

# Dean Health Plan 270/271 Companion Guide

---

Refers to the Implementation Guides Based on ASC X12 version 005010X279A1

**Dean Health Plan**

**2/26/2015**

# Dean Health Plan 270/271 Companion Guide

---

## **Disclosure Statement**

This companion document is the property of Dean Health Plan (DHP) and is for use solely in your capacity as a trading partner of health care transactions with DHP. This material contains confidential, proprietary information. Unauthorized use or disclosure of the information is strictly prohibited. All instructions were written as known at the time of publication and are subject to change.

**2013 © Dean Health Plan** All rights reserved. This document may be copied.

# Dean Health Plan 270/271 Companion Guide

---

## **Preface**

This Companion Guide to the v5010 ASC X12N Implementation Guides and associated errata adopted under HIPAA clarifies and specifies the data content when exchanging electronically with Dean Health Plan. Transmissions based on this companion guide, used in tandem with the v5010 ASC X12N Implementation Guides, are compliant with both ASC X12 syntax and those guides. This Companion Guide is intended to convey information that is within the framework of the ASC X12N Implementation Guides adopted for use under HIPAA. The Companion Guide is not intended to convey information that in any way exceeds the requirements or usages of data expressed in the Implementation Guides.

# Dean Health Plan 270/271 Companion Guide

---

**EDITOR'S NOTE:**

This page is blank because major sections of a book should begin on a right hand page.

# Dean Health Plan 270/271 Companion Guide

---

## Table of Contents

1	INTRODUCTION .....	7
1.1	SCOPE .....	7
1.2	OVERVIEW .....	7
1.2	REFERENCES .....	7
1.4	ADDITIONAL INFORMATION .....	7
1.5	BUSINESS DESCRIPTION OF TERMS .....	8
2	GETTING STARTED .....	9
2.1	WORKING WITH DEAN HEALTH PLAN .....	9
2.2	TRADING PARTNER REGISTRATION .....	9
2.3	CERTIFICATION AND TESTING OVERVIEW .....	9
2.3.1	Submission and Connectivity .....	9
2.3.2	Validation .....	9
2.3.3	Error Handling.....	9
2.3.4	DHP content .....	10
2.3.5	Specific Scenario testing .....	10
3	TESTING WITH THE PAYER .....	10
3.1	SUBMISSION AND CONNECTIVITY TESTING .....	10
3.1.1	Real-Time Submission testing.....	10
3.1.2	Batch Submission testing .....	10
3.2	VALIDATION TESTING.....	10
3.3	ERROR HANDLING .....	10
3.4	DHP CONTENT TESTING .....	10
3.5	SCENARIO TESTING .....	10
4	CONNECTIVITY WITH THE PAYER/COMMUNICATIONS.....	11
4.1	PROCESS FLOWS .....	11
4.1.1	Real-Time Transactions.....	11
4.1.2	Batch Transactions .....	12
4.2	TRANSMISSION ADMINISTRATIVE PROCEDURES .....	12
4.2.1	Real-Time Transactions.....	12
4.2.2	Batch Transactions .....	12
4.3	RE-TRANSMISSION PROCEDURE .....	13
4.3.1	Real-Time Transactions.....	13
4.3.2	Batch Transactions .....	13
4.4	COMMUNICATION PROTOCOL SPECIFICATIONS .....	13
4.4.1	Real-Time Submissions/Responses.....	13
4.4.2	Batch Submissions/Responses .....	13
4.5	PASSWORDS .....	13
5	CONTACT INFORMATION .....	14

# Dean Health Plan 270/271 Companion Guide

---

5.1	DHP EDI CUSTOMER SERVICE .....	14
5.2	PROVIDER SERVICE .....	14
5.3	APPLICABLE WEBSITES / E-MAIL .....	14
6	CONTROL SEGMENTS/ENVELOPES .....	15
6.1	ISA-IEA DATA CLARIFICATION FOR ELIGIBILITY INQUIRY (270) .....	15
6.2	GS-GE DATA CLARIFICATION FOR ELIGIBILITY OR BENEFIT INFORMATION (HS) 16	
6.3	ST-SE DATA CLARIFICATION FOR ELIGIBILITY OR BENEFIT INQUIRY .....	16
6.4	ISA-IEA DATA CLARIFICATION FOR ELIGIBILITY INFORMATION (271) .....	17
6.5	GS-GE DATA CLARIFICATION FOR ELIGIBILITY OR BENEFIT INFORMATION (HB) 18	
6.6	ST-SE DATA CLARIFICATION FOR ELIGIBILITY OR BENEFIT INFORMATION .....	18
7	PAYER SPECIFIC BUSINESS RULES AND LIMITATIONS .....	19
8	ACKNOWLEDGEMENTS AND/OR REPORTS .....	19
9	TRADING PARTNER CERTIFICATES .....	19
10	TRANSACTION SPECIFIC INFORMATION .....	19
10.1	GENERAL TRANSACTION INFORMATION .....	20
10.1.1	Search Options .....	20
10.1.1. a	Member Date of Birth – Member ID Qualifier – Member ID .....	20
10.1.1. b	Member Date of Birth – Member Last Name – Member First Name .....	20
10.1.1. c	Subscriber ID Qualifier – Subscriber ID – Member Date of Birth – Member Last Name.....	21
10.1.1. d	Subscriber ID Qualifier – Subscriber ID – Member Last Name – Member First Name.....	21
10.1.3	DHP Specifications / Requirements .....	21
11	APPENDICES .....	22
11.1	IMPLEMENTATION CHECKLIST .....	22
11.2	TRANSMISSION EXAMPLES .....	22
11.2.1	ELIGIBILITY, COVERAGE OR BENEFIT INQUIRY (270) Example.....	22
11.2.2	HEALTH CARE ELIGIBILITY BENEFIT RESPONSE GENERIC HMO (271) Example 23	
11.2.3	Acknowledgement (999) Example .....	24
11.3	FREQUENTLY ASKED QUESTIONS .....	24
11.4	CHANGE SUMMARY .....	24

# Dean Health Plan 270/271 Companion Guide

---

## 1 INTRODUCTION

This guide serves as a Dean Health Plan (DHP) specific companion document to the Health Care Eligibility Benefit Inquiry and Response (ASC X12N 270/271) *Transaction Set Implementation Guide and Technical Report Type 3*. This document provides information related to specific requirements of ANSI ASC X12N 270/271 transactions, but does not change the definition, data condition, or use of a data element or segment in a standard, add data elements or segments to the maximum defined data set, use any code or data elements that are either marked “not used” in the standard’s implementation specification or are not in the standard’s implementation specification(s), or change the meaning or intent of the HIPAA standards implementation specification.

For a valid transaction, submitters should program according to the National Electronic Data Interchange Transaction Set Implementation Guide & Addenda: Health Care Benefit Inquiry and Response (270/271). This transaction guide is available from the Washington Publishing Company’s website (<http://wpc-edi.com>) or ASCx12 (<http://store.x12.org/store>).

All instructions in this document were written using information known at the time of publication and are subject to change. DHP is not responsible for software used by the submitter to complete these transactions.

For questions related to the DHP Health Care Eligibility Benefit Inquiry and Response (270/271), please contact the DHP EDI Team at [dhpEDI@deancare.com](mailto:dhpEDI@deancare.com).

### 1.1 SCOPE

This guide should be used for all entities that would like to exchange 270/271 transactions with DHP, either in real-time or batch mode. This guide is intended to provide the reader with information that will assist the sending entities in receiving positive results when exchanging information specifically with DHP. Some items found in this document are in relation to how DHP has or is implementing Health Care Reform initiatives.

### 1.2 OVERVIEW

The TR3 is the source for the transaction; however the reader should review all sections of this document. With the Health Care reform initiatives, DHP has made some modifications of expectations for data to insure DHP can process. Readers should pay attention to and reference back to sections 6 through 10 of this guide for specific data requirements.

### 1.2 REFERENCES

This document is a companion to the ASC X12N Implementation Guide (005010X279A1) Health Care Eligibility Benefit Inquiry and Response (ASC X12N 270/271) and CAQH CORE Operating Rules ([http://www.caqh.org/CORE\\_operat\\_rules.php](http://www.caqh.org/CORE_operat_rules.php))

### 1.4 ADDITIONAL INFORMATION

Assumptions regarding the reader:

- This companion guide assumes that the readers are familiar with the TR3.
- This companion guide does address DHP’s implementation of Health Care Reform requirements, but does not explicitly discuss the legislation.

Advantages / benefits of EDI:

- DHP does not require batch or real-time methods; however, either is highly recommended to reduce the number of calls to the call center and the wait time to receive services from the call center.

# Dean Health Plan 270/271 Companion Guide

---

- Unless explicitly stated as pertaining to batch or real time, the reader should assume the statements and guidance refer to both.

## 1.5 BUSINESS DESCRIPTION OF TERMS

This section defines a few basic terms that are widely used in the transmittal and processing of electronic data at Dean Health Plan. Please see <http://www.wedi.org/docs/resources/hipaa-glossary-download.pdf?sfvrsn=0> for a transaction list of terms and their definitions.

**Companion Guide:** Data clarifications that supplement the specifications in the Implementation Guide.

**Covered Entity (CE):** Under HIPAA, this is a *healthplan*, a *health care clearinghouse*, or a *health care provider* who transmits any health information in electronic form in connection with a HIPAA transaction.

**Data Mapping:** The process of matching one set of data elements or individual code values to their closest equivalents in another set of them. This is sometimes called a *cross-walk*.

**FAQ(s):** Frequently Asked Question(s).

**Format:** Under HIPAA, format refers to those *data elements* that provide or control the enveloping or hierarchical structure, or assist in identifying data content of, a transaction.

**Health Care Clearinghouse:** Under HIPAA, this is an entity that processes or facilitates the processing of information received from another entity in a nonstandard format or containing nonstandard data content into standard data elements or a standard transaction, or that receives a standard transaction from another entity and processes or facilitates the processing of that information into nonstandard format or nonstandard *data content* for a receiving entity.

**Health care provider:** means a provider of medical or health services, and any other person or organization who furnishes, bills, or is paid for health care in the normal course of business.

**Health Plan:** The health plan administers benefits and payments of claims to providers.

**PCP:** “Primary Care Provider” A Network Provider who evaluates the Member’s total health needs and provides personal medical care in one or more medical fields. Typically a Primary Care Provider is a pediatrician, family practitioner, OB/GYN or an internist.

**SNIP:** “Strategic National Implementation Process” which is a WEDI program for helping the health care industry identify and resolve HIPAA implementation issues. SNIP holds educational forums both regionally and nationally as well as develops white papers to assist covered entities implement administrative simplification requirements. One of the white papers frequently referenced in the health care industry is the SNIP transaction testing white paper which defines 7 types of compliance for the federally mandated EDI transactions.

**Transaction:** means the transmission of information between two parties to carry out financial or administrative activities related to health care. It includes the following types of information transmissions:

- 1) Health care claims or equivalent encounter information – 837  
(Institutional, Professional, and Dental)
- 2) Health care payment and remittance advice – 835
- 3) Coordination of benefits – 837
- 4) Health care claim status – 276/277



# Dean Health Plan 270/271 Companion Guide

---

- 5) Benefit Enrollment and Maintenance – 834
- 6) Eligibility for a health plan – 270/271
- 7) Health plan premium payments – 820
- 8) Referral certification and authorization – 278
- 9) Patient information - 275

## 2 GETTING STARTED

### 2.1 WORKING WITH DEAN HEALTH PLAN

DHP allows for batch as well as real-time submission and response of transactions. Both transaction methods will require the same levels of SNIP validation and will require submitters to be able to handle 999 responses to any and all transactions.

Batch submissions require setup with the DHP secure FTP server.  
Real-time submissions require setup with Smart Data Solutions.

### 2.2 TRADING PARTNER REGISTRATION

Trading partners interested in submitting the Health Care Eligibility Benefit Inquiry and Response (ASC X12N 270/271) to DHP should contact the Dean Health Plan EDI team via e-mail or telephone. This contact information is provided in section 5. (<http://www.deancare.com/app/files/public/3472/pdf-aboutus-plan-edi-setup-form.pdf>)

### 2.3 CERTIFICATION AND TESTING OVERVIEW

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

Dean Health Plan requests that all submitters complete validation testing with DHP prior to submitting production files. Please note that any files sent for testing will never be run in production. Testing will occur in the following phases:

#### 2.3.1 Submission and Connectivity

Submission testing insures that the sender's systems can place data on the DHP communication channels. Each EDI transaction has specific methods that can be used. Connectivity will be set up prior to the first test with a conference call likely used to coordinate initial testing

#### 2.3.2 Validation

Validation testing insures the transaction formats are valid. DHP expects that all transactions pass SNIP 1 and 2 level validations. To accomplish this, sender's files will be brought into DHP's infrastructure and EDI validation tools will be used to validate the transaction. If the files cannot be processed, DHP will contact the sender via phone or e-mail.

#### 2.3.3 Error Handling

Each EDI transaction will have error handling scenarios that are specific to the transaction. However, anyone sending DHP a transaction must also be able to receive a 999 for any transaction types submitted.

# Dean Health Plan 270/271 Companion Guide

---

## **2.3.4 DHP content**

This testing insures that the sender is identifying DHP members and providers appropriately. All Dean Health Plan members have a unique member ID. We require that all patient related services be placed in the Subscriber Loop of each transaction.

## **2.3.5 Specific Scenario testing**

Each EDI transaction will have specific scenarios that must be tested as well as recommended scenarios. Please see Section 3 of this companion guide for information on these scenarios.

## **3 TESTING WITH THE PAYER**

This section contains a detailed description of the testing phase.

### **3.1 SUBMISSION AND CONNECTIVITY TESTING**

DHP supports batch submissions of the 270 transactions with SFTP. DHP also supports real-time submissions through HTTPs or SOAP.

#### **3.1.1 Real-Time Submission testing**

Once real-time connectivity is set up, submitters may begin to submit real-time 270 transactions.

#### **3.1.2 Batch Submission testing**

Once initial set up is completed, the submitter may place test files in the prescribed directory then notify the DHP EDI test coordinator that the files are available. DHP does not automate this process until each submitter has passed validation testing.

### **3.2 VALIDATION TESTING**

DHP will utilize EDI validation tools to ensure each transaction meets SNIP Levels 1 and 2 prior to testing with DHP's test environment. DHP will eventually require all transactions to pass SNIP level 5 and it is recommended that all submitters strive to achieve that validation level upon initial setup.

### **3.3 ERROR HANDLING**

Any transactions that do not pass validation testing will be rejected utilizing a 999. The submitter must be able to receive the 999. While it is recommended that submitters use automated methods to address the 999, it is not required. DHP expects that submitters are correcting errors prior to resubmission. If a file is submitted three times and DHP cannot process it, DHP reserves the right to prevent all future submissions from the submitter for that transaction until such time as the submitter re-completes testing with DHP.

### **3.4 DHP CONTENT TESTING**

Test files must be submitted with at least 90% DHP membership. All Dean Health Plan members have a unique member ID. We require that all patient related services be placed in the Subscriber Loop (2000C). The Dean Health Plan member number should be placed in Loop 2100C, segment NM109.

All providers that require NPIs must submit their NPI on the transaction. All Dean Health Plan and Prevea 360 providers also have a specific Dean Health Plan Provider ID. These IDs may be submitted as alternate provider IDs, but the NPI is still required.

### **3.5 SCENARIO TESTING**

DHP recommends that the batch files and real-time transaction testing contain at least two non-members to insure that the submitter is receiving the responses expected. DHP services both generic and explicit responses. Submitters have the option of submitting both types within a file. DHP recommends that the submitter send in files for requests that they would normally request. Such as if the submitter is a

# Dean Health Plan 270/271 Companion Guide

---

hospital, submit both generic (service type 48 Hospital Inpatient) and explicit requests (service type 2 Surgical) for the same patient depending on the information needed.

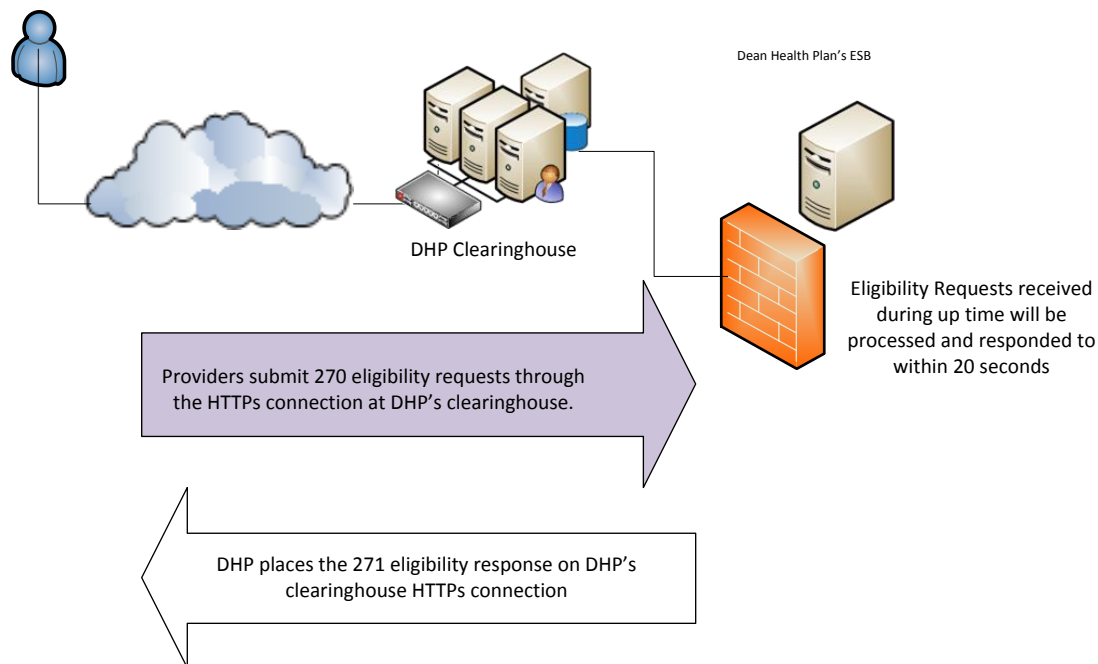
DHP expects that each submitter will send in at least 5 test transaction sets. Each test set must successfully pass Submission, Validation and Error Handling. Each test set must also contain at least 90% valid claims and pass with expected results for all claims before production files may be submitted.

## 4 CONNECTIVITY WITH THE PAYER/COMMUNICATIONS

### 4.1 PROCESS FLOWS

#### 4.1.1 Real-Time Transactions

1. Real-time must come in as HTTPs or SOAP protocols.
2. There can only be one transaction per submission.



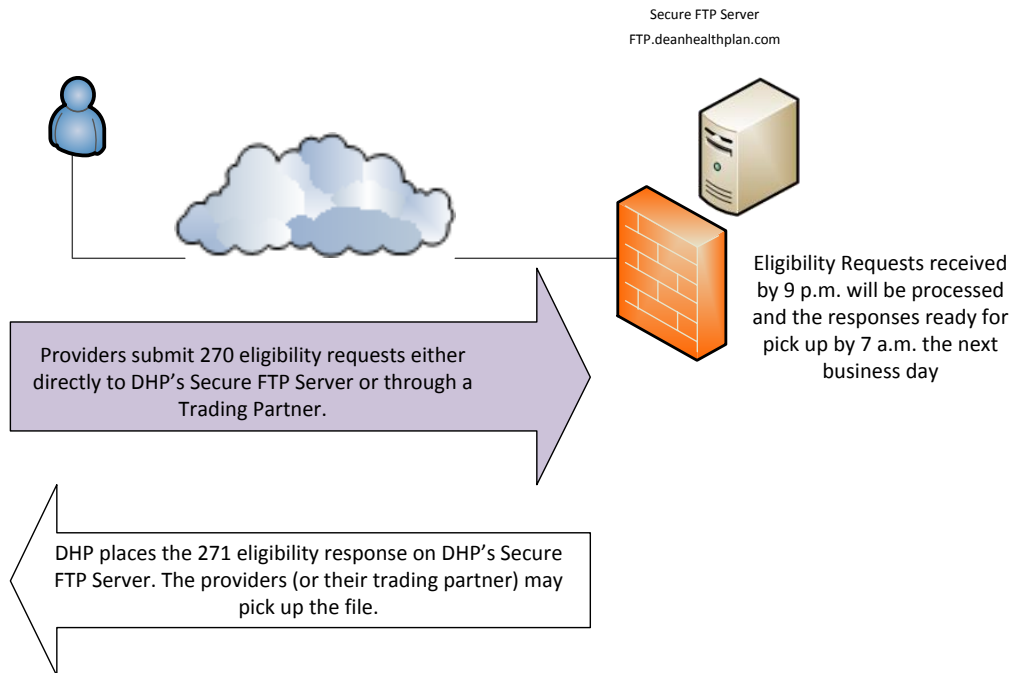
**Please Note:** Real-time is defined as one 270 eligibility request with a single eligibility response in the 271. Any transactions with multiple claims contained in the response will be serviced through the originating communication channels but will be reported as batch responses.

# Dean Health Plan 270/271 Companion Guide

---

## 4.1.2 Batch Transactions

All transactions that do not meet all the criteria for real-time transactions will fall out to batch processing. Batch transactions received by 9 p.m. each business day will be processed and responded to by 7 a.m. the following business day.



## 4.2 TRANSMISSION ADMINISTRATIVE PROCEDURES

### 4.2.1 Real-Time Transactions

Connectivity will be set up prior to the first test with a conference call likely used to coordinate initial testing.

### 4.2.2 Batch Transactions

The FTP server can be accessed via Internet. If you should have any questions or problems, please contact the EDI team at [dhpedi@deancare.com](mailto:dhpedi@deancare.com). DHP reserves the right to change the process time due to holidays, system upgrades, or etc.

Software Interface:

Trading partners will be required to use FTP client software that will support 128 SSL Data encryption to exchange transactions with DHP.

Any questions related to FTP connect should be directed to software provider or internal technical staff.

# Dean Health Plan 270/271 Companion Guide

---

## 4.3 RE-TRANSMISSION PROCEDURE

### 4.3.1 Real-Time Transactions

Due to the response time requirements and connectivity handling, Dean Health Plan does not accept re-transmissions of real time transactions. DHP treats each real-time transaction as a new transaction.

### 4.3.2 Batch Transactions

Transactions within a file may be resent. Unless specifically negotiated with DHP, DHP will consider all files new transaction files.

## 4.4 COMMUNICATION PROTOCOL SPECIFICATIONS

Dean Health Plan allows for both Real-Time and Batch communication protocols.

### 4.4.1 Real-Time Submissions/Responses

- HTTPs  
By using the HTTP/S protocol, all information exchanged between the sender and receiver is encrypted by a session-level private key negotiated at connection time.
- SOAP + WSDL

### 4.4.2 Batch Submissions/Responses

- FTP
- HTTPs  
By using the HTTP/S protocol, all information exchanged between the sender and receiver is encrypted by a session-level private key negotiated at connection time.
- SOAP + WSDL

## 4.5 PASSWORDS

For real-time transactions, the User ID and Password authentication must be encrypted by the HTTP/S protocol, but passed outside of the ASC X12 payload information as described in the HTTP Message format section. This allows message receivers to authenticate that the message is from a trusted source before passing it to their ASC X12 parsing engine.

The receiver may also require the message sender to register the IP address for the host or subnet originating the transaction, and may refuse to process transactions whose source is not registered or does not correspond to the ID used.

Due to programming requirements of POSTing over HTTP/S, use of a digital certificate is required to establish communications. CORE-certified participants will make available information on how to obtain the receiver's root public certificate.

Dean Health Plan issues passwords to log into both the FTP servers as well as the Web connection protocols. These passwords may be changed by contacting the Dean Health Plan EDI Customer Service. Passwords are not shared across entities and are subject to change without notice.

## 5 CONTACT INFORMATION

### 5.1 DHP EDI CUSTOMER SERVICE

#### Electronic Transaction Questions

EDI Team – IT Department

Phone: (608) 827-4320

Toll-free Phone: (800) 356-7344 Ext.: 4320

Fax: (608) 836-6335

Email: [dhpedi@deancare.com](mailto:dhpedi@deancare.com).

Dean Health Plan

Attention: EDI Team

1277 Deming Way

Madison, WI 53717

### 5.2 PROVIDER SERVICE

DHP Customer Service

Phone: (608) 828-1301

Toll-free Phone: (800) 279-1301

Fax: (608) 827-4212

### 5.3 APPLICABLE WEBSITES / E-MAIL

For more information on SNIP levels, please see the WEDI SNIP Transactions Work Group Testing Sub Work-Group white paper on the WEDI web site.

For more information about Dean Health Plan and other transactions, please go to the Dean web site.

<http://www.deancare.com/>

For connectivity and communication protocol questions for real-time transactions, please contact Smart Data Solutions:

SDS Standard Support E-Mail: [dhp.support@sdata.us](mailto:dhp.support@sdata.us)

SDS 24/7 Emergency Pager E-Mail: [sdspager@gmail.com](mailto:sdspager@gmail.com)

SDS 24/7 Emergency Pager: 612-703-7929

SDS Home Page: <http://www.sdata.us>

# Dean Health Plan 270/271 Companion Guide

## 6 CONTROL SEGMENTS/ENVELOPES

This section describes Dean Health Plan's use of the interchange control segments. It includes a description of expected sender and receiver codes, authorization information, and delimiters.

### 6.1 ISA-IEA DATA CLARIFICATION FOR ELIGIBILITY INQUIRY (270)

Segment	Description	Required Value
<b>Interchange Header</b>		
	Data Element Separator	*(Suggested)
ISA01	Authorization Information Qualifier	00
ISA02	Authorization Information	10 Spaces
ISA03	Security Information Qualifier	00
ISA04	Security Information	10 Spaces
ISA05	Interchange ID Qualifier	Your Interchange ID qualifier
ISA06	Interchange Sender ID	Your Interchange ID qualifier
ISA07	Interchange ID Qualifier	30
ISA08	Interchange Receiver ID	391535024
ISA09	Interchange Date	The date the X12 envelope was, created specified in YYMMDD format
ISA10	Interchange Time	The time of day the X12 envelope was created, specified in 24-hour HHMM format
ISA11	Repetition Separator	^ (Suggested)
ISA12	Interchange Control Version Identifier	00501
ISA13	Interchange Control Number	Your assigned control number for this x12 envelope
ISA14	Acknowledgement Requested	0 or 1 <b>NOTE:</b> 0 = No interchange acknowledgment requested (TA1) 1 = Interchange acknowledgment requested (TA1)
ISA15	Usage Indicator	T for testing, P for production
ISA16	Component Element Separator	:(Suggested)
	Segment Terminator	~ (Suggested)
<b>Interchange Trailer</b>		
IEA01	Number of Included Functional Groups	<i>The total number of functional groups sent in the interchange envelope</i>
IEA02	Interchange Control Number	<i>Assigned control number for this X12 envelope, identical to value submitted in ISA13</i>

# Dean Health Plan 270/271 Companion Guide

---

## 6.2 GS-GE DATA CLARIFICATION FOR ELIGIBILITY OR BENEFIT INFORMATION (HS)

This section describes Dean Health Plan's use of the functional group control segments. It includes a description of expected application sender and receiver codes. Also included in this section is a description concerning how Dean Health Plan expects functional groups to be sent and how Dean Health Plan will send functional groups. These discussions will describe how similar transaction sets will be packaged and Dean Health Plan's use of functional group control numbers.

Segment	Description	Required Value
<b>Functional Group Header</b>		
GS01	Functional Identifier Code	<b>HS – Eligibility</b>
GS02	Application Sender's Code	<b>Your application sender's code, often equal to the value provided in ISA06</b>
GS03	Application Receiver's Code	<b>391535024</b>
GS04	Date	<b>The date the X12 functional group was created, specified in CCYMMDD format</b>
GS05	Time	<b>The time of day the X12 functional group was created, specified in 24-hour HHMM format</b>
GS06	Group Control Number	<b>Sequential number for each type of Functional Group Envelope (GS-GE) (based upon GS01 Value.) Start with 1 and increment by 1, right justified and zero filled.</b>
GS07	Responsible Agency Code	X
GS08	Version/Release/Industry Identifier Code	<b>005010X279A1</b>
<b>Functional Group Trailer</b>		
GE01	Number of Transaction Sets Included	<b>The total number of transaction sets sent in the functional group</b>
GE02	Group Control Number	<b>Your assigned control number for this X12 functional group, identical to value submitted in GS06</b>

## 6.3 ST-SE DATA CLARIFICATION FOR ELIGIBILITY OR BENEFIT INQUIRY

This section describes Dean Health Plan's use of transaction set control numbers.

Dean Health Plan will follow the guidelines set forth in the TR3 in the use of transaction set control numbers.



## Dean Health Plan 270/271 Companion Guide

### 6.4 ISA-IEA DATA CLARIFICATION FOR ELIGIBILITY INFORMATION (271)

Segment	Description	Required Value
<b>Interchange Header</b>		
	Data Element Separator	*(Suggested)
ISA01	Authorization Information Qualifier	00
ISA02	Authorization Information	10 Spaces
ISA03	Security Information Qualifier	00
ISA04	Security Information	10 Spaces
ISA05	Interchange ID Qualifier	30
ISA06	Interchange Sender ID	391535024
ISA07	Interchange ID Qualifier	Your Interchange ID qualifier
ISA08	Interchange Receiver ID	Your Interchange ID
ISA09	Interchange Date	The date the X12 envelope was, created specified in YYMMDD format
ISA10	Interchange Time	The time of day the X12 envelope was created, specified in 24-hour HHMM format
ISA11	Repetition Separator	^(Suggested)
ISA12	Interchange Control Version Identifier	00501
ISA13	Interchange Control Number	Assigned control number for this X12 envelope
ISA14	Acknowledgement Requested	0 (No interchange acknowledgment requested (TA1))
ISA15	Usage Indicator	T for testing, P for production
ISA16	Component Element Separator	:(Suggested)
	Segment Terminator	~(Suggested)
<b>Interchange Trailer</b>		
IEA01	Number of Included Functional Groups	The total number of functional groups sent in the interchange envelope
IEA02	Interchange Control Number	Assigned control number for this X12 envelope, identical to value submitted in ISA13

# Dean Health Plan 270/271 Companion Guide

---

## 6.5 GS-GE DATA CLARIFICATION FOR ELIGIBILITY OR BENEFIT INFORMATION (HB)

This section describes Dean Health Plan's use of the functional group control segments. It includes a description of expected application sender and receiver codes. Also included in this section is a description concerning how Dean Health Plan expects functional groups to be sent and how Dean Health Plan will send functional groups. These discussions will describe how similar transaction sets will be packaged and Dean Health Plan's use of functional group control numbers.

Segment	Description	Required Value
<b>Functional Group Header</b>		
GS01	Functional Identifier Code	<b>HB – Eligibility</b>
GS02	Application Sender's Code	<b>391535024</b>
GS03	Application Receiver's Code	<b>Your application sender's code, returned in ISA08</b>
GS04	Date	<b>The date the X12 functional group was created, specified in CCYYMMDD format</b>
GS05	Time	<b>The time of day the X12 functional group was created, specified in 24-hour HHMM format</b>
GS06	Group Control Number	<b>Sequential number for each type of Functional Group Envelope (GS-GE) (based upon GS01 Value.) Start with 1 and increment by 1, right justified and zero filled.</b>
GS07	Responsible Agency Code	X
GS08	Version/Release/Industry Identifier Code	<b>005010X279A1</b>
<b>Functional Group Trailer</b>		
GE01	Number of Transaction Sets Included	<b>The total number of transaction sets sent in the functional group</b>
GE02	Group Control Number	<b>Your assigned control number for this X12 functional group, identical to value submitted in GS06</b>

## 6.6 ST-SE DATA CLARIFICATION FOR ELIGIBILITY OR BENEFIT INFORMATION

This section describes Dean Health Plan's use of transaction set control numbers.

Dean Health Plan will follow the guidelines set forth in the TR3 in the use of transaction set control numbers.

# Dean Health Plan 270/271 Companion Guide

---

## 7 PAYER SPECIFIC BUSINESS RULES AND LIMITATIONS

This section describes Dean Health Plan's business rules.

1. For each request, DHP will return pertinent information for all service types that apply. Multiple requests per member are not necessary.
2. Coinsurance is waived if Co-pay applies. DHP does not take both coinsurance and co-pays.
3. DHP will not return benefit eligibility information for our ASO members.

## 8 ACKNOWLEDGEMENTS AND/OR REPORTS

Supported acknowledgments:

- **TA1 Interchange Acknowledgement** - DHP does not recommend the use of the TA1 Interchange Acknowledgment unless there is a syntax error with the Interchange Envelope (ISA-IEA).
- **999 Implementation Acknowledgement** - This acknowledgment will be used to report syntactical errors (Level 1 and 2) within a Functional Group and Transaction Set(s).

## 9 TRADING PARTNER CERTIFICATES

At this time, DHP does not require submitters to complete a certification process for each transaction type they will submit. As DHP updates our system capabilities, a certification process will be required.

## 10 TRANSACTION SPECIFIC INFORMATION

This section describes how ASC X12N Implementation Guides (IGs) adopted under HIPAA will be detailed with the use of a table. The table contains a row for each segment that Dean Health Plan has additional information to note, over and above the information in the IGs. 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 IGs 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 Dean Health Plan

In addition to the row for each segment, one or more additional rows are used to describe Dean 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.

The following table specifies the columns and suggested use of the rows for the detailed description of the transaction set companion guides.

# Dean Health Plan 270/271 Companion Guide

## 10.1 GENERAL TRANSACTION INFORMATION

DHP will accept the 270 transaction using all business functionality levels of an inbound request as defined by the *ASC X12N ANSI 270/271 Health Care Eligibility Inquiry and Response Transaction Set Implementation Guides*.

Loop ID	Reference	Name	Notes/Comments
2110C	EB	Subscriber Eligibility or Benefit Information	Multiple EB segments may be used to communicate coverage information during the time period indicated in the related DTP segment.
2110C	EB03	Service Type Code	<p>98 = Professional (Physician) Visit – Office BH = Pediatric Office Visit</p> <p>Note: When EB03 = 98 or BH Dean Health Plan will return multiple EB segments to completely define Pediatric and Office Visit benefits. These will be defined as PCP In-Network, PCP Out-of-Network, Specialist In-Network and Specialist Out-of-Network. See MSG segment immediately following each specified EB segment for complete information. *See highlighted examples 11.2.2.</p>

### 10.1.1 Search Options

DHP bases its requirements for identifying members upon the *Implementation Guide's* required search criteria alternatives. To uniquely identify a member, a 270 transaction must include the member's Date of Birth (DOB). Additionally, it must include either the member's DHP identification number or the member's name. The name should include first, last, and middle initial, if it exists.

DHP utilizes the following search hierarchy to find members. If the first search produces a single match, DHP will utilize that member; if not, it moves to the second search. If the second search produces a single match, DHP will utilize that member; if not it moves to the third search. If the third search produces a single match, DHP will utilize that member; if not, it moves to the fourth search. If the fourth search produces a single match, DHP will utilize that member; if not, DHP will return a 999 for that transaction stating no member has been found.

#### 10.1.1. a Member Date of Birth – Member ID Qualifier – Member ID

Loop ID	Reference	Name	Notes/Comments
2100C	DMG02	Date Time Period	Use this date for the date of birth of the subscriber.
2100C	NM108	Identification Code Qualifier	MI = Member Identification Number
2100C	NM109	Identification Code	Use this reference number as qualified by the preceding data element (NM108).

#### 10.1.1. b Member Date of Birth – Member Last Name – Member First Name

Loop ID	Reference	Name	Notes/Comments
2100C	DMG02	Date Time Period	Use this date for the date of birth of the subscriber.
2100C	NM103	Name Last or Organization Name	Use this name for the subscriber's last name.
2100C	NM104	Name First	Use this name for the subscriber's first name.

# Dean Health Plan 270/271 Companion Guide

---

## 10.1.1. c Subscriber ID Qualifier – Subscriber ID – Member Date of Birth – Member Last Name

Loop ID	Reference	Name	Notes/Comments
2100C	NM108	Identification Code Qualifier	MI = Member Identification Number
2100C	NM109	Identification Code	Use this reference number as qualified by the preceding data element (NM108).
2100C	DMG02	Date Time Period	Use this date for the date of birth of the subscriber.
2100C	NM103	Name Last or Organization Name	Use this name for the subscriber's last name.

## 10.1.1. d Subscriber ID Qualifier – Subscriber ID – Member Last Name – Member First Name

Loop ID	Reference	Name	Notes/Comments
2100C	NM108	Identification Code Qualifier	MI = Member Identification Number
2100C	NM109	Identification Code	Use this reference number as qualified by the preceding data element (NM108).
2100C	NM103	Name Last or Organization Name	Use this name for the subscriber's last name.
2100C	NM104	Name First	Use this name for the subscriber's last name.

## 10.1.2 Date of Service (DOS)

The 270 transaction allows a submitter to request eligibility information on a member for a past, present, or future Date of Service (DOS). The DOS may be provided in either the 2100C or 2110C Loop. DHP applies the following criteria to determine a member's eligibility for the DOS in the response.

- **DTP01 Date/Time Qualifier** – DHP will process all acceptable values as 271 “eligibility” date requests.
- **Future DOS Inquiries** – DHP will reject transactions with an AAA segment for any DOS request more than 7 days in the future.
- **Date Range Inquiries** - DHP will accept inquiries that request information on both a single date (“D8” qualifier) and a range of dates (“RD8” qualifier). However, DHP will use only the first date provided in a range of dates to determine the member's eligibility.
- **DOS Location in Transaction** – DHP will accept dates in both the 2100C and the 2110C Loops. In accordance with the *Implementation Guide*, the dates provided in the 2110C Loop will override those in the 2100C Loop. If multiple iterations of DTC segments occur, DHP will process using the earliest date.
- **No DOS Provided in 270 Transaction** – DHP will use the transaction date as a default date if no DOS is provided.

## 10.1.3 DHP Specifications / Requirements

This section covers the information that DHP requests to process your files efficiently. Please see the matrix in section 6.3 for any detailed information that we may need to process your data.

# Dean Health Plan 270/271 Companion Guide

---

- The incoming 270 must use the basic character set as defined in Appendix A of the 270/271 Implementation Guides. In addition to the basic character set, you may choose to submit lower case characters and the “@” symbol from the extended character set. Any other characters submitted from the extended character set may cause the interchange (transmission) to be rejected at the carrier translator.

## 11 APPENDICES

This section contains appendices to provide additional clarifications and examples.

### 11.1 IMPLEMENTATION CHECKLIST

This appendix contains all necessary steps for going live with Dean Health Plan

Complete the EDI Set Up Form

Batch

- FTP connectivity
- HTTPs or SOAP connectivity

Real –Time

- HTTPs or SOAP connectivity

All:

- Submission Testing
- Validation Testing
- Error Handling Testing
- DHP Content Testing
- Scenario testing
- Get production credentials
- Attach to production system

### 11.2 TRANSMISSION EXAMPLES

Below is an example of a 270, 271, & 999 acknowledgements:

#### 11.2.1 ELIGIBILITY, COVERAGE OR BENEFIT INQUIRY (270) Example

```
ISA*00*      *00*      *30*TRADINGPARTNER *30*391535024
*121030*1332*^*00501*000004003*0*T*>~
GS*HS*TRADINGPARTNER*391535024*20111118*0832*4023*X*005010X279A1~
ST*270*4452*005010X279A1~
BHT*0022*13*4100*20130219*0832~
HL*1**20*1~
NM1*PR*2*TEST HEALTH PLAN*****FI*123456789~
HL*2*1*21*1~
NM1*1P*2*ABC HEALTH*****XX*98784555~
HL*3*2*22*0~
NM1*IL*1*TESTCASE*JOHN*****MI*123456789101~
REF*6P*1234PP11~
N3*123 WOOD DR~
N4*MADISON*WI*53704~
DMG*D8*19341104*M~
DTP*291*D8*20130915~
EQ*30~
```

# Dean Health Plan 270/271 Companion Guide

---

SE\*15\*4452~  
GE\*1\*4023~  
IEA\*1\*000004003~

## 11.2.2 HEALTH CARE ELIGIBILITY BENEFIT RESPONSE GENERIC HMO (271) Example

ISA\*00\* \*00\* \*ZZ\*DEAN \*30\*123456789 \*150226\*0508\*^\*00501\*000001916\*0\*T\*>~  
GS\*HB\*Application Sen\*DHPTESTR\*20150226\*0508\*1913\*X\*005010X279A1~  
ST\*271\*0001\*005010X279A1~  
BHT\*0022\*11\*4100\*20150226\*050812~  
HL\*1\*\*20\*1~  
NM1\*PR\*2\* TEST HEALTH PLAN \*\*\*\*\*FI\*123456789~  
HL\*2\*1\*21\*1~  
NM1\*1P\*2\*TEST HEALTH PLAN\*\*\*\*\*XX\*1234567890~  
HL\*3\*2\*22\*0~  
NM1\*IL\*1\*TEST LAST\*TEST FIRST\*\*\*\*\*MI\*12345678900~  
REF\*6P\*148850T~  
REF\*N6\*DHP~  
N3\*123 WEST MAIN~  
N4\*TEST CITY\*TC\*123458888~  
DMG\*D8\*20020419\*M~  
DTP\*346\*D8\*20151001~  
DTP\*347\*D8\*99991231~  
EB\*1\*\*30\*HM\* TEST HEALTH PLAN ~  
EB\*C\*IND\*30\*HM\*\*22\*0\*\*\*\*\*Y~  
MSG\*Any information communicated in this transaction reflects only the eligibility, benefit, and cost-sharing levels that were known to Dean Health Plan, Inc. (DHP) for the member(s) identified in your request at the time at which this transaction was sent.~  
EB\*C\*FAM\*30\*HM\*\*22\*0\*\*\*\*\*Y~  
EB\*A\*\*30^1^2^4^5^6^7^8^13^40^42^45^47^48^50^53^65^73^76^78^86^93^99^A0^A7^AG^AL^BG^HM\*\*\*\*\*O\*\*\*\*\*Y~  
EB\*G\*IND\*30\*HM\*\*22\*0\*\*\*\*\*Y~  
MSG\*Includes Deductible and Coinsurance amounts for certain medical expenses that a Member or family is required to pay when a covered service is provided.~  
EB\*G\*FAM\*30\*HM\*\*22\*0\*\*\*\*\*Y~  
MSG\*Includes Deductible and Coinsurance amounts for certain medical expenses that a Member or family is required to pay when a covered service is provided.~  
EB\*G\*IND\*30\*HM\*\*22\*6350\*\*\*\*\*Y~  
MSG\*The Out-of-Pocket Expense Maximum includes the Deductible, Coinsurance and Copay amounts applied to covered services.~  
EB\*G\*FAM\*30\*HM\*\*22\*12700\*\*\*\*\*Y~  
MSG\*The Out-of-Pocket Expense Maximum includes the Deductible, Coinsurance and Copay amounts applied to covered services.~  
EB\*G\*FAM\*30\*HM\*\*24\*90\*\*\*\*\*Y~  
EB\*G\*FAM\*30\*HM\*\*29\*12610\*\*\*\*\*Y~  
EB\*I\*\*30^1^2^4^5^6^7^8^12^13^18^20^33^40^42^45^47^48^50^53^62^65^68^73^76^78^80^81^82^93^99^A0^A3^A6^A7^A8^AD^AE^AF^AG^AI^AL^AM^AO^BG^MH^HM\*\*\*\*\*N~  
EB\*A\*\*12^18\*HM\*\*\*\*\*0.2\*\*\*\*\*Y~  
EB\*B\*\*20^33^82^A3^A8\*HM\*\*27\*30\*\*\*\*\*Y~  
EB\*I\*\*35^AM^AO\*HM\*\*\*\*\*Y~  
EB\*B\*\*51^52\*HM\*\*27\*125\*\*\*\*\*Y~  
EB\*B\*\*51^52\*HM\*\*27\*125\*\*\*\*\*N~  
EB\*B\*\*62\*HM\*\*27\*50\*\*\*\*\*Y~

# Dean Health Plan 270/271 Companion Guide

EB\*B\*\*68^80^81\*HM\*\*27\*0\*\*\*\*\*Y~  
 EB\*A\*\*86\*HM\*\*\*\*0\*\*\*\*N~  
 EB\*I\*\*88\*HM\*\*\*\*\*Y~

MSG\*Those services as required by State/Federal mandates are covered. Submit prescription coverage requests to the patient's PBM.~

EB\*B\*\*98\*HM\*\*27\*30\*\*\*\*\*Y~  
 MSG\*Primary Care Provider (PCP), includes Optometry~  
 EB\*B\*\*98\*HM\*\*27\*50\*\*\*\*\*Y~  
 MSG\*Specialist~

Office Visit, Copay \$30, In-Network <i>for PCP</i> Office Visit, Copay \$50, In-Network <i>for Specialist</i>
-------------------------------------------------------------------------------------------------------------------

EB\*B\*\*BH\*HM\*\*27\*0\*\*\*\*\*Y~  
 MSG\*Primary Care Provider (PCP), includes Optometry~  
 EB\*B\*\*BH\*HM\*\*27\*0\*\*\*\*\*Y~  
 MSG\*Specialist~

Pediatric Office Visit, Copay \$0, In-Network <i>for PCP</i> Pediatric Office Visit, Copay \$0, In-Network <i>for Specialist</i>
-------------------------------------------------------------------------------------------------------------------------------------

EB\*I\*\*98^BH\*HM\*\*\*\*\*N~  
 MSG\*Primary Care Provider (PCP), includes Optometry~  
 EB\*I\*\*98^BH\*HM\*\*\*\*\*N~  
 MSG\*Specialist~

Office & Pediatric Visit, Not Covered, Out-of-Network <i>for PCP</i> Office & Pediatric Visit, Not Covered, Out-of-Network <i>for Specialist</i>
-----------------------------------------------------------------------------------------------------------------------------------------------------

EB\*1\*\*A6^AI^MH\*HM\*\*\*\*\*Y~  
 EB\*B\*\*AD^AE^AF\*HM\*\*7\*30\*\*\*\*\*Y~  
 EB\*B\*\*UC\*HM\*\*27\*30\*\*\*\*\*Y~  
 MSG\*Urgent Care Facility Copay~  
 EB\*B\*\*UC\*HM\*\*27\*30\*\*\*\*\*N~  
 MSG\*Urgent Care Facility Copay~  
 SE\*60\*0001~  
 GE\*1\*1913~  
 IEA\*1\*000001916~

### 11.2.3 Acknowledgement (999) Example

ISA\*00\* \*00\* \*ZZ\*391535024 \*ZZ\*TRADINGPARTNER  
 \*130307\*1420\*^\*00501\*000000154\*0\*T\*>~  
 GS\*FA\*391535024\*TRADINGPARTNER\*20130307\*142020\*152\*X\*005010X231A1~  
 ST\*999\*0001\*005010X231A1~  
 AK1\*HS\*4020\*005010X279A1~  
 AK2\*270\*3927\*005010X279A1~  
 IK5\*A~AK9\*A\*1\*1\*1~  
 SE\*6\*0001~  
 GE\*1\*152~  
 IEA\*1\*000000154~

### 11.3 FREQUENTLY ASKED QUESTIONS

This section is intentionally left blank at this time.

### 11.4 CHANGE SUMMARY

This section describes the differences between the current Companion Guide and previous guide(s).

Published Date	Version	Changes
12/2013	1.0	N/A ; Original publish date
2/2015	1.1	Update to EB segment