

HealthSun Health Plan

**ASC X12 version 005010
HIPAA Transaction
Standard Companion Guide**

**Based on Real-time 270/271
Healthcare Eligibility Benefit Inquiry and
Response.**

**Version 1.1
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1 Preface

The HealthSun Health Plans Inc. Companion guide supplements HIPAA ASC X12N 270/271 Real-time Healthcare Eligibility Benefit Inquiry and Response.

2 Disclosure Statement:

This document is intended to be a companion guide for use in conjunction with the ASCX12N National Electronic Data Interchange Transaction Set Implementation and Addenda Guides. The information in this document is provided for HealthSun Health Plans, Inc. and its associated Trading Partners.

This document contains clarifications as permitted by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Standard for Electronic Transactions. This document is not intended to convey information that exceeds the requirements or usages of data expressed in the ASCX12N National Electronic Data Interchange Transaction Set Implementation and Addenda Guides defined by HIPAA.

This document is not intended, and should not be regarded, as a substitute for the ASCX12N National Electronic Data Interchange Transaction Set Implementation and Addenda Guides.

3 Introduction

3.1 SCOPE

This companion guide is intended to convey information that is within the framework of the ASC X12N Implementation Guides adopted for use under HIPAA. Transmissions based on this companion guide, used in tandem with the X12N Implementation Guides, are compliant with X12 syntax, those guides, and HIPAA.

3.2 OVERVIEW

This Companion Guide identifies key data elements from the transaction set that we request you to provide. This guide will also identify the key data elements in the response that you will receive upon a successful eligibility request submission.

3.3 REFERENCES

Additional information on the HIPAA Final Rule for Standards for Electronic Transmissions and the endorsed Implementation Guides can be found at:

- <http://www.cms.gov/hipaa/hipaa2> (HIPAA Administrative Simplification)
- <http://www.wpc-edi.com> (Washington Publishing Company)

3.4 Contact information

3.4.1 EDI Customer Service and Technical Assistance

Electronic Data Interchange (EDI) customer service and technical assistance requests focus solely on the generation, processing, and/or transmission of a HIPAA standard transaction. EDI customer service and technical assistance requests will not focus on transaction results such as benefit inquiry results.

Please contact HealthSun Plan Support (EDI) at (305) 447-4442 or healthdesk@healthsun.com for technical assistance. Support hours are Monday through Friday 9:00 am to 5:00 p.m. EST.

3.4.2 Non-EDI Customer Service and Assistance

Non-EDI customer service and assistance requests focus solely on transaction results such as benefit inquiry, member maintenance, or member eligibility. Non-EDI customer service and assistance requests will not focus on the generation, processing, and/or transmission of a HIPAA standard transaction.

Please contact HealthSun Health Plan's Provider Services Inquiry Team at (305) 448-8100 x820 or providerinquiryleaders@healthsun.com. Support hours are Monday through Friday 9:00 am to 5:00 p.m. EST.

3.5 Connectivity:

HealthSun Health Plans 270/ 271 transactions can be submitted via the following methods:

1. Secure SOAP Web Service.
 - a. <https://edi.healthsun.com/BenefitInquiry.svc>
 - i. WSDL can be downloaded from the SOAP Web Service
2. Secure MIME Web Service
 - a. <https://edi.healthsun.com/BenefitInquiryMIME.svc/core/eligibility>
 - b. Posting Requirements
 - i. PayloadType (Value: "X12_270_Request_005010X279A1")
 - ii. ProcessingMode (Value: "Realtime")
 - iii. PayloadID (Value: *{unique provider generated ID}*)
 - iv. Username (Value: *{assigned username}*)
 - v. Password (Value: *{assigned password}*)
 - vi. CORERuleVersion (Value: "2.2.0")
 - vii. Payload (Value: *{EDI Payload}*)
 - viii. SenderID (Value: *{assigned trading partner ID}*)
 - ix. ReceiverID (Value: "HSUNEDI")
3. Secure File Transfer Protocol (SFTP) for approved submitters. (Contact EDI support for SFTP connectivity and password setup.)
 - a. EDI Requirements
 - i. ReceiverID (Value: "HSUNEDI")

3.6 Acknowledgment:

HealthSun Health Plans will send an X12 999 acknowledgment within 24 hours of receipt of an uploaded batch file when received x12 EDI 270 transaction.

4 Eligibility Benefit Inquiry and Response (270/271)

4.1 Eligibility Status Request (270)

Realtime requests may contain only one transaction set (ST segment) with only one inquiry (EQ segment).

For batch requests, the submitter can send more than one inquiry (EQ segment) within a transaction set (ST-SE), but no more than 5,000 inquiries (EQ segments) per transaction set (ST-SE). For example: A 270 batch submitted with 10,000 inquiries would have one ISA-IEA, 1 GS-GE and 2 ST-SE (5,000 inquiries per ST-SE). Only files where all transaction sets are valid will be processed. The maximum number of transaction sets per file is 10. The required file naming convention is listed below.

270 File Name	999 File Name (returned)	271 File Name (returned)
X125010270{AlphaNumeric ID}.edi	X125010999{AlphaNumeric ID}.edi	X125010271{AlphaNumeric ID}.edi

Data Elements Processed for 270 Transactions

Loop	Segment	Data Element	Field Description	Length	Mapping Comment
Header	ISA	06			Assigned Trading Partner ID
Header	BHT	02	Transaction Set Purpose	2/2	0022 Information Source , Information Receiver.
2100A	NM1	01	Entity Identifier Code	2/3	This segment is used for Information Source Name PR- Payer
2100A	NM1	02	Entity Type Qualifier	1/1	2 – Non Person Entity
2100A	NM1	08	Identification Code Qualifier	1/2	PI – Payor Identification
2100A	NM1	09	Identification Code	2/80	HSUNEDI – Payor Code
2100B	NM1	01	Entity Identifier Code	2/3	This segment is required and used for Receiver Level 1P - Provider
2100B	NM1	02	Entity Type Qualifier	1/1	2 – Non Person Entity
2100B	NM1	08	Identification Code Qualifier	1/2	XX – Provider Identification
2100B	NM1	09	Identification Code	2/80	Identification Code
2100C	NM1	03	Last Name	1/35	Subscriber level Eligibility Benefit Data. Name Last
2100C	NM1	04	First Name	1/25	Name First
2100C	NM1	05	Middle Initial	1/1	Member middle name

Loop	Segment	Data Element	Field Description	Length	Mapping Comment
2100C	NM1	06	Name Prefix	1/10	Not used
2100C	NM1	07	Name Suffix	1/10	Not used
2100C	NM1	08	Identification Code Qualifier	1/2	MI - Member Identification Number
2100C	NM1	09	Identification Code	2/80	Member Identification
2100C	DMG	01	Date Time Qualifier	3/3	This segment is used for Subscriber Demographic Information. D8 – Date Identifier
2100C	DMG	02	Date Period Format	1/35	Subscriber Date of Birth. Date (CCYYMMDD)
2100C	DMG	03	Gender Code	1/1	Subscriber Gender Code
2100C	DTP	01	Date / Time Qualifier	291	Plan Date
2100C	DTP	02	Date / Time Qualifier Format	2/3	RD8 – Date Range
2100C	DTP	03	Date / Time Period	8/8	CCYYMMDD- CCYYMMDD
2110C	EQ	01	Eligibility or Benefit Inquiry	1/2	Be used for the following services: 1- All service Types- valid Service Code 2- Generic Request 3- Refer to: TABLE 4.4.1 CORE REQUIRED SERVICE TYPES FOR AN EXPLICIT INQUIRY

4.2 Eligibility Status Response (271)

The following are the Eligibility Response Values utilized by HealthSun Plan:

- Member is Eligible
- Member is Not Eligible
- Member is Not Found
- Member is Invalid

For valid, eligible members, HealthSun Health Plans will return the member's ID along with selected demographic information, including the member's name, date of birth, PCP information, and service type segments.

In the event of a member who has been terminated (not eligible), HealthSun Health Plans will return the member's ID, the member's name, and the termination date.

If the member is not found in HealthSun Health Plan's database, HealthSun Health Plans will return a 271-transaction set containing an AAA segment identifying that the member was not found.

4.3 Eligibility Status Response (271)

The table below lists the effected segments and their values from a returned X12 270 response.

Data Elements Processed for 271 Transactions

Loop	Segment	Data Element	Field Description	Length	Mapping Comment
Header	BHT	01	Hierarchical Structure Code	4/4	0022 - Information Source
Header	BHT	02	Transaction Set Purpose Code	2/2	11 = Response
Header	BHT	03	Reference Identifier	1/50	Batch Identifier
Header	BHT	04	Date	8/8	CCYYMMDD - Batch Date
Header	BHT	05	Time	4/8	HHMMSS – Batch Time
2100A	NM1	01	Entity Identifier Code	2/3	PR - Payer
2100A	NM1	02	Entity Type Qualifier	1/1	2 – Non Person Entity
2100A	NM1	03	Payor Name	1/60	HealthSun Health Plans - Payor Name
2100A	NM1	08	Identification Code Qualifier	1/2	PI – Payor Identification
2100A	NM1	09	Identification Code	2/80	HSUNEDI - Payor Identification Code
2100B	NM1	01	Entity Identifier Code	2/3	1P - Provider
2100B	NM1	02	Entity Type Qualifier	1/1	2 – Non Person Entity
2100B	NM1	03	Provider Name	1/60	Provider Name
2100B	NM1	08	Identification Code Qualifier	1/2	XX – Provider Identification (NPI)
2100B	NM1	09	Identification Code	2/80	NPI
2100C	NM1	01	Entity Identifier Code	2/3	IL - Insured or Subscriber
2100C	NM1	02	Entity Type Qualifier	1/1	1 - Person
2100C	NM1	03	Last Name	1/35	Subscriber last name
2100C	NM1	04	First Name	1/25	Subscriber first name
2100C	NM1	05	Middle Initial	1/1	Subscriber middle name
2100C	NM1	06	Name Prefix	1/10	Not used
2100C	NM1	07	Name Suffix	1/10	Not used
2100C	NM1	08	Identification Code Qualifier	1/2	MI - Member Identification Number
2100C	NM1	09	Identification Code	2/80	Plan Member Number
2120C	N3	01	Address information	1/55	Member Address Line 1
2120C	N3	02	Address information	1/55	Member Address Line 2
2120C	N4	01	City Name	2/30	Member City Name

Loop	Segment	Data Element	Field Description	Length	Mapping Comment
2120C	N4	02	State	2/2	Member State
2120C	N4	03	Zip Code	3/15	Member Zip Code
2000A	AAA	01	Yes/No Condition or Response Code	1/1	Sent with Yes or No response for the Request
2000A	AAA	02	Qualifier Code	2/2	N/U
2000A	AAA	03	Reject reason code		04
2000A	AAA	04			
2100C	DMG	01	Date Qualifier	2/3	D8
2100C	DMG	02	Date Time Period	1/35	Birth Date
2100C	DMG	03	Gender Code	1/1	F, M, or U
2100C	DTP	01	Date/ Time Qualifier	3/3	291 - Plan Dates
2100C	DTP	02	Date Period Qualifier	2/3	RD8
2100C	DTP	03	Date	1/35	CCYMMDD-CCYMMDD
2110C	EB	01	Eligibility Information Code	1/2	Code describing the eligibility segment type
2110C	EB	02	Coverage Level Code	3/3	IND - Individual
2110C	EB	03	Service Type Code	1/2	See table 4.4.1
2110C	EB	04	Insurance Type Code	1/3	blank
2110C	EB	05	Plan Coverage Description	1/50	blank
2110C	EB	06	Time Period Qualifier	1/2	blank
2110C	EB	07	Monetary Amount	1/18	Will often be \$0, see MSG segments for additional information.
2110C	MSG	01	Free Form Message	1/264	

4.3.1 271- Request Validation

Request Validation in addition to above 271 Response.

Loop	Segment	Data Element	Field Description	Length	Mapping Comment
2000A	AAA	01	Receiver Request Validation Yes/No Condition or Response Code	1/1	Sent with Yes or No response for the Request
2000A	AAA	02	Qualifier Code	2/2	N/U
2000A	AAA	03	Reject reason code	2/2	04, 41,42,79
2000A	AAA	04	Follow-up Action Code	1/1	C,N,P,R,S,Y
2100A	AAA	01	Request Validation Yes/No Condition or Response Code	1/1	N,Y
2100A	AAA	02	Qualifier Code	2/2	N/U
2100A	AAA	03	Reject reason code	2/2	04, 41,42,79,80
2100A	AAA	04	Follow-up Action Code	1/1	C, N, P, R, S, W, X, Y
2100B	AAA	01	Receiver Request Validation Yes/No Condition or Response Code	1/1	N, Y

Loop	Segment	Data Element	Field Description	Length	Mapping Comment
2100B	AAA	02	Qualifier Code	2/2	N/U
2100B	AAA	03	Reject reason code	2/2	15,41,43,44,45,46,47,48,50,51,79,97
2100B	AAA	04	Follow-up Action Code	1/1	C, N, P, R, S, W, X, Y
2100C	AAA	01	Subscriber Request Validation Yes/No Condition or Response Code	1/1	N, Y
2100C	AAA	02	Qualifier Code	2/2	N/U
2100C	AAA	03	Reject reason code	2/2	15, 35,42,43, 45, 47, 48, 49,51,52,57,58,60, 61, 62, 63, 71, 72, 73, 74, 75, 76, 77
2100C	AAA	04	Follow-up Action Code	1/1	C, N, P, R, S, W, X, Y

4.4 Reference Tables

4.4.1 Valid Service Types

Service Code	Description
1	Medical Care
2	Surgical
4	Diagnostic X-Ray
5	Diagnostic Lab
6	Radiation Therapy
7	Anesthesia
8	Surgical Assistance
12	Durable Medical Equipment Purchase
13	Ambulatory Service Center Facility
18	Durable Medical Equipment Rental
20	Second Surgical Opinion
30	Health Plan / Benefit Coverage
33	Chiropractic
35	Dental Care
40	Oral Surgery
42	Home Health Care
45	Hospice
47	Hospital
48	Hospital – Inpatient
50	Hospital – Outpatient
51	Hospital – Emergency Accident
52	Hospital – Emergency Medical
53	Hospital – Ambulatory Surgical
62	MRI / CAT Scan

Service Code	Description
65	Newborn Care
68	Well Baby Care
73	Diagnostic Medical
76	Dialysis
78	Chemotherapy
80	Immunizations
81	Routine Physical
82	Family Planning
86	Emergency Services
88	Pharmacy
93	Podiatry
98	Professional (Physician) Visit – Office
99	Professional (Physician) Visit – Inpatient
A0	Professional (Physician) Visit
A3	Professional (Physician) Visit – Home
A6	Psychotherapy
A7	Psychiatric– Inpatient
A8	Psychiatric– Outpatient
AD	Occupational Therapy
AE	Physical Medicine
AF	Speech Therapy
AG	Skilled Nursing Care
AI	Substance Abuse
AL	Vision (Optometry)
BG	Cardiac Rehabilitation
BH	Pediatric
MH	Mental Health
UC	Urgent Care