

# **PRESBYTERIAN HEALTH PLAN**

## **EDI COMPANION GUIDE**

(Refers to the Implementation Guides based on ASC X12 270/271 Version (005010X279A1)

Real-Time Health Care Eligibility Benefit Inquiry and Response (**270/271**)

**Disclosure Statement:**

This Companion Guide contains the requirements for Presbyterian Health Plan Trading Partners in exchanging the 270/271 Health Care Real-Time Eligibility Benefit Inquiry and Response. This is used in conjunction with the ASC X12 270/271 Version 005010X279A1 of HIPAA Technical Report Type 3.

Any updates to this document, if needed, will be incorporated and published as a newer version at <https://www.phs.org/EDI>.

**Preface:**

270/271 Real-Time Eligibility allows Trading Partners to request and receive patient eligibility information in real time from Presbyterian Health Plan. Presbyterian will return a 271 Response to the Trading Partners 270 Request to determine the Patient's eligibility status. Benefit Inquiry and Response, both Batch and Real-Time, are mandated by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) that supplements Technical Report Type 3 (TR3) of 5010.

This Companion Document, along with ASC X12 270/271 Version 005010X279A1 Implementation Guides, clarifies and specifies the data content when exchanging electronically with Presbyterian Health Plan. Transmissions based on these documents are compliant with the Version 5010 ASC X12 syntax requirements and are intended to convey information that is within the framework of the ASC X12N Implementation Guides 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

### SCOPE

This Companion Guide has been prepared for Presbyterian Health Plan Trading Partners who are submitting the 270/271 Health Care Eligibility Benefit Inquiry and Response in Real-Time. It provides all necessary information regarding Real-Time 270 eligibility requests to Presbyterian Health Plan. It can be used to clarify and get relevant information about transactions and operating rules.

### OVERVIEW

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires that all health insurance payers in the United States comply with the EDI standards as established by the Secretary of Health and Human Services (HHS). This guide is meant to be used in conjunction with the Health Care Eligibility Benefit Inquiry and Response (270/271) instructions established by the ASC X12 Standards for EDI.

#### **This Companion Guide covers the following topics:**

- Connection and Real-Time Exchange of Data
- 270/271 Health Care Eligibility Benefit Inquiry and Response Configuration Details
- Request Testing and Validation
- Production 270/271 Requests and Updates
- Reporting and Responses
- Support

Please refer to the full ASC X12 005010X279A1 guide for the full collection of industry standard details for a 270/271 eligibility Request and Response.

<http://www.x12.org>

## 2. SUPPORT CONTACT INFORMATION

For all technical and support related questions concerning data exchange, existing partners may contact the Presbyterian Health Plan EDI Team via email at [edi@phs.org](mailto:edi@phs.org).

## 3. TESTING WITH PRESBYTERIAN HEALTH PLAN

### Testing Process

Following is the process to perform testing with Presbyterian Health Plan:

1. Ensure all appropriate agreements and required details are established with Presbyterian Health Plan and your Organization for configuration of an API connection and exchange of data.
2. Configure your 270 Requests based on this Companion Guide and the X12 270/271 Standards.
3. Submit the established 270 Eligibility Testing Cases to Presbyterian Health Plan.
4. PHP related Business Teams will review the exchanged 270 Request to validate a successful data load. If it is rejected during testing, the trading partner will be contacted and asked to correct the request and resubmit.
5. 271 Responses will be sent back to the originating submitter for accepted 270 Real-Time requests within 10 seconds.
6. Once both parties approve production readiness, real time eligibility API in production will be implemented.

#### 4. REAL TIME CONNECTIVITY/COMMUNICATIONS WITH PRESBYTERIAN HEALTH PLAN

##### REQUIREMENTS

1. API- An API is provided for authorized customers, clients, and partners to be able to send a standard 270 X12 benefit eligibility lookup request and receive a 271 X12 response.
2. SOAP/REST Service - The API is provided as a SOAP or REST service, both request and response messages are sent and received in either XML or JSON format.

Field descriptions:

Field	Type	Requirement	Description
<u>PayloadType</u>	String	Required	X12_270_Request_005010X279A1
<u>ProcessingMode</u>	String	Required	RealTime
<u>PayloadID</u>	String	Required	Unique message identifier.
<u>TimeStamp</u>	String	Required	Date/Time of request - Format - “ <u>yyyy-MM-dd HH:mm:ss</u> ”
<u>SenderID</u>	String	Required	Partner’s unique identifier.
<u>ReceiverID</u>	String	Required	PRESBYTERIANHP
Payload	String	Required	270 X12 message

##### PROCESS FLOW

1. Trading Partner submits a 270 Request to Presbyterian Health Plan.
2. Submitted eligibility data is processed through PHS eligibility system and if accepted, a 271 Response is returned in less than 10 seconds.

##### SYSTEM MAINTENANCE

In the case maintenance is required, Presbyterian Health Plan will notify Trading Partners via email of scheduled system downtime.

## 5. CONTROL SEGMENTS/ENVELOPES

### General Notes

- Leading spaces must be omitted.
- Trailing spaces must be omitted unless necessary to fulfill a minimum field length.
- The 270 Request must be formatted to a record length of 80 bytes wrapped.
- The 271 Response will be sent in an 80-byte wrapped format.
- Search Criteria used includes one of the following:
  - Medicaid ID
  - Medicare ID
  - Social Security Number
  - Member ID

### Additional Details

PHP supports what the CAQH CORE has defined as specific rules regarding Name Normalization, which pertains to normalizing the last name. The rules for Name Normalization are:

- Converting all letters to upper case
- The removal of titles/prefixes/suffixes
- The removal of 16 special characters: ! ' & ' ( ) \* + , - . / : ; ? =
- The removal of character strings (prefixes/suffixes) when they are preceded by a space, comma, or forward slash: JR, SR, I, II, III, IV, V, RN, MD, MR, MS, DR, MRS, PHD, REV, ES

The 270/271 Request and Response are expected to follow the standard values for the ISA-IEA, GS-GE, and ST-SE control segment values. All other standard EDI segments specific to the transaction should be used as per X12 ASC 5010 Guide.

### Control Segment Hierarchy

ISA - Interchange Control Header segment  
 GS - Functional Group Header segment  
   ST - Transaction Set Header segment  
     **First 270 Transaction**  
       SE - Transaction Set Trailer segment  
       ST - Transaction Set Header segment  
         **Second 270 Transaction**  
           SE - Transaction Set Trailer segment  
           ST - Transaction Set Header segment  
             **Third 270 Transaction**  
               SE - Transaction Set Trailer segment  
 GE - Functional Group Trailer segment  
 IEA - Interchange Control Trailer segment

## Delimiters

The following delimiters should be used when a 270 transaction is submitted.

LOCATION	CHAR	TYPE
Segment Terminator	~	Tilde
Data Element Separator	*	Asterisk
Component Element Separator	:	Colon
Value Type - Value	;	Semi-Colon
Repetition Separator	^	Carat

## 6. TRANSACTION SPECIFIC INFORMATION

Presbyterian has created the following grid to assist in the design of the specific segments and values accepted by our organization. This table includes only those fields that Presbyterian has a specific value set or provides additional guidance on the value sent.

Loop ID	Reference	Name	Field Requirement	Notes/Comments
<b>Header</b>	<b>ISA</b>	<b>Interchange Control Header</b>		<b>Details</b>
Header	ISA01	Authorization Information Qualifier	00	
Header	ISA03	Security Information Qualifier	00	
Header	ISA05	Interchange Information Qualifier	ZZ	
Header	ISA06	Interchange Sender ID		Trading Partner ID
Header	ISA07	Interchange Information Qualifier	ZZ	
Header	ISA08	Interchange Receiver ID	PRESBYTERIANHP	Receiver ID
Header	ISA11	Repetition Separator	^	
Header	ISA16	Component Element Separator	:	
<b>Header</b>	<b>GS</b>	<b>Functional Group Header</b>		<b>Details</b>
Header	GS02	Application Sender Code	Trading Partner ID	Same as ISA06
Header	GS03	Application Receiver's Code	PRESBYTERIANHP	Same as ISA08
Header	GS08	Implementation Guide Version Name		005010X279A1

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Loop ID	Reference	Name	Field Requirement	Notes/Comments
<b>Header</b>	<b>ST</b>	<b>Transaction Set Header</b>		<b>Details</b>
Header	ST01	Transaction Set Identifier Code	270	
Header	ST02	Transaction Set Control Number	EX: 0001	SE02 must match
Header	ST03	Implementation Guide Version Name	005010X279A1	
<b>Header</b>	<b>BHT</b>	<b>Beginning of Hierarchical Transaction</b>		<b>Details</b>
Header	BHT01	Hierarchical Structure Code	0022	
Header	BHT02	Transaction Set Purpose Code	13	Request
Header	BHT03	Submitter Transaction Identifier		Payer ID
Header	BHT04	Request Received Date		Date in CCYYMMDD format
Header	BHT05	Request Received Time		Time in HHMMSS format
<b>2000A</b>	<b>HL</b>	<b>Information Source Level Loop</b>		
2000A	HL01	Hierarchical ID Number		Information Source
2000A	HL03	Hierarchical Level Code	20	Information Source
<b>2100A</b>	<b>NM1</b>	<b>Information Source Name</b>		<b>Details</b>
2100A	NM101	Entity Identifier Code	PR	PR=Payer
2100A	NM102	Entity Type Qualifier	1 or 2	1= Person 2= Non-Person Entity
2100A	NM103	Information Source Last or Organization Name	Trading Partner	
2100A	NM108	Identification Code Qualifier	PI	Payer Identification
2100A	NM109	Identification Code		Trading Partner Payer ID
<b>2000B</b>	<b>HL</b>	<b>Information Receiver Level Loop</b>		<b>Details</b>
2000B	HL03	Hierarchical Level Code	21	Information Receiver
<b>2100B</b>	<b>NM1</b>	<b>Information Receiver Name</b>		<b>Details</b>
2100B	NM101	Entity Identifier Code	PR	Payer
2100B	NM102	Entity Type Qualifier	1 or 2	1= Person 2= Non-Person Entity
2100B	NM103	Information Receiver Last or Organization Name	Presbyterian Health Plan	
2100B	NM108	Identification Code Qualifier	PI	
2100B	NM109	Identification Code	PRESBYTERIANHP	
<b>2000C</b>	<b>HL</b>	<b>Subscriber Level Loop</b>		<b>Details</b>
2000C	HL03	Hierarchical Level Code	22	Subscriber
<b>2100C</b>	<b>NM1</b>	<b>Subscriber Name Loop</b>		<b>Details</b>
2100C	NM101	Entity Identifier Code	IL	Subscriber/Patient Information
2100C	NM102	Entity Type Qualifier	1	Person
2100C	NM103	Subscriber Last Name		
2100C	NM108	Identification Code Qualifier	MI	



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Loop ID	Reference	Name	Field Requirement	Notes/Comments
2100C	NM109	Subscriber Primary Identifier		Medicare ID, Medicaid ID, Social Security Number, or Member ID
<b>2100C</b>	<b>DMG</b>	<b>Subscriber Demographic Information</b>		<b>Details</b>
2100C	DMG01	Date Time Period Format Qualifier	D8	
2100C	DMG02	Date of Birth	CCYYMMDD	Subscriber's Birth Date
<b>2110C</b>	<b>EQ</b>	<b>Eligibility or Benefit Information</b>		<b>Details</b>
2110C	EQ01	Eligibility or Benefit Information	30	Coverage Status Code
<b>2000D</b>	<b>HL</b>	<b>Dependent Level Loop</b>		<b>Details</b>
2000D	HL03	Hierarchical Level Code	23	Dependent
<b>2100D</b>	<b>NM1</b>	<b>Dependent Name Loop</b>		<b>Details</b>
2100D	NM101	Entity Identifier Code	03	Dependent
2100D	NM102	Entity Type Qualifier	1	Person
2100D	NM103	Dependent Last Name		
<b>2100D</b>	<b>REF</b>	<b>Dependent Additional Identification</b>		<b>Details</b>
2100D	REF01	Reference Identification Qualifier	1L	Dependent Group or Policy Number
2100D	REF02	Dependent Supplemental Identifier		Dependent ID
<b>2100D</b>	<b>DMG</b>	<b>Dependent Demographic Information</b>		<b>Details</b>
2100D	DMG01	Date Time Period Format Qualifier		
2100D	DMG02	Dependent Birth Date		CCYYMMDD
2100D	DMG03	Dependent Gender Code		M/F
<b>2100D</b>	<b>INS</b>	<b>Dependent Relationship</b>		<b>Details</b>
2100D	INS01	Insured Indicator	N	Patient is Dependent
2100D	INS02	Individual Relationship Code	1, 19, or 34	1-Spouse 19- Child 34- Other Adult
<b>2110D</b>	<b>EQ</b>	<b>Eligibility or Benefit Information</b>		<b>Details</b>
2110D	EQ01	Eligibility or Benefit Information	30	Coverage Status Code
<b>Trailer</b>	<b>SE</b>	<b>Transaction Set Trailer</b>		
Trailer	SE01	Number of Included Segments		
Trailer	SE02	Transaction Set Control Number		Same as ST02
<b>Trailer</b>	<b>GE</b>	<b>Functional Group Trailer</b>		
Trailer	GE01	Number of Included Transaction Sets		
Trailer	GE02	Functional Group Control Number		Same as GS06
<b>Trailer</b>	<b>IEA</b>	<b>Interchange Group Trailer</b>		
Trailer	IEA01	Number of Included functional Groups		
Trailer	IEA02	Interchange Group Control Number		Same as ISA13

## APPENDICES

Additional information can be found at:

[Health Insurance Reform: Standards for Electronic Transactions | ASPE](#)

Full Implementation Guides:

[Home](#) | [WPC](#)

### Transmission Examples:

During Testing- ISA015 must be “T” for Test.

### Sample Data for 270 Eligibility Benefit Inquiry:

```
ISA*00*      *00*      *ZZ*777777      *ZZ*PRESBYTERIANPH *250225*0920*^*00501*000000001*0*p*:~
GS*HS*77777777*PRESBYTERIANPH *20250225*0920*7*X*005010X279A1~
ST*270*0001*005010X279A1~
BHT*0022*13*202502251*20250225*080056~
HL*1**20*1~
NM1*PR*2*NEW MEXICAN MEDICAID*****PI*77048~
HL*2*1*21*1~
NM1*1P*2*PRESBYTERIAN HEALTH PLAN*****SV*000M1814~
HL*3*2*22*0~
NM1*IL*1*LINCOLN*ABRAHAM*M***MI*333445555~
DMG*D8*19000101*M~
DTP*291*D8*20250225~
EQ*30~
SE*12*0001~
GE*1*1~
IEA*1*000000001~
```