
San Francisco Health Plan

HIPAA Transaction Standard Companion Guide

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

CORE v5010 Companion Guide

January 2016

Disclosure Statement

San Francisco Health Plan is a Phase III CORE Certified Health Plan and 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 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 a San Francisco Health Plan's specific companion guide to the 270/271 Transaction Sets. 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 San Francisco Health Plan on the 270/271 Health Care Eligibility Status Request and Response Transaction. This document will be subject to revisions as new versions of the 270/271 Transaction Set Technical Reports are released. This document has been designed to aid both the technical and business areas.

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 San Francisco 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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1 INTRODUCTION

Under the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act (HIPAA) of 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 Electronic Data Interchange 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.

San Francisco Health Plan is a Phase III CORE Certified Health Plan. For questions relating to the San Francisco Health Plan's 270/271 Health Care Eligibility Status Request and Response Transaction or testing, please email your questions to edi@sfhp.org.

San Francisco Health Plan's billing guidelines are not included in this document. Please refer to our website at <http://www.sfhp.org/providers/network/claims-submission/> for these guidelines, or contact Provider Relations at (415) 547-7818 ext. 7084.

1.1 SCOPE

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

This companion guide is intended for San Francisco Health Plan's Trading Partners interested in exchanging HIPAA compliant X12 transactions with San Francisco Health Plan. It is intended to be used in conjunction with X12N Implementation Guides and is not intended to contradict or exceed X12 standards. It is intended to be used to clarify the CORE rules. It contains information about specific San Francisco Health Plan 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 San Francisco Health Plan and all other covered entities to comply with the electronic data interchange 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 San Francisco Health Plan. 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.cagh.org/COREv5010.php>

2 GETTING STARTED

2.1 WORKING WITH SAN FRANCISCO HEALTH PLAN

For questions relating to the San Francisco Health Plan's 270/271 Health Care Eligibility Status Request and Response Transaction, please contact the EDI Department at edi@sfhp.org.

2.2 TRADING PARTNER REGISTRATION

There is no current process or form for 270/271 or 276/277 enrollment

3 TESTING WITH THE PAYER

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

- During the testing process, San Francisco Health Plan 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 San Francisco Health Plan Provider Relations. Provider Relations 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 (San Francisco Health Plan supports the use of HTTP SOAP + WSDL envelope standards as identified in CAQH CORE Phase I/II Connectivity standards <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 (San Francisco 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_270_Request_005010X279A1
ProcessingMode	RealTime
SenderID	Mutually agreed by SFHP
ReceiverID	SFHP
CORERuleVersion	2.2.0
Certificate Version	Username Password

4.4 PASSWORDS

The EDI Department is responsible for password assignment and resets. For any information or queries, please email us at edi@sfhp.org

4.5 MAINTENANCE SCHEDULE

The systems used by the 270/271 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, 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 Contact the EDI Department at edi@sfhp.org

5.2 EDI TECHNICAL ASSISTANCE

Contact the EDI Department at edi@sfhp.org

5.3 PROVIDER SERVICE NUMBER

Contact at Provider Relations at (415) 547-7818 ext. 7084

5.4 APPLICABLE WEBSITES/E-MAIL

Website URL: <http://www.sfhp.org/providers/network/edi/>
 Email us at: edi@sfhp.org

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 San Francisco Health Plan	ISA07	R	2	ZZ	Mutually Defined
Interchange Receiver ID/ SFHP	ISA08	R	15	SFHP	SFHP's receiver id
Interchange Date	ISA09	R	6	<YYYYMMDD>	Date of the interchange in YYMMDD 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	ISAI2	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

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Application Senders Code	GS02	R	2/15	<SENDER ID>	Code identifying party sending transmission (should match ISA06)
Application Receivers Code	GS03	R	2/15	SFHP	Code identifying party receiving transmission
Date	GS04	R	8	<CCYYMMDD>	Functional Group creation date in CCYYMMDD format
Time	GS05	R	4/8	<HHMM>	Functional Group creation time in HHMM format
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			Total number of transactional sets included in functional group or interchange
Group Control Number	GE02	R			Assigned number originated and maintained by the sender

Segment Name	Segment ID	R/O	No. of Char	Value	Remarks
Number of included Functional Groups	IEA01	R	1/5		
Interchange Control Number	IEA02	R	9		Should match ISA13

7 PAYER SPECIFIC BUSINESS RULES AND LIMITATIONS

San Francisco Health Plan 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 San Francisco Health Plan and then remains connected while San Francisco Health Plan processes the transaction and responds to the submitter. San Francisco Health Plan 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, San Francisco Health Plan will respond with its source data from internal systems, including but not limited to such data as Subscriber Name information, Member Id and DOB.

SUPPORTED FUNCTIONALITY

- San Francisco Health Plan 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, San Francisco Health Plan 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 San Francisco Health Plan’s Identification Number, the information source’s Identification Number, member’s last name, date of birth and service type code.

- For the best response time, San Francisco Health Plan 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, San Francisco Health Plan returns the 271 transaction with all of the Inquiry criteria information that was submitted in the 270 transaction.

GAPS IN COVERAGE

For members where a gap in coverage exists, the following scenarios may apply:

- When a single Plan Date is provided on a 270 request and this date falls within a non-covered period, the 271 response will include an AAA segment with an error code of 75.
- When a Plan Date range is provided on a 270 request and the entire date range falls within a non-covered period, the 271 response will include an AAA segment with an error code of 75.
- When a Plan Date range is provided on a 270 request which overlaps covered and non-covered eligibility periods, only 271 responses will be provide for the covered periods and an error code will not be returned.

8 ACKNOWLEDGEMENTS AND/OR REPORTS

8.1 999 – ACKNOWLEDGEMENT FOR HEALTH CARE INSURANCE

San Francisco Health Plan supports the Acknowledgement for Health Care Insurance (999). 999s are sent for real-time submissions of 270 transactions when an error or discrepancy is found at the GS or ST level. For Batch 270 transactions a 999 is sent always.

8.2 TA1 - INTERCHANGE ACKNOWLEDGEMENT REQUEST

San Francisco Health Plan supports the Interchange Acknowledgement Request (TA1) when any issues exist at the ISA level.

8.3 REJECTION LOGIC/STATUS CODES

To better communicate to its providers the reason a transaction was rejected and what action should be taken to resolve a rejection, San Francisco Health Plan developed rejection logic using HIPAA standard codes available on the Washington Publishing Company's website (www.wpc-edi.com).

9 TRADING PARTNER AGREEMENTS

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

9.1 TRADING PARTNERS

An EDI Trading Partner is defined as any San Francisco Health Plan customer (provider, billing service, software vendor, employer group, financial institution, etc.) that exchanges electronic data with San Francisco Health Plan. Please contact Provider Relations to register new partners and request agreements/set-up forms for processing 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	NM108	Member ID Qualifier	2/80	Required value in 270 – value must be 'MI'
2100C	NM109	SFHP Member ID	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

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ISA*00*Authorizat*00*Security                               I*ZZ*Interchange           Sen*ZZ*Interchange
Rec*141001*1037*^*00501*000031033*0*T*:~
GS*HS*Sample Sen*Sample Rec*20141001*1037*123456*X*005010X279A1~
ST*270*1234*005010X279A1~
BHT*0022*13*10001234*20141001*1319~
HL*1**20*1~
NM1*PR*2*ABC COMPANY*****PI*842610001~
HL*2*1*21*1~
NM1*1P*2*BONE AND JOINT CLINIC*****XX*1234567893~
HL*3*2*22*0~
TRN*1*93175-0001*9877281234~
NM1*IL*1*SMITH*ROBERT*****MI*11122333301~
    
```

DMG*D8*19430519~
DTP*291*D8*20141001~
EQ*30~
SE*13*1234~
GE*1*123456~
IEA*1*000031033~

271 Sample Response

ISA*00*Authorizat*00*Security I*ZZ*Interchange Rec*ZZ*Interchange
Sen*141001*1037*^*00501*000031033*0*T*~
GS*HB*Sample Rec*Sample Sen*20141001*1037*123456*X*005010X279A1~
ST*271*4321*005010X279A1~
BHT*0022*11*10001234*20141001*1319~
HL*1**20*1~
NM1*PR*2*ABC COMPANY*****PI*842610001~
HL*2*1*21*1~
NM1*1P*2*BONE AND JOINT CLINIC*****XX*1234567893~
HL*3*2*22*0~
TRN*2*93175-0001*9877281234~
NM1*IL*1*SMITH*ROBERT*****MI*11122333301~
N3*15197 BROADWAY AVENUE*APT 215~
N4*KANSAS CITY*MO*64108~
DMG*D8*19430519*M~
DTP*291*D8*20141001~
EB*1**30^1^33^35^47^48^50^86^88^98^AL^MH^UC*HM*GOLD 123 PLAN~
EB*L~
LS*2120~
NM1*P3*1*JONES*MARCUS*****XX*2345678900~
LE*2120~
EB*C**30*HM**23*100*****Y~
EB*C**30*HM**23*250*****N~
EB*C**30*HM**29*100*****Y~
EB*C**30*HM**29*250*****N~
EB*A**30^1^33^35^47^48^50^86^88^98^AL^MH^UC*HM****.1****Y~
EB*A**30^1^33^35^47^48^50^86^88^98^AL^MH^UC*HM****.2****N~
EB*B**30^1^33^35^47^48^50^86^88^98^AL^MH^UC*HM***10****Y~
EB*B**30^1^33^35^47^48^50^86^88^98^AL^MH^UC*HM***30****N~
SE*27*4321~
GE*1*123456~
IEA*1*000031033~

B. Change Summary

None