COMMUNITY HEALTH CHOICE

Transaction Companion Guide

HIPAA Standard

Health Care Eligibility Benefit Inquiry and Response

270/271

ASC X12N 270/271
Refers to the Implementation Guides
Based on X12 Version 005010
January 1, 2012 Errata

Revision	Revision Date	Revision Notes
Initial Create	07/01/2011	Initial Create

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SECTION 1. INTRODUCTION

1.1 Purpose

The purpose of this Companion Guide is to assist Community Health Choice, Inc. ("CHC") contracted providers meet the requirements of the National Electronic Data Interchange Transaction Set Implementation Guide, issued as a technical guide to comply with the requirements Electronic Data Interchange ("EDI") requirements of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). CHC has updated its data sets for EDI files utilizing the ASC X12 nomenclature.

This Companion Guide is designed to provide CHC contracted providers who submit health care claims and/or encounters with the specified data sets CHC and its contracted clearinghouses require per HIPAA transaction. This Companion Guide covers the 270/271, file format. Using the data sets specified in this Companion Guide will assist CHC and its contracted clearinghouse to process provider claims and encounters more efficiently and accurately.

1.2 Contact Information

If a CHC contracted provider has technical problems, CHC recommends that the provider contact the clearinghouse. The following is contact information for the clearinghouse:

Clearinghouse	Phone Number	CHC Payer ID
THIN	1-972-766-5480	48145

If CHC contracted providers require technical assistance from CHC, providers may contact CHC Provider Relations, 713-566-6995 or 1-888-760-2600, email: providerrelations@communityhealthchoice.org. Technical assistance is available from 8:00 a.m. to 5:00 p.m.

1.3 Privacy and Security Statement

The HIPAA Privacy Regulation became effective April 14, 2003, and the compliance date for the Security Regulation is April 21, 2005. Covered entities must implement and coordinate the Privacy and Security Rules into their standard business practices and coordinate them with the electronic transmission of protected health information. CHC has trained all staff in the proper use and protection of protected health information and developed a set of administrative policies and procedures to support that effort.

One of the requirements of the HIPAA Privacy Rule is for covered entities to issue a Privacy Notice. The Health and Human Services Commission mailed to each Medicaid recipient a HIPAA Privacy Notice in March, 2003. The Notice can be viewed or downloaded from the State's claims administrator's web site. CHC issued its own Notice of Privacy Practices in April, 2003, and the Notice can be viewed on CHC's Website at www.communityhealthchoice.org.

SECTION 2. 270/271 HEALTH CARE ELIGIBILITY BENEFIT INQUIRY AND RESPONSE

The 270 format is used when requesting benefit information, eligibility and coverage. This file is sent to CHC for processing. Once the request is processed a response will be sent from CHC and received by the provider in the 271 format with the benefit information, eligibility and coverage information requested if available.

Form	Loop ID	Element ID	Data Value	Description
Control Segments				
Interchange Control Header				
270		ISA05	ZZ	
270		ISA06		This is the Submitter ID that is specific to the submitter of the request. This ID is assigned to the submitter by CHC.
271		ISA06		This is the CHC ID used for recognition
270		ISA07	ZZ	
270		ISA08		This is the CHC ID used for recognition
271		ISA08		This is the Submitter ID that is specific to the submitter of the request. This ID is assigned to the submitter by CHC.
270		GS02		Must be populated with electronic transmitter ID
270		GS08	005010X092A1	Version, release and industry identifier code.
Header				
Detail, Subscriber Level				
Subscriber Name				
Subscriber Name				
270/271	2100C	NM103		CHC will only read the first 25 characters of the subscriber's last name from 270 2100C NM103
270	2100C	NM104		NHIC will only read the first 15 characters of the subscriber's first name.
270/271	2100C	NM109		CHC will read only the first 9 character of the member identification number from the 270 2100C NM109

GLOSSARY

ANSI X12 276/277 v5010	HIPAA standardized ANSI X12 format for claims status inquiry request and response data.
ANSI X12 278 v5010	HIPAA standardized ANSI X12 transaction format for health care service review.
ANSI X12 835 v5010	HIPAA standardized ANSI X12 transaction format for finalized electronic remittance and status reports.
ANSI X12 837-D v5010	HIPAA standardized ANSI X12 transaction format for dental claims.
ANSI X12 837-I v5010	HIPAA standardized ANSI X12 transaction format for institutional claims.
ANSI X12 837-P v5010	HIPAA standardized ANSI X12 transaction format for professional claims.
Client	Person receiving the services.
CMS	Claim Management System for processing long-term care claims and data.
Compass 21	Medicaid claim processing system for Texas.
CSHCN	**C**hildren with **S**pecial **H**ealth **C**are **N**eeds.
Data Element	Corresponds to a field in data processing terminology. Assigned unique reference number. Each element has a name, description, type, minimum length and maximum length. The length of an element is the number of character positions used, except as noted for numeric, decimal and binary elements. Data element types are: Nn Numeric (with an assumed number of decimal positions) R Decimal Real Number (including decimal or negative sign) ID Identifier AN Alphanumeric string DT Date TM Time
Data Segment	Corresponds to a record in data processing terminology. Consists of logically related data elements in a defined sequence (defined by X12). Each segment begins with a segment identifier, which is not a data element and one or more related data elements, which are preceded by a data element separator. Each segment ends with a segment terminator.
DED Name	This is the name of segment.
Delimiter	A character used to separate two data elements (or sub-elements) or to end a segment. They are specified in the interchange header segment (ISA). Once specified in the ISA, they should not be used in the data elsewhere other than as a separator or terminator.
ECMS	Electronic Commerce Management System
EDI	An acronym for Electronic Data Interchange.
Electronic Data Interchange	The application-to-application transfer of key business information transacted in a standard format using a computer-to-computer communications link. There are typically 6 components used in order to do EDI. They are: an EDI file, a trading partner, an application file/form, translator (mapper), communications and value added network or value-added service provider.
Element ID	Reference number for a data element see above

Implementation Guides	Documents that provide standardized data requirements and content as the specifications for consistent implementation of a standard transaction set. The Washington Publishing Company publishes HIPAA Implementation Guides on their web site: www.wpc-edi.com.
Interface	The point at which two systems connect to pass data.
Loop ID	A number identifying a group of related segments.
NHIC	National Heritage Insurance Company, a subsidiary of Electronic Data Systems (EDS) contracted by the Texas Department of Health to administer, process, and report Texas Medicaid claims and claim/encounter data.
Procedure Code	Code indicating the service rendered to the patient.
Routing	Separation of data based on specific criteria for subsequent transfer to an internal or external system.
Submitter	Identity which uploads the file electronically or sends the file on paper.
Subscriber	Person who holds the insurance policy. For Medicaid the patient is the subscriber.
Trading Partners	Entities that exchange electronic data files. Agreements are sometimes made between the partners to define the parameters of the data exchange and simplify the implementation process.
Translation Software	Commercial computer software that with input instructions converts a standard format to an application format or an application format to a standard format. Most translation software products also compliance check standard format files and automatically create interchange/functional acknowledgements to identify receipt and translation status of a file. Some products also offer translation capability from any format to any format.
X12 Transaction Set	A transaction set is considered one business document which is composed of a transaction set header control segment, one or more data segments, and a transaction set trailer control segment.
X12N	An Accredited Standards Committee (ASC) commissioned by the American National Standards Institute (ANSI) to develop standards for Electronic Data Interchange (EDI). While X12 indicates EDI, the N identifies the Insurance.

The information in this Companion Guide may be subject to change. Community Health Choice, Inc. will communicate any significant changes to its contracted providers and update the Companion Guides placed on its Website. If you have any questions, please contact Provider Relations at 713-566-6995 or 1-888-760-2600, email providerrelations@communityhealthchoice.org.