270/271 Benefit Eligibility Inquiry/Response Transactions

Companion Guide

ANSI ASC X12N 270/271 (Version 4010A)

State of Washington

Department of Social & Health Services

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WAMMIS-CG-270-271-01-04

April 14, 2009

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Approved By:

CNSI Project Manager		**DSHS Project Manager**
Date		**Date**

Disclaimer

This companion guide for the ANSI ASC X12N 270/271 transaction has been created for use in conjunction with the standard Implementation Guide. It should not be considered a replacement for the Implementation Guide, but rather used as an additional source of information. The companion guide contains data clarifications derived from specific business rules that apply exclusively to Medicaid processing for Washington State DSHS. The guide also includes useful information about sending and receiving data to and from the ProviderOne system.

Revision History

Documented revisions are maintained in this document through the use of the Revision History Table shown below. All revisions made to this companion guide after the creation date are noted along with the date, page affected, and reason for the change.

Revision Level	Date	Page	Description	Change Summary
WAMMIS-CG270-271-00-00-01	06/09/08		Initial Document	
WAMMIS-CG270-271-00-00-02	06/27/08		Incorporated DSHS comments	
WAMMIS-CG-270-271-01-01	06/28/08		Final Delivery	
WAMMIS-CG-270-271-01-02	07/16/08		Re-Delivery of the Deliverable based on DSHS non-Acceptance and identification of deficiencies	
WAMMIS-CG-270-271-01-03	10/01/08		Re-Delivery of the Deliverable based on DSHS suggested changes to Trading Partners Testing Procedures verbiage	
WAMMIS-CG-270-271-01-04	4/14/09		Changes to verbiage and rules post UAT	
	10/30/09		Update screen shots for submitting claims and retrieving responses	Replaced screen shots and updated verbiage.
	11/03/09		Update file name 2.3.3	Made change to naming conventions

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1 Introduction

The Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA, Title II) includes requirements that national standards be established for electronic health care transactions, and national identifiers for providers, health plans, and employers. This requires Washington State Department of Social and Health Services (DSHS) to adopt standards to support the electronic exchange of administrative and financial health care transactions between covered entities (health care providers, health plans, and healthcare clearinghouses).

The intent of these standards is to improve the efficiency and effectiveness of the nation's health care system by encouraging widespread use of electronic data interchange standards in health care. The intent of the law is that all electronic transactions for which standards are specified must be conducted according to the standards. These standards were not imposed arbitrarily but were developed by processes that included significant public and private sector input.

1.1 Document Purpose

Companion Guides are used to clarify the exchange of information on HIPAA transactions between the DSHS ProviderOne system and its trading partners. DSHS defines trading partners as covered entities that either submit or retrieve HIPAA batch transactions to and from ProviderOne.

This Companion Guide provides information related to electronic submission/retrieval of 270/271 transactions to DSHS by approved trading partners. This Companion Guide is intended for trading partner use in conjunction with the ANSI ASC X12N National Implementation Guides listed below. The ANSI ASC X12N 270/271 Implementation Guides can be accessed at http://www.wpc-edi.com.

- ASC X12N 270/271 (004010X092)
- ASC X12N 270/271 (004010X092A1) (Addenda)

1.1.1 Intended Users

Companion Guides are intended to be used by members/technical staff of trading partners who are responsible for electronic transaction/file exchanges.

1.1.2 Relationship to HIPAA Implementation Guides

Companion Guides are intended to supplement the HIPAA Implementation Guides for each of the HIPAA transactions. Rules for format, content, and field values can be found in the Implementation Guides. This Companion

Guide describes the technical interface environment with DSHS, including connectivity requirements and protocols, and electronic interchange procedures. This guide also provides specific information on data elements and the values required for transactions sent to or received from DSHS.

Companion Guides are intended to supplement rather than replace the standard Implementation Guide for each transaction set. The information in these documents is not intended to:

- Modify the definition, data condition, or use of any data element or segment in the standard Implementation Guides.
- Add any additional data elements or segments to the defined data set.
- Utilize any code or data values that are not valid in the standard Implementation Guides.
- Change the meaning or intent of any implementation specifications in the standard Implementation Guides.

1.2 Transmission Schedule

N/A

2 Technical Infrastructure and Procedures

2.1 Technical Environment

2.1.1 Communication Requirements

This section will describe how trading partners can send 270/271 transactions to DSHS using 2 methods:

- Secure File Transfer Protocol (SFTP)
- ProviderOne Web Portal

2.1.2 Testing Process

Completion of the testing process must occur prior to submitting electronic transactions in production to ProviderOne. Testing is conducted to ensure the following levels of HIPAA compliance:

1. Level 1 – Syntactical integrity: Testing of the EDI file for valid segments, segment order, element attributes, testing for numeric values in numeric data elements, validation of X12 or NCPDP syntax, and compliance with X12 and NCPDP rules.
2. Level 2 – Syntactical requirements: Testing for HIPAA Implementation Guide-specific syntax requirements, such as limits on repeat counts, used and not used qualifiers, codes, elements and segments. It will also include testing for HIPAA required or intra-segment situational data elements, testing for non-medical code sets as laid out in the Implementation Guide, and values and codes noted in the Implementation Guide via an X12 code list or table.
3. Level 7 – DSHS defined custom rules. All transactions will be validated against DSHS defined custom rules as specified in the Transaction Specification section.

Additional testing may be required in the future to verify any changes made to the ProviderOne system. Changes to the ANSI formats may also require additional testing. Assistance is available throughout the testing process.

Trading Partner Testing Procedures

1. ProviderOne companion guides and trading partner enrollment package are available for download via the web at http://maa.dshs.wa.gov/dshshipaa
2. The Trading Partner completes the Trading Partner Agreement and submits the signed agreement to DSHS.

   Submit to: Provider Enrollment

PO Box 45562

Olympia, WA 98504-5562

For Questions call 1-800-562-3022 option 2, then option 5

3. The trading partner is assigned a Submitter ID, Domain, Logon User ID and password.
4. The trading partner submits all HIPAA test files through the ProviderOne web portal or Secure File Transfer Protocol (SFTP).
    - Web Portal URL: https://www.waproviderone.org/edi
    - SFTP URL: sftp://ftp.waproviderone.org/
5. The trading partner downloads acknowledgements for the test file from the ProviderOne web portal or SFTP.
6. If ProviderOne system generates a positive TA1 and positive 997 acknowledgement, the file is successfully accepted. The trading partner is then approved to send/receive 270/271 HIPAA files in production.
7. If the test file generates a negative TA1 or negative 997 acknowledgment, then the submission is unsuccessful and the file is rejected. The trading partner needs to resolve all the errors that are reported on the negative TA1 or negative 997 and resubmit the file for test. Trading partners will continue to test in the testing environment until they receive a positive TA1 and positive 997.

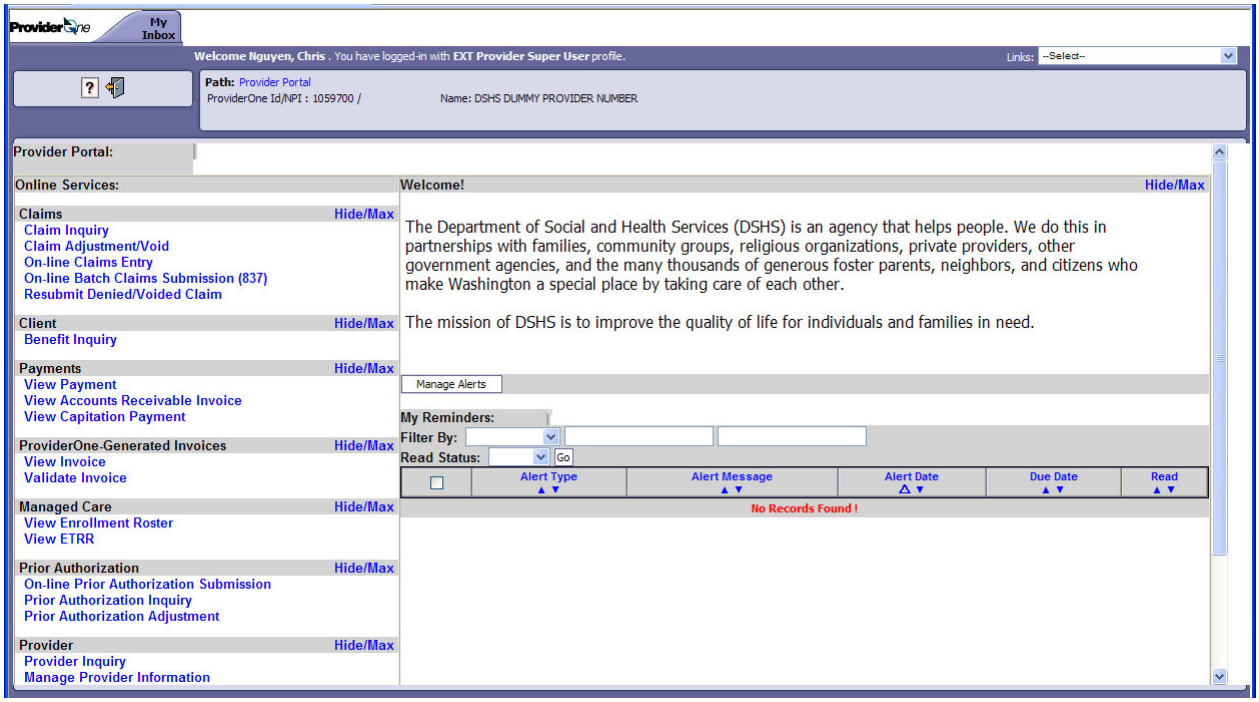
2.1.3 Who to contact for assistance

- Telephone Number: 1-800-562-3022
    - Select option 2
    - Select option 4
    - All calls result in the assignment of a Ticket Number for problem tracking
- Hours: 8:00 AM – 5:00 PM Pacific Standard Time, Monday through Friday
- Information required for initial call:
    - Topic of Call (setup, procedures, etc.)
    - Name of caller
    - Submitter ID Number
    - Organization of caller
    - Telephone number of caller
    - Nature of problem (connection, receipt status, etc.)
- Information required for follow up call(s):

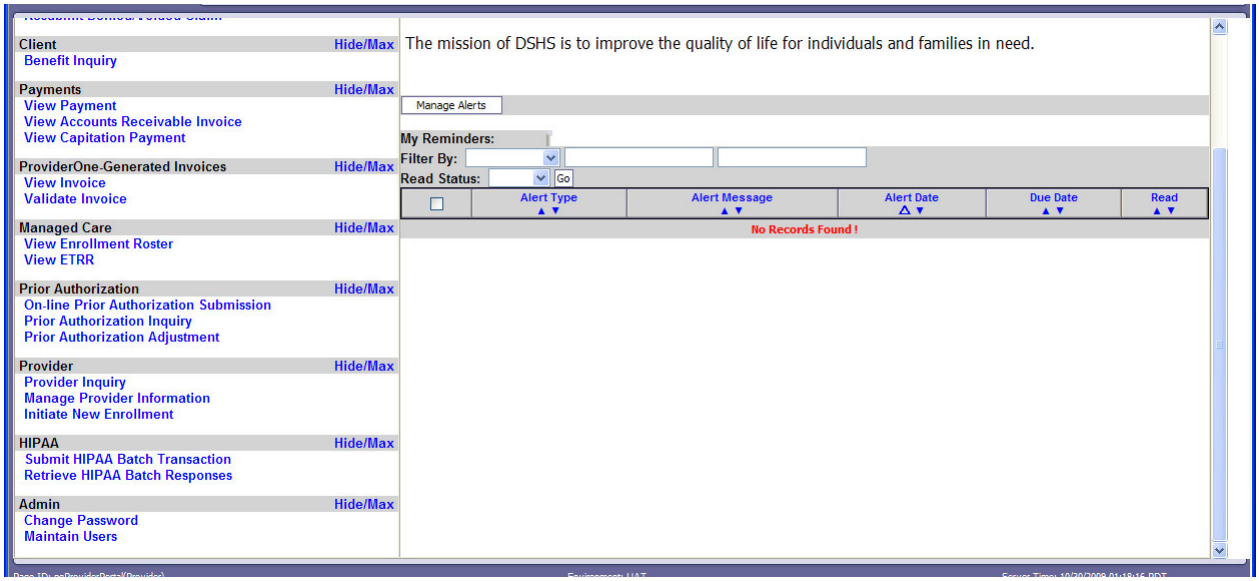
- Assigned Ticket Number

2.2 Upload batches via Web Interface

Once logged into the ProviderOne Portal, the following options will be viewable to the user:

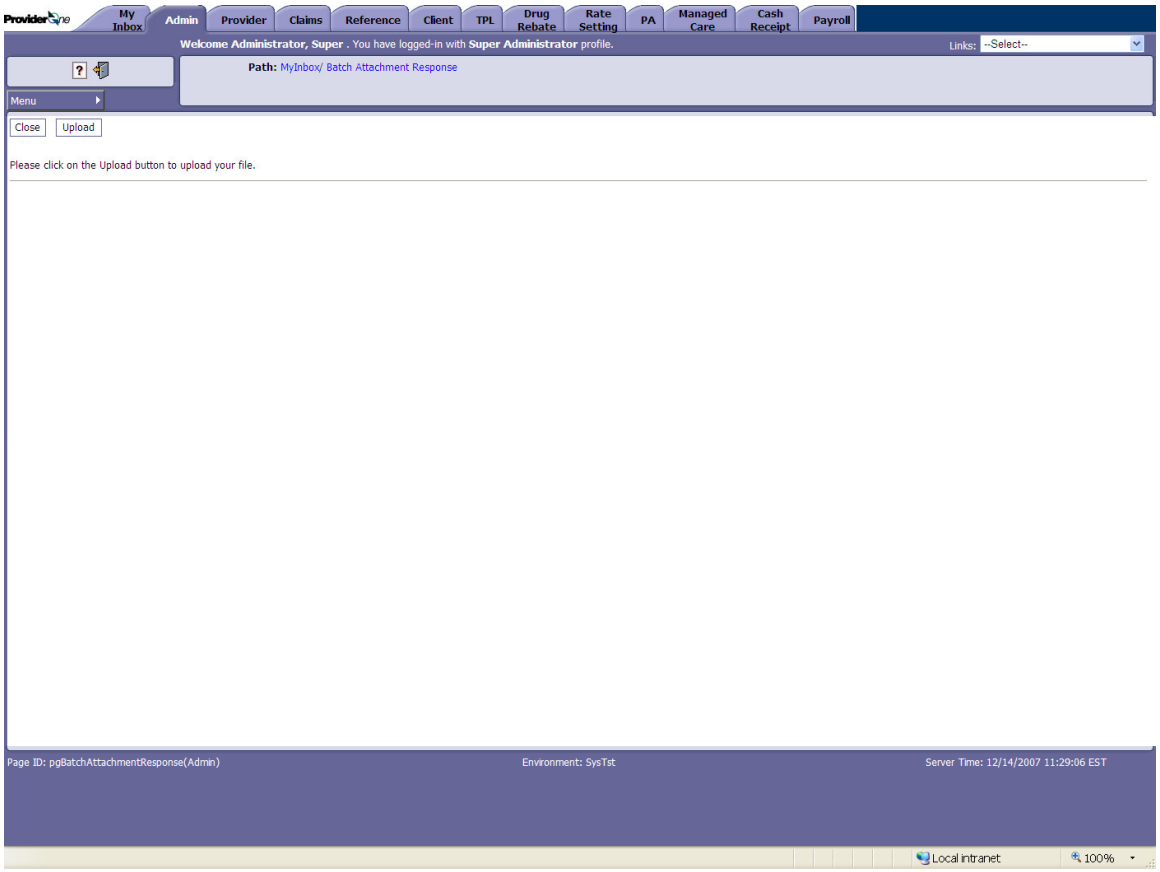


Scroll down to the next page of options and click on the HIPAA option to manage the HIPAA transactions.

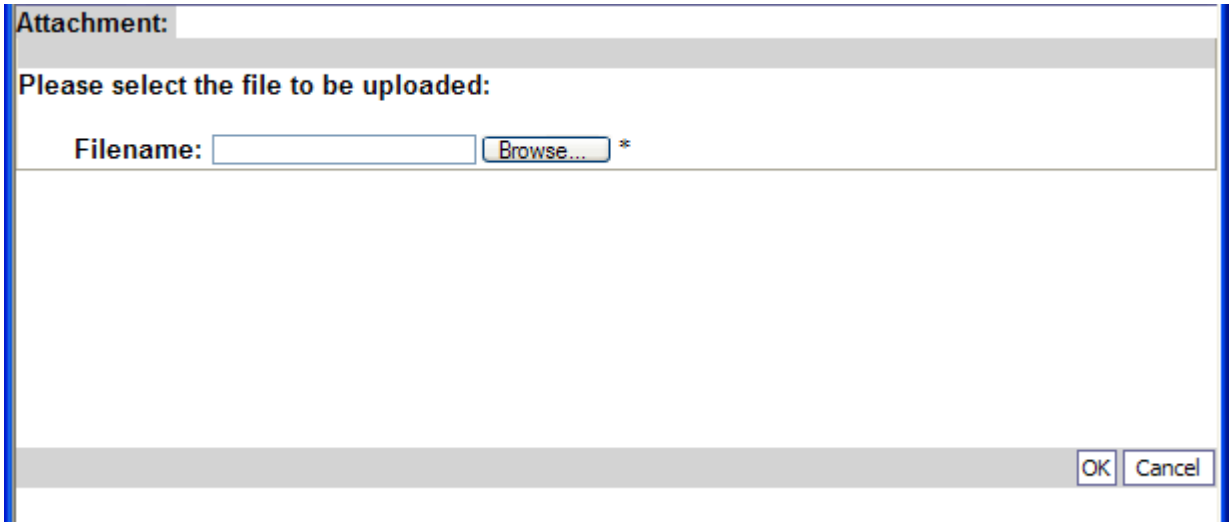


In order to upload a file, the following steps are followed:

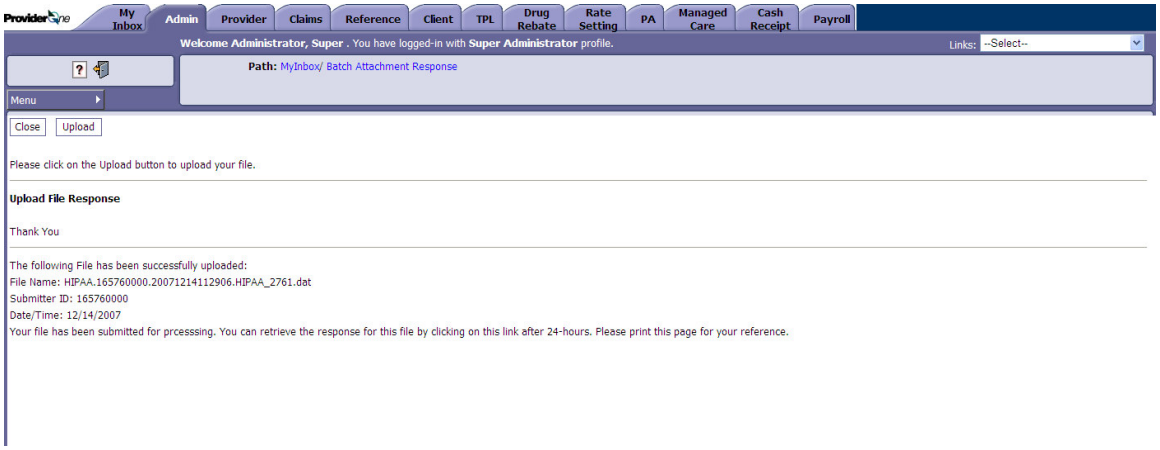
Click on the Upload button to upload a HIPAA file



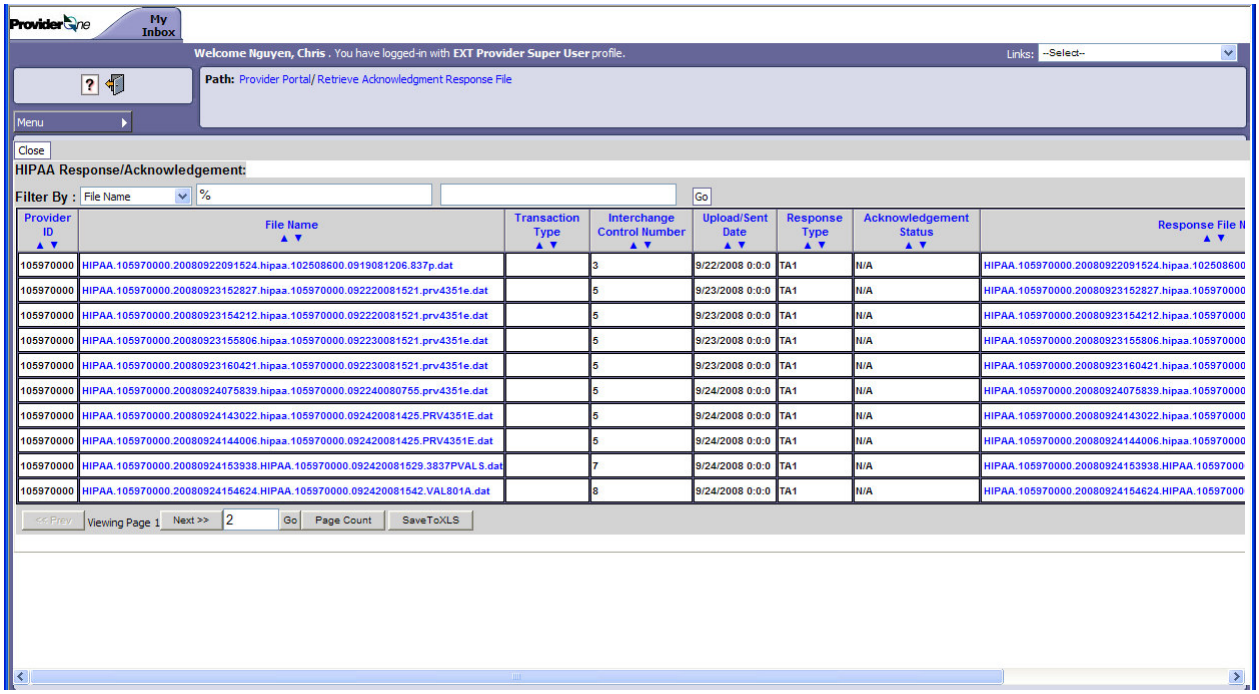
On file upload page click on the Browse button to attach HIPAA file from local file system. After selecting the file from the local file system, press OK to start the upload.


Attachment:
Please select the file to be uploaded:
Filename:
Browse...
*
OK
Cancel

Once the file is uploaded to the ProviderOne system success/failure message is displayed on the screen along with transmission details.



Select Retrieve Acknowledgement/Response option from the HIPAA screen to retrieve Acknowledgements/Responses (TA1, 997, 271, 277, 820, 834, 835, or 277U) as shown below:



*Note: Filter by the File Name and then use the wildcard '%' to see received transactions. The data can be sorted by clicking on the up or down arrows.

2.3 Set-up, Directory, and File Naming Convention

2.3.1 SFTP Set-up

Trading partners can contact 1-800-562-3022 for information on establishing connections through the FTP server. Upon completion of set-up, they will receive additional instructions on FTP usage.

2.3.2 SFTP Directory Naming Convention

There would be two categories of folders under Trading Partner's SFPT folders:

1. **TEST – Trading Partners should submit and receive their test files under this root folder**
2. **PROD – Trading Partners should submit and receive their production files under this root folder**

Following folder will be available under TEST/PROD folder within SFTP root of the Trading Partner:

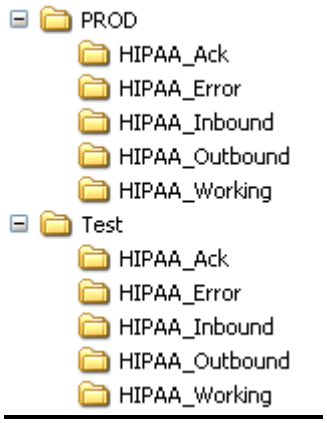
'HIPAA_Inbound' - This folder should be used to drop the Inbound files that needs to be submitted to DSHS

'HIPAA_Ack' - Trading partner should look for acknowledgements to the files submitted in this folder. TA1, 997 and custom error report will be available for all the files submitted by the Trading Partner

'HIPAA_Outbound' – X12 outbound transactions generated by DSHS will be available in this folder

'HIPAA_Error' – Any inbound file that is not HIPAA compliant or is not recognized by ProviderOne will be moved to this folder

Folder structure will appear as:



2.3.3 File Naming Convention

The HIPAA Subsystem Package is responsible for assisting ProviderOne activities related to Electronic Transfer and processing of Health Care and Health Encounter Data, with a few exceptions or limitations.

HIPAA files are named:

For Inbound transactions:

<originalfilename>.<dat>

Example of file name: BCH221.dat

- <originalfilename>: is the original file name which is submitted by the trading partner.
- .dat : If the file does not have '.dat' as the extension it will not be processed. '.dat' is the required extension.

For Outbound transactions:

HIPAA.<TPId>.<datetimestamp>.<TxID>.O.<out>

Example of file name: HIPAA.165760000.12262007211315.271.O.out

- <TPId> is the Trading Partner Id
- <datetimestamp> is the Date timestamp
- <TxID> is the Transaction Id.

2.4 Transaction Standards

2.4.1 General Information

HIPAA standards are specified in the Implementation Guide for each mandated transaction and modified by authorized Addenda. Currently, the 270/271 transaction has one Addendum. This Addendum has been adopted as final and is incorporated into DSHS requirements.

An overview of requirements specific to the transaction can be found in the 270/271 Implementation Guide. Implementation Guides contain information related to:

- Format and content of interchanges and functional groups
- Format and content of the header, detailer and trailer segments specific to the transaction
- Code sets and values authorized for use in the transaction
- Allowed exceptions to specific transaction requirements

Transmission sizes are limited based on two factors:

- Number of Segments/Records allowed by DSHS
- DSHS file size limitations

DSHS limits the size of the transaction (ST-SE envelope) to a maximum of 5,000 repeats of Loop 2000C in the 270 transaction.

DSHS limits a 270 file size to a maximum of 100,000 subscribers per day. DSHS will also monitor validity of transaction submissions, and assess if inquiries are resulting in an appropriate number of corresponding Medicaid claims submissions. DSHS reserves the right to terminate the Trading Partner Agreement with the Submitter if DSHS determines that these stipulations have been violated by the Submitter.

2.4.2 Data Format

Delimiters

The ProviderOne will use the following delimiters on outbound transactions:

- Data element separator - Asterisk (*)
- Sub-element Separator - colon (:)

- Segment Terminator - Tilde (~)

Dates

The following rules apply to any dates in this transaction:

- All dates will be formatted according to Year 2000 compliance, CCYYMMDD, except for the ISA09 element where the date format is YYMMDD.
- The only value acceptable for "CC" (century) is 20. The exception to this rule is for any of the Date of Birth values.
- Time is in military time format, 1 to 24 to indicate hours and 00 to 59 to indicate minutes and/or seconds. ISA10 and GS05 elements are formatted HHMM (ie 2115 defines the time of 9:15 p.m). BHT05 element is HHMMSS (ie 211515 defines the time of 9:15:15 p.m.).
- No spaces or character delimiters should be used in presenting dates or times.
- Dates that are logically invalid (e.g. 20071301) are rejected.

Field Length

HIPAA regulations specify field lengths for all of the data elements of the 270/271 transaction. For some of these data elements, ProviderOne processes fewer characters than the maximum allowed. The Transaction Specifications in section 3 display the ProviderOne field lengths.

Phone Numbers

Phone numbers are presented as contiguous number strings, without dashes or parenthesis markers. For example, the phone number (800) 555-1212 should be presented as 8005551212. Area codes should always be included.

2.4.3 Data Interchange Conventions

When accepting 270 transactions from trading partners, DSHS follows standards developed by the Accredited Standards Committee (ASC) of the American National Standards Institute (ANSI). These standards involve Interchange (ISA/IEA) and Functional Group (GS/GE) Segments or “outer envelopes”. All 270 Transactions should follow the HIPAA guideline. Please refer to the 270/271 Implementation Guide for ISA/IEA envelop, GS/GE functional group and ST/SE transaction specifications. Specific information on how individual data elements are populated by DSHS on ISA/IEA and GS/GE envelopes are shown in the table beginning later in this section.

The ISA/IEA Interchange Envelope, unlike most ASC X12 data structures has fixed field length. The entire data length of the data element should be considered and padded with spaces if the data element length is less than the field length.

Example of ISA with the entire data length with padded spaces:

ISA*00* *00* *ZZ*123456789 *ZZ*77045
*040303*1300*U*00401*000001001*1*T*:~

DSHS accepts 270 transaction files with single ISA/IEA and GS/GE envelopes. 270 transactions (with their limit of 5,000 repeats of Loop 2000C within an ST/SE envelop), can have multiple ST/SE envelops within the same GS/GE envelope.

2.4.4 Acknowledgement Procedures

Once the file is submitted by the trading partner and is successfully received by the ProviderOne system, a response in the form of TA1 and 997 acknowledgment transactions will be placed in appropriate folder (on the FTP server) of the trading partner. The ProviderOne system generates positive TA1 and positive 997 acknowledgement, if the submitted HIPAA file meets HIPAA standards related to syntax and data integrity. For files, which do not meet the HIPAA standards a negatvie TA1 and/or negative 997 are generated and sent to the trading partner.

2.4.5 Rejected Transmissions and Transactions

270 transactions will be rejected if the file does not meet HIPAA standards for syntax, data integrity and structure (Strategic National Implementation Process (SNIP) type 1 and 2). Additionally, the transactions will be validated against DSHS defined custom rules (SNIP type 7) as specified in the Transaction Specification section. Non-compliance of the custom rules will result in rejection of the transaction.

3 Transaction Specifications

The following are Batch and Data Direct Entry (DDE) access methods supported by ProviderOne:

1. Access by ProviderOne Client ID; Required information
   - Provider Id
   - Date of Service
   - ProviderOne Client ID

2. Access by Full Name and Social Security Number; Required information
   - Provider Id
   - Date of Service
   - First and Last Name
   - SSN

3. Access by Full Name and Date of Birth, Required information
   - Provider Id
   - Date of Service
   - First and Last Name
   - Date of Birth

4. Access by Social Security Number and Date of Birth; Required information
   - Provider Id
   - Date of Service
   - SSN
   - Date of Birth

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Page	Loop	Segment	Data Element	Element Name	Comments
Interchange Control Header					
App. B	Envelope	ISA	01	Authorization Information Qualifier	Please use '00'
App. B	Envelope	ISA	02	Authorization Information	Please use 10 spaces
App. B	Envelope	ISA	03	Security Information Qualifier	Please use '00'
App. B	Envelope	ISA	04	Security Information	Please use 10 spaces
App. B	Envelope	ISA	05	Interchange ID Qualifier	Please use 'ZZ'
App. B	Envelope	ISA	06	Interchange Sender ID	Please use the 9-digit ProviderOne Trading Partner ID
App. B	Envelope	ISA	07	Interchange ID Qualifier	Please use 'ZZ'
App. B	Envelope	ISA	08	Interchange Receiver ID	Please use '77045' followed by spaces
App. B	Envelope	ISA	09	Interchange Date	Date format is YYMMDD
App. B	Envelope	ISA	10	Interchange Time	Time format is HHMM
App. B	Envelope	ISA	11	Interchange Control Standards Identifier	Use 'U'
App. B	Envelope	ISA	12	Interchange Control Version Number	Use '00401'
App. B	Envelope	ISA	13	Interchange Control Number	Must be identical to IEA02
App. B	Envelope	ISA	14	Acknowledgment Requested	Please use '1'
App. B	Envelope	ISA	15	Usage Indicator	Please use 'T' when submitting a Test File Please use 'P' when submitting a Production File
App. B	Envelope	ISA	16	Component Element Separator	Please use ':'
Functional Group Header					

Page	Loop	Segment	Data Element	Element Name	Comments
App. B	Envelope	GS	01	Functional Identifier Code	Please use 'HS'
App. B	Envelope	GS	02	Application Sender's Code	Please use the 9-digit ProviderOne Trading Partner ID
App. B	Envelope	GS	03	Application Receiver's Code	Please use '77045'
App. B	Envelope	GS	04	Date	Date format is CCYYMMDD
App. B	Envelope	GS	05	Time	Time format is HHMM
App. B	Envelope	GS	06	Group Control Number	Must be identical to GE02
App. B	Envelope	GS	07	Responsible Agency Code	Use 'X'
App. B	Envelope	GS	08	Version / Release / Industry Identifier Code	Please use '004010X092A1'
Transaction set Header					
36	Header	ST	01	Transaction Set Identifier Code	Please use '270'
37	Header	ST	02	Transaction Set Control Number	Must be identical to SE02
Begin of Hierarchical Transaction					
38	Header	BHT	01	Hierarchical Structure Code	Use '0022'
39	Header	BHT	02	Transaction Set Purpose Code	Please use '13'
39	Header	BHT	04	Date	Date format is CCYYMMDD
40	Header	BHT	05	Time	Please use Time format of HHMM
Information Source Level					
42	2000A	HL	01	Hierarchical ID Number	
42	2000A	HL	03	Hierarchical Level Code	Use '20'
43	2000A	HL	04	Hierarchical Child Code	Use '1'
Information Source Name					
44	2100A	NM1	01	Entity Identifier	Please use 'PR'

Page	Loop	Segment	Data Element	Element Name	Comments
				Code	
45	2100A	NM1	02	Entity Type Qualifier	Please use '2'
45	2100A	NM1	03	Name Last or Organization Name	Please use 'WA State DSHS'
46	2100A	NM1	08	Identification Code Qualifier	Please use 'PI'
46	2100A	NM1	09	Identification Code	Please use '77045'
Information Receiver Level					
48	2000B	HL	01	Hierarchical ID Number	
48	2000B	HL	02	Hierarchical Parent ID Number	
48	2000B	HL	03	Hierarchical Level Code	Use '21'
49	2000B	HL	04	Hierarchical Child Code	Use '1'
Information Receiver Name					
50	2100B	NM1	01	Entity Identifier Code	Please use '1P' or ‘2B’
51	2100B	NM1	02	Entity Type Qualifier	Please use appropriate code
51	2100B	NM1	03	Name Last or Organization Name	
51	2100B	NM1	04	Name First	
52	2100B	NM1	08	Identification Code Qualifier	Please use 'SV' for non healthcare providers/submitters Please use 'XX' for healthcare providers
53	2100B	NM1	09	Identification Code	Please enter 9 digit ProviderOne ID if NM108 = 'SV' Please enter NPI if NM108 = 'XX'

Information Receiver Address					
57	2100B	N3	01	Address Information	Please enter address
57	2100B	N3	02	Address Information	
Information Receiver City/ate/Zip Code					
58	2100B	N4	01	City Name	Please enter City Name
59	2100B	N4	02	State Or Province Code	Please enter State
59	2100B	N4	03	Postal Code	Please enter Zip Code
Information Receiver Contact Information					
61	2100B	PER	01	Contact Function Code	Use 'IC'
61	2100B	PER	02	Name	Please enter Information Receiver Contact Name
61	2100B	PER	03	Communication Number Qualifier	Please use 'TE'
62	2100B	PER	04	Communication Number	Please enter Information Receiver Communication Number
62	2100B	PER	05	Communication Number Qualifier	Please use 'EX'
62	2100B	PER	06	Communication Number	Please enter Information Receiver Communication Number Extension if available
62	2100B	PER	07	Communication Number Qualifier	Please use 'EM'
63	2100B	PER	08	Communication Number	Please enter Information Receiver E-Mail Address
Subscriber Level **NOTE: A maximum of 5,000 subscriber loops per ST-SE segment can be processed in batch mode**					
67	2000C	HL	01	Hierarchical ID Number	
68	2000C	HL	02	Hierarchical Parent ID Number	

68	2000C	HL	03	Hierarchical Level Code	Use '22'
68	2000C	HL	04	Hierarchical Child Code	Use '1'
Subscriber Trace Number					
69	2000C	TRN	01	Trace Type Code	Use '1'
70	2000C	TRN	02	Reference Identification	Inclusion of the trace number will assist in transaction processing and error resolution, so it is therefore STRONGLY RECOMMENDED.
70	2000C	TRN	03	Originating Company Identifier	
Subscriber Name					
71	2100C	NM1	01	Entity Identifier Code	Use 'IL'
72	2100C	NM1	02	Entity Type Qualifier	Use '1'
72	2100C	NM1	03	Name Last or Organization Name	Please enter Last Name of Subscriber, Used for access methods 2 and 3
72	2100C	NM1	04	Name First	Please enter First Name of Subscriber, Used for access methods 2 and 3
72	2100C	NM1	05	Name Middle	
73	2100C	NM1	08	Identification Code Qualifier	Please use 'MI'
73	2100C	NM1	09	Identification Code	Please enter ProviderOne Client ID, Used for access method 1
Subscriber Additional Identification Used for access method 2 and 4					
75	2100C	REF	01	Reference Identification Qualifier	Please use 'SY'
76	2100C	REF	02	Reference Identification	Please enter Social Security Number of subscriber

Subscriber Demographic Information Used for access methods 3 and 4					
84	2100C	DMG	01	Date Time Period Format Qualifier	Use 'D8'
84	2100C	DMG	02	Date Time Period	Please enter Date of Birth of subscriber
Subscriber Date					
88	2100C	DTP	01	Date /Time Qualifier	Please use '307'
88	2100C	DTP	02	Date Time Period Format Qualifier	For a single date of service, please use 'D8' For a range of dates, please use 'RD8' If a date is not submitted, the date in BHT04 will be used to check eligibility
88	2100C	DTP	03	Date Time Period	Note: 1. The date of service may not specify a date more than 4 years prior to the date of inquiry 2. If a range of dates is specified, the range may not be for a period greater than two years
Subscriber Eligibility Or Benefit Inquiry Information					
90	2110C	EQ	01	Service Type Code	Please use '30'. If an inquiry is submitted with a Service Type Code other than '30', a generic response will be returned.
Transaction Set Trailer					
147	Trailer	SE	01	Number of Included Segments	The total number of segments in the transaction set inclusive to the ST-SE segments

147	Trailer	SE	02	Transaction Set Control Number	Must be identical to ST02
Functional Group Trailer					
App. B	Trailer	GE	01	Number of Transaction Sets Included	
App. B	Trailer	GE	02	Group Control Number	Must be identical to GS06
Interchange Control Trailer					
App. B	Trailer	IEA	01	Number of Included Functional Groups	
App. B	Trailer	IEA	02	Interchange Control Number	Must be identical to ISA13

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Page	Loop	Segment	Data Element	Element Name	Comments
Interchange Control Header					
App. B	Envelope	ISA	01	Authorization Information Qualifier	Receive '00'
App. B	Envelope	ISA	02	Authorization Information	Receive 10 spaces
App. B	Envelope	ISA	03	Security Information Qualifier	Receive '00'
App. B	Envelope	ISA	04	Security Information	Receive 10 spaces
App. B	Envelope	ISA	05	Interchange ID Qualifier	Receive 'ZZ'
App. B	Envelope	ISA	06	Interchange Sender ID	Receive '77045' followed by spaces
App. B	Envelope	ISA	07	Interchange ID Qualifier	Receive 'ZZ'
App. B	Envelope	ISA	08	Interchange Receiver ID	Receive ProviderOne ID
App. B	Envelope	ISA	09	Interchange Date	Receive date format in YYMMDD
App. B	Envelope	ISA	10	Interchange Time	Receive time format in HHMM
App. B	Envelope	ISA	11	Interchange Control Standards Identifier	Receive 'U'
App. B	Envelope	ISA	12	Interchange Control Version Number	Receive '00401'

Page	Loop	Segment	Data Element	Element Name	Comments
App. B	Envelope	ISA	13	Interchange Control Number	Must be identical to IEA02
App. B	Envelope	ISA	14	Acknowledgment Requested	Receive '0'
App. B	Envelope	ISA	15	Usage Indicator	Receive 'T' when submitting a Test File Receive 'P' when submitting a Production File
App. B	Envelope	ISA	16	Component Element Separator	Receive ':'
Functional Group Header					
App. B	Envelope	GS	01	Functional Identifier Code	Receive 'HB'
App. B	Envelope	GS	02	Application Sender's Code	Receive '77045'
App. B	Envelope	GS	03	Application Receiver's Code	Receive ProviderOne ID
App. B	Envelope	GS	04	Date	Receive date format in CCYYMMDD
App. B	Envelope	GS	05	Time	Receive time format in HHMM
App. B	Envelope	GS	06	Group Control Number	Must be identical to GE02
App. B	Envelope	GS	07	Responsible Agency Code	Receive 'X'
App. B	Envelope	GS	08	Version / Release / Industry Identifier Code	Receive '004010X092A1'
Transaction set Header					
154	Header	ST	01	Transaction Set Identifier Code	Receive '271'
155	Header	ST	02	Transaction Set Control Number	Must be identical to SE02
Begin of Hierarchical Transaction					
156	Header	BHT	01	Hierarchical Structure Code	Receive '0022'

Page	Loop	Segment	Data Element	Element Name	Comments
157	Header	BHT	02	Transaction Set Purpose Code	Receive '11'
157	Header	BHT	03	Reference Identification	
157	Header	BHT	04	Date	Date format is CCYYMMDD
157	Header	BHT	05	Time	Time format is HHMMSS
Information Source Level					
159	2000A	HL	01	Hierarchical ID Number	
159	2000A	HL	03	Hierarchical Level Code	Receive '20'
159	2000A	HL	04	Hierarchical Child Code	Receive '1'
Information Source Name					
163	2100A	NM1	01	Entity Identifier Code	Receive 'PR'
164	2100A	NM1	02	Entity Type Qualifier	Receive '2'
164	2100A	NM1	03	Name Last or Organization Name	Receive 'WA State DSHS'
165	2100A	NM1	08	Identification Code Qualifier	Receive 'PI'
165	2100A	NM1	09	Identification Code	Receive '77045'
Information Source Contact Information					
169	2100A	PER	01	Contact Function Code	Receive 'IC'
169	2100A	PER	02	Name	Receive 'WA State DSHS Provider Relations'
169	2100A	PER	03	Communication Number Qualifier	Receive 'TE'
170	2100A	PER	04	Communication Number	Receive '8005623022'
Information Receiver Level					
176	2000B	HL	01	Hierarchical ID Number	
176	2000B	HL	02	Hierarchical Parent ID Number	
176	2000B	HL	03	Hierarchical Level Code	Receive '21'

Page	Loop	Segment	Data Element	Element Name	Comments
177	2000B	HL	04	Hierarchical Child Code	Receive '1'
Information Receiver Name					
178	2100B	NM1	01	Entity Identifier Code	Receive '1P' or '2B'
179	2100B	NM1	02	Entity Type Qualifier	Receive appropriate code
179	2100B	NM1	03	Name Last or Organization Name	Receive Providers Last Name otherwise Name of Organization
179	2100B	NM1	04	Name First	Receive if NM102 = 1
180	2100B	NM1	08	Identification Code Qualifier	Receive 'XX' for healthcare providers otherwise Receive 'SV' for non healthcare providers/submitters
181	2100B	NM1	09	Identification Code	Receive NPI of healthcare providers if NM108 = XX otherwise Receive ProviderOne ID of non healthcare providers/submitters if NM108 = SV
Subscriber Level					
188	2000C	HL	01	Hierarchical ID Number	
188	2000C	HL	02	Hierarchical Parent ID Number	
189	2000C	HL	03	Hierarchical Level Code	Receive '22'

Page	Loop	Segment	Data Element	Element Name	Comments
189	2000C	HL	04	Hierarchical Child Code	Receive '1'
Subscriber Trace Number					
NOTE: Receive the following information if the trace number was submitted on 270 inquiry.					
191	2000C	TRN	01	Trace Type Code	Receive '2'
191	2000C	TRN	02	Reference Identification	Receive Trace Number
192	2000C	TRN	03	Originating Company Identifier	Receive information submitted on 270 Loop 2000C Data Element TRN03
Subscriber Name					
193	2100C	NM1	01	Entity Identifier Code	Receive 'IL'
194	2100C	NM1	02	Entity Type Qualifier	Receive '1'
194	2100C	NM1	03	Name Last or Organization Name	Receive Subscriber Last Name
194	2100C	NM1	04	Name First	Receive Subscriber First Name
194	2100C	NM1	05	Name Middle	
195	2100C	NM1	08	Identification Code Qualifier	Receive 'MI'
195	2100C	NM1	09	Identification Code	Receive ProviderOne Client ID
Subscriber Additional Identification					
197	2100C	REF	01	Reference Identification Qualifier	Receive the following codes: 18 EJ F6 HJ IF N6 NQ SY
198	2100C	REF	02	Reference Identification	Receive the appropriate codes

Page	Loop	Segment	Data Element	Element Name	Comments
199	2100C	REF	03	Description	18 - Community Service Office (CSO)/Home Community Service (HCS) EJ - Patient Account Number from 270 F6 - HIC Number HJ - ACES Client ID IF - Community Service Office of Residence (CSOR) N6 - Language Code NQ - Placement Code SY - Social Security Number from 270
Subscriber City/State/ZIP Code					
202	2100C	N4	05	Location Qualifier	Receive 'CY'
202	2100C	N4	06	Location Identifier	Receive Subscriber County of Residence
Subscriber Demographic Information					
211	2100C	DMG	01	Date Time Period Format Qualifier	Receive 'D8'
211	2100C	DMG	02	Date Time Period	Receive Subscriber Date of Birth
211	2100C	DMG	03	Gender Code	Receive Subscriber Gender Code
Subscriber Date					
216	2100C	DTP	01	Date /Time Qualifier	Receive '307'
217	2100C	DTP	02	Date Time Period Format Qualifier	Receive Qualifier from 270
217	2100C	DTP	03	Date Time Period	Receive Eligibility Date Time Period from 270

Subscriber Eligibility Or Benefit Inquiry Information					
219	2110C	EB	01	Eligibility or Benefit Information	DSHS may return the following information in this data element: 1 - Active Coverage 6 - Inactive MC - Managed Care Coordinator N - Services Restricted To The Following Provider R - Other or Additional Payor Y – Spend-Down 60 – General Benefits
221	2110C	EB	02	Coverage Level Code	Receive 'IND'
221	2110C	EB	03	Service Type Code	DSHS may return the following information in this data element: 30 - Health Benefit Plan Coverage 45 - Hospice
226	2110C	EB	04	Insurance Type Code	DSHS may return the following information in this data element: C1 - Commercial HM - Health Maintenance Organization (HMO) MA - Medicare Part A MB - Medicare Part B MC - Medicaid

228	2110C	EB	05	Plan Coverage Description	DSHS may return the following information in this data element: - Benefit Service Package Description - Development Disability Information - Children with Special Health Care Needs Information
Subscriber Additional Identification					
238	2110C	REF	01	Reference Identification Qualifier	DSHS may return the following information in this data element: Receive the following if EB01 = 1 6P NQ Receive the following if EB01 = R 1L IG
239	2110C	REF	02	Reference Identification	Receive appropriate codes and numbers
239	2110C	REF	03	Description	6P - ACES Coverage Group Code NQ - ACES Case Number 1L - Group Number IG - Policy Number
Subscriber Eligibility/Benefit Date					

240	2110C	DTP	01	Date/Time Qualifier	DSHS may return the following information in this data element: 193 - Period Start 194 - Period End 356 - Eligibility Begin 357 - Eligibility End
241	2110C	DTP	02	Date Time Period Format Qualifier	Receive 'D8'
241	2110C	DTP	03	Date Time Period	Date format in CCYYMMDD

Message Text					
244	2110C	MSG	01	Free-Form Message Text	DSHS may return the following information in this data element: - Retro Eligibility - Delayed Certification - Policy Holder Name - Plan Sponsor - PCP Clinic Name - Total Spend-Down - Spend-Down Liability - Remaining Spend-Down - EMER Liability - Remaining EMER - Spend-Down Status - Update Date - Receive Message "This is the client's eligibility as of this date, based on information available at this time" for Medicaid - Receive Message"We believe this information to be correct, but you must verify eligibility and coverage with the specified payor" for TPL and Medicare
Loop Header					
249	2110C	LS	01	Loop Identifier Code	Receive '2120'
Subscriber Benefit Related Entity Name **Receive the following information if** **EB01 = MC, N, R**					

or **EB03 = 45**					
250	2120C	NM1	01	Entity Identifier Code	Receive '1P', 'FA' or 'PR'
251	2120C	NM1	02	Entity Type Qualifier	Receive appropriate code
251	2120C	NM1	03	Name Last or Organization Name	Receive Last or Organization Name
252	2120C	NM1	04	Name First	Receive if NM102 = 1
252	2120C	NM1	08	Identification Code Qualifier	Receive 'PI' or 'FA'
253	2120C	NM1	09	Identification Code	Receive Payor ID or Facility Identification
Subscriber Benefit Related Entity Address					
254	2120C	N3	01	Address Information	Receive Address Information
254	2120C	N3	02	Address Information	
Subscriber Benefit Related City/State/Zip Code					
255	2120C	N4	01	City Name	Receive City Name
256	2120C	N4	02	State Or Province Code	Receive State Code
256	2120C	N4	03	Postal Code	Receive Postal Code
Subscriber Benefit Related Entity Contact Info					
258	2120C	PER	01	Contact Function Code	Receive 'IC'
258	2120C	PER	02	Name	Receive Contact Name
258	2120C	PER	03	Communication Number Qualifier	Receive 'TE'
259	2120C	PER	04	Communication Number	Receive Phone Number of Provider or Organization
Loop Trailer					
264	2120C	LE	01	Loop Identifier Code	Receive '2120'
Transaction set Trailer					
342	Trailer	SE	01	Number of Included Segments	The total number of segments in the transaction set inclusive to the ST-SE

					segments
342	Trailer	SE	02	Transaction Set Control Number	Must be identical to ST02
Functional Group Trailer					
App. B	Trailer	GE	01	Number of Transaction Sets Included	
App. B	Trailer	GE	02	Group Control Number	Must be identical to GS06
Interchange Control Trailer					
App. B	Trailer	IEA	01	Number of Included Functional Groups	
App. B	Trailer	IEA	02	Interchange Control Number	Must be identical to ISA13