



HIPAA Transaction – Health Care Claim Status Request and Response (276/277)

**Instructions related to Transactions based
on ASC X12 Implementation Guides,
version 005010**

**Companion Guide Version Number: 1.3
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Preface

This guide serves as a Prevea360 Health Plan specific companion document to the *Health Care Claim Status Request and Response (276/277)* implementation guide for **batch transactions**. Real-time connections are available through our clearinghouse Smart Data Solutions and have separate requirements. The EDI team here will coordinate the setup between you (the trading partner) and Smart Data Solutions for real-time connections.

This document provides information related to specific requirements of the *Health Care Claim Status Request and Response (276/277)* transactions, but does not change the definition, data condition, or use of a data element or segment in a standard, add data elements or segments to the maximum defined data set, use any code or data elements that are either marked “not used” in the standard’s implementation specification or are not in the standard’s implementation specification(s), or change the meaning or intent of the HIPAA standards implementation specification.

All instructions in this document were written using information known at the time of publication and are subject to change. We are not responsible for the software used by the submitter to complete these transactions.

Contents

Transaction Instruction (TI)	4
1. TI Introduction	4
1.1. Background	4
1.2. Intended Use	5
2. Included ASC X12 Implementation Guides	5
3. Instruction Tables	5
3.1. Health Care Claim Status Request (276)	5
3.2. Health Care Claim Status Response (277)	6
4. TI Additional Information	6
4.1. Payer Specific Business Rules and Limitations	6
4.2. Scheduled Maintenance	7
Trading Partner Information (TP)	8
5. TP Introduction	8
5.1. Purpose	8
6. Getting Started	8
6.1. Working Together	8
6.2. Trading Partner Registration	8
6.3. Trading Partner Testing and Certification Process	8
7. Testing and Certification Requirements	8
7.1. Testing Requirements	8
8. Connectivity / Communications	9
8.1. Process flows	9
8.2. Security Protocols	9
9. Contact information	10
9.1. EDI Team	10
9.2. Provider Services	10
9.3. Applicable websites / e-mail	10
10. Control Segments / Envelopes	10
10.1. 276 ISA-IEA	10
10.2. 276 GS-GE	11
10.3. 276 ST-SE	12
11. Acknowledgements and Reports	12
11.1. ASC X12 Acknowledgments	12
12. Additional Trading Partner Information	12
12.1. Implementation Checklist	12
12.2. Trading Partner Agreement	12
12.3. Other Resources	13
13. Change Summary	13

Transaction Instruction (TI)

1. TI Introduction

1.1. Background

1.1.1. Overview of HIPAA Legislation

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 carries provisions for administrative simplification. This requires the Secretary of the Department of Health and Human Services (HHS) to adopt standards to support the electronic exchange of administrative and financial health care transactions primarily between health care providers and plans. HIPAA directs the Secretary to adopt standards for transactions to enable health information to be exchanged electronically and to adopt specifications for implementing each standard HIPAA serves to:

- Create better access to health insurance
- Limit fraud and abuse
- Reduce administrative costs

1.1.2. Compliance according to HIPAA

The HIPAA regulations at 45 CFR 162.915 require that covered entities not enter into a trading partner agreement that would do any of the following:

- Change the definition, data condition, or use of a data element or segment in a standard.
- Add any data elements or segments to the maximum defined data set.
- Use any code or data elements that are marked “not used” in the standard’s implementation specifications or are not in the standard’s implementation specification(s).
- Change the meaning or intent of the standard’s implementation specification(s).

1.1.3. Compliance according to ASC X12

ASC X12 requirements include specific restrictions that prohibit trading partners from:

- Modifying any defining, explanatory, or clarifying content contained in the implementation guide.
- Modifying any requirement contained in the implementation guide.

1.2. Intended Use

The Transaction Instruction component of this companion guide must be used in conjunction with an associated ASC X12 Implementation Guide. The instructions in this companion guide are not intended to be stand-alone requirements documents. This companion guide conforms to all the requirements of any associated ASC X12 Implementation Guides and is in conformance with ASC X12's Fair Use and Copyright statements.

2. Included ASC X12 Implementation Guides

This table lists the X12N Implementation Guides for which specific transaction Instructions apply and which are included in Section 3 of this document.

Unique ID	Name
005010X221	Health Care Claim Status Request and Response (276/277)

3. Instruction Tables

These tables contain one or more rows for each segment for which a supplemental instruction is needed.

3.1. Health Care Claim Status Request (276)

We expect the following values on the 276 Request.

Loop ID	Reference	Name	Codes	Notes/Comments
2100C	NM1	Provider Name		
2100C	NM101	Entity Identifier Code	1P	Provider
2100C	NM108	Identification Code Qualifier	XX	NPI Qualifier
2100C	NM109	Identification Code		Billing Provider NPI
2100D	NM1	Subscriber Name		
2100D	NM101	Entity Identifier Code	IL	
2100D	NM102	Entity Type Qualifier	1	Person
2100D	NM103	Name Last or Organization Name		Member's last name
2100D	NM104	Name First		Member's first name
2100D	NM108	Identification Code Qualifier	MI	
2100D	NM109	Identification Code		Member Identification Number
2200D	AMT	Claim Submitted Charges		*Optional
2200D	AMT02	Amount Qualifier Code	T3	Total Submitted Charges
2200D	DTP	Claim Service Date		
2200D	DTP02	Date Time Period Format Qualifier		D8 or RD8
2200D	DTP03	Date Time Period		We accept inquiries that request information on both a single date

				("D8" qualifier) and a range of dates ("RD8" qualifier). If a date range is submitted, we will return claims that have any Date of Service within the date range requested if all other criteria are met. If no last date of service is provided on the Claim Status Request, the first and last date of service will be defaulted to be the same as the date of service from the request.
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3.2. Health Care Claim Status Response (277)

Loop ID	Reference	Name	Codes	Notes/Comments
2200D	STC	Claim Level Status Information		Will be returned for BOTH Professional and Institutional Claims.
2200D	STC05	Monetary Amount		On a denied claim, it is possible that a paid amount will be returned. If the claim is denied but shows a paid amount, the claim status requestor should contact our Customer Service area for further details.
2220D	SVC	Service Line Information		*This segment will be returned for ONLY Institutional Claims.
2220D	STC	Claim Level Status Information		*This segment will be returned for ONLY Institutional Claims.
2220D	DTP	Service Line Date		*This segment will be returned for ONLY Institutional Claims.
2220D	DTP03	Date Time Period		NOTE: For Interim Bills, the admission date will be returned as the dates of service on each service line.

4. TI Additional Information

4.1. Payer Specific Business Rules and Limitations

- We will only return claim status information on claims we received within one year prior to the date of the requested 276.
- We will return claim status information on claims that have any Date of Service within the date range requested if all other criteria are met.
- Claim Status Requests must be submitted at a claim level.
- Claim Status Response will be returned at the service line level for Institutional claims only. All other responses will be at the claim level.

- Multiple claims matching the criteria may be returned for any single request. The multiple claims will be returned within one ST-SE segment.
- For Claim Status Responses for Interim Bills, the admission date will be returned as dates of service on the service line.
- If no last date of service is provided on the Claim Status Request, we will default to use the first date of service.
- On a denied claim, it is possible that we may return a paid amount. If the claim is denied but shows a paid amount, the claim status requestor should contact our Customer Service area for further details.

4.2. Scheduled Maintenance

Our scheduled maintenance schedule is posted on <https://www.prevea360.com/About-Prevea360-Health-Plan/Quality/HIPAA-Transactions.aspx>.

Trading Partner Information (TP)

5. TP Introduction

5.1. Purpose

The purpose of this section is to provide information to trading partners to give them the information they need to exchange EDI data with us. This section and those that follow includes information about registration, testing, support, and specific information about enveloping and control record setup.

6. Getting Started

6.1. Working Together

See section 9.1 for communication methods for interacting with the EDI Team.

6.2. Trading Partner Registration

An EDI Trading Partner is any entity (provider, billing service, software vendor, employer group, financial institution, etc.) that transmits electronic data to or receives electronic data from another entity.

Trading partners interested in submitting 276 files to us, in batch mode, must complete an EDI set up form. This form can be found on <https://www.prevea360.com/> under HIPAA Transactions or can be obtained by emailing or calling the EDI team.

6.3. Trading Partner Testing and Certification Process

1. EDI Setup Form received from trading partner.
2. Trading partner account established on our FTP server.
3. Test files for provided to us by the trading partner.
4. We will manually review file.
5. We will run the test files through compliance software.
6. Files will be processed, identifying any SNIP 1-2 errors, and whether or not processing was successful.
7. If testing passes, determine go-live date for production submission.

7. Testing and Certification Requirements

7.1. Testing Requirements

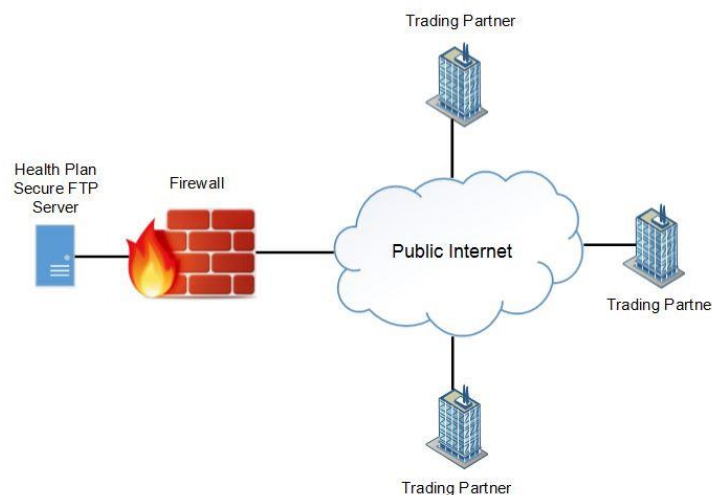
1. 276 files are encrypted with our public PGP key.

2. Test files pass manual review.
3. Test files pass compliance validation.
4. Test files pass SNIP 1-2 validation.
5. Test files process successfully in our systems.
6. 277 files are encrypted with your public PGP key.

8. Connectivity / Communications

FTP client software should be used to connect to our FTP server. Entering our IP Address in the Address Bar of an internet browser will not allow you to access our FTP server.

8.1. Process flows



We use an FTP server to exchange transactions with trading partners. Trading partners will be set up on the FTP server upon their request.

Environment	IP Address
Production	ftp.deanhealthplan.com

8.2. Security Protocols

8.2.1. SFTP/SSH

- Setup your connection using the FTP address above. Your Username and Password will be provided after your direct connection has been setup.
- For the type of connection, select SFTP/SSH.
- The first time that you connect, you will need to Trust the SSH Server Key.
- If you have a Network Firewall at your location that is blocking your ability to connect, your Network Administrator will need to open up the following:
 - Port 22 to IP address ftp.deanhealthplan.com

8.2.2. PGP encrypted files

8.2.2.1. 276 batch files

We require 276 batch files delivered to us to be encrypted with only our Public PGP key.

8.2.2.2. 277 batch files

We require 277 batch files we provide back to you be encrypted with your public key.

8.2.3. Confidentiality Protections Policy

We require PGP encryption, in addition to transmission via the SSH security protocol, to achieve a defense-in-depth/layered security posture for the protection of member/customer confidentiality. SFTP (SSH file transfer protocol) provides protection of the data in transit from the provider/clearinghouse to us, whereas PGP encryption provides protection of the at-rest data file. The combined use of these technologies raises the bar higher for a would-be attacker: the attacker must compromise both the data transmission and the at-rest encryption to have access to confidential data. With threats to security measures always increasing, we will periodically re-evaluate and revise our defense-in-depth posture to maximize confidentiality protections.

9. Contact information

9.1. EDI Team

Phone: (608) 827-4320

Toll-free Phone: (800) 356-7344 Extension: 4320

Email: edi@prevea360.com

9.2. Provider Services

Website: <https://www.prevea360.com/For-Providers.aspx>

Phone: 877-230-7571

Email: ProviderRelations@prevea360.com

9.3. Applicable websites / e-mail

<https://www.prevea360.com/About-Prevea360-Health-Plan/Quality/HIPAA-Transactions.aspx>

10. Control Segments / Envelopes

10.1. 276 ISA-IEA

Loop ID	Reference	Name	Codes	Notes/Comments
	ISA	Interchange Control Header		
	ISA01	Authorization Information Qualifier	00	Set to Qualifier No Authorization Information Present.
	ISA02	Authorization Information		Always blank (Fill with 10 spaces).
	ISA03	Security Information Qualifier	00	Set to Qualifier No Security Information Present.
	ISA04	Security Information		Always blank (Fill with 10 spaces).
	ISA05	Interchange ID Qualifier	ZZ	Set to Interchange ID Qualifier of Mutually Defined.
	ISA06	Interchange Sender ID		Mutually Defined ID. The sender's Payor ID or Tax Identification Number with left justify and space filled formatting is preferred.
	ISA07	Interchange ID Qualifier	ZZ	Set to Interchange ID Qualifier of Mutually Defined.
	ISA08	Interchange Receiver ID	39113	Set to our Payor ID with left justify and space filled formatting.
	ISA09	Interchange Date		The date format is YYMMDD.
	ISA10	Interchange Time		The time format is HHMM.
	ISA11	Repetition Separator	^	Preferred value.
	ISA12	Interchange Control Version Number	00501	
	ISA13	Interchange Control Number		Must be a positive unsigned number. IEA02 will need to be identical to this value.
	ISA16	Component Element Separator	>, *, or :	Delimiter value must be different than the data element separator and the segment terminator.
	IEA	Interchange Control Trailer		
	IEA01	Number of Included Functional Groups		Set to number of functional groups.
	IEA02	Interchange Control Number		Set to control number, should match ISA13.

10.2. 276 GS-GE

Loop ID	Reference	Name	Codes	Notes/Comments
	GS	Functional Group Header		
	GS01	Functional Identifier Code	HC	Set to Functional Identifier Code of Health Care Claim ('HC').
	GS02	Application Sender's Code		Set to same value populated in ISA06
	GS03	Application Receiver's Code	39113	Set to same value populated in ISA08
	GS06	Group Control Number		Assigned number originated and maintained by the sender. GE02 will need to be identical to this

Loop ID	Reference	Name	Codes	Notes/Comments
				value.
	GS07	Responsible Agency Code	X	Set to Responsible Agency Code of Accredited Standards Committee.
	GS08	Version / Release / Industry Identifier Code		Set to Version assigned to an implementation by X12.
	GE	Functional Group Trailer		
	GE01	Number of Transaction Sets Included		Set to the number of transaction sets included.
	GE02	Group Control Number		Set to Group Control Number, should match GS06.

10.3. 276 ST-SE

Loop ID	Reference	Name	Codes	Notes/Comments
	ST	Transaction Set Header		
	ST03	Implementation Convention Reference		Set to same value as data element GS08

11. Acknowledgements and Reports

11.1. ASC X12 Acknowledgments

Unique ID	Name
005010X231	Acknowledgement For Health Care Insurance (999)

12. Additional Trading Partner Information

12.1. Implementation Checklist

- EDI Setup form has been filled out and submitted to us.
- Direct connection established with us.
- Testing has passed.
- Production submission approved.

12.2. Trading Partner Agreement

EDI Trading Partner Agreements ensure the integrity of the electronic transaction process. The Trading Partner Agreement is related to the electronic exchange of information, whether the agreement is an entity or a part of a larger agreement, between each party to the agreement.

For example, a Trading Partner Agreement may specify among other things, the roles and responsibilities of each party to the agreement in conducting standard transactions.

A signed trading partner agreement is not required by us.

If a trading partner wants to enter an agreement we do have a Business Associate Agreement (BAA) available instead.

12.3. Other Resources

- CAQH CORE - <https://www.caqh.org>.
- Washington Publishing Company - <http://wpc-edi.com>.
- WEDI (Workgroup for Electronic Data Interchange) - <https://www.wedi.org>.

13. Change Summary

Version	Date	Section(s) changed	Change Summary
1.0	3/12/2019		Initial version
1.1	2/27/2019	5.1	Removed deactivated fax number
1.2	7/30/2019		Updated Prevea360 Health Plan branding
1.3	9/14/2020	8.2.2.1	Updated to indicate with only our Public PGP key