



Electronic Health Care Eligibility Benefit Inquiry and Response (270/271) Companion Guide for 5010

HIPAA Transaction

Standard Companion Guide

Refers to the Implementation Guides

Based on ASC X12 version 005010

Disclosure Statement

Boston Medical Center HealthNet Plan and Well Sense Health Plan (jointly referred to as the “Plan”) is committed to maintaining the integrity and security of health care data in accordance with applicable laws and regulations. Disclosure of the Plan’s eligibility data is restricted under the provisions of the Privacy Act of 1974 and the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The 270/271 eligibility transaction between the Provider and the Plan is for conducting Plan business only.

The 271 response returned by the core system 270/271 application is not a guarantee of payment. Payment of benefits remains subject to all health benefit plan terms, limits, conditions, exclusions and the member’s eligibility at the time services are rendered.

Preface

This Companion Guide to the v5010 ASC X12N Implementation Guides adopted under HIPAA clarifies and specifies the data content when exchanging electronically with the 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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1 INTRODUCTION

1.1 SCOPE

This document defines the Plan's eligibility request sent from Plan-authorized Trading Partners and the corresponding response from the Plan's core system 270/271 application. To implement the HIPAA administrative simplification provisions, the 270/271 transaction set has been named under 45 CFR 162 as the Electronic Data Interchange (EDI) standard for Health Care Eligibility Benefit Inquiry/Response.

The core system 270/271 application supports the ASC X12 270/271 version 005010X279A1 and the ASC X12 999 version 005010X231A1 TR3s that are published on the following web site: <http://store.x12.org/store/>. The 270 request and the 271 response are "paired" transactions. The 270 is an inbound eligibility request whereas the 271 is an outbound eligibility response.

This Companion Guide has two purposes. The first purpose is to educate the user on how to access the core system 270/271 application. The second purpose is to educate the user on how to send eligibility requests and interpret responses, using the 270/271 formats, as they relate to the applicable Plan-required business rules and information.

1.2 OVERVIEW

The core system 270/271 application provides access to Plan beneficiary eligibility data in a real-time environment. Providers, Clearinghouses, and/or Third Party Vendors, herein referred to as "Trading Partners," may initiate a real-time 270 eligibility request to query coverage information from the Plan on patients for whom services are scheduled or have already been delivered. In real-time mode, the Trading Partner transmits a 270 request and remains connected while the receiver processes the transaction and returns a 271 response.

The core system 270/271 application is located at a secure Plan data center. To transmit data with the Plan, Trading Partners will use *HTTP MIME Multipart, SOAP+WSDL, or the HTTPS POST method*; submitters open a connection then send the 270 data as a stream--just send the X12 on the HTTPS stream. For production access, we need the external IP address(es) of your server(s) so you can get through our firewall.

Production URL:

<https://nehen.bmchp.org/BMCHPEligibilityService/EligibilityReqResp.aspx>

Trading Partners must not send User IDs and passwords within the 270 eligibility transaction.

For a real-time 270 request, the core system 270/271 application translates the incoming 270 request, performs validations, requests Plan beneficiary eligibility data from the Plan's eligibility database, creates an eligibility Response (271), and produces a Functional Acknowledgement (999).

The information included in the 271 response is not intended to provide a complete representation of all benefits, but rather to address the status of eligibility (active or inactive) and patient financial responsibility for Plan health insurance coverage. Additionally, the 271 response returned by the core system 270/271 application should not be interpreted as a guarantee of payment.

The data included in a 271 response file is to be considered true and accurate only at the particular time of the transaction. Questions regarding eligibility/benefit data for Plan health insurance coverage should be directed to the Provider Line at (888) 566-0008.

1.3 REFERENCES

The ASC X12 TR3s that detail the full requirements for these transactions are available through Washington Publishing Company (WPC) at their website: <http://store.x12.org/store/h>
To request access to the core system 270/271, please contact EDI Operations at: ITOpsSupport@bmchp-wellsense.org

1.4 ADDITIONAL INFORMATION

The Plan is committed to maintaining the integrity and security of health care data in accordance with applicable laws and regulations. Disclosure of Plan Beneficiary eligibility data is restricted under the provisions of the Privacy Act of 1974 and HIPAA.

The Plan implemented the core system 270/271 application following a real-time request/response model (single response per request). The data available in this implementation allows a provider to verify an individual's healthcare eligibility and benefits. Healthcare eligibility data is to be used only for the business of the Plan, such as preparing an accurate Plan claim, or determining eligibility for specific services. The core system 270/271 application is not a Plan claims processing or appeals system. Providers' authorized staff members are expected to use and disclose protected health information according to the CMS regulations.

1.4.1 Authorized Purposes for Requesting Eligibility Information

In conjunction with the intent to provide health care services to a member, authorized purposes include:

- Verify eligibility
- Determine payment responsibility with regard to deductible/copayment
- Verify plan benefit/product coverages

1.4.2 Note to Providers/Suppliers:

When scheduling a medical appointment for a member, remind them to bring their health insurance card(s) showing their coverage. This will not only help you determine who to bill for services rendered, but also give you the proper spelling of the member's first and last name.

It is assumed that the reader of this document is familiar with the ASC X12 270/271 version 005010X279A1 and ASC X12 999 version 005010X231 TR3s and the transaction format and content rules contained within them. This Companion Guide is intended to be a complement to the ASC X12 270/271 and 999 TR3 versions noted above and not the sole authoritative source of data.

2 GETTING STARTED

2.1 WORKING WITH THE PLAN

The Plan's EDI Operations team is available to assist with this process Monday – Friday from 8:00 AM to 5:00 PM ET at ITOpsSupport@bmchp-wellsense.org. A potential Trading Partner must contact the Plan to initiate the registration process. Please refer to Section 5 of this Companion Guide for Plan contact information.

2.2 TRADING PARTNER REGISTRATION

Entities must apply for and be granted access as an authorized Trading Partner before they will be able to utilize the core system 270/271 application. Contact ITOpsSupport@bmchp-wellsense.org for applicable registration documents.

2.3 CERTIFICATION AND TESTING OVERVIEW

Trading Partners should contact ITOpsSupport@bmchp-wellsense.org for applicable testing information. Please refer to Section 5 of this Companion Guide for Plan contact information.

3 TESTING WITH THE PAYER

Trading Partners should work with the Plan's EDI Operations team to complete basic transaction submission testing. The Plan is available to assist with new Trading Partner testing Monday – Friday from 8:00 AM to 5:00 PM ET. Please refer to Section 5 of this Companion Guide for Plan contact information.

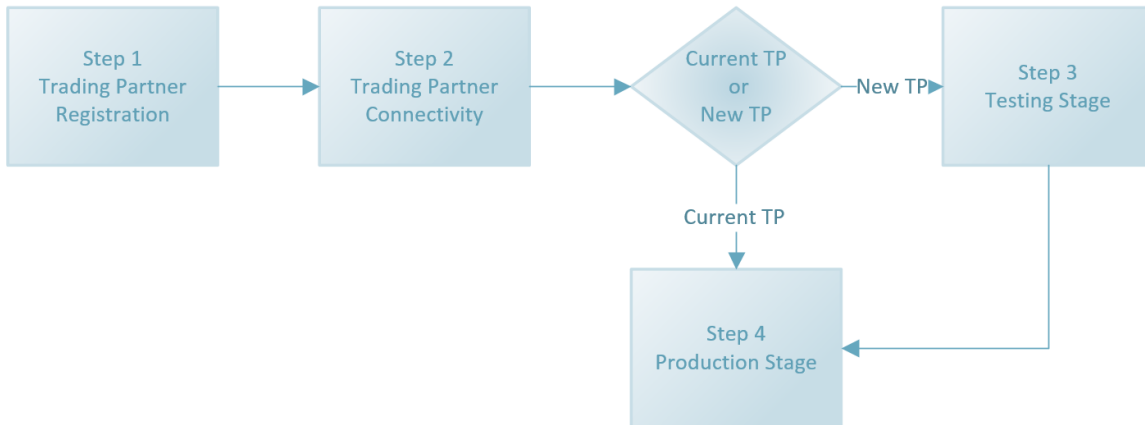
4 CONNECTIVITY WITH THE PAYER/COMMUNICATIONS

4.1 PROCESS FLOWS

4.1.1 Trading Partner Registration

To access the core system 270/271 application, potential Trading Partners must provide an external IP address to the Plan. Figure 1 illustrates the high-level process for successfully registering as a Trading Partner and submitting 270 transactions.

Figure 1 – Process for Submitting 270 Transactions



Step 1: Trading Partner Registration

Step 1: Trading Partner Registration

Complete and submit the requisite Plan Trading Partner documents. Refer to Section 2.2 of this Companion Guide for the Trading Partner registration process.

Step 2: Trading Partner Connectivity

Trading Partner should validate connectivity after the Plan grants access.

Step 3: Testing Stage

Trading Partner will verify 270/271 transaction exchange.

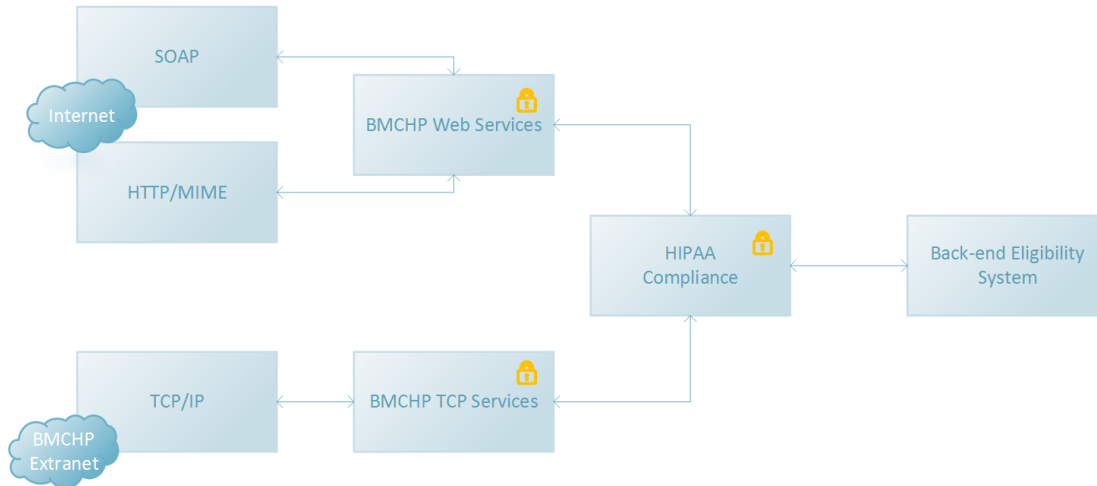
Step 4: Production Status

Once testing is complete, a Trading Partner can begin to submit 270 and receive 271 transactions in the Production environment.

4.1.2 Transaction Process

A Trading Partner may submit a 270 request to the core system 270/271 application using Transmission Control Protocol/Internet Protocol (TCP/IP), Simple Object Access Protocol (SOAP) + Web Services Description Language (WSDL) or Hypertext Transfer Protocol (HTTP)/Multipurpose Internet Mail Extensions (MIME) Multipart communication protocols. The core system 270/271 application authenticates the Trading Partner and ensures that the Trading Partner is associated with valid National Provider IDs (NPI) in the core system database. If the Trading Partner is not authorized or is not associated with valid NPIs, then an appropriate error response is returned. If the Trading Partner is authorized, then the appropriate response is returned. Figure 2 illustrates the high-level process for communicating with the core system 270/271 application. The lock icons represent system checkpoints that must be passed before eligibility information is returned on the 271 response.

Figure 2 Transaction Process



4.2 TRANSMISSION ADMINISTRATIVE PROCEDURES

4.2.1 Schedule, Availability, and Downtime Notification

The core system application is available 24 hours a day 7 days a week.

Non-routine downtime with the core system application will be communicated to the Trading Partners via email one week prior to the planned downtime.

Unplanned downtime with the core system application will be communicated to the Trading Partners via email within one hour of being aware that the system application is down. A second follow-up email will be sent alerting the Trading Partners when the core system application becomes available.

Please refer to Section 5 of this Companion Guide for Plan contact information.

4.2.2 Re-Transmission Procedure

Trading Partners may call the Plan for assistance in researching problems with their transactions. However, the Plan will not edit Trading Partner eligibility data and/or resubmit transactions for processing on behalf of a Trading Partner. The Trading Partner must correct the transaction and resubmit, following the same processes and procedures of the original file.

4.3 COMMUNICATION PROTOCOL SPECIFICATIONS

Trading Partners may connect to the core system 270/271 application via one of the following methods:

- TCP/IP
Additional information about TCP/IP connectivity is available in Section 4.3.1.
- SOAP + WSDL (“SOAP”)
- HTTP MIME Multipart (“MIME”)

Additional information about SOAP + WSDL or HTTP MIME Multipart connectivity is available in Section 4.3.2 through Section 4.3.4.

4.3.1 Web Services Connectivity via SOAP + WSDL (“SOAP”) or HTTP MIME Multipart (“MIME”)

The core system 270/271 application is located at a secure Plan data center. Trading Partners transmitting with SOAP or MIME must send the transaction to the core system 270/271 application via secure internet connection (HTTPS). Additionally, the core system 270/271 application authorizes Trading Partners based on their originating Internet Protocol (IP) address and their Plan core system 270/271 Submitter ID.

4.3.2 SOAP + WSDL (“SOAP”)

The core system 270/271 application also supports Internet transactions formatted according to SOAP standards set forth by the WSDL for Extensible Markup Language (XML) envelope formatting, submission and retrieval.

4.3.2.1 SOAP XML Schema

The XML schema definition used by the core system 270/271 application is located at: <http://www.caqh.org/sites/default/files/core/phase-ii/policy-rules/270-v5010.pdf?token=IWLC2p2cl> Section 4.2.2.1

4.3.2.2 WSDL Information

The WSDL definition used by the core system 270/271 application is located at: <http://www.caqh.org/sites/default/files/core/phase-ii/policy-rules/270-v5010.pdf?token=IWLC2p2cl> Section 4.2.2.2 - SOAP Version Requirements.

The core system 270/271 application requires that all SOAP transactions conform to SOAP Version 1.2.

4.3.2.3 Submission/Retrieval

SOAP transactions must be submitted to the core system 270/271 using the following URL:

<https://nehen.bmchp.org:4443/BMCHPCoreService/CORETransactions.svc>

The X12 payload must be embedded using the Inline method (CDATA element) for real-time SOAP transactions. For more information, refer to the W3C recommendation on SOAP messaging framework located at: <http://www.w3.org/TR/soap12-part1>

4.3.2.4 SOAP Header Requirements

The SOAP Header must include the digitally signed timestamp element. The Web Services Security Binary Security Token must be added to the SOAP Header, which is used for verification of the signature. The following link should be used as a reference when constructing the SOAP Header:

<http://www.caqh.org/sites/default/files/core/phase-ii/policy-rules/270-v5010.pdf>

4.3.2.5 SOAP Body Requirements

Only those characters referenced in the Basic and the Extended Character Sets noted in the Appendix of the ASCX12 270/271 version 005010X279A1 TR3 including 005010X279E1 are acceptable within a core system 270 inquiry. The following link should be used as a reference when constructing the SOAP Body: <http://www.w3.org/TR/soap12-part1>

Table 2 – Required Body Elements for 270 Requests Using SOAP

Element Name	Description
Payload Type	X12_270_Request_005010X279A1
Processing Mode	Real Time
Payload ID	Refer to Section 4.4.2 of the Phase II CORE 270: Connectivity Rule for structural guidelines for CORE envelope metadata.
Timestamp	Format is YYYY-MM-DDTHH:MM:SSZ. Refer to http://www.w3.org/TR/xmlschema11-2/#date Time for more information.
Sender ID	This is a user defined alphanumeric field. The value must be 10 characters in length. Recommended value is the core system 270/271 SOAP submitter ID plus trailing zeros for a total of 10 characters.
Receiver Id	043373331
CORERuleVersion	2.2.0
Payload	X12 request. This element must be digitally signed and the entire payload should be enclosed within a CDATA tag.

Table 3 – Required Body Elements for 271 Responses Using SOAP

Element Name	Description
Payload Type	X12_271_Response_005010X279A1, X12_TA1_Response_005010X231A1*, X12_999_Response_005010X231A1*
Processing Mode	Real Time
Payload ID	Refer to Section 4.4.2 of the Phase II CORE 270: Connectivity Rule for structural guidelines for CORE envelope metadata.
Timestamp	Format is YYYY-MM-DDTHH:MM:SSZ. Refer to http://www.w3.org/TR/xmlschema11-2/#date Time for more information.
Sender ID	043373331
Receiver ID	The value of this field will exactly match the Sender ID submitted in the 270 request. Refer to Table 2 for additional information on 270 request Sender ID.
CORERuleVersion	2.2.0
Payload	X12 response

* Currently not utilized.

4.3.2.6 SOAP Digital Signature

The SOAP communication protocol requires Trading Partners embed their certificate within the eligibility request and digitally sign the SOAP Body Payload and SOAP Header Timestamp using their private key. The Plan will embed its certificate in the 271 response enabling the Trading Partner to verify it came from the Plan. Trading Partners can obtain a copy of the Plan’s Certificate in advance by contacting the Plan’s provider line. Refer to the following link for details related to digital signatures relate to SOAP: <http://www.w3.org/TR/SOAP-dsig/>

4.3.2.7 SOAP Examples

Examples of a SOAP request and response can be found in Sections 4.2.2.3 and 4.2.2.4 of the

CORE Phase II Connectivity Rule at this link:

<http://www.caqh.org/sites/default/files/core/phase-ii/policy-rules/270-v5010.pdf>

4.3.3 HTTP MIME Multipart (“MIME”)

Core system will support standard MIME messages. The MIME format used must be multipart/form-data.

CAQH CORE does not specify the naming conventions as a mandate. Core system will implement the MIME body parts with the same field names as the SOAP element nodes. The response will be returned as MIME multipart/form-data, with the Payload body part containing the X12 response.

Submitters must specify appropriate MIME headers. The MIME specification is very precise, and requires that the headers and the body be constructed perfectly. The core system implementation of MIME allows for the use of the Basic and Extended Character Sets as noted in the Appendix of the ASCX12 270/271 version 005010X279A1 TR3 including 005010X279E1. Please refer to the RFC 2388 – returning values from Forms: multipart/form-data to review header and body specifications. The RFC 2388 can be found at the following link:
<http://www.faqs.org/rfcs/rfc2388.html>

4.3.3.1 Submission/Retrieval

Core system 270/271 Submitters connecting via MIME will use the following link to connect and send their 270 requests:

<https://nehen.bmchp.org:4443/BMCHPCoreService/MIMEHandler.ashx>

A MIME transaction must be constructed exactly to the multipart/form-data specifications. Refer to <http://www.faqs.org/rfcs/rfc2388.html> for more information on multipart/form header and body specifications.

4.3.3.2 HTTP MIME Multipart Header Requirements

MIME Messages will have standard HTTP header data elements, such as POST, HOST, Content-Length and Content-Type. The supported Content-Type is MIME multipart/form-data.

4.3.3.3 HTTP MIME Multipart Body Requirements

Since CAQH CORE does not specify naming conventions, core system will implement MIME with the same field names as SOAP.

Table 4 – Required Body Elements for 270 Requests Using MIME

Element Name	Description
Payload Type	X12_270_Request_005010X279A1
Processing Mode	Real Time
Payload ID	Refer to Section 4.4.2 of the Phase II CORE 270: Connectivity Rule for structural guidelines for CORE envelope metadata.

Timestamp	Format is YYYY-MM-DDTHH:MM:SSZ. Refer to http://www.w3.org/TR/xmlschema11-2/#date Time for more information.
Sender ID	This is a user defined alphanumeric field. The value must be 10 characters in length. Recommended value is the core system 270/271 SOAP submitter ID plus trailing zeros for a total of 10 characters.
Receiver Id	043373331
CORERuleVersion	2.2.0
Payload	X12 request. The X12 request must be submitted as part of the MIME request and not as an attachment. If an attachment is received, the transaction will be rejected. The request does not need to be enclosed within a CDATA tag. See Appendix A for an example of the 270 request that would appear here.

Table 5 – Required Body Elements for 271 Responses Using MIME

Element Name	Description
Payload Type	X12_271_Response_005010X279A1, X12_999_Response_005010X231A1* or X12_TA1_Response_005010X231A1*
Processing Mode	Real Time
Payload ID	Refer to Section 4.4.2 of the Phase II CORE 270: Connectivity Rule for structural guidelines for CORE envelope metadata.
Timestamp	Format is YYYY-MM-DDTHH:MM:SSZ. Refer to http://www.w3.org/TR/xmlschema11-2/#date Time for more information.
Sender ID	043373331
Receiver ID	This value of this field will exactly match the Sender ID submitted in the 270 request. Refer to Table 4 for additional information on 270 request Sender ID.
CORERuleVersion	2.2.0
Payload	X12 response

* Currently not utilized.

4.3.3.4 HTTP MIME Multipart Examples

Examples of a MIME request and response can be found in Sections 4.2.1.1 and 4.2.1.2 of the CORE Phase II Connectivity Rule at this link:

<http://www.caqh.org/sites/default/files/core/phase-ii/policy-rules/270-v5010.pdf>

4.4 PASSWORDS

The core system 270/271 application is located at a secure Plan data center. Trading Partners transmitting with MIME must obtain a user name and password to send transactions to the core system 270/271 application via a secure internet connection (HTTPS).

All Trading Partners must assume full responsibility for the privacy and security of all member eligibility data. CONTACT INFORMATION: ITOpsSupport@bmchp-wellsense.org

5 CONTACT INFORMATION

5.1 EDI CUSTOMER SERVICE

ITOpsSupport@bmchp-wellsense.org

5.2 EDI TECHNICAL ASSISTANCE

ITOpsSupport@bmchp-wellsense.org

5.3 PROVIDER SERVICE NUMBER

Provider Line - (888) 566-0008

5.4 APPLICABLE WEBSITES/E-MAIL

www.bmchp.org

www.wellsense.org

Email: ITOpsSupport@bmchp-wellsense.org

6 CONTROL SEGMENTS/ENVELOPES

The following sections describe the core system 270/271 transaction requirements to be used in conjunction with the requirements outlined in the ASC X12 270/271 version 005010X279A1 TR3. Adhering to these requirements will help to ensure that transactions received by the core system 270/271 application will pass the specified business edits.

All references to the ASC X12 270/271 version 005010X279A1 TR3 assume the version referenced in Section 1.1 of this Companion Guide.

6.1 INTERCHANGE CONTROL STRUCTURE (ISA/IEA)

Table 6 describes the values specifically required by the core system 270/271 application within the ISA Header of the 270 request. The core system 270/271 application does not expect any custom values for the IEA segment within the 270 request. Please follow the rules as specified by the ASC X12 270/271 version 005010X279A1 TR3.

Table 6 – 270 ISA Segment Rules

Reference	Name	X12	Notes/Comments
ISA	Interchange Control Header		
ISA01	Authorization Information Qualifier	00	The core system always expects "00".
ISA03	Security Information Qualifier	00	The core system always expects "00".

Reference	Name	X12	Notes/Comments
ISA05	Interchange ID Qualifier	ZZ	The core system always expects "ZZ".
ISA06	Interchange Sender ID		The core system always expects the Trading Partner Submitter ID assigned by CMS.
ISA07	Interchange ID Qualifier	ZZ	The core system always expects "ZZ".

ISA08	Interchange Receiver ID		043373331
ISA14	Acknowledgment Requested	0,1	The core system will not return the TA1 acknowledgement receipt of a real time transaction even if acknowledgment is requested.

6.2 FUNCTIONAL GROUP STRUCTURE (GS/GE)

Table 7 describes the values specifically required by the core system 270/271 application within the GS Header of the 270 request. The core system 270/271 application does not expect any custom values for the GE segment within the 270 request.

Please follow the rules as specified by the ASC X12 270/271 version 005010X279A1 TR3 for all elements not included in Table 7.

Table 7 – 270 GS Segment Rules

Reference	Name	X12	Notes/Comments
GS	Functional Group Header		
GS02	Application Sender’s Code		The core system always expects the Trading Partner Submitter ID assigned by the Plan.
GS03	Application Receiver’s Code		043373331

6.3 TRANSACTION SET HEADER/TRAILER (ST/SE)

The core system 270/271 application does not expect any custom values for the ST/SE segments within the 270 request. Please follow the rules as specified by the ASC X12 270/271 version 005010X279A1 TR3.

7 PAYER SPECIFIC BUSINESS RULES AND LIMITATIONS

Reference Appendix B

8 ACKNOWLEDGEMENTS ERROR CODES AND/OR REPORTS

Only one response will be sent for each 270 request that is submitted – a 999 and a 271. There are no Plan reports regarding the 270/271 transactions available to Trading Partners.

8.1 REPORT INVENTORY

8.1.1 TA1

Reserved for future use

8.1.2 999

Reserved for future use

8.1.3 271

Reserved for future use

Table 11 – AAA Error Codes

Initial Eligibility Inquiry Response DESCRIPTIONS	AAA Code
An Inquiry results in a valid response on the 1st pass	None
Invalid/Missing Date of Birth	58
Invalid/Missing Patient ID	64
Invalid/Missing Patient Name	65
Invalid/Missing Patient Gender Code	66
Patient Not Found	67
Duplicate Patient ID Number	68
Pt Birth Date Does Not Match Patient DOB in Database	71
Invalid/Missing Subscriber/Insured ID	72
Invalid/Missing Subscriber/Insured Name	73
Invalid/Missing Subscriber/Insured Gender Code	74
Subscriber/Insured Not Found	75
Duplicate Subscriber/Insured ID Number	76
Subscriber Found, Patient Not Found	77
Subscriber/Insured Not in Group/Plan Identified	78

8.2 COMMON ERROR PROCESSING FOR SOAP+WSDL and HTTP MIME/Multipart

The core system 270/271 application will process SOAP and MIME transactions and return errors as described in this section.

8.2.1 HTTP Status and Error Codes

The processing and error codes for the HTTP layer are defined as part of the HTTP specifications: <http://www.w3.org/Protocols/rfc2616/rfc2616-sec10.html>. The intended use of these status and error codes in processing transactions is specified in Table 4.3.3.1 of the Phase II CORE 270: Connectivity Rule. This document is located at: <http://www.cagh.org/pdf/CLEAN5010/270-v5010.pdf>.

8.2.2 Envelope Processing Status and Error Codes

Table 14 describes envelope processing status and error codes specific to the core system 270/271 application for SOAP and MIME transactions.

Table 14 – Envelope Processing Status and Errors

Error Code	Error Message
<FieldName>Illegal	Illegal value provided for <FieldName>.
<FieldName>Required	The field <FieldName> is required but was not provided.
Version Mismatch	The version of the envelope sent is not acceptable to the receiver.
Invalid Payload	Payload is invalid or does not start with ISA.

Success	Envelope was processed successfully.
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8.2.3 SOAP-Specific Processing Errors

Table 15 – SOAP-Specific Processing Error Examples

Error Code	Error Message
nonconforming.content	No signature in message!
nonconforming.content	No signature in the WS-Security message for the configured SOAP
nonconforming.content	Unsupported or unrecognized Signature signer format in the message
nonconforming.content	*Certificate not found*
nonconforming.content	Illegal value provided for Processing Mode
nonconforming.content	Found <Fieldname value> (in default namespace), but next item should be
env:Client	There was an error in the incoming SOAP request
env:Client	Processing Mode cannot be empty. Value expected is Real Time

8.2.4 MIME-Specific Processing Errors

Table 16 – MIME-Specific Processing Error Examples

Error Code	Error Message
nonconforming.content	Processing Mode value <Field Value> is not a valid instance of type Realized
env:Client	Processing Mode of type RealTimeMode may not be empty

8.2.5 SOAP and MIME Transaction Error Processing

Transaction processing errors, described in [Sections 8.1](#) through [8.4](#) of this Companion Guide, will be returned as a SOAP message or MIME Multipart/form-data containing the related response. Refer to those sections for additional information.

9 TRADING PARTNER AGREEMENTS

This section contains general information concerning Trading Partner Agreements (TPA).

9.1 TRADING PARTNERS

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

Refer to [Section 2.2](#) of this Companion Guide for information regarding registering as a Trading Partner.

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 tables contain a row for each segment that the Plan has something additional, over and above, the information in the IGs. That information can:

- Limit the repeat of loops or segments
- Limit the length of a simple data element
- Specify a sub-set of the IG’s internal code listings
- Clarify the use of loops, segments, composite and simple data elements
- Any other information tied directly to a loop, segment, composite or simple data element pertinent to trading electronically with the Plan

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

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
193	2100C	NM1	Subscriber Name			This type of row always exists to indicate that a new segment has begun. It is always shaded at 10% and notes or comment about the segment itself goes in this cell.
195	2100C	NM109	Subscriber Primary Identifier		15	This type of row exists to limit the length of the specified data element.
196	2100C	REF	Subscriber Additional Identification			
			Plan Network Identification Number	N6		This type of row exists when a note for a particular code value is required. For example, this note may say that value N6 is the default. Not populating the first 3 columns makes it clear that the code value belongs to the row immediately above it

218	2110C	EB	Subscriber Eligibility or Benefit Information			
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Appendix A Implementation Checklist

- Contact the Plan’s EDI Operations Support team at ITOpsSupport@bmchp-wellsense.org to register as a Trading Partner
- Establish connectivity
- Perform test transaction
- Approval for production

Appendix B Business Scenarios

Business Scenario: The following information identifies the information source, information receiver, subscriber, and dependent used in the transmission samples.

Payer (Information Source)	BMCHP 04337331
Provider (Information Receiver)	Bone and Joint Clinic Provider Service Provider Number: BMCHP00002 Facility Network Identification Number: 234000 Address: 39 Dalton Street, Boston, MA 02199 Communication Contact Name Billing Department Phone Number 617-555-1212 Extension 2805 FAX 617-555-1213
Individual Physician	Arthur Itis, MD Service Provider Number: 1234567890 Provider Plan Network Identification Number 129 Communication Contact Name: Charley Horse Phone Number 617-555-1212, Extension 3694 FAX 617-555-1214
Service Information	DOS: 06/30/2016 Billing Date: 07/15/2016
Subscriber	Jack Tripper - Subscriber Member Identification Number – not used Group or Policy Number 599119

Dependent/Patient

Jacques Tripper - Dependent (Patient)
 Member Identification Number – 111223303
 Social Security Number 003221234

Appendix C Transmission Examples

This is an example of an eligibility request from health care provider to a payer. The physician is inquiring if the patient (the dependent) has visit coverage

This Data String example is presented with a carriage return after every segment for easy viewing.

```

ST*270*1234*005010x279~
BHT*0022*13*10001234*20101115*1319~
HL*1**20*1~
NM1*PR*2*BMCHP*****46*04337331~
HL*2*1*21*1~
NM1*1P*1*ITIS*ARTHUR*MD***XX*1234567890~
REF*N7*234899~
N3*39 DALTON STREET~
N4*BOSTON*MA*02199~
PER*IC*CHARLEY HORSE*TE*6175551212*EX*2805*FX*6175551213~
HL*3*2*22*1~
NM1*IL*1*TRIPPER*JACK*T***MI*111223303~
REF*1L*599119~
N3*29 JETPORT ROAD~
N4*CAMBRIDGE*MA*02138~
DMG*D8*19510519*M~
DTP*291*D8*20160630~
HL*4*3*23*0~
TRN*1*93175-012547*9877281234*RADIOLOGY~
NM1*03*1*TRIPPER*JACQUES~
REF*SY*003221234~
DMG*D8*20061014*F~
DTP*291*D8*20160630~
EQ*30**FAM~
SE*25*1234~
    
```

Appendix D Frequently Asked Questions

Q: What is the minimum information I can submit in the 270 to get a 271?

A: Member name, Date of Birth, and Gender OR Subscriber ID.

Q: Is there any cascading logic for the search information, or do I have to supply exact matches?

A: Whatever information you send in the 270 will be used to match a member in our system. If you send additional information beyond the minimum elements listed above, all the data you send must match our system exactly or we return AAA segments. For example, if you send “East Falmouth” as the city, but our system indicates “E. Falmouth,” we will not be able to match the subscriber even if all the other information you sent matches. We therefore recommend that you send as little information as possible to make sure you get the subscriber eligibility data you desire.

Q: What Member IDs can I submit?

A: A BMCHP B-ID (for MassHealth members), a BMCHP C-ID (for BMCHP Commonwealth Choice members and MassHealth QHP members), a Well Sense NH-ID or the SSN (for Well Sense members). The B-ID or C-ID will be returned in the 271. We cannot process the MassHealth or New Hampshire DHHS ID (12 digits) at this time.

If you send the SSN, it must be in the REF segment of Loop 2100C:

```
HL*3*2*22*0~  
TRN*1*21511469*99COMPANY007~  
NM1*IL*1*C*J~  
REF*SY*000000000~  
DMG*D8*19750000*F~  
DTP*291*D8*20120517~
```

Q: How far back can you go for the eligibility date?

A: Our websites (<http://www.bmchp.org/> or www.wellsense.org) are limited to queries 13 months from the current date, but our real-time service has no backwards limit. Requests for eligibility/product information for dates older than 13 months are not guaranteed for accuracy for MassHealth, QHP, or New Hampshire DHHS members, as government agencies reserve the right to make retroactive eligibility changes without keeping managed care organizations up-to-date on a timely schedule.

Q: Are date ranges supported?

A: You can submit a date range, but we recommend against it because the eligibility results may not be accurate throughout the submitted date range. This is due primarily to frequent eligibility changes seen for MassHealth, QHP and NH DHHS members, as discussed above.

Q: Should I use the subscriber or the dependent loops?

A: For accurate responses, the eligibility information (including the service date) you are inquiring about should be in Loop 2110C (Subscriber Eligibility or Benefit Inquiry Information):

```
DTP*307*D8*20090522
```

If you're looking for eligibility information for our Commonwealth Choice subscribers/members, you should include the HJ (Identity Card Number) qualifier in the REF segment of Loop 2100C and submit the full 11-digit ID (the 9-digit identifier plus the two digit members suffix).

For example, to find information about the subscriber with ID C000000##, you would submit:

```
NM1*IL*1*****MI*C000000##~
REF*HJ*C000000##00~
```

To find information about one of the members associated with that subscriber, you would submit:

```
NM1*IL*1*****MI*C000000##~
REF*HJ*C000000##01~
```

Q: Are there any other 270 formatting specifics you require?

A: The NM1 segment of Loop 2100A (Information Source Name) MUST have a PI or an FI in NM108, and TRN03 must begin with 1 (if Tax ID), 3 (if DUNS), or 9 (if user assigned).

Q: How do I connect to your servers?

A: We use the HTTPS POST method; submitters open a connection then send the 270 data as a stream-- just send the X12 on the HTTPS stream. For production access we need the external IP address(es) of your server(s) so you can get through our firewall.

Production URL:

<https://nehen.bmchp.org/BMCHPEligibilityService/EligibilityReqResp.aspx>

Q: What is the expected response time?

A: 1-1.5 seconds

Q: Why am I getting bad responses for a member I know is eligible?

A: The current version of our base transaction system may return "ineligible" results for a member whose membership is terminated in one health plan but active in another. To avoid this, we recommend that you *not* send the member ID, but instead send the member name, DOB and gender, *and* include a BMCHP Group ID as additional info. This combination should get you the member ID from the new plan (as well as the other info you expect) in the 271 response.

If you still do not get a good response, the issue may be that the name or other demographic information does not match, or you may have to change the group ID back to the original group to see if you get a valid response.

Below is a sample 270:

```
ISA*00*          *00*  *ZZ*SenderID *ZZ*ReceiverID
*MMDDYY*0011*^*00501*000000031*0*P*.:~
GS*HS*SenderID*ReceiverID*YYYYMMDD*0011*1*X*005010X279A1~
ST*270*1234*005010X279A1~
```

BHT*0022*13*016772598*YYYYMMDD*001125~
 HL*1**20*1~
 NM1*PR*2*HEALTHNET*****PI*ReceiverID~
 HL*2*1*21*1~
 NM1*1P*2*BMC*****XX*1487655064~
 HL*3*2*22*0~
 TRN*1*016772598*900000002R~
 NM1*IL*1*LASTNAME*FIRSTNAME~
 REF*6P*G0000000~
 DMG*D8*YYYYMMDD*X~
 DTP*291*D8*YYYYMMDD~
 EQ*30~
 SE*12*1234~
 GE*1*1~
 IEA*1*000000031~

Note that the member ID is not sent; just the name is sent. Also note the Group ID in the REF*6P* segment of the 2100C loop, and the birthdate and gender (an X in this case) in 2100C as well (DMG*D8*).

The group we believe is mostly affected by this is that G0000000 (MassHealth's QHP group). The other groups you may want to use are BMCHP001, which is our MassHealth group, and NH000001 for Well Sense members.

Q: What should I use for ISA values?

- A: ISA05: ZZ
- ISA06: Your Tax ID, your NEHEN ID, or whatever works for your tracking.
- ISA07: ZZ
- ISA08: NEHEN043 (if you are a NEHEN user) or 043373331 (if you don't use NEHEN)

For more information about BMC HealthNet Plan's 270/271 process, please contact EDI/I.T. Operations Support at: ITOpsSupport@bmchp-wellsense.org

Appendix E Change Summary

This is the initial version of the Eligibility Companion Guide, and this section will identify any additions or changes going forward.