
BCBSRI Health Plan

HIPAA Transaction Standard Companion Guide

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

**276/277 Claims Status Request and
Response Companion Guide
(Real-Time and Batch)**

July 2012

Disclosure Statement

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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

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
41	2100A	NM1	Payer Name			
42	2100A	NM108	Identification Code Qualifier	PI	2	Payor Identification Code
42	2100A	NM109	Payer Primary Identifier	00370, 00870		BCBSRI Payer IDs
45	2100B	NM1	Information Receiver Name			
46	2100B	NM018	Identification Code Qualifier	46	2	Electronic Transmitter Identification Number (ETIN)
46	2100B	NM109	Information Receiver Identification Number	TXXXXXXXX PXXXXXXXX	8	User BCBSRI Assigned Trading Partner ID. First digit of Id denotes T for TEST or P for Production
49	2100C	NM1	Service Provider Name			
51	2100C	NM108	Identification Code Qualifier	XX	2	National Provider ID (NPI) qualifier
51	2100C	NM109	Provider Identifier	NPI	10	National Provider Identification Number (NPI)
54	2000D	DMG	Subscriber Demographic Information			
54	2000D	DMG01	Identification Code Qualifier	D8	2	Date field
55	2000D	DMG02	Subscriber Date of Birth	CCMMYYDD	8	Date of birth
56	2100D	NM1	Subscriber Name			
57	2100D	NM103	Subscriber Last Name		60	
57	2100D	NM104	Subscriber First Name		35	
57	2100D	NM108	Subscriber Identifier Qualifier	MI	2	Member Identification Number qualifier

57	2100D	NM109	Subscriber ID Code			Always required. Note: Use BCBSRI ID exactly as it appears on the member's ID card. If an alpha prefix is on the member's ID card, then include in request
58	2200D	TRN	Claim Status Tracking Number			
58	2200D	TRN01	Trace Type Code	1	1	
58	2200D	TRN02	Reference Identification		50	Only sent on subscriber level
79	2100E	NM1	Dependent Name			
79	2100E	NM101	Entity Identifier code	QC	2	
79	2100E	NM102	Entity Type Qualifier	1		

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 (https://www.bcbsri.com/BCBSRIWeb/providers/provider_network_system/companion_guides.jsp).

Both original documents must be returned to:

Director, EDI & Electronic Information Exchange
ATTN: EDI Trading Partner Agreement & Registration
Blue Cross & Blue Shield of Rhode Island
500 Exchange Street
Providence, RI 02903

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- Foresight Partner Testing and Phase2- 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. Login to the following URL (<https://hipaatest.bcbsri.com/SpokeLogon.html>) with your User-Id and password. These will be provided to you via secure email, or regular mail.
2. Upload your 276 test file and analyze against the guideline that matches your transaction *5010-276X212 Types 1-7, Version 5, Release 1 (August 2006), Errata (April 2008), Health Care Claim Status Request
3. Review the Test results report and make appropriate corrections. Once you have successfully tested against the main guideline above, then analyze the same file against the RI guideline which contains our Business Rules for the 276.
*RIA5010276 – BCBS of RI 5010 Health Care Claim Status Request (276), Errata (April 2008)

Phase 2 Testing:

1. The URL for Phase 2 testing is as follows:
<https://www.bcbsri.com/RealTimeServicesWeb.Partner/services/X12RequestHandlerService>
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)

4 CONNECTIVITY WITH THE PAYER/COMMUNICATIONS

PROCESS FLOWS

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

https://www.bcbsri.com/sites/default/files/forms/BCBSRI_27x_Real-Time_API_Connection_Procedures.pdf

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

https://www.bcbsri.com/sites/default/files/forms/BCBSRI_Blue_Gateway_SFTP_Connection_Transmission_Procedures.pdf

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

https://www.bcbsri.com/sites/default/files/forms/BCBSRI_27x_Real-Time_API_Connection_Procedures.pdf

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) 459-2287

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:

		Batch format	Real-Time
Functional Identifier Code	GS01	HR	HR
Application's Sender Code	GS02	TXXXXXXX (test) PXXXXXXX (prod)	TRXXXXXXX (test) PRXXXXXXX (prod)
Application's Receivers Code	GS03	222774	R222774
Date	GS04	CCYYMMDD	CCYYMMDD
Time	GS05	HHMM	HHMM
Group Control Number	GS06	Required	Required
Responsible Agency Code	GS07	X	X
Version/Release/Industry Identifier Code	GS08	005010X212	005010X212

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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277 Claims Status Response

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
111	2100A	NM1	Payer Name			
112	2100A	NM108	Identification Code Qualifier	PI	2	Payer identification number
112	2100A	NM109	Identification Code	00370, 00870		BCBSRI Payer ids
118	2100B	NM1	Information Receiver Name			
119	2100B	NM108	Identification Code Qualifier	46	2	
119	2100B	NM109	Identification Code			ElectronicTransmitter Identification Number (ETIN). Will pass same value (Trading Partner ID) from 276
126	2100C	NM1	Service Provider Name			
128	2100C	NM108	Identification Code Qualifier	XX	2	Centers for Medicare and Medicaid Services National Provider Identifier
128	2100C	NM109	Identification Code		10	National Provider Id
135	2100D	NM1	Subscriber Name			
136	2100D	NM108	Identification Code Qualifier	MI	2	Member Identification Number
136	2100D		Identification Code			BCBSRI assigned Member identification number. Always returned
138	2200D	STC	Claim Level Status Subscriber			
138	2200D	STC01	Health Care Claim Status			This segment is returned when the subscriber is the patient. Example: STC*F1:65*19960501 F1= Finalized payment 65= Claim/line has been paid.
178	2100E	STC	Claim Level Status Dependent			
178	2100E	STC01	Health Care Claim Status			This segment is returned when the dependent is the patient. Example: STC:A4:35*19990501 A4= Acknowledgement/ Claim not found 35= Claim/encounter Not found

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.

```
ISA*00* *00* *ZZ*T0001799 *ZZ*222774
*101015*1311*{*00501*000000001*0*T*:
GS*HR*TR001799*R222774*20111015*1311*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*1*21*1
NM1*41*2*BRIGHAM WOMENS*****46*TR001799
HL*3*2*19*1
NM1*1P*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:
https://www.bcbsri.com/sites/default/files/forms/BCBSRI_27x_Real-Time_API_Connection_Procedures.pdf

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

July 2012	Version 1.0 Original Version	D. Santos
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