

Dean Health Plan 276/277 Companion Guide

Refers to the Implementation Guides Based on ASC X12 version 005010

Dean Health Plan

3/12/2013

Dean Health Plan 276/277 Companion Guide

Disclosure Statement

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Dean Health Plan 276/277 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.

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EDITOR'S NOTE:

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1 INTRODUCTION

This guide serves as a Dean Health Plan (DHP) specific companion document to the Health Care Claims Status Request and Response (ASC X12N 276/277) *Transaction Set Implementation Guide*. This document provides information related to specific requirements of ANSI ASC X12N 276/277 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 Claim Status Request and Response (276/277). This transaction guide is available from the Washington Publishing Company’s website (<http://wpcedi.com>).

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 Claim Status Request and Response (276/277), please contact the DHP EDI Team at dhpedi@deancare.com.

1.1 SCOPE

This guide should be used for all entities that would like to exchange 276/277 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.

1.3 REFERENCES

This document is a companion to the ASC X12N Implementation Guide (005010X212) Health Care Claim Status Request and Response (276/277).

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 in 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 are highly recommended to reduce the number of calls to the call center and the wait time to receive services from the call center.
- Unless explicitly stated as pertaining to batch or real time, the reader should assume the statements and guidance refer to both.

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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.

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
- 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

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 Claim Status Request and Response (ASC X12N 276/277) to DHP should contact the Dean Health Plan EDI team via e-mail or telephone. This contact information is provided in section 5.

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 ensures 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 ensures 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.

2.3.4 DHP content

This testing insures that the sender is identifying DHP members and provider 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.

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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 276 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 276 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 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 (2000D). The Dean Health Plan member number should be placed in Loop 2100D, 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 and/or real-time testing contain at least two claims that are not in DHP's inventory to insure that the submitter is receiving the responses expected. If a submitter will only be submitting professional claims, then DHP expects that the test files will only contain professional claim status requests. If institutional claims are submitted, the test files should focus on institutional claims. DHP does not support dental or pharmacy claims.

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.

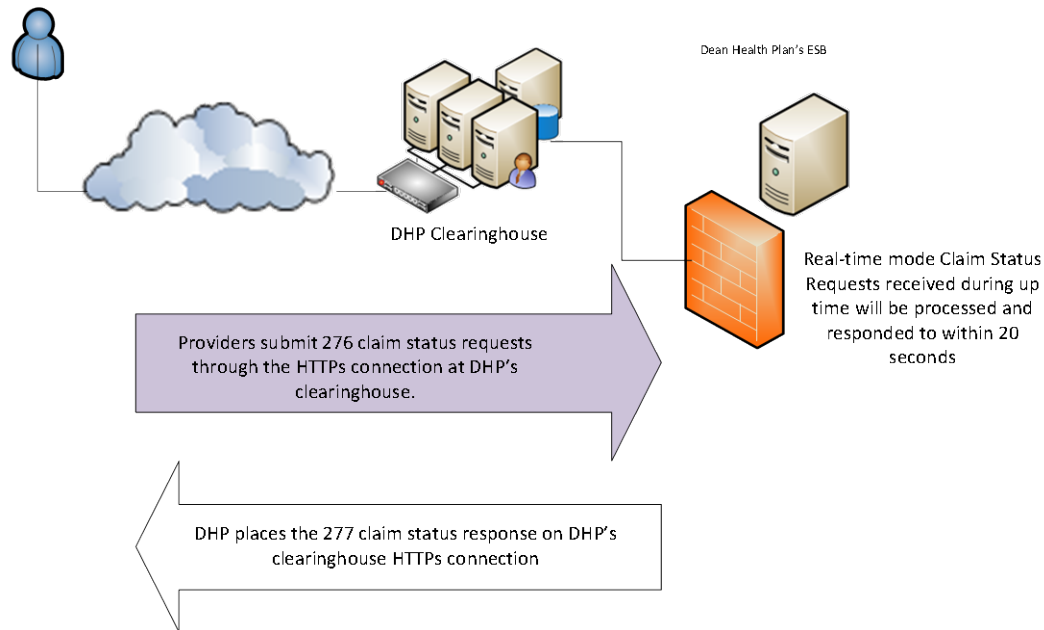
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4 CONNECTIVITY WITH THE PAYER/COMMUNICATIONS

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.

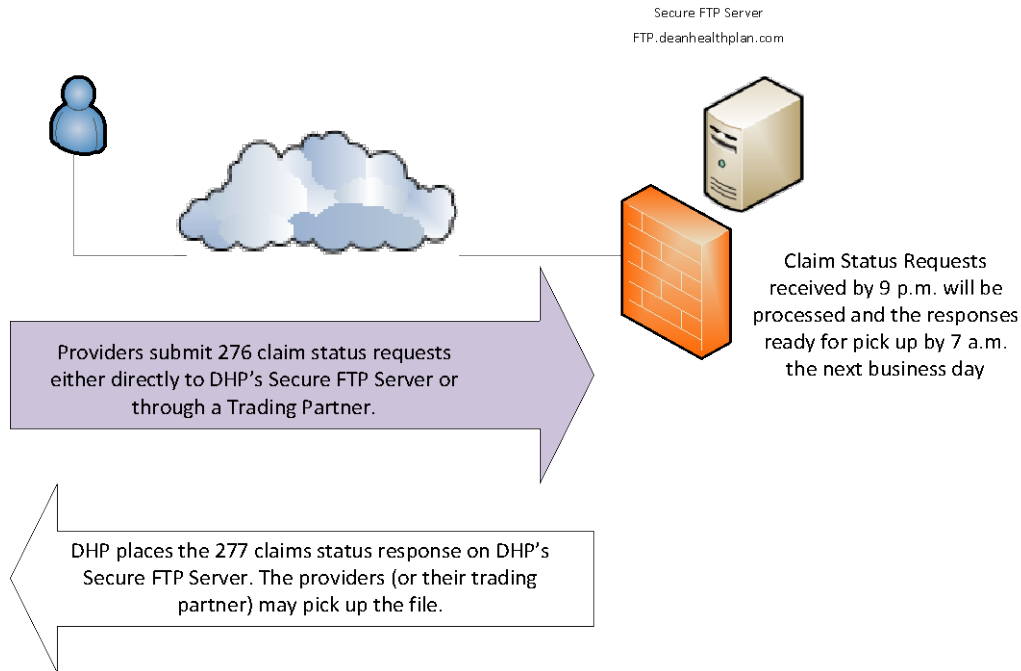


Please Note: Real-time is defined as one 276 claim status request with a single claim status response in the 277. Any transactions with multiple claims contained in the response will be serviced through the originating communication channels but will be reported as batch responses.

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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. 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.

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.

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
SDS 24/7 Emergency Pager E-Mail: sdspager@gmail.com
SDS 24/7 Emergency Pager: 612-703-7929
SDS Home Page: <http://www.sdata.us>

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6 CONTROL SEGMENTS/ENVELOPES

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

The tables do not represent all of the fields necessary for a successful transaction; the TR3 should be reviewed for that information.

6.1 ISA-IEA DATA CLARIFICATION FOR CLAIM STATUS REQUEST (276)

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

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6.2 GS-GE DATA CLARIFICATION FOR CLAIM STATUS REQUEST (276)

Segment	Description	Required Value
Functional Group Header		
GS01	Functional Identifier Code	HR
GS02	Application Sender's Code	<i>Your application sender's code, often equal to the value provided in ISA06</i>
GS03	Application Receiver's Code	391535024
GS04	Functional Group Date	<i>The date the X12 functional group was created, specified in CCYYMMDD format</i>
GS05	Functional Group Time	<i>The time of day the X12 functional group was created, specified in 24-hour HHMM format</i>
Functional Group Trailer		
GE01	Number of transaction sets included	<i>The total number of transaction sets sent in the functional group</i>
GE02	Group Control Number	<i>Your assigned control number for this X12 functional group, identical to value submitted in GS06</i>

6.3 ST-SE DATA CLARIFICATION FOR CLAIM STATUS REQUEST (276)

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

Dean Health Plan recommends that trading partners follow the guidelines set forth in the TR3. The TR3 should be reviewed for how to create compliant transaction set control numbers.

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6.4 ISA-IEA DATA CLARIFICATION FOR CLAIM STATUS RESPONSE (277)

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

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6.5 GS-GE DATA CLARIFICATION FOR CLAIM STATUS RESPONSE (277)

Segment	Description	Required Value
Functional Group Header		
GS01	Functional Identifier Code	HR
GS02	Application Sender's Code	391535024
GS03	Application Receiver's Code	Your application sender's code, returned in ISA08
GS04	Functional Group Date	The date the X12 functional group was created, specified in CCYYMMDD format
GS05	Functional Group Time	The time of day the X12 functional group was created, specified in 24-hour HHMM format
Functional Group Trailer		
GE01	Number of transaction sets included	The total number of transaction sets sent in the functional group
GE02	Group Control Number	Your assigned control number for this X12 functional group, identical to value submitted in GS06

6.6 ST-SE DATA CLARIFICATION FOR CLAIM STATUS RESPONSE (277)

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.

7 PAYER SPECIFIC BUSINESS RULES AND LIMITATIONS

This section describes Dean Health Plan's business rules.

1. DHP will only return claims received by DHP within one year prior to the date of the requested 276.
2. DHP will return claims that have any Date of Service within the date range requested if all other criteria are met.
3. Claim Status Requests must be submitted at a claim level.
4. Claim Status Response will be returned at the service line level for Institutional claims only. All other responses will be at the claim level.
5. Multiple claims matching the criteria may be returned for any single request. The multiple claims will be returned within one ST-SE segment.
6. For Claim Status Responses for Interim Bills, the admission date will be returned as dates of service on the service line.
7. If no last date of service is provided on the Claim Status Request, we will default to use the first date of service.
8. On a denied claim, it is possible that we may return a paid amount. If the claim is denied but shows a paid amount, the claim status requestor should contact the DHP Customer Service for further details.

8 ACKNOWLEDGEMENTS AND/OR REPORTS

DHP will utilize 999 Functional Acknowledgements for all batch transactions.

Real-Time transactions will leverage the 999 Functional Acknowledgement for rejected transactions. If a "rejected" 999 is produced, then the 277 response will not be sent. The submitted 276 will need to be corrected and resubmitted.

Refer to the Appendix for an example of the batch 999 acknowledgement.

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.

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

10.1 GENERAL TRANSACTION INFORMATION

DHP will accept the 276 transaction using all business functionality levels of an inbound request as defined by the *ASC X12N ANSI 276/277 Health Care Claim Status Request and Response Transaction Set Implementation Guides*.

10.1.1 Search Options

DHP will expect the following values on the 276 Request. The elements that are in **bold** are the **specific fields used to search claims**.

LOOPID	Segment Name	Element ID	Element Name	Required Element Value
2100C	NM1 - Provider Name	NM101	Entity Identifier Code	1P
2100C	NM1 - Provider Name	NM108	Identification Code Qualifier	XX
2100C	NM1 - Provider Name	NM109	Identification Code	NPI of the Billing Provider
2100D	NM1 - Subscriber Name	NM101	Entity Identifier Code	IL
2100D	NM1 - Subscriber Name	NM108	Identification Code Qualifier	MI
2100D	NM1 - Subscriber Name	NM109	Identification Code	DHP's Member ID
2200D	DTP - Claim Service Date	DTP01	Date/Time Qualifier	472
2200D	DTP - Claim Service Date	DTP02	Date/Time Period Format Qualifier	RD8 or D8
2200D	DTP - Claim Service Date	DTP03	Date/Time Period	<p>Service Date Range</p> <ul style="list-style-type: none"> DHP will accept inquiries that request information on both a single date ("D8" qualifier) and a range of dates ("RD8" qualifier). If a date range is submitted, DHP will return claims that have any Date of Service within the date range requested if all other criteria are met. If no last date of service is provided on the Claim Status Request, the first and last date of service will be defaulted to be the same as the date of service from the request. DHP will only return claims received by DHP within one year prior to the date of the requested 276.
2200D	AMT - Claim Submitted Charges	AMT01	Amount Qualifier Code	T3
2200D	AMT - Claim Submitted Charges	AMT02	Monetary amount	Total Claim Charge Amount

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10.1.2 Claim Status Response Transaction Specifications

LOOPID	Segment Name	Element ID	Element Name	DHP Specific Response Information
2200D	STC – Claim Level Status Information	STC01-1 STC02-2	Industry Code	This segment and set of claim status codes will be returned for BOTH Professional and Institutional Claims.
2200D	STC – Claim Level Status Information	STC05	Monetary Amount	On a denied claim, it is possible that a paid amount will be returned. If the claim is denied but shows a paid amount, the claim status requestor should contact DHP Customer Service for further details.
2220D	SVC – Service Line Information	All elements		This segment will be returned for ONLY Institutional Claims.
2220D	STC – Service Line Status Information	STC01-1 STC02-2	Industry Code	This segment and set of claim status codes will be returned for ONLY Institutional Claims.
2220D	DTP – Service Line Date	DTP03	Date Time Period	This segment will be returned for ONLY Institutional Claims. NOTE: For Interim Bills, the admission date will be returned as the dates of service on each service line.

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 for any detailed information that we may need to process your data.

- The incoming 276 transactions must utilize delimiters from the following list: >, *, ~, ^, |, and : . Submitting delimiters not supported within this list may cause an interchange (transmission) to be rejected. Members of the Base Control Set and the Extended Control Set will not be accepted as delimiters.
- The incoming 276 must use the basic character set as defined in Appendix A of the 276/277 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.
- Only loops, segments, and data elements valid for the HIPAA Health Care Claim Status Inquiry and Response Implementation Guide will be translated. Submitting data not valid based on the Implementation Guide may cause files to be rejected. Non-implementation guide data may not be sent for processing consideration.

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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.

Batch

- FTP connectivity

Real – Time

- HTTPs or SOAP connectivity

All:

- Submission Testing
- Validation Testing
- Error Handling Testing
- DHP Content Testing
- Scenario testing
- Get production credentials
- Production Implementation

11.2 BUSINESS SCENARIOS

11.2.1 Claim Status Scenario: General Information

The following is general information for the two claim status scenarios shown below. Please note that these scenarios are for illustrative purposes only. When testing begins, we will work with each entity to determine actual test data.

- Dean Health Plan’s payer identification is ‘391535024’.
- Trading Partner, XYZ Service, has an electronic transmitter identification number of 100009999 that it uses to conduct electronic business transactions with Dean Health Plan.
- Health Facility uses XYZ Service to submit electronic claims and claim status requests to Dean Health Plan
- Health Facility A’s National Provider Identifier (NPI) is 123321123.
- Health Hospital B’s National Provider Identifier (NPI) is 987654321.

11.2.2 Claim Status Scenario 1: Professional Claim

Request:

- Mary Smith is a Medicare enrollee with a member number of 11223344501.
- Mrs. Smith’s birth date is 09/25/1936.
- A claim status tracking number of ABCXYZ1 was assigned to the status inquiry for Mrs. Smith’s claim.
- Health Hospital B requested the status of a claim for professional services on May 12, 2012, in the amount of \$175.00.

Response:

- Dean Health Plan assigned a payer claim control number of 201224894178 to Mrs. Smith’s claim.
- The claim has been paid with a check cut for 164.50.

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276 Request Transmission:

The following is the 276 transmission XYZ Services sent to Dean Health Plan requesting the status of the claim described above. The **bolded** fields represent the search criteria required by Dean Health Plan.

ST*276*2015*005010X212~
BHT*0010*13*DHP 2015*20130215*2000~
HL*1**20*1~
NM1*PR*2*DEANCARE*****PI*391535024~
HL*2*1*21*1~
NM1*41*2*XYZ SERVICE*****46*100000999~
HL*3*2*19*1~
NM1*1P*2*HEALTH HOSPITAL B*****XX***987654321**~
HL*4*3*22*0~
DMG*D8*19360925*F~
NM1*IL*1*SMITH*MARY****MI***11223344501**~
TRN*1*ABCXYZ1~
REF*LU*PB~
REF*6P*555666~
AMT*T3***175**~
DTP*472*RD8***20120512-20120512**~
SE*17*22404~

277 Response Transmission:

The following is the 277 transmission Dean Health Plan sent in response to the 276 transmission from XYZ Services regarding the claim described above.

ST*277*0001*005010X212~
BHT*0010*08* DHP-20130215-ABCXYZ1*20130215*2001*DG~
HL*1**20*1~
NM1*PR*2*DEANCARE*****PI*391535024~
HL*2*1*21*1~
NM1*41*2*XYZ SERVICE*****46*100000999~
HL*3*2*19*1~
NM1*1P*2*HEALTH HOSPITAL B*****XX*987654321~
HL*4*3*22*0~
NM1*IL*1*SMITH*MARY****MI*11223344501~
TRN*2*ABCXYZ1~
STC*F0:65:1E*20120702**175*164.50*20120607***5000001234~
REF*1K*201224894178~
DTP*472*RD8*20120512-20120512~
SE*15*0001~

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11.2.3 Claim Status Scenario 2: Institutional Claim

Request:

- Mary Smith is a Medicare enrollee with a member number of 11223344501.
- Mrs. Smith's birth date is 09/25/1936.
- A claim status tracking number of ABCXYZ2 was assigned to the status inquiry for Mrs. Smith's claim.
- Health Facility A requested the status of a claim for inpatient services from April 5, 2012, through April 11, 2012, in the amount of \$890.00.

Response:

- Dean Health Plan assigned a payer claim control number of 201267565341 to Mrs. Smith's claim.
- The claim is pending.

276 Request Transmission:

The following is the 276 transmission XYZ Services sent to Dean Health Plan requesting the status of the claim described above. The **bolded** fields represent the search criteria required by Dean Health Plan.

```
ST*276*2016*005010X212~
BHT*0010*13*DHP 2016*20130215*2000~
HL*1**20*1~
NM1*PR*2*DEANCARE*****PI*391535024~
HL*2*1*21*1~
NM1*41*2*XYZ SERVICE*****46*100000999~
HL*3*2*19*1~
NM1*1P*2*HEALTH FACILITY A*****XX*123321123~
HL*4*3*22*0~
DMG*D8*19360925*F~
NM1*IL*1*SMITH*MARY*****MI*11223344501~
TRN*1*ABCXYZ2~
REF*LU*HB~
REF*6P*555666~
AMT*T3*890~
DTP*472*RD8*20120405-20120411~
SVC*HC:80076*890*****1~
REF*FJ*29675972-6P~
DTP*472*RD8*20120405-20120411~
SE*20*2016~
```

277 Response Transmission:

The following is the 277 transmission Dean Health Plan sent in response to the 276 transmission from XYZ Services regarding the claim described above.

```
ST*277*0001*005010X212~
BHT*0010*08*DHP-20130215-ABCXYZ2*20130215*2001*DG~
HL*1**20*1~
NM1*PR*2*DEANCARE*****PI*391535024~
HL*2*1*21*1~
NM1*41*2*XYZ SERVICE*****46*100000999~
HL*3*2*19*1
NM1*1P*2*HEALTH FACILITY A*****XX*123321123
HL*4*3*22*0
NM1*IL*1*SMITH*MARY*****MI*11223344501
TRN*2*ABCXYZ2
```

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STC*P1:20:1E*20130215**890
REF*1K*201267565341~
DTP*472*RD8*20120405-20120411
SVC*HC:80076*400*0****1
STC*P1:20*20130215
DTP*472*RD8*20120405-20120411
SVC*NU:0250*490*0****10~
STC*P1:20*20130215
DTP*472*RD8*20120101-20120109~
SE*21*0001

11.3 TRANSMISSION EXAMPLES

11.3.1 Acknowledgement (999) Example

Below is an example of a batch 999 acknowledgement:

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*HR*4020*005010X212~
AK2*276*3927~
IK5*A~AK9*A*1*1*1~
SE*6*0001~
GE*1*152~
IEA*1*000000154~

11.4 FREQUENTLY ASKED QUESTIONS

This section is intentionally left blank at this time.

11.5 CHANGE SUMMARY

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

Published Date	Version	Changes
No Changes at this date.		