http://www.caqh.org
* CORE XML Schema: http://www.caqh.org/SOAP/WSDL/CORERule2.2.0.xsd

* WSDL: http://www.w3.org/TR/wsdl

* SOAP: http://www.w3.org/TR/soap/

* MIME Multipart: http://www.w3.org/Protocols/rfc1341/7\_2\_Multipart.html

GENERAL INSTRUCTIONS

The information provided in the transaction will reflect that status of the claim at the point in time the request is made. The status of the claims may change. The transaction will not automatically notify a provider about a change in the claims status. Status information will only be provided upon request. The intent of this transaction is not to provide information explaining how the claim was adjudicated or why certain amounts were or were not paid. Answers to those types of questions will be contained within the Remittance Advice (835) transaction. The 276 transaction can be received from the trading partner at the line level, but PHC will only be responding at the claim level on the 277 transaction. PHC does not have the functionality to process a line level response. The 276 request is a solicited request that is made by the Trading Partner. The 277-response transaction will only be returned when a solicited 276 is received.

The following STC data elements will be returned on the 277 transaction depending if the claim was paid or rejected:

STC 05 – Claim Payment Amount: This element will be used to reflect the claim paid amount. When a claim is not paid or the adjudication period is not complete this amount will be 0 (zero).

STC 06 – Adjudication or Payment Date: This element will be used to reflect the date the claim was paid or rejected. If the claim in being inquired about has not completed the adjudication cycle, this field will not be populated.

STC 08 – Check Issue or EFT Date: This element will be used to reflect the date that the check was produced or the date the EFT funds were released. This element will only be used for claims that have completed and adjudication and payment cycles.

STC 09 – Check Number: This element is required by HIPAA for all paid and finalized claims, when the entire claim has been paid using a single check or EFT. This element will not be used for claims that are in process, have not completed the adjudication process, or have rejected.

ADDITIONAL INFORMATION

Submitters must obtain a valid PHC user ID and password in order to submit a Claim Status Request (276) and receive a Claim Status Request Response (277).

PHC supports the Claim Status Request and Response in real time mode only. Real time 276s should have a single ST/SE loop, one information source, one information receiver, one service provider loop, and one subscriber loop.

# GETTING STARTED

WORKING WITH PARTNERSHIP HEALTHPLAN

Providers, billing services and clearinghouses interested in submitting Claim Status Requests

(276) and receiving Claim Status Responses (277) should submit a completed EDI Enrollment form to

PHC via email at [EDI-Enrollment-Testing@partnershiphp.org](mailto:EDI-Enrollment-Testing@partnershiphp.org)

TRADING PARTNER REGISTRATION

1. Complete the EDI Enrollment form and email to PHC at

[EDI-Enrollment-Testing@partnershiphp.org](mailto:EDI-Enrollment-Testing@partnershiphp.org)

The form is available as attachment (provided):

2. PHC will provide a username (login ID), sender ID, receiver ID and an email containing link to create password.

3. Trading partners should configure their system following the connection instructions provided by PHC.

4. Verify connectivity by submitting a Claim Status Request (276) and assessing the Claim Status Response (277).

# TESTING WITH THE PAYER

PHC does not support a test environment. If you encounter any issues or errors during the Trading Partner Registration, please contact our EDI-Team for technical assistance.

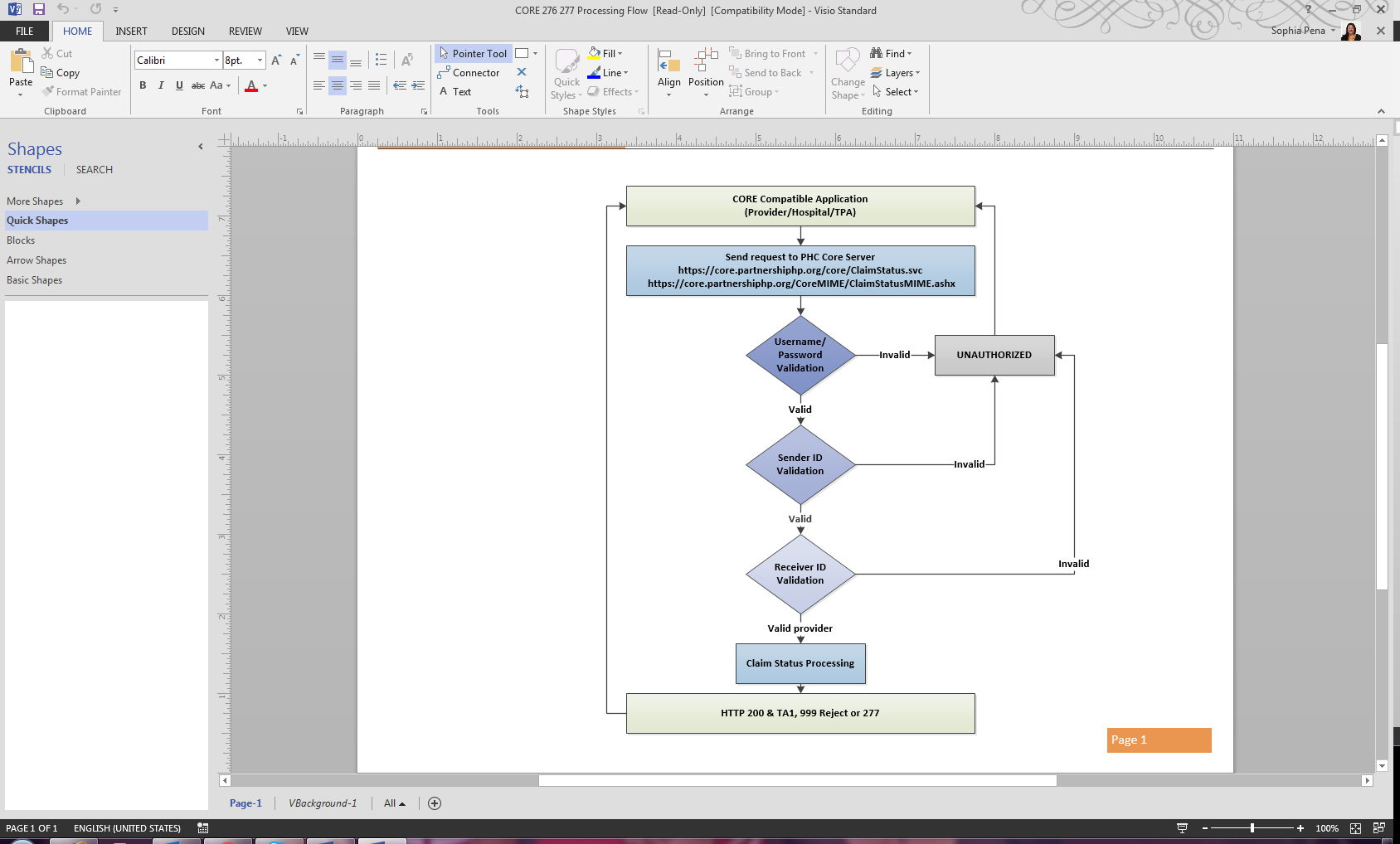
Once you have completed the Trading Partner registration process, you should submit a transaction to validate that connectivity has been successfully established and that you can process the returned response. If you encounter any errors during this process, please contact the EDI Services group for technical assistance.

# CONNECTIVITY WITH PAYER/COMMUNICATIONS

PROCESS FLOWS

* The user application submits a CORE compliant SOAP+WSDL request to <https://core.partnershiphp.org/corecs/ClaimStatus.svc>

* CORE compliant HTTP+MIME request to <https://core.partnershiphp.org/CorecsMIME/ClaimStatusMIME.ashx>
* The PHC system authenticates the account credentials along with Sender ID /Receiver ID. If the account is not authorized, UNAUTHORIZED Error is returned.
* If the account is authorized, an HTTP 200-OK status response is returned to the user and one of the following will be returned:
* TA1, if a problem with the ISA/IEA segments exist.
* 999, if a problem occurs within the 276 request.
* 277, if there are no problems identified within the 276 request.



*Figure 1: Real Time Transaction Flow*

*Figure 2: Flow between Provider and HealthPlan*

TRANSMISSION ADMINISTRATIVE PROCEDURES

Real time Claim Status Request (276) transactions should have a single ST/SE loop, one information source, one information receiver, one service provider loop and one subscriber loop in order to receive a valid 277 Response Transaction.

RE-TRANSMISSION PROCEDURE

A duplicate transaction may be sent by the user’s CORE compliant system if the HTTP post reply message is not received within the 60 second response period. If no response is received after the second attempt, the user’s CORE compliant system should submit no more than 5 duplicate transactions within the next 15 minutes. If the additional attempts result in the same timeout termination, the user should contact PHC to determine if system availability problems exist.

* **STC01-1**: HIPAA Claim Category Code = EO = Response not possible. System Status found
* **STC01-2**: HIPAA Claim Status Code = 691 = Claim/submission format is invalid

COMMUNICATION PROTOCOL SPECIFICATIONS

PHC supports two options for submitting Claim Status Request (276) transactions directly to PHC at no cost per transaction.

Our supported options are:

* **CAQH SOAP** : PHC supports the use of HTTP SOAP + WSDL envelope standards as defined in the CAQH CORE Phase II Connectivity standards (see http://caqh.org/pdf/CLEAN5010/270-v5010.pdf)

The following is a list of technical standards and versions for the HTTP SOAP + WSDL envelope standards:

* SOAP XML Schema: http://caqh.org/SOAP/WSDL/CORERule2.2.0.xsd
* WSDL Definition: <http://caqh.org/SOAP/WSDL/CORERule2.2.0.wsdl>
* HTTP Version 1.1
* SOAP Version 1.2
* SSL Version 3.0
* Health Care Claim Status Request and Response version 005010X212

The submitter of the Claim Status Request will need a PHC issued userID and password to connect to PHC.

* **CAQH MIME** – PHC supports the use of HTTP MIME Multipart existing envelope standards as defined in the CAQH CORE Phase II Connectivity standards (see http://caqh.org/pdf/CLEAN5010/270-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
* MIME Version 1.0
* SSL Version 3.0
* Health Care Claim Status Request and Response version 005010X212

The submitter of the Claim Status Request will need a PHC issued userID and password to connect to PHC.

PASSWORDS

A userID and password must accompany each Claim Status Request (276) submitted to PHC.

MAINTENANCE

Routine maintenance is performed on Sunday mornings between 7 – 10 a.m. Pacific Time.

Transactions submitted during this time may receive rejection messages indicating that PHC is unable to process their transaction at that time. Please check the PHC website ([www.partnershiphp.org](http://www.partnershiphp.org/)) for any additional planned outages.

Notification of any non-routine, unscheduled or emergency downtime will be sent to the email address(es) provided in the enrollment process and posted on the PHC website.

# CONTACT INFORMATION

EDI SUPPORT

If all your questions have not been answered in this companion guide, please email our EDI-Team:

[EDI-Production-Support@partnershiphp.org](mailto:EDI-Production-Support@partnershiphp.org)

CLAIMS / PROVIDER SERVICE NUMBERS

If you have any questions on claim adjudication results, claim status, member eligibility or any other issues, please contact:

Claims Customer Service: 855-798-8757

Member Services Department: 800-863-4155

Provider Relations Department: 800-863-4155

APPLICABLE WEBSITES/E-MAIL

Partnership Health Plan Website: [www.partnershiphp.org](http://www.partnershiphp.org/)

# CONTROL SEGMENTS/ENVELOPES

Listed below are PHC specific requirements for the exchange of a Health Care Claim Status Request and Response (276/277) transaction.

**Delimiters**

PHC accepts any of the standard delimiters as deﬁned by the ANSI standards.

We recommend the use of the following common delimiters:

Data Element Separator, Asterisk, (\*)

Sub-Element Separator, Colon (!)

Segment Terminator, Tilde (~)

ISA-IEA

The ISA segment terminator, which immediately follows the component separator, must consist of only **one** character code. The same character code must be used as the segment terminator for each segment in the ISA-IEA segment set.

**Expected inbound values:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| TR3 Page # | Reference | Name | Codes | Expected Value |
| C.3 | ISA | Interchange Control Header |  | All positions within each of the data elements must be filled. |
| C.4 | ISA01 | Authorization Information Qualifier | ‘00’ | ‘00’ (zero zero) – No  Authorization Information Present (no meaningful information in ISA02) |
| C.4 | ISA02 | Authorization Information |  | Blank (fill with 10 spaces) |
| C.4 | ISA03 | Security Information Qualifier | ‘00’ | ‘00’ – No Authorization Information Present (no meaningful information in ISA04) |
| C.4 | ISA04 | Security Information |  | Blank (fill with 10 spaces) |
| C.4 | ISA05 | Interchange ID Qualifier | ‘ZZ’ | ZZ (Mutually Defined) |
| C.4 | ISA06 | Interchange Sender ID |  | Electronic Transmitter  Identification Number (ETIN) |
| C.5 | ISA07 | Interchange ID Qualifier | ‘ZZ’ | ZZ (Mutually Defined) |
| C.5 | ISA08 | Interchange Receiver ID | PHC100680301406 | PHC100680301406 |
| C.5 | ISA09 | Interchange Date |  | Interchange Creation Date in  YYMMDD format |
| C.5 | ISA10 | Interchange Time |  | Interchange Creation Time in HHMM format |
| C.5 | ISA11 | Interchange Repetition Separator | > | PHC will utilize the symbol: (colon) as the repetition separator. |
| C.5 | ISA12 | Interchange Control Version Number | ‘00501’ | Indicates version number |
| C.5 | ISA13 | Interchange Control  Number |  | A control number assigned by the interchange sender |
| C.6 | ISA14 | Acknowledgement Requested | ‘0’,‘1’ | 0 No Interchange Acknowledgment Requested  1 - Interchange  Acknowledgment Requested |
| C.6 | ISA15 | Usage Indicator | ‘P’ | P - Production data |
| C.6 | ISA16 | Component Element Separator | ‘!’ | A ! must be sent in this field. |
| C.10 | IEA | Interchange Control Trailer |  |  |
| C.10 | IEA01 | Number of Included Functional Groups |  | Count of the number of functional groups included in an interchange. |
| C.10 | IEA02 | Interchange Control Number |  | Control number assigned by the interchange sender that should be nine characters and be identical to the value in ISA13. |

**Outbound values:**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| TR3  Page # |  | Reference |  | Name |  | Codes |  | Expected Value |
| C.3 | ISA | | Interchange Control Header | |  | |  | All positions within each of the data elements must be filled. |
| C.4 | ISA01 | | Authorization Information Qualifier | | ‘00’ | | ‘00’ (zero zero) – No  Authorization Information Present (no meaningful information in ISA02) | |
| C.4 | ISA02 | | Authorization Information | |  | | Blank (fill with 10 spaces) | |
| C.4 | ISA03 | | Security Information Qualifier | | ‘00’ | | ‘00’ – No Authorization Information Present (no meaningful information in ISA04) | |
| C.4 | ISA04 | | Security Information | |  | | Blank (fill with 10 spaces) | |
| C.4 | ISA05 | | Interchange ID Qualifier | | ‘ZZ’ | | ZZ (Mutually Defined) | |
| C.4 | ISA06 | | Interchange Sender ID | | PHC100680301406 | | ‘PHC100680301406’ This field must be filled with 15 spaces and be left justified. | |
| C.5 | ISA07 | | Interchange ID Qualifier | | ‘ZZ’ | | ZZ (Mutually Defined) | |
| C.5 | ISA08 | | Interchange Receiver ID | |  | | Value submitted in ISA06 of the 276 Request | |
| C.5 | ISA09 | | Interchange Date | |  | | Interchange Creation Date in  YYMMDD format | |
| C.5 | ISA10 | | Interchange Time | |  | | Interchange Creation Time in HHMM format | |
| C.5 | ISA11 | | Interchange Repetition Separator | | ‘>’ | | PHC will utilize the ‘>’ as the repetition separator. | |
| C.5 | ISA12 | | Interchange Control Version Number | | ‘00501‘ | | Indicates version number | |
| C.5 | ISA13 | | Interchange Control  Number | |  | | A control number assigned by the interchange sender | |
| C.6 | ISA14 | | Acknowledgement Requested | | ‘0’ | | 0 – No Acknowledgment  Requested | |
| C.6 | ISA15 | | Usage Indicator | | ‘P’ | | P - Production data | |
| C.6 | ISA16 | | Component Element Separator | | ‘!’ | | A ‘!’ must be sent in this field. | |
| C.10 | IEA | | Interchange Control Trailer | |  | |  | |
| C.10 | IEA01 | | Number of Included Functional Groups | |  | | Count of the number of functional groups included in an interchange. | |
| C.10 | IEA02 | | Interchange Control Number | |  | | Control number assigned by the interchange sender that should be nine characters and be identical to the value in ISA13. | |

GS-GE

Files must contain a single GS-GE per real time transaction.

**Expected inbound values:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| TR3  Page # | Reference | Name | Codes | Expected Value |
| C.7 | GS | Functional Group Header |  | All positions within each of the data elements must be filled. |
| C.7 | GS01 | Functional Identifier Code | ‘HR’ | HR – Health Care Claim Status Request |
| C.7 | GS02 | Application Sender Code |  | Same value as ISA06. |
| C.7 | GS03 | Application Receiver Code | PHC100680301406 | Same value as ISA08. |
| C.8 | GS04 | Date |  | Functional Group Creation Date in CCYYMMDD  format |
| C.8 | GS05 | Time |  | Functional Group Creation  Time in HHMM format |
| C.8 | GS06 | Group Control Number |  | Unique number within interchange. Will begin with 0001, and will be identical to GE02. |
| C.8 | GS07 | Responsible Agency Code | ‘X’ | X - Accredited Standards  Committee X12 |
| C.8 | GS08 | Version/Release/ Industry  Identifier Code | 005010X212 | Version and transaction number |
| C.9 | GE | Functional Group Trailer |  |  |
| C.9 | GE01 | Number of Transaction Sets Include | 1 | Total number of transaction sets included in the functional group. |
| C.9 | GE02 | Group Control Number |  | Unique number assigned by the sender that must be identical to GS06. |

**Outbound values:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| TR3  Page # | Reference | Name | Codes | Expected Value |
| C.7 | GS | Functional Group Header |  | All positions within each of the data elements must be filled. |
| C.7 | GS01 | Functional Identifier Code | ‘HN’ | HN – Health Care  Information Status  Notification |
| C.7 | GS02 | Application Sender Code | PHC100680301406 | Same value as ISA06. |
| C.7 | GS03 | Application Receiver Code |  | Same value as ISA08. |
| C.8 | GS04 | Date |  | Functional Group Creation Date in CCYYMMDD  format |
| C.8 | GS05 | Time |  | Functional Group Creation  Time in HHMM format |
| C.8 | GS06 | Group Control Number |  | Unique number within interchange. Will begin with 0001, and will be identical to GE02. |
| C.8 | GS07 | Responsible Agency Code | ‘X’ | X - Accredited Standards  Committee X12 |
| C.8 | GS08 | Version/Release/Industry  Identifier Code | 005010X212 | Version and transaction number |
| C.9 | GE | Functional Group Trailer |  |  |
| C.9 | GE01 | Number of Transaction Sets Include | 1 | Total number of transaction sets included in the functional group. |
| C.9 | GE02 | Group Control Number |  | Unique number assigned by the sender that must be identical to GS06. |

ST-SE

Each real-time request should contain a single 276 Claim Status Request wrapped in a single STSE.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| TR3 Page # |  | Reference |  | Name |  | Codes |  | Expected Value |
| 36 |  | ST |  | Transaction Set Header |  |  |  |  |
| 36 | ST01 | | Transaction Set Identifier Code | | 276 | | 276 | |
| 36 | ST02 | | Transaction Set Control  Number | |  | | The Transaction Set Control Numbers in ST02 and SE02 must be identical. The number is assigned by the originator and must be unique within a functional group (GS-GE). | |
| 36 | ST03 | | Implementation Convention  Reference | | 005010X212 | | This element contains the same value as GS08. | |
| 98 | SE | | Transaction Set Trailer | |  | |  | |
| 98 | SE01 | | Transaction Segment  Count | |  | | Total numbers of segments included in a transaction set (including the ST and SE segments). | |
| 98 | SE02 | | Transaction Set Control Number | |  | | Data value in SE02 must be identical to ST02. | |

# PAYER SPECIFIC BUSINESS RULES AND LIMITATIONS

TRANSACTION LIMITATIONS

PHC supports the Claim Status Request and Response in real time mode only. Real time 276s should have a single ST/SE loop, one information source, one information receiver, one service provider loop, and one subscriber loop. In addition, a single 2200D claim loop should be submitted in the request. All data contained within the Claim Status Request should be submitted in UPPER CASE.

## **REAL TIME TRANSACTIONS**

Real time transactions contain one 276 request for status information on no more than 1 claim that was previously submitted to IBC/KHPE. Each envelope that is received from the Trading Partner will contain a single 276 request transaction. A single request is identified as one TRN per ST – SE. Within that request, there will be one and only one of each of the following segments: **ISA, GS, ST, SE, GE, and IEA**.

If the submitting Trading Partner exceeds the single request per 276 transaction, PHC will return a 277 transaction with the following:

* **STC01-1**: HIPAA Claim Category Code = EO = Response not possible. System Status found
* **STC01-2**: HIPAA Claim Status Code = 691 = Claim/submission format is invalid

The requesting Trading Partner will send the single request to PHC through electronic means that were discussed previously within the Reference Guide and will remain connected while the request is processed and PHC returns a 277 transaction

SUPPORTED STC ERROR CODES

PHC supports the following STC codes for error reporting:

|  |  |  |  |
| --- | --- | --- | --- |
| Loop | Error Condition | STC01-1 Value | STC01-2 Value |
| 2200B | Multiple Claim Found | E0 | 691 |
| 2200D | Claim Not Found | A4 | 35 |
| 2200D | Claim request exceeded 60 Sec(15min) | 0 | 0 |

## **CLAIM SEARCH STANDARDS**

Once you have submitted a claim to PHC, a 276-status request can be accepted. In order for PHC to locate a claim status, the following information from the original claim must be provided accurately on the 276 request:

|  |  |  |
| --- | --- | --- |
| Name | Loop ID | Segment |
| Claim Number | 2200D | TRN02 |
| Last Name | 2100D | NM103 |
| First Name | 2100D | NM104 |
| Claim Amount Charged | 2200D | AMT02 |
| Date of Service | 2200D | DTP03 |
| Subscriber ID | 2100D | NM109 |

## **CORE ENVELOP METADATA**

HTTPS Message Format. The input parameters as described in the tables below for RealTimeMode needs to be provided as input while submitting the 276 request data to PHC in order to receive a valid 277 response message.

|  |  |  |  |
| --- | --- | --- | --- |
| HTTPS and SOAP Metadata (Real 276/277) | | |  |
| Field Name | Description | Format | Example |
| Payload Type | Payload Type specifies the type of payload included within a request, | |  | | --- | | X12\_276\_Request\_005010X212 | |  |
| Processing Mode | Processing Mode indicates ReaTimeMode processing mode. | RealTimeMode | RealTimeMode |
| Payload ID | This is an Identifier that you will use to identify the request submitted. | Alphanumeric, may contain hyphen. |  |
| Time Stamp | Time and Date  specifying when a message is created and sent to a receiver | Universal Time (UTC) time stamp. http://www.w3.org/TR/xmlschema11-  2/#dateTime | yyyy-MM-ddThh:mm:ss |
| User | This is the user name to log into the account. A Password will be associated with the User which allows a request to complete. Your User ID will be assigned. | PHC provided UserName | PHC provided UserName |
| Password | This is the password that pairs with the *User* field to allow access to the Eligibility request system. Your password will be assigned. | PHC provided Password | Valid Password |
| Sender ID | This is the Sender ID from the X12 file being submitted. From ISA06. | Alphanumeric | PHC provided Senderid |
| Receiver ID | This is the Receiver ID from the X12 file being submitted. From ISA08. | Alphanumeric | PHC100680301406 |
| CORE Rule Version | The CORE Rule version that this envelope is using. This value can be used to maintain backward compatibility when parsing/ processing messages. | 2.2.0 | 2.2.0 |
| Payload | This contains the file with the X12 276 request data | HIPAA X12 276 Compliant |  |

## **HTTP STATUS AND ERROR CODES**

|  |  |
| --- | --- |
| HTTP  Status/Error Codes | Status Code Description |
| 200 OK | Success |
| 500 Internal Server Error | The web-server encountered a processing error |
| 503 Server errors | 503 Service Unavailable |

## **ENVELOPE PROCESSING STATUS AND ERROR CODES**

|  |  |
| --- | --- |
| Envelope Processing  Status/Error Codes | Status Code Description |
| Success | Envelope was processed successfully. |
| <FieldName>Illegal | Illegal value provided for <FieldName>. |
| <FieldName>Required | The field <FieldName> is required but was not provided. |
| Unauthorized | The username/password/SenderId/ReceiverId could not be verified. |
| Sender | The envelope sent by the sender did not conform to the expected format. |
| Receiver | The message could not be processed for reasons attributable to the Receiver. |

## **ERROR REPORTING**

Incoming 276 Transactions are edited to ensure that they comply with HIPAA X12N regulation and with PHC business and security processes. The table below illustrates the type of transaction used in response to different levels of error reporting.

|  |  |  |
| --- | --- | --- |
| Transaction Structure Level of Error | Type of Error | Transaction Returned |
| ISA/IEA Interchange Control | * Invalid Message or Information * Invalid Identifiers * Inactive Message | TA1  Acknowledgement |
| GS/GE Segment  ST/SE Segment  Detail Segments | HIPAA TR3 Violations | 999  Acknowledgement |
| Detail Segments | * PHC Business Edits | 277 |

## **VENDOR-SUPPORTED CLAIMS**

Claim status inquiries are not forwarded to vendors who are supporting mental health, dental claims, or pharmacy claims on behalf of PHC. These 276 Inquiries should be sent directly to those vendors. If submitters have made a request of PHC for a claim that should be handled by one of our vendors, submitters will receive a 277 Response indicating that the data could not be found. See the Claim Status Category Code Table, code source 507 or 508, for more information about response codes used in the 277 Transaction.

## **CLAIM STATUS CATEGORY AND STATUS CODE**

Response uses the Claim Status Category Codes and Status Codes to identify security validation requirement issues and to indicate PHC business edits. The following table lists all codes supported by PHC within the 277 Transaction, Loop 2200D, Elements STC01-1 and STC01-2. The first column lists the codes used for the STC01-1 element and the corresponding STC01-2 value appears in the second column.

|  |  |  |  |
| --- | --- | --- | --- |
| Claim Status Category Code STC01 | Claim Status Code  STC02 | Claim Status Category Code Descriptions | Claim Status Code Descriptions |
| F1 | 65 | Finalized/Payment-The claim/line has been paid. | Claim/line has been paid. |
| F3 | 519 | Finalized/Revised - Adjudication information has been changed | Adjustment Amount |
| P1 | 20 | Pending/In Process-The claim or encounter is in the adjudication system. | Accepted for processing. |
| P2 | 710 | Pending/Payer Review-The claim/encounter is suspended and is pending review (e.g. medical review, re-pricing, Third Party Administrator processing). | Line Adjudication Information. Note: At least one other status code is required to identify the data element in error. |
| F2 | 585 | Finalized/Denial-The claim/line has been denied. | Denied Charge or Non-covered Charge |
| F4 | 696 | Finalized/Adjudication Complete - No payment forthcoming-The claim/encounter has been adjudicated and no further payment is forthcoming. | Claim Adjustment Group Code. |
| P5 | 55 | Pending/Payer Administrative/System hold | Claim assigned to an approver/analyst. |

# ACKNOWLEDGEMENTS AND/OR REPORTS

For each 276 Claim Status Request submitted to PHC, one of the following will be returned:

* TA1 Interchange Acknowledgement if the ISA/IEA envelope cannot be processed.
* 999 Implementation Acknowledgement if the 276 transaction contains HIPAA compliancy errors within the ST/SE segments.
* 277 Claim Status Response containing the requested claim inquiry.

# TRADING PARTNER AGREEMENTS

A completed EDI Enrollment form is required for all providers, clearinghouses and software vendors wishing to connect directly with PHC to exchange Claim Status Request and Response (276/277) transactions.

# TRANSACTION SPECIFIC INFORMATION

Listed below are specific requirements that PHC requires for valid Claim Status Requests**:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| TR3 Page  # | Loop ID | Reference | Name | Codes | | Length | Expected Value |
| 41 | 2100A | NM1 | Information  Source Name |  | |  | This is the source of information contained in the 276, i.e. PHC |
| 41 | 2100A | NM101 | Entity Identifier  Code | PR | |  | PR |
| 41 | 2100A | NM102 | Entity Type Qualifier | 2 | |  | 2 |
| 41 | 2100A | NM103 | Name Last or Organization Name |  | |  | PARTNERSHIP HEALTHPLAN OF CA |
| 42 | 2100A | NM108 | Identification  Code Qualifier | PI | |  | PI |
| 42 | 2100A | NM109 | Identification  Code |  | | 9 | 68-0301406 |
| 45 | 2100B | NM1 | Information  Receiver  Name |  | |  |  |
| 45 | 2100B | NM101 | Entity Identifier Code | 41 | |  | 41 |
| 45 | 2100B | NM102 | Entity Type Qualifier | 1,2 | |  | 1. = Person 2. = Nonperson entity |
| 46 | 2100B | NM103 | Name Last or  Organization  Name |  | |  | Information receiver’s last name or organization name. |
| 46 | 2100B | NM104 | Name First |  | |  | Information receiver’s first name.  This is required when the value in NM102 is 1. |
| 46 | 2100B | NM108 | Identification  Code Qualifier | 46 | |  | 46 |
| 46 | 2100B | NM109 | Identification  Code |  | |  | Information receiver’s  ETIN (Electronic  Transmitter Identification Number).  The ETIN is established through Trading Partner agreement. |
| 50 | 2100C | NM1 | Provider Name |  | |  |  |
|  |  |  |  |  | |  |  |
| TR3 Page  # | Loop ID | Reference | Name | Codes | | Length | Expected Value |
| 50 | 2100C | NM101 | Entity Identifier  Code | 1P | |  | 1P = Provider |
| 50 | 2100C | NM102 | Entity Type Qualifier | 1,2 | |  | 1= Person  2= Nonperson entity |
| 50 | 2100C | NM103 | Name Last or Organization Name | Provider Last or Organization Name | |  |  |
| 50 | 2100C | NM104 | Name First | Provider First Name | |  | Required when the value in NM102 = “1" |
| 51 | 2100C | NM108 | Identification  Code Qualifier | XX | |  | XX = NPI |
| 51 | 2100C | NM109 | Identification  Code | Provider Identifier | |  | Enter NPI |
| 54 | 2000D | DMG | Subscriber  Demographic  Information |  | |  |  |
| 54 | 2000D | DMG01 | Date Time  Period Format  Qualifier | D8 | |  | D8 = Date expressed  in format  CCYYMMDD |
| 55 | 2000D | DMG02 | Date Time Period |  | |  | Date of Birth |
| 55 | 2000D | DMG03 | Gender Code | F,M | |  | F = Female M = Male |
| 56 | 2100D | NM1 | Subscriber  Name |  | |  |  |
| 56 | 2100D | NM101 | Entity Identifier  Code | IL | |  | IL = Insured or Subscriber |
| TR3  Page # | Loop ID | Reference | Name | Codes | | Length | Expected Value |
| 56 | 2100D | NM102 | Entity Type Qualifier | 1 | |  | 1 = Person |
| 57 | 2100D | NM103 | Name Last or  Organization  Name |  | |  | Subscriber’s last name |
| 57 | 2100D | NM104 | Name First |  | |  | Subscriber’s first name |
| 57 | 2100D | NM108 | Identification  Code Qualifier | MI | |  | MI |
| 57 | 2100D | NM109 | Identification  Code | |  |  | Subscriber Identifier |
| 58 | 2200D | TRN | Claim Status  Tracking  Number | |  |  |  |
| 58 | 2200D | TRN01 | Trace Type Code | | 1 |  | 1 = Current  Transaction Trace  Numbers |
| 58 | 2200D | TRN02 | Reference  Identification | |  |  | Claims status tracking number |
| 59-65 | 2200D | REF | Ref Segment –  Additional  Search Criteria | | Repeating Segment |  | One or more of the following can be included in the request to narrow the search for a specific claim. |
| 59 -  65 | 2200D | REF01 | Reference  Identification  Qualifier | | 1K |  | The search criteria can be narrowed to a specific claim.    1K = Payer’s claim number |
| 59 | 2200D | REF02 | Reference  Identification | |  |  | Payer’s claim number |
| 66 | 2200D | AMT | Claim  Submitted  Amount | |  |  |  |
| 66 | 2200D | AMT01 | Amount  Qualifier Code | | T3 |  | T3 = Claim submitted charges |
| 66 | 2200D | AMT02 | Monetary Amount | |  |  | The search criteria can be narrowed to  specific claims for the member with a matching Total Claim  Charge Amount |
| 67 | 2200D | DTP | Claim Service Date | |  |  |  |
| 67 | 2200D | DTP01 | Date/Time Qualifier | | 472 |  | 472 = Service Date |
| 67 | 2200D | DTP02 | Date Time  Period Format  Qualifier | | D8 |  | The search criteria can be narrowed to specific claims within this date of service |

# APPENDICES

IMPLEMENTATION CHECKLIST

|  |  |
| --- | --- |
|  | Complete the EDI Enrollment form and email to PHC at EnrollEDI@PHC.com.   * The form is available at   http://www.PHChealth.com/corp/ah/Providers/HipaaTransactions.htm |
|  | * PHC will provide a user ID and password. * Password should be changed every 60 days. Below is the link to reset the password:   https://core.partnershiphp.org/coreweb/phccore/userloginreset |
|  | * Provider / trading partner should configure their system following the connection instructions provided by PHC. |
|  | * Verify connectivity by submitting a Claim Status Request (276) and evaluating Claim Status Response (277). |

BUSINESS SCENARIOS

Example 1 – Claim level status request for a specific date of service where the patient is the subscriber

TRANSMISSION EXAMPLES

Example 1 – Claim level status request for a specific date of service where the patient is the subscriber

ISA\*00\* \*00\* \*ZZ\*SENDER ID \*ZZ\*RECEIVER ID \*010101\*0101\*:\*00501\*000000001\*0\*T\*!~

GS\*HR\*APP SENDER\*APP RECEIVER\*01010101\*01010101\*1\*X\*005010X212~

ST\*276\*0001\*005010X212~

BHT\*0010\*13\*A1B2C3D4E5\*01010101\*01010101~

HL\*1\*\*20\*1~

NM1\*PR\*2\*ABC INSURANCE\*\*\*\*\*PI\*12345~

HL\*2\*1\*21\*1~

NM1\*41\*2\*XYZ SERVICE\*\*\*\*\*46\*X67E~

HL\*3\*2\*19\*1~

NM1\*1P\*2\*HOME HOSPITAL\*\*\*\*\*XX\*1666666661~

HL\*4\*3\*22\*0~

DMG\*D8\*20030405\*F~

NM1\*IL\*1\*SUBLAST\*SUBFIRST\*NM3\*\*NM4\*24\*K12345678~

TRN\*1\*A1B2C3D4E5~

REF\*1K\*012345678912~

AMT\*T3\*116.12~

DTP\*472\*D8\*20090308~

SE\*16\*0001~

GE\*1\*1~

IEA\*1\*000000001~

## FREQUENTLY ASKED QUESTIONS

Q. Is there a charge for a provider to submit 270 requests and receive 271 responses back from PHC?

A. This is a free service offered by PHC to providers, clearinghouses and billing services. There are no fees associated with the use of this service.

Q. Once a request is submitted when will a response be received back from PHC?

A. A single real-time request will receive a response back within 20 seconds.

Q. Who do I call for support if a problem arises?

A. If the answers to questions you have are not found in this Companion Guide, please contact the PHCEDI team:

**Phone:**  888.647.9708

PHC Help Desk – ask to open a ticket with the **PHCEDI Services** group

## 

## CHANGE SUMMARY

Version 0.1 – 10/2015

* Initial draft

Version 1.0 –

* First published version