



HIPAA 276/277 Companion Document

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*For use with the ASC X12N276/277 Health Care Claim Status Request and
Response Transaction Set Implementation Guide and Addenda
ASC X12N 276/277 (004010X093) & (004010X093A1)*

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Revision	Revision Date	Revision Change
1	07/31/2003	Original Release
2	11/05/2004	Contact and other related text changes.
3	07/05/2005	Updated "Secure Horizon" references to read "Medicare Preferred". Updated general text

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Introduction

Tufts Health Plan (Tufts HP) has developed a Health Insurance Portability and Accountability Act of 1996 (HIPAA) compliant Health Care Claim Status Request and Response Transaction that enables providers to send and receive standardized electronic transmission of American National Standard Institute (ANSI) 276/277 Health Care Claim Status Information. The X12N 276/277 version of the 4010 Implementation Guide and October 2002 addenda for Health Care Claim Status Request and Response has been established as the standard for all users in Health Care who request the status of a claim or who respond to such requests.

Audience

This document has been designed to aid both the technical and business areas. It contains Tufts HP specifications for the transaction as well as contact information and key points.

Document Purpose

This document has been prepared to serve as a Tufts HP specific companion guide to the *276/277 Transaction Set*. This document supplements but does not contradict any requirements in the *276/277 Transaction Set Implementation Guide*. The primary focus of the document is to clarify specific segments and data elements that should be submitted to Tufts HP on the 276 Claim Status Request and certain information that will be included on the 277 Response Transaction.

This document will be subject to revisions as new versions of the *276/277 Health Care Claim Status Request and Response Transaction Set Implementation Guide and Addenda* are released.

General Transaction Information

Getting Started

In order to submit a valid transaction, please refer to the National Electronic Data Interchange Transaction Set Implementation Guide & Addenda for the Health Care Claim Status Request and Response: ASC X12N 276/277 (004010X093) & (004010X093A1). The transaction implementation guides can be retrieved at the Washington Publishing Company's website at www.wpc-edi.com.

For questions relating to the Tufts HP 276/277 Health Care Claim Status Request and Response Transaction or testing please contact the **Tufts HP EDD Operations Team** at **888-880-8699 x4649** or email your questions to **EDD_Operations@Tufts-Health.com**.

Please note Tufts HP is not responsible for any software utilized by the submitter for the ASC X12N 276/277 transactions.

General Key Points

- Tufts HP accepts and processes Commercial (HMO, POS, PPO) and Tufts Health Plan Medicare Preferred claim status inquiry requests electronically, in the HIPAA-compliant 276 X12N format and responds with the HIPAA-compliant 277 X12N format.
- Tufts HP uses real time processing for its EDI transactions to provide immediate responses to its submitters. As a result, Tufts HP does not support a 997-response transaction for any 276 transactions submitted and will not support batch transactions at this time.
- Tufts HP accepts the 276/277 transactions as a “read only” transaction and will not use any data coming in on the 276 transaction to update its internal systems.
- As Tufts HP is capable of uniquely identifying its dependent members based on the member's identification, Tufts HP does not use the Dependent Loop 2000E on the 276/277 transactions. This number is typically a combination of the subscriber's number (or other 9-11 digit ID number) and a 2-digit suffix for the individual's relationship with the subscriber, i.e., 01 for self, 02 for spouse, etc. When information is sent in the Dependent Loop of the 276 transaction, Tufts HP will only respond back referencing the status of claims for the member identified in the Subscriber loop.

Tufts HP 276/277 Claim Status Inquiry and Response Specifications/Requirements

Tufts HP Health Care Claim Status Request and Response

General Descriptions and Processes

While the intent of this companion guide is to supplement the Implementation Guide, it is important to clarify how Tufts HP expects providers to submit electronic Health Care Claim Status Requests. The following information below specifies the business context description, process flow and service submission requirements based on how Tufts HP does business today with its providers.

- **Request Inquiry Criteria** - To uniquely identify a member, a 276 transaction must include the member's Tufts HP Identification Number, the provider's Tufts HP Identification Number, and dates of service. Claim number may also be submitted in addition to the previous criteria.

Inquiry Criteria	Expected Data
Member ID Qualifier	2100D NM108 Identification Code Qualifier (Expected "MI")
Member ID	2100D NM109 Subscriber Primary Identifier (Expected <i>Member's ID</i>)
Provider ID Qualifier	2100C NM108 Identification Code (Expected "SV")
Provider ID	2100C NM109 Provider Identifier (Expected <i>Provider's ID</i>)
Dates of Service	2200D DTP03 Claim Service Period (Expected "RD8" Qualifier)
Claim Number	2200D REF102 Payer Claim Control Number

- Tufts HP recommends that the 276 transaction set to be programmed to a single record event for the best response time. This would consist of a one-to-one ratio in a single loop structure: one information receiver, one provider, one subscriber and associated date(s) of service.
- If the 276 transaction is not rejected, Tufts HP will provide back in the 277 transaction all of the Inquiry criteria information that was submitted in the 276.
- **Rejection Logic/Status Codes** - Tufts HP has developed its rejection logic using HIPAA standard codes available at the Washington Publishing Company's website at 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.

- **Date Of Service (DOS)** - The date of service on the request must correspond with the entire service period submitted on the claim. Tufts HP will accept inquiries that request information on a range of dates (“RD8” qualifier). If the date of service is equal to one date only, the same date should be used in both sections of the range. Tufts HP will accept the date of service that is provided in Loop 2200D Segment DTP Element DTP03 of the transaction.
- **Member ID** – The member’s full identification number, including suffix on the request, must correspond with what was submitted on the claim. If the member ID submitted correlates to an active Tufts HP member in the last two years, the response will display the member’s name and date of birth in the appropriate fields as it appears in the Tufts HP database if all other criteria are valid. If member ID submitted does not correlate to an active Tufts HP member in the last two years, the response will display “UNKNOWN” in the text field.
- **Provider ID** – On the 276 request the provider’s identification number must correspond with what was submitted on the claim. If the provider ID submitted is or has been a Tufts HP provider, the response will display the provider’s name from the Tufts HP database if all other criteria are valid. If provider ID submitted is not or never has been a Tufts HP provider, the response will display “UNKNOWN” in the text field.

Requirements Specific to the 276 Claims Status Request Transaction For Tufts HP

The following grid documents all Tufts HP specific requirements for the 276 Request. The 277 Response follows this section

This grid represents a *subset* of the 276 Request Transaction and should only be used to supplement the HIPAA 276/277 Implementation Guide.

Note that while not all situational required data is included herein, Tufts HP will accept all HIPAA compliant segments and data elements.

Key for Tufts HP Data Element Usage:
R= Required
S= Situational
NU = Not Used

276 Claim Status Request

Loop	Segment ID	Segment Name	Data Element ID	Data Element	THP Data Element Usage	Comments
2100B	NM1	Information Receiver Name	NM101	Entity ID Code	R	
2100B	NM1	Information Receiver Name	NM102	Entity Type Qualifier	R	Requester Type
2100B	NM1	Information Receiver Name	NM103	Name Last/Org Name	R	Last Name
2100B	NM1	Information Receiver Name	NM104	Name First	S	First Name
2100B	NM1	Information Receiver Name	NM105	Name Middle	S	Middle Name
2100B	NM1	Information Receiver Name	NM106	Name Prefix	NU	
2100B	NM1	Information Receiver Name	NM107	Name Suffix	S	Name Suffix

Tufts HP 276/277 Claim Status Inquiry and Response Specifications/Requirements

Loop	Segment ID	Segment Name	Data Element ID	Data Element	THP Data Element Usage	Comments
2100B	NM1	Information Receiver Name	NM108	Identification Code Qualifier	R	Tufts HP recommends submitting "46" or "FI"
2100B	NM1	Information Receiver Name	NM109	Identification Code	R	Tufts HP will only be taking the first 20 characters.
2100C	NM1	Provider Name	NM108	Identification Code Qualifier	R	Tufts HP recommends submitting "SV"
2100C	NM1	Provider Name	NM109	Identification Code	R	Provider ID
2100D	DMG	Subscriber Demographic Information	DMG02	Date Time Period	R	DOB of Subscriber
2100D	DMG	Subscriber Demographic Information	DMG03	Gender Code	R	Sex Code
2100D	NM1	Subscriber Name	NM101	Entity ID Code	R	Tufts HP recommends submitting "QC"= Patient
2100D	NM1	Subscriber Name	NM102	Entity Type Qualifier	R	Tufts HP recommends submitting "1"=Person which is dependent on submitting "QC" above.
2100D	NM1	Subscriber Name	NM108	Identification Code Qualifier	R	Tufts HP recommends submitting "MI"

Tufts HP 276/277 Claim Status Inquiry and Response Specifications/Requirements

Loop	Segment ID	Segment Name	Data Element ID	Data Element	THP Data Element Usage	Comments
2100D	NM1	Subscriber Name	NM109	Identification Code	R	Member ID
2200D	TRN	Claim Submitter Trace Number	TRN02	Reference Identification	R	Trace Number
2200D	REF1	Payer Claim Identification Number	REF102	Reference Identification	R	Claim Number Tufts HP will only be taking the first 15 characters.
2200D	DTP	Claim Service Date	DTP03	Date Time Period	R	Date of Service Tufts HP will only be taking the first 17 characters.

Requirements Specific to the 277 Response Transaction For Tufts HP

Tufts HP 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 Tufts HP. Please follow the complete Implementation Guide and addenda when programming to accept a Tufts HP 277 Response.

Tufts HP responds to a 276 request with status codes always at the claim level and also at the service line level whenever possible. Due to the extensive amount of status codes used at the service line level, Tufts HP recommends viewing the up-to-date status code lists at the Washington Publishing Company's website at www.wpc-edi.com to review the service line level code definition returned on the 277 response.

***The table below provides samples of status codes at the claim level for selected scenarios.*

277 Response at the Claim Level

SCENARIO	STATUS CATEGORY CODE	STATUS CODE	ENTITY CODE
Trading Partner is not allowed to view the claim	E0 - Response not possible – error on submitted request.	25 – Entity not approved.	40 – Waiting for final approval.
Claim number submitted is not on the Tufts HP's system	E0 - Response not possible – error on submitted request.	35 – Claim/Encounter not found.	
Request cannot be located in Tufts HP's system	A4 – Acknowledgement /not found – the claim/encounter cannot be found in the adjudication system.	0 – Cannot provide further status electronically.	
Tufts HP's Systems are down	E0 - Response not possible – error on submitted request.	484 – Business Application Currently Not Available	

277 Response at the Claim Level

SCENARIO	STATUS CATEGORY CODE	STATUS CODE	ENTITY CODE
Claim received & pending in system	A2 – Acknowledgement /Acceptance into adjudication system – The claim/encounter has been accepted into the adjudication system	20 = Accepted for processing 38 = Awaiting next periodic adjudication cycle	
Claim received & pending in system. However, there are restrictions on the claim for a particular reason.	A2 – Acknowledgement /Acceptance into adjudication system – The claim/encounter has been accepted into the adjudication system	0 – Cannot provide further status electronically.	
Claim received, finalized in system with at least one service line paid.	F1 = Finalized / Payment	65 = Partial payment made for this claim	
Claim received, finalized in system and all service lines are denied.	F2 = Finalized / Denial	8 = No payment due to contract/plan provisions	

277 Response at the Service Line Level

Tufts Health Plan will respond at the service line level whenever possible. The response at the service line level will include status category codes, status codes and entity codes when needed as defined in the 276/277 implementation guide.

Connecting with Tufts Health Plan

Setup Process Overview

Direct Submitters

Providers interested in submitting electronic claim status inquiry transactions should contact EDD Operations at Tufts HP via email or telephone with a setup request. For EDD Operations Team contact information, see the *Contact Information* section. A set-up form can be found in Appendix A.

NEHEN Providers

Providers interested in submitting electronic health care claim status request transactions should contact EDD Operations at Tufts HP via email or telephone with a setup request. EDD Operations will facilitate an IP address for the provider, working through the NEHEN support staff.

Upon setup completion, EDD Operations will notify the submitter and NEHEN technical support that the eGateway and telecommunications are set up. The submitter can then configure its eGateway to send the health care claim status request and accept response transactions to the Tufts HP test eGateway. Upon successful testing between Tufts HP and the new submitter, the submitter migrates to a production status.

Testing

The Tufts HP EDD Operations Team will have a mailbox name and password setup for the submitter/provider. Once the mailbox name and password are assigned, the submitter can start sending Health Service Claim Status Request transactions to the test environment.

During the testing process, Tufts HP will examine submitted test transactions for required elements, and will also ensure that the submitter gets a response during the testing mode.

NOTE: There is no limitation in transaction volume for the 276-testing environment but transactions must be submitted one at a time. Tufts HP does not support batch health care service claim status request transactions.

The EDD Operations Team will notify the provider upon the successful completion of testing. When the submitter is ready to send a 276 transaction to the production mailbox, they must notify EDD Operations, who will move 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 EDD Operations Team.
NOTE: This password requirement is not part of the NEHEN provider setup. With NEHEN providers, security is provided through the telecommunications link.

Security Statement

The HIPAA Security regulations have now been finalized. The final regulations outline standards for the security of individual health information used by health plans, health care clearinghouses and health care providers. Tufts Health Plan has taken reasonable and appropriate steps to be compliant with the Security Rule.

System Maintenance

The Tufts HP system used by the 276/277 transaction has a standard maintenance schedule of Wednesday 9PM to 2AM EST. The system is unavailable during this time.

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.

For General HIPAA Questions

If you have any general HIPAA questions, please access the Tufts HP website. To access the site:

Go to <http://www.tuftshealthplan.com/providers>

Select the **Electronic Services** link.

276/277 Transaction Questions

The following table provides specific contact information by department and responsibility.

For Questions Regarding...	Contact	Phone Number	Email Address
EDI Claim Status Requests and Responses	Tufts HP EDD Operations	(888) 880-8699 x4649 Fax: 617-923-5555	EDD_Operations@tufts-health.com
Commercial Products (HMO, PPO, POS)	Provider Services	(888) 884-2404 (HMO, POS) (800) 423-8080 (PPO) Fax: 617-972-9452	N/A
Tufts Health Plan Medicare Preferred Product	Customer Relations	(800) 279-9022 Fax: 617-972-9487	N/A

Appendix A – EDI Set-up Form



Type of practice: Solo Group Billing Service
 Hospital/Facility

Type of account: New Existing (indicate changes below)

Transaction Type: 837 Institutional claim 837 Professional claim
 835 Remittance 270/271 Eligibility
 278 Requests

Information on solo, group, billing service client(s), hospital/facility

Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Office contact: _____ Practice Tax ID: _____

Telephone: () _____ Fax: () _____

E-Mail Address _____

Practice Management System/Computer Vendor: _____

Vendor Contact Name: _____ Telephone: () _____

Payment Information (if different than above)

Name of payee: _____ Tufts HP payee number: _____

Address: _____

City: _____ State: _____ Zip code: _____

Payee tax ID: _____

Provider Information

Name of Provider	Tufts Health Plan Provider Number

Please contact Provider Technology Operations (888-880-8699 x4042) if you have any questions regarding this form. EDI Operations will contact you after this information is verified to initiate electronic transactions. Completed forms can be sent to EDI_Operations@tufts-health.com or faxed to 617-923-5555.

Appendix B – Enveloping Specifications

ISA & GS (Interchange Control Header Segment)

Trading Partners Setup for 276 Request – INBOUND Transaction

The ISA is a fixed record length segment and all positions within each of the data elements are required. The first element separator defines the element separator used through the entire interchange. The segment terminator used after the ISA defines the segment terminator to be used throughout the entire interchange.

Elements	Size	Name	Input Data	Remarks
ISA-01	2	Authorization Information Qualifier	00	00 - No Authorization Information Present.
ISA-02	10	Authorization Information	SPACES	
ISA-03	2	Security Information Qualifier	00	00 - No Security Information Present.
ISA-04	10	Security Information/Password	SPACES	
ISA05	2	Interchange ID Qualifier/Trading Partner Qualifier	“ZZ”	“ZZ” – Mutually Defined
ISA06	15	Interchange Sender ID/ Trading Partner ID	[Submitter-specific ID number]	Sender ID
ISA-07	2	Interchange ID Qualifier/Tufts Health Plan Qualifier	01	Dun & Bradstreet Number is being used.
ISA-08	15	Interchange Receiver ID/Tufts Health Plan ID	170558746	Tufts HP DUNS Number
ISA-09	6	Interchange Date	YYMMDD	Date of the interchange.
ISA-10	4	Interchange Time	HHMM	Time of the interchange.
ISA-11	1	Interchange Control Standards ID	U	U.S. EDI Community of ASC X12, TDCC, UCS.

Appendix B – Enveloping Specifications

ISA-12	5	Interchange Control Version Number	00401	
ISA-13	9	Interchange Control Number/Last Control Number		Assigned and maintained by the interchange sender, must be identical to the associated Interchange Trailer, IEA-02.
ISA-14	1	Acknowledgement Request	0	Code sent by the sender to request an interchange acknowledgement (TA1). 0 – No Acknowledgement Requested
ISA-15	1	Usage Indicator/Acknowledgement Test Indicator	T or P	T – Test Data P – Production Data.
ISA-16	1	Component Element (Sub-Element) Separator	[Enter any separator character, for example "~"]	Used to separate component data elements within a composite data structure; must be unique. ASCII Value – Component element separator.

GS (Functional Group Header Segment)

The GS indicates the beginning of a functional group and provides control information.

Elements	Size	Name	Input Data	Remarks
GS-01	2	Functional Identifier Code	HS	HS - Eligibility, Coverage or Benefit Inquiry
GS02	2/15	Application Sender's Code	[Submitter-specific number]	Code identifying party sending transmission.
GS03	2/15	Application Receiver's Code	170558746	Code identifying party receiving transmission.
GS -04	8	Date	CCYYMMDD	Functional Group creation date.
GS -05	4/8	Time	HHMM	Functional Group creation time. Time expressed in 24-hour clock.
GS -06	1/9	Group Control Number/Last Control Number		Assigned and maintained by the sender, must be identical to the associated functional group trailer, GE-02.
GS -07	1/2	Responsible Agency Code	X	Accredited Standards Committee X12
GS -08	1/12	ANSI Version Code/Functional Ack. Version	004010X093A1	

ISA & GS (Interchange Control Header Segment)

Trading Partners Setup for 277 Response – OUTBOUND Transaction

The ISA is a fixed record length segment and all positions within each of the data elements are required. The first element separator defines the element separator used through the entire interchange. The segment terminator used after the ISA defines the segment terminator to be used throughout the entire interchange.

The **Input Data** column below contains text in *[bracketed in italics]*:

- Text entered in *[bracketed italics]* indicates special input data dependent on sender, time, date, etc.

Elements	Size	Name	Input Data	Remarks
ISA-01	2	Authorization Information Qualifier	00	00 - No Authorization Information Present.
ISA-02	10	Authorization Information	SPACES	
ISA-03	2	Security Information Qualifier	00	00 -No Security Information Present.
ISA-04	10	Security Information/Password	SPACES	
ISA05	2	Interchange ID Qualifier/Trading Partner Qualifier	01	Dun & Bradstreet Number is being used.
ISA06	15	Interchange Sender ID/ Trading Partner ID	170558746	Tufts HP DUNS Number
ISA-07	2	Interchange ID Qualifier/ Trading Partner Qualifier	“ZZ”	“ZZ” – Mutually Defined
ISA-08	15	Interchange Receiver ID/Trading Partner ID	<i>[Submitter-specific ID number]</i>	Receiver ID number
ISA-09	6	Interchange Date	YYMMDD	Date of the interchange.
ISA-10	4	Interchange Time	HHMM	Time of the interchange.

ISA-11	1	Interchange Control Standards ID	U	
ISA-12	5	Interchange Control Version Number	00401	
ISA-13	9	Interchange Control Number/Last Control Number		Assigned and maintained by the interchange sender, must be identical to the associated Interchange Trailer, IEA-02.
ISA-14	1	Acknowledgement Request	0	
ISA-15	1	Usage Indicator/Acknowledgement Test Indicator	T or P	T - Test P- Production
ISA-16	1	Component Element (Sub-Element) Separator	<i>[Enter any separator character, for example "~"]</i>	Used to separate component data elements within a composite data structure; must be unique. ASCII Value – Component element separator.

GS (Functional Group Header Segment)

The GS indicates the beginning of a functional group and provides control information.

The **Input Data** column below contains text in *[bracketed in italics]*:

- Text entered in *[bracketed in italics]* indicates special input data dependent on sender, time, date, etc.

Elements	Size	Name	Input Data	Remarks
GS-01	2	Functional Identifier Code	HB	HB - Eligibility, Coverage or Benefit Information
GS-02	2/15	Application Sender's Code	170558746	Code identifying party sending transmission.
GS-03	2/15	Application Receiver's Code	<i>[Submitter-specific number]</i>	Code identifying party receiving transmission.
GS -04	8	Date	CCYYMMDD	Functional Group creation date.
GS -05	4/8	Time	HHMM	Functional Group creation time. Time expressed in 24-hour clock.
GS -06	1/9	Group Control Number/Last Control Number		Assigned and maintained by the sender, must be identical to the associated functional group trailer, GE-02.
GS -07	1/2	Responsible Agency Code	X	
GS -08	1/12	ANSI Version Code/Functional Ack. Version	004010X093A1	