

AultCare

HIPAA 270/271 Transaction
Standard Companion Guide

**Refers to the Implementation Guides
Based on X12 version 004010**

Companion Guide Version Number: 1.1

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Disclosure Statement

It is the sole responsibility of the provider/vendor to initiate a 270 Health Care Eligibility/Benefit Inquiry transaction. AultCare provides a 271 Health Care Eligibility/Benefit Information Response to a 270 inquiry. The information included in the 271 response file is not intended to provide a complete representation of all plan benefits, but rather to address the status of eligibility (active or inactive) and patient financial responsibility at the base contract amounts for the service types defined under CORE Phase I Rules on Eligibility and Benefits.

Health plans are dynamic; the data included in a 271 response file is deemed true and accurate only at the particular time of the transaction. Any questions regarding eligibility/benefit data should be directed to Customer Service at 330-363-6360.

Transaction log files are retained for a period of six months.

Submit data transmission problems to AultCare-IS@aultcare.com as soon as possible. AultCare recommends by the end of the next business day.

Preface

This Companion Guide to the ASC X12N Implementation Guides adopted under HIPAA clarifies and specifies the data content being requested when data is transmitted electronically to AultCare. Transmissions based on this companion document, used in tandem with the X12N Implementation Guides, are compliant with both X12 syntax and those guides. This Companion Guide is not intended to convey information that in any way exceeds the requirements or usages of data expressed in the Implementation Guides.

Editor's Note:

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Table of Contents

1 Introduction.....	7
1.1 Scope	8
1.2 Reference.....	8
1.3 Additional Information.....	8
2 Getting Started.....	8
2.1 Working with AultCare Health Plan	8
2.2 Trading Partner Registration	8
2.3 Certification and Testing Overview	8
3 Testing with the Payer.....	8
4 Connectivity with the Payer/Communications.....	8
4.1 Process Flows	8
4.2 Transmission Administrative Procedures	9
4.2.1 Re-Transmission Procedures.....	9
4.3 Communication Protocol Specifications	9
4.4 Passwords.....	9
4.5 Downtime	10
4.6 Connecting to the AultCare Eligibility Web Service	10
5 Contact Information.....	10
5.1 EDI Customer Service/Technical Assistance	10
5.2 Provider Service Number	11
5.3 Applicable Websites/e-mail	11
6 Control Segments/Envelopes.....	11
6.1 ISA-IEA.....	11
6.2 GS-GE.....	12
6.3 ST-SE.....	13

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7 Payer Specific Business Rules and Limitations13

8 Acknowledgements and/or Reports..... 13

 8.1 Real Time Request Acknowledgements..... 13

 8.1.1 Authorization Errors 13

 8.1.2 Real Time Response..... 13

 8.1.3 Server Errors..... 13

9 Trading Partner Agreements 14

 9.1 Trading Partners..... 14

 9.2 Trading Partner Agreements 14

10 Transaction Specific Information 14

Appendices

A Implementation Checklist..... 16

B Business Scenarios 17

C Transmission Examples 18

D Frequently Asked Questions 20

E Change Summary..... 21

1 Introduction

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 translations 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

Purpose of the Companion Guide

The HIPAA EDI Transaction Standard Companion Guide explains the procedures necessary for Trading Partners of Aultcare to transmit Electronic Data Interchange (EDI) transactions. Please see our website at www.aultcare.com for the companion guide pertaining to the HIPAA EDI transaction set that meets your needs.

837 Health Care Claim: Dental	ASC X12N 820
837 Health Care Claim: Professional	ASC X12N 820
837 Health Care Claim: Institutional	ASC X12N 820
270/271 Health Care Eligibility Benefit Inquiry and Response	ASC X12N 820
834 Benefit Enrollment and Maintenance	ASC X12N 820
835 Health Care Claim Payment/Advice	ASC X12N 820

This Companion Guide is not intended to replace the X12N Implementation Guides; rather it is intended to be used in conjunction with them. Additionally, the Companion Guide is intended to convey information that is within the framework and structure of the X12N Implementation Guides and not to contradict or exceed them.

1.1. Scope

The scope of this Companion Guide is to specify the appropriate and recommended use of the 270/271 transaction sets where the 270 is the Health Care Eligibility/Benefit Inquiry and the 271 is the Health Care Eligibility/Benefit Information Response.

1.2. References

This document supplements the *X12N Implementation Guide 004010X082A1s* adopted under HIPAA.

1.3. Additional Information

- Assumes the provider/vendor initiates a 270 inquiry transaction
- Assumes the provider/vendor has a Third Party Agreement on file with AultCare.

2 Getting Started

2.1 Working with AultCare

To contact the HIPAA 270/271 Transaction Coordinator:

AultCare Information Systems
330-363-7495
AultCare-IS@aultcare.com

2.2 Trading Partner Registration

Providers that contract with a vendor to facilitate file transfer and processing are responsible for notifying AultCare of any change in vendor status (e.g. service transferring to a different vendor, vendor system changes, vendor system upgrades, etc.).

2.3 Certification and Testing Overview

The following procedures must be completed by providers/vendors prior to implementing the 270 Health Care Eligibility/Benefit Inquiry.

3 Testing with the Payer

Testing with the payer is not required but contact with the payer is required prior to sending a 270 Health Care Eligibility/Benefit Inquiry.

4 Connectivity with the Payer / Communications

4.1 Process Flows

The provider/vendor must be successfully sending 270 Health Care

Eligibility/Benefit Inquiry production files to be eligible to receive the 271 Health Care Eligibility/Benefit Information Response file. AultCare will verify that a signed trading partner agreement and non-disclosure form are on file. You can access the forms at www.aultcare.com by selecting Providers, then selecting Forms and Guidelines.

4.2 Transmission Administrative Procedures

The provider/vendor must supply:

Provider contact name, phone number, and email address

Receiving Provider US Federal Tax ID

Receiving Vendor (if applicable) US Federal Tax ID

Interchange Code Qualifier will be FI, Federal Tax ID Number or XX, National Provider Identifier.

4.2.1 Re-transmission Procedures

If a response is not received within 20 seconds, the provider's 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 provider's 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 provider should notify AultCare to determine if system availability problems exist or if there are known Internet traffic constraints causing the delay.

4.3 Communication Protocol Specifications

If a provider is using a vendor, the vendor tax id will be populated in the ISA receiver ID field. The provider tax id will be populated in the GS Application ID field.

If a provider is not using a vendor, the provider's tax id will be populated in both the ISA Receiver ID field and GS Application ID field.

4.4 Passwords

Provider must contact System Administrator to establish a password and user ID.

Please contact:

AultCare Information Systems
330-363-7495
AultCare-IS@aultcare.com

4.5 Downtime

Please see our downtime schedules posted on our website at www.aultcare.com

4.6 Connecting to the AultCare Eligibility Web Service

There are two web methods within the real time eligibility web service. They both return the same data but differ in how they respond. In the “ProcessRequest” method, the response is sent back as an octet stream with the attached X12 message. The “ProcessRequestText” method relays the X12 message as text within a browser window. The following URLs are the locations of the production web methods.

<https://www.aultcaregateway.com/core/request.asmx/ProcessRequest>

<https://www.aultcaregateway.com/core/request.asmx/ProcessRequestText>

Both web methods are available via HTTP requests. The service expects the following field names to be present (unless optional).

txtUser – Username
txtPass – Password
txtX12 – 270 passed as a string (optional, but if not used, X12 file will need to be passed)
txtDateTime – Date Time field (optional)
txtID – ID field (optional)

In addition to these 5 fields, the web service can access a file passed in through the HTTP post. This allows the user to upload a file rather than having to copy/paste x12 into an html form field. If the user sends both, the X12 received from the file takes priority over the data passed in the txtX12 field. The name of the uploaded file does not matter.

5 Contact Information

5.1 EDI Customer Service/Technical Assistance

Please contact:
AultCare Information Systems
330-363-7495
AultCare-IS@aultcare.com

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5.2 Provider Service Number

Please contact Provider Services at **330-363-6360**

5.3 Applicable Websites / e-mail

www.aultcare.com

AultCare-IS@aultcare.com

6 Control Segments / Envelopes

The ISA and GS segments make up the header information for the 270/271 transactions.

6.1 ISA-IEA

Location	Data Element Description	Expected Value
ISA01	Authorization Information Qualifier	00
ISA02	Authorization Information	Blank
ISA03	Security Information Qualifier	00
ISA04	Security Information	Blank
ISA05	Interchange ID Qualifier	ZZ
ISA06	Interchange Sender ID	(270) Vendor/Provider Federal Tax ID (271) AultCare Federal Tax ID: 341488123
ISA07	Interchange ID Qualifier	ZZ
ISA08	Interchange Receiver ID	(270)Client Federal Tax ID (271) Aultcare Fed Tax ID
ISA09	Interchange Date	YYMMDD
ISA10	Interchange Time	HHMM
ISA11	Interchange Control Standards Identifier	U
ISA12	Interchange Control Version Number	00401
ISA13	Interchange Control Number	Increment by 1 with each submission
ISA14	Acknowledgment Requested	0 or 1

ISA15	Usage Indicator	T or P
ISA16	Component Element Separator	Recommend colon (:)

Location	Data Element Description	Expected Value
IEA01	Number of Included Functional Groups	A count of functional groups
IEA02	Interchange Control Number	Provider assigned

Note: An asterisk (*) is recommended as the data element separator.

A tilde (~) is recommended as the segment terminator.

6.2 GS-GE

Location	Data Element Description	Expected Value
GS01	Functional Identifier Code	HS
GS02	Application Sender's Code	(270) Vendor/Provider Federal Tax ID (271) AultCare Federal Tax ID: 341488123
GS03	Application Receiver's Code	Client Federal Tax ID
GS04	Date	CCYYMMDD
GS05	Time	HHMM
GS06	Group Control Number	Provider Assigned
GS07	Responsible Agency Code	X
GS08	Version / Release / Industry Identifier Code	004010X092A1

Location	Data Element Description	Expected Value
GE01	Number of Transaction Sets Included	A count of transaction sets
GE02	Group Control Number	Provider assigned

6.3 ST-SE

Location	Data Element Description	Expected Value
ST01	Transaction Set Identifier Code	270 or 271
ST02	Transaction Set Control Number	Provider assigned

Location	Data Element Description	Expected Value
SE01	Number of Included Segments	A count of segments in transaction set
SE02	Transaction Set Control Number	Provider assigned

7 Payer Specific Business Rules and Limitations

The AultCare federal tax identification number **341488123** should be populated in the receiver ID of the 270 Health Care Eligibility/Benefit Inquiry file.

8 Acknowledgements and/or Reports

8.1 Real Time Request Acknowledgements

Real time requests must include a single inquiry or submission (e.g. one eligibility inquiry to one information source for one patient). The response from the message receiver is either an error response or the corresponding X12 message response (e.g. a TA1, 997, or 271).

8.1.1 Authorization Errors

If the username and/or password included in the request are not valid according to the message receiver, the message receiver will send back an HTTP 403 Forbidden error response with no data content.

8.1.2 Real Time Response

In response to a real time request, assuming that the message authorization passed, the receiver will respond with an HTTP 200 OK status code and the X12 data content.

8.1.3 Server Errors

It is possible that the HTTP server is not able to process a real time request. In this case, the message receiver will respond with a standard HTTP 5xx series error such as HTTP 500 Internal Server Error or HTTP 503 Service Unavailable. If a sender receives a response with this error code, they will need to resubmit the request at a later time because this

indicates that the message receiver will never process this inquiry.

9 Trading Partner Agreements

9.1 Trading Partners

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

9.2 Trading Partner Agreements

Payers have EDI Trading Partner Agreements that accompany the standard implementation guide to 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.

10 Transaction Specific Information

Location	Data Element Description	Expected Value
2110C	Authorization or Benefit Information	1(active) or I (non-covered) for service type 88 (Pharmacy)
2110C	Service Type Code	1 Medical Care 30 Health Plan Benefit 33 Chiropractic 35 Dental 48 Hospital Inpatient 50 Hospital Outpatient 86 Emergency Services 88 Pharmacy 98 Professional (Physician) – Office visit AL Vision(Optomtry)

Appendices

A Implementation Checklist

Contact the AultCare HIPAA 270/271 Transaction Coordinator

AultCare Information Systems
330-363-7495
AultCare-IS@aultcare.com

Verify that there is currently a non-disclosure form and Third Party Agreement on file or go to www.aultcare.com, click on AultCare Providers and then Forms and Guidelines. A printable version of both the non-disclosure form and third party agreement can be generated from the website.

After the forms are on file with AultCare and a provider/vendor ID file has been created, the 270 Health Care Eligibility/Benefit Inquiry file may be sent.

B Business Scenarios

SUBSCRIBER INFORMATION	
Subscriber Name	Rolando A. Arrojo
Member ID	5643296
Employee ID	FD6G4RE
Address	1 Main St Suite 1
City	Nashville
State	TN
Zip	10234
Date of Birth	01-02-1971
Gender	Male
Provider Information	Jason H. Allison
Service Provider #	ABC123DEF
Information Receiver	Jason H. Allison

HEALTH PLAN INFORMATION	
Health Plan Name	Tennessee PCN
Health Plan #	2614153
Group #	19482002
Coverage Level	Family
Health Plan Begin Date	01-01-2006
Health Plan Coverage Status	Active
Annual Deductible Individual/Family	\$250/\$500
Professional Physician Office Visit	\$10 co-pay, in-network 80% after \$15 co-pay and deductible, out-of-network
Chiropractic	\$15 co-pay, in-network 80% after \$20 co-pay and deductible, out-of-network
Inpatient Hospital	Covered at 80% after deductible
Outpatient Hospital	Covered at 80% after deductible
Emergency Services	Covered at 80% after deductible
Vision	Not covered
Pharmacy	\$15 co-pay and \$25 individual/\$75 family deductible
Dental	Not covered
Primary Care Provider	Physician Associates LLC
Phone #	4073817333
Information Source	PlanA Certification Payer

C Transmission Examples

270 Health Care Eligibility/Benefit Inquiry

ISA*00* *00* *ZZ*4137147 *ZZ*PLANA
*060119*1545*U*00401*999999999*0*P*:
GS*HS*4137147*PLANA*20060119*1545*999999999*X*004010X092A1
ST*270*0001
BHT*0022*13*999999999*20060119*1545
HL*1**20*1
NM1*PR*2*****PI*00999
HL*2*1*21*1
NM1*1P*1*ALLISON*JASON*H***SV*ABC123DEF
HL*3*2*22*0
NM1*IL*1*ARROJO*ROLANDO*A***MI*5643296
DMG*D8*19710102
EQ*30
SE*11*0001
GE*1*999999999
IEA*1*999999999

271 Health Care Eligibility/Benefit Response

ISA*00* *00* *ZZ*PLANA *ZZ*4137147
*060119*1545*U*00401*167260415*0*T*:
GS*HB*PLANA*4137147*20060119*1545*1*X*004010X092A1
ST*271*0001
BHT*0022*11*999999999*20060119*1545
HL*1**20*1
NM1*PR*2*PLANA CERTIFICATION PAYER*****PI*00999
HL*2*1*21*1
NM1*1P*1*ALLISON*JASON*H***SV*ABC123DEF
HL*3*2*22*0
NM1*IL*1*ARROJO*ROLANDO*A***MI*5643296
REF*18*2614153
REF*6P*19482002
N3*1 MAIN ST. SUITE 1
N4*NASHVILLE*TN*37206
DMG*D8*19710102*M
DTP*307*D8*20060101
EB*1*FAM*30**TENNESSEE PCN
EB*C*FAM*30**TENNESSEE PCN**500*****Y
EB*C*IND*30**TENNESSEE PCN**250*****Y
EB*1*FAM*1**TENNESSEE PCN
EB*1*FAM*33**TENNESSEE PCN
EB*B*FAM*33**TENNESSEE PCN**15*****Y
EB*A*FAM*33**TENNESSEE PCN***.20*****N
EB*B*FAM*33**TENNESSEE PCN**20*****N
EB*I*FAM*35**TENNESSEE PCN
EB*1*FAM*48**TENNESSEE PCN
EB*A*FAM*48**TENNESSEE PCN***.20*****Y
EB*1*FAM*50**TENNESSEE PCN
EB*A*FAM*50**TENNESSEE PCN***.20*****Y

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AULTCARE COMPANION GUIDE

EB*1*FAM*86**TENNESSEE PCN
EB*A*FAM*86**TENNESSEE PCN***.20****Y
EB*B*FAM*88**TENNESSEE PCN**15****Y
EB*C*IND*88**TENNESSEE PCN**25

EB*C*FAM*88**TENNESSEE PCN**75
EB*1*FAM*98**TENNESSEE PCN
EB*B*FAM*98**TENNESSEE PCN**10****Y
EB*A*FAM*98**TENNESSEE PCN***.20****N
EB*B*FAM*98**TENNESSEE PCN**15****N
EB*I*FAM*AL**TENNESSEE PCN
SE*38*0001
GE*1*1
IEA*1*167260415

D Frequently Asked Questions

1. How do I contact AultCare?	AultCare Information Systems AultCare-IS@aultcare.com or call 330-363-7495
2. Where can I find the Companion Guide?	The Companion Guide for 270/271 Health Care Eligibility/Benefit Inquiry and Information Response can be found at www.aultcare.com . Click on AultCare Providers then Forms and Guidelines.
3. How do I begin the 270/271 electronic interchange with AultCare?	The AultCare non-disclosure and trading partner agreement must be completed. These are used to protect data confidentiality and can be found at www.aultcare.com . Click on AultCare Providers then Forms and Guidelines.
4. What products lines are covered under AultCare?	AultCare, McKinley Life Insurance Co, AultCare HMO, Primetime Medical Insurance Co, Primetime Health Plan, and Aultra Administrative Group.
5. Who do I contact with a transmission question?	AultCare-IS@aultcare.com or AultCare Information Systems at 330-363-7495.
6. Who do I contact with a question regarding the member's coverage?	Customer Service at 330-363-6360.
7. Who do I contact to create a 270 transaction?	It is the provider's responsibility to contact their vendor supporting practice management & software or third party vendor. AultCare does not provide this service.
8. What is a TA1 Interchange Acknowledgement?	You will receive a TA1 Interchange Acknowledgement if the interchange is rejected.
9. What is a 997 Interchange Acknowledgement?	You will receive a 997 Interchange Acknowledgement if the functional group is rejected.

E Change Summary

The information in this section lists the date and changes made to the AultCare 270/271 Companion Guide.

Refer to the Data Requirements column within the document for details of the updates listed below.

Date	Updated Data Element	Data Requirements
12-1-2008	4.6	Connecting to the AultCare Eligibility Web Service