BCBSRI Health Plan

HIPAA Transaction
Standard Companion Guide

Refers to the Technical Report Type 3
Based on ASC X12 version 005010

CORE v5010 Master Companion Guide Template

June 2012
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Preface

This Companion Guide supplements the ASC X12 276/277 (005010X212) 5010 Technical Report 3(TR3) and Errata (005010X212E2) adopted under HIPAA. Its purpose is to clarify the rules and specify the data content when data is electronically transmitted to Blue Cross & Blue Shield of Rhode Island (hereinafter "BCBSRI"). The rules for transmitting data detailed herein are compliant with both X12 syntax and the 5010 Technical Reports 3(TR3s) and Errata. This Companion Guide does not convey information that in any way exceeds the requirements or usages of data expressed in the 5010 Technical Reports 3(TR3s) and Errata.
EDITOR’S NOTE:
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1 INTRODUCTION

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires that all health insurance payers in the United States comply with the electronic data interchange (EDI) standards for health care as established by the Secretary of Health and Human Services (HHS).

The ANSI X12N 5010 Technical Reports 3 (TR3s) and Errata adhere to the final HIPAA Transaction Regulations and have been established as the standards of compliance for electronic transactions. The 5010 Technical Reports 3 (TR3s) are available electronically at www.wpc-edi.com.

This section describes how ASC X12N Technical Report Type 3 (TR3s) adopted under HIPAA will be detailed with the use of a table. The tables contain a row for each segment that BCBSRI Health Plan has something additional, over and above, the information in the TR3s. That information can:

1. Limit the repeat of loops, or segments
2. Limit the length of a simple data element
3. Specify a sub-set of the TR3s internal code listings
4. Clarify the use of loops, segments, composite and simple data elements
5. Any other information tied directly to a loop, segment, composite or simple data element pertinent to trading electronically with BCBSRI Health Plan

In addition to the row for each segment, one or more additional rows are used to describe BCBSRI Health Plan's usage for composite and simple data elements and for any other information. Notes and comments should be placed at the deepest level of detail. For example, a note about a code value should be placed on a row specifically for that code value, not in a general note about the segment.

276-Claims Status Request

<table>
<thead>
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<th>Codes</th>
<th>Length</th>
<th>Notes/Comments</th>
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<td>Payer Primary Identifier</td>
<td>00370, 00870</td>
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<td>BCBSRI Payer IDs</td>
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<td>User BCBSRI Assigned Trading Partner ID. First digit of Id denotes T for TEST or P for Production</td>
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<td>NM109</td>
<td>Provider Identifier</td>
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<td>Subscriber Demographic Information</td>
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<td>CCMYYYDD</td>
<td>8</td>
<td>Date of birth</td>
</tr>
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<td>NM103</td>
<td>Subscriber Last Name</td>
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<td>60</td>
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</table>
**SCOPE**

This 276/277 Health Care Claim Status Request and Response Companion Guide is designed for use in conjunction with the ANSI ASC X12N 276/277(005010X212) Health Care Claim Status Request and Response 5010 Technical Report 3 (TR3) and Errata. The specifications contained within this Companion Guide define current functions and provide supplemental information specific to Blue Cross & Blue Shield of Rhode Island (BCBSRI). The information presented is for clarification and does not contradict any requirements in the ANSI X12N 5010 Technical Reports 3 (TR3s) and Errata.

**OVERVIEW**

This section specifies how to use the various sections of the document in combination with each other.

**REFERENCES**

The X12N Technical Report Type 3 adopted under HIPAA that this document is a companion to ASCX12N/005010X212

**ADDITIONAL INFORMATION**

- Easier to do Business with Electronic Transactions
- Faster, more efficient

**2 GETTING STARTED**

**WORKING WITH BCBSRI HEALTH PLAN**

BCBSRI will work closely with its Trading Partners to establish effective communication protocols and to resolve any connectivity issues that may arise regarding the exchange of HIPAA-related electronic transactions.

A BCBSRI EDI trading partner is any business partner (provider, billing service, software vendor, employer group, financial institution, etc.) who transmits to or receives electronic data from BCBSRI.

**TRADING PARTNER REGISTRATION**

In order to register as a BCBSRI Trading Partner and begin testing, it is necessary to complete the Trading Partner Registration (TPR) form. In addition, trading partners must print out and complete a copy of the Trading Partner Agreement (TPA) before partner testing can begin. Both documents are located on the BCBSRI Web site.
CERTIFICATION AND TESTING OVERVIEW

This section provides a general overview of what to expect during any certification and testing phases.

3 TESTING WITH THE PAYER

BCBSRI requires all Trading Partners to complete the Trading Partner Agreement and Registration forms prior to beginning testing. There are 2 Phases of Testing: Phase 1- Compliance Partner Testing and Phase 2- BCBSRI End-To-End Partner Testing.

All Trading Partners are assigned Login ids and passwords for both Phases of Partner Testing.

Phase 1 Testing:
1. Submit your 276 test file to your EDI Analyst so that they may analyze the file internally against the guideline that matches your transaction
2. The EDI analyst will review the Test results and report the appropriate corrections that are needed. You may need to make changes to your file to become compliant and receive a response 277 file back.

Phase 2 Testing:
1. The URL for Phase 2 testing is as follows:  
2. You will be provided the Real-time API User-id and password via secure email or regular mail
3. Refer to the BCBSRI Real-time API Documentation for instructions
4. An EDI Staff member will work with you during the testing phase and once your responses are acceptable, you may be moved to Production.
5. At this time you will be provided the Production login information (New ID, password and URL). You will have changes to make to your information to send

4 CONNECTIVITY WITH THE PAYER/COMMUNICATIONS

PROCESS FLOWS

Please refer to the following document for Real-Time connectivity information:


TRANSMISSION ADMINISTRATIVE PROCEDURES

This section provides BCBSRI Health Plan’s specific transmission administrative procedures.
RE-TRANSMISSION PROCEDURE
BCBSRI recommends validating the member and claim information on the X12 transaction to determine if there is incorrect data. Once data has been corrected, Trading Partner may resubmit the transaction.

COMMUNICATION PROTOCOL SPECIFICATIONS
276/277 can be sent using Batch transmission over our EDI Gateway with SFTP or HTTPS.

Please refer to this document to do Batch transmissions:
https://www.bcbsri.com/sites/default/files/forms/BCBSRI_Blue_Gateway_HTTPS.pdf

or

If you wish to do Real-Time transactions, refer to the following document:

PASSWORDS
BCBSRI Health Plan’s assigns a password for each Trading Partner to use during the Test phase as well as Production. Passwords are provided as part of the Trading Partner setup.

5 CONTACT INFORMATION

EDI CUSTOMER SERVICE
The EDI department can be reached at the following Email for Testing Purposes:
Hipaa.edi.support@bcbsri.org

EDI TECHNICAL ASSISTANCE
The EDI department can be reached at the following Email for Testing Purposes:
Hipaa.edi.support@bcbsri.org

PROVIDER SERVICE NUMBER
(401) 274-4848 or 1-800-230-9050
Fax: (401) 459-2209
Complex claims inquiries, policies and procedures, business practice change requests, and Web access information
Hours: Monday through Friday, 8:00 a.m. to 4:30 p.m.

APPLICABLE WEBSITES/E-MAIL
Documents can be obtained at the following URL:
https://www.bcbsri.com/BCBSRIWeb/providers/provider_network_system/companion_guides.jsp

The EDI department can be reached at the following Email for Testing Purposes:
Hipaa.edi.support@bcbsri.org
6 CONTROL SEGMENTS/ENVELOPES

ISA-IEA
Sender ID interchange control segments: Use ID Qualifier code ZZ in ISA05. The Submitter ID provided by BCBSRI in the Trading Partner Agreement must be used in ISA06 and GS02. ID limited to 8 characters with a leading alpha prefix. Prefixes: P = Production, T = Test.

Receiver ID interchange control segments: Use ID Qualifier code ZZ in ISA07. Use the Receiver ID provided by BCBSRI in the Trading Partner Agreement in the ISA08 and GS03.

BCBSRI systems will accept the valid delimiters listed below and request that the use of delimiters be restricted to the following:

* = Element Delimiter
: = Composite Delimiter
~ = Terminator Delimiter
^, { = Repetition Delimiter (ISA11)

GS-GE
Sender ID interchange control segments: Submitter = GS02.
Receiver ID interchange control segments: Receiver = GS03.

Sender IDs will be assigned.

GS Segments/Reference Codes:

<table>
<thead>
<tr>
<th>Functional Identifier Code</th>
<th>Batch format</th>
<th>Real-Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Application’s Sender Code</td>
<td>GS02</td>
<td>TXxxxxxx (test) TRxxxxxx (test)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>PXxxxxxx (prod) PRxxxxxx (prod)</td>
</tr>
<tr>
<td>Application’s Receivers Code</td>
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<td>222774</td>
</tr>
<tr>
<td>Date</td>
<td>GS04</td>
<td>CCYYMMDD</td>
</tr>
<tr>
<td>Time</td>
<td>GS05</td>
<td>HHMM</td>
</tr>
<tr>
<td>Group Control Number</td>
<td>GS06</td>
<td>Required</td>
</tr>
<tr>
<td>Responsible Agency Code</td>
<td>GS07</td>
<td>X</td>
</tr>
<tr>
<td>Version/Release/Industry Identifier Code</td>
<td>GS08</td>
<td>005010X212</td>
</tr>
</tbody>
</table>

Enveloping Data: BCBSRI will accept single GS-GE groups within a single ISA-IEA of the transaction envelope for Real-Time transactions. The 276 Real-Time requests must be limited to one patient request per ISA-IEA, GS-GE and ST-SE envelope configuration.

BCBSRI will accept multiple GS-GE groups within a single ISA-IEA of the transaction envelope for Batch transactions. Each group must be of the same transaction type.

Note: Real-Time and Batch transactions cannot be mixed in the same ISA-IEA, GS-GE grouping.

ST-SE
BCBSRI follows the standard usage for ST-SE segments. For Real-Time transactions, there may be only ONE ST-SE.
7 PAYER SPECIFIC BUSINESS RULES AND LIMITATIONS

General: The claim status information is current as of the date and time of the creation of the 277 response. BCBSRI will process batch requests for claim status on a 24-hour turnaround with the exception of FEP and non-BCBSRI subscribers.

BCBSRI can give an electronic claim status response, if the dates of service are within the past two years. Claim status requests for dates of service greater than two years will be returned with a response of “claim not found.”

Contact Provider Service for this type of request at 401-274-4848 or 1-800-230-9050.

If no matching claim is found, an appropriate reject reason will be returned.

If multiple matches are found within the same date range of the claim status request, all will be returned. This may occur due to split claims.

Claim status will only be returned for responses if the submitter requesting the claims status is authorized by the servicing provider on the 276 request.

All line items (start and end service dates) must fall within the requested date period in order for: the claim to be selected for response.

If a claim is found that matches any of the specific matching criteria (Claim ID, Claim Submitted Charges), then that claim will be selected for response. If a specific matching criterion is not satisfied, then the claims that match the more general criteria (dates, servicing provider) will be selected for response.

Valid Submitters: BCBSRI will only accept transactions from valid trading partners whose submitter IDs are on file. It will reject transmissions if the submitter ID cannot be validated.

Transaction Editing: All HIPAA 5010 Technical Report (TR3) data requirements must be met including the required data elements to support the HIPAA search rules. The claim status response will be returned with the appropriate STC segment valued or returned as rejected in a 999 Report.

8 ACKNOWLEDGEMENTS AND/OR REPORTS

This section contains information and examples on any applicable payer acknowledgements

REPORT INVENTORY

999 Report
277 Claims Status Response

9 TRADING PARTNER AGREEMENTS

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

TRADING PARTNERS

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

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-277 Claims Status Response

This section describes how ASC X12N Technical Report Type 3 (TR3s) adopted under HIPAA will be detailed with the use of a table. The tables contain a row for each segment that BCBSRI Health Plan has something additional, over and above, the information in the TR3s. That information can:
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2. Limit the length of a simple data element
3. Specify a sub-set of the TR3s internal code listings
4. Clarify the use of loops, segments, composite and simple data elements
5. Any other information tied directly to a loop, segment, composite or simple data element pertinent to trading electronically with BCBSRI Health Plan

In addition to the row for each segment, one or more additional rows are used to describe BCBSRI Health Plan’s usage for composite and simple data elements and for any other information. Notes and comments should be placed at the deepest level of detail. For example, a note about a code value should be placed on a row specifically for that code value, not in a general note about the segment.

### 277 Claims Status Response

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<td>BCBSRI Payer ids</td>
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<td>ElectronicTransmitter Identification Number (ETIN). Will pass same value (Trading Partner ID) from 276</td>
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<td></td>
<td>National Provider Id</td>
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<td></td>
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<td>Identification Code</td>
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<td></td>
<td>BCBSRI assigned Member identification number. Always returned</td>
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<td>STC</td>
<td>Claim Level Status</td>
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<td></td>
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<tr>
<td>138</td>
<td>2200D</td>
<td>STC01</td>
<td>Health Care Claim Status</td>
<td></td>
<td></td>
<td>This segment is returned when the subscriber is the patient. Example: STC:F1:65*19960501 F1= Finalized payment 65= Claim/line has been paid.</td>
</tr>
<tr>
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<td>2100E</td>
<td>STC</td>
<td>Claim Level Status</td>
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<tr>
<td>178</td>
<td>2100E</td>
<td>STC01</td>
<td>Health Care Claim Status</td>
<td></td>
<td></td>
<td>This segment is returned when the dependent is the patient. Example: STC:A4:35*19990501 A4= Acknowledgement/ Claim not found</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>35 = Claim/encounter Not found</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
APPENDICES

1. Implementation Checklist
   - Original Trading Partner Agreement & Registration forms completed
   - Batch Vs. Real-time connectivity selection
   - Download of Companion Guide & related documents
   - Test IDs & Passwords for Phase 1 & Phase 2 received
   - Listing of NPIs for Providers submitted to BCBSRI for Testing

2. Business Scenarios
The transmission In the following explanation, the prefix "T" signifies "test," and the prefix "P" signifies "production."
As illustrated in the example below, the ISA Sender ID for "non-Real-Time," batch submissions is T00XXXXX or P00XXXXX. For 276 Real-Time submissions, the ISA Sender ID is T00XXXXX or P00XXXXX, the GS02=TR0XXXXX or PR0XXXXX. One Real-Time request within one Transaction Set Header (ST) or one Group Segment (GS) will be accepted.

3. Transmission Examples

   ISA*00* *00* *ZZ*T0001799 *ZZ*222774
   *101015*13111*{00501*00000001*0*T*:
   GS*HR*TR001799*R222774*20111015*13111*1*X*005010X212
   ST*276*0005*005010X212
   BHT*0010*13*2222*20111021*1122
   HL*1**20*1
   NM1*PR*2*BCBSRI*****PI*00870
   HL*2*21*1
   NM1*41*2*BRIGHAM WOMENS*****46*TR001799
   HL*3*2*19*1
   NM1*IP*2*BRIGHAM WOMENS*****XX*1447233788
   HL*4*3*22*0
   DMG*D8*19840402*F
   NM1*IL*1*Mouse*Minnie****MI*ZBH048436619800
   TRN*1*3920394930203
   REF*1K*90287010490
   SVC*HC:87480*135*****
   DTP*472*RD8*20110707-20110707

3. Transmission Examples

   Please refer to the following document for Real-Time information:

4. Frequently Asked Questions
Can a 276 request be submitted for an out of area or FEP(Federal Employee member)?
Non-BCBSRI member and FEP Claim status requests will be forwarded to another entity, and the submitter will not receive any indication the request was forwarded. If multiple requests are submitted within a ST/SE, the 277 responses from the other entities will be received individually. This functionality is not available in the TEST region, only in Production.
What is the BCBSRI payer id or Plan code?

It is 00370 for Facility/Institutional and 00870 for Professional services.

Should we include the alpha prefix for Member identification number on the Inquiry?

Yes, include the number exactly as it appears on the Member’s Id Card, including prefix.

5. Change Summary

<table>
<thead>
<tr>
<th>Date</th>
<th>Version</th>
<th>Editor</th>
</tr>
</thead>
<tbody>
<tr>
<td>June 2012</td>
<td>Version 1.0 Original Version</td>
<td>D. Santos</td>
</tr>
<tr>
<td>June 2016</td>
<td>Version 1.1 Removed Foresight Information for Phase 1 Testing</td>
<td>D. Santos</td>
</tr>
</tbody>
</table>