

Univera Healthcare

HIPAA Transaction Standard Companion Guide

Refers to the
HIPAA ANSI ASC X12N Implementation Guides
for the following transactions:

**ASC X12N/005010X279A1 Health Care Eligibility Benefit Inquiry and Response
(270/271)**

**ASC X12N/005010X212 Health Care Claim Status Request and Response
(276/277)**

**ASC X12N/005010X221 Health Care Claim Payment/Advice
(835)**



Disclosure Statement

This document is intended to serve only as a companion document to the HIPAA ANSI ASC X12N Implementation Guides. The use of this document is solely for clarification. It describes specific requirements for exchanging transactions with Univera Healthcare. The information is subject to change. This document supplements, but does not contradict, any requirements in the the HIPAA ANSI ASC X12N Implementation Guides.

Preface

This Companion Guide to the HIPAA ANSI ASC X12N Implementation Guides and associated errata/addenda adopted under HIPAA clarifies and specifies the data content being requested when exchanging electronically with Univera Healthcare. Transmissions based on this companion document, used in tandem with the HIPAA ANSI 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 HIPAA ANSI 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.

This Companion Guide is to be used in conjunction with the following HIPAA ANSI ASC X12N Implementation Guides (aka Technical Report Type 3):

- ASC X12N/005010X279A1 Health Care Eligibility Benefit Inquiry and Response (270/271)
- ASC X12N/005010X212 Health Care Claim Status Request and Response (276/277)
- ASC X12N/005010X221 Health Care Claim Payment/Advice (835)

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1 Introduction

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 contained provisions for administrative simplification. These provisions required the Secretary of the Department of Health and Human Services (HHS) to adopt standards to support the electronic exchange of administrative and financial health care transactions primarily between health care providers and health care plans. HIPAA directs the Secretary to adopt standards for translations to enable health information to be exchanged electronically and to adopt specifications for implementing each standard.

On January 16, 2009, HHS published a final rule that replaced the HIPAA Accredited Standards Committee (ASC) X12 Version 4010A1 with the ASC X12 Version 5010.

1.1 Purpose of the Companion Guide

The Univera Healthcare HIPAA Transaction Standard Companion Guide explains the procedures necessary for Trading Partners of Univera Healthcare to transmit Electronic Data Interchange (EDI) transactions to Univera Healthcare.

This companion guide to the HIPAA ANSI ASC X12N Implementation Guides clarifies and specifies Univera Healthcare specific data content being requested when data is transmitted electronically to Univera Healthcare. Transmissions based on this payer-specific companion document, used in conjunction with the HIPAA ANSI ASC X12N Implementation Guides, are compliant with both ASC X12 syntax and those guides.

This guide is a revision to the existing Univera Healthcare Companion Guide, which was based on the ASC X12N 4010A1 standard.

As documented in the X12 published Intellectual Property Use guidelines, (http://store.x12.org/x12ip/default_ip.htm), this companion guide is:

- Not intended to replace, duplicate, countermand or contradict any requirement of the associated HIPAA ANSI ASC X12N Implementation Guides.
- Intended to be used solely to clarify the associated HIPAA ANSI ASC X12N Implementation Guide instructions by providing Univera Healthcare-specific requirements only. It describes the specific requirements for transmitting data to Univera Healthcare. You will need to refer to the specific 5010 HIPAA ANSI ASC X12N Implementation Guide for the guidelines and interpretation of all required/situational fields, loops and segments.

This guide is to be used in conjunction with the following 5010 HIPAA ANSI ASC X12N Implementation Guides (with the associated addenda, if any, indicated and/or inclusive of any published Errata documents):

- ASC X12N/005010X279A1 – Health Care Eligibility Benefit Inquiry and Response (270/271)

- ASC X12C/005010X231A1 – Implementation Acknowledgment for Health Care Insurance (999)
- ASC X12N/005010X212 Health Care Claim Status Request and Response (276/277)
- ASC X12N/005010X221 Health Care Claim Payment/Advice (835)

1.2 Scope

This guide is intended to communicate Univera Healthcare specific requirements.

The effective date of this document is based on and reflects currently published Type 1 Errata for all of the EDI transactions covered by this manual (wherever applicable). The nomenclature used to identify a specific transaction identifies it as having associated errata.

For example:

- ASC X12N/005010X279 – Health Care Eligibility Benefit Inquiry and Response (270/271) with no associated Errata
- ASC X12N/005010X279A1 – Health Care Eligibility Benefit Inquiry and Response (270/271) with Type 1 associated Errata (specifically, A1)

Periodically, the HHS mandated changes to the existing ASC X12 standard and/or Univera Healthcare specific requirements may necessitate a revision to or replacement of this guide. Revisions or replacements will be posted on the Lifetime Healthcare Companies website, www.lifethc.com and the Univera Healthcare website, www.UniveraHealthcare.com. Trading partners are advised to access the web site regularly for updates to the guide.

1.3 Overview

The purpose of this Companion Guide is to provide information about the Univera Healthcare solution for exchanging Version 5010 X12 Transactions.

1.4 References

HIPAA requires that all health insurers in the U.S. comply with the EDI standards for health care as established by the Secretary of Health and Human Services. The ASC X12N versions have been established as the standard for inquiry transactions. These implementation guides are available via the Washington Publishing Co. website, www.wpc-edi.com.

1.5 Additional Information

- Submitters must possess a valid Univera Healthcare user ID and password in order to submit inquiries.
- The submitter may only submit transactions for providers in the Univera Healthcare provider database.

- We strongly recommend the use of upper-case alpha-characters. This will ensure data lookup compatibility.

2 Getting Started

2.1 Working with Univera Healthcare

- The EDI Solutions Department works with clearinghouses, billing services and vendors to enable them to exchange transactions on behalf of providers directly with Univera Healthcare. We also work with providers who wish to directly exchange transactions on their own. We currently support the following ANSI formats:

Transaction Name	ASC X12 Transaction
Eligibility Inquiry/Response	270/271 – real-time and batch
Health Claim Status	276/277 – real-time only
Claim Payment/Advice	835 – real-time only

- Transactions may be sent, 24 hours a day, seven days a week.
- Report transmission problems to eCommerce: (585) 238-4618 or toll-free 1 (877) 843-8520
- Successful and thorough test verification must take place prior to approval for production.
- For errors received on your TA1 or 999 reports, please refer to the HIPAA ANSI ASC X12N Implementation Guide:
 - ASC X12C/005010X231A1 – Implementation Acknowledgment for Health Care Insurance (999)
- It is the responsibility of the Trading Partner to operate and/or configure the computer, modem, communications software, internet and telecommunications utilized in submitting, and all transactions submitted to Univera Healthcare.

2.2 Trading Partner Registration

To register as a testing vendor, provider or clearinghouse, please contact the eCommerce department:

Phone: (585) 238-4618 or toll-free 1 (877) 843-8520

E-mail: Edi.solutions@univerahealthcare.com

You will be instructed to complete a Trading Partner Agreement. After a properly executed document has been received by us, an EDI Solutions Test Analyst will be assigned to work with you. When you begin working with the analyst, you will be assigned a unique submitter identification (ID) and a password, which will allow you to begin testing.

2.3 Certification & Testing Overview

The Trading Partner will submit test transactions and retrieve corresponding transactions. Upon successful self-testing, the Trading Partner should notify their Univera Healthcare EDI Solutions test analyst so that final review can be performed and approval can be given. At that time, Univera Healthcare will certify that the Trading Partner is approved for production.

3 Testing with the Payer

3.1 Test Criteria

The creation of test files is crucial to the success of the testing process. All test files must contain production-quality EDI test data. Create test files using the same means as production data. The test data should contain realistic data. In order to expedite testing, submit a test file that contains the same type of scenarios (claims, inquiries, requests) that you intend to submit. Contact your EDI Solutions test analyst if you do not receive an acknowledgment in response to your submission. The analyst will research the situation and advise you when you can resume submitting test files.

Please refer to Section 10 of this Companion Guide to determine if any transaction-specific submission requirements are applicable.

You will be approved for production status when you have met the following requirements (if applicable to the transaction):

- Met connectivity and logon/security parameters
- Exercised report and/or response retrieval and interpretation
- Passed 100 percent syntactical compliance
- Passed 95 percent data content compliance

IMPORTANT: When you are in production, you assume responsibility for all acknowledgment and response reports (TA1, 999, 277CA, payer response, etc), as they will not be monitored by EDI Solutions.

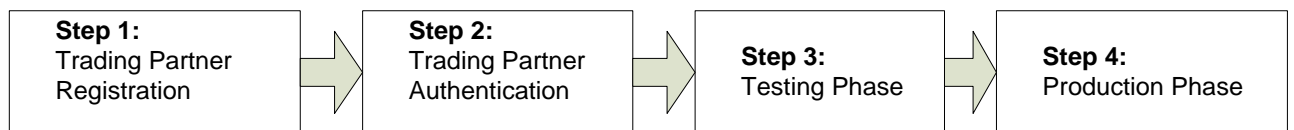
4 Connectivity with the Payer / Communications

Transactions may be submitted 24 hours a day, seven days a week. However, we reserve the right to have occasional maintenance periods. Please refer to our website at <https://UniveraHealthcare.com/> for the most up-to-date information on system availability. All scheduled downtimes will be posted and emergency downtimes will be reflected.

4.1 Process Flows

To exchange electronic transactions with Univera Healthcare, potential Trading Partners must first obtain a Submitter ID. The diagram below illustrates the high level process for successfully registering as a Trading Partner and submitting electronic transactions. (For Transaction specific process flows, please refer to Section 10 of this Companion Guide.)

Process for Exchanging Electronic Transactions



Step 1: Trading Partner Registration

The Trading Partner will complete and submit the Univera Healthcare Trading Partner Agreement Form. Refer to Section 9 of this Companion Guide for the Trading Partner registration process.

Step 2: Trading Partner Authentication

Univera Healthcare will verify the information on the Trading Partner Agreement Form and approve or deny any requests.

Step 3: Testing Phase

The Trading Partner will exchange test transactions as outlined in Section 10 of this Companion Guide. Univera Healthcare will verify that systems involved can properly submit and/or receive X12 compliant transactions.

Step 4: Production Phase

After the successful completion of testing, the Trading Partner can begin to exchange electronic transactions in the Production environment.

4.2 Transmission Administrative Procedures

Please refer to Section 10 of this Companion Guide for specific transmission requirements for each X12 transaction.

4.3 Re-transmission Administrative Procedures

Please refer to Section 10 of this Companion Guide for specific re-transmission requirements for each X12 transaction.

4.4 Communication Protocol Specifications

Univera Healthcare now supports CAQH CORE Phase II connectivity rules. Your software must be CAQH compatible with one of these two communication methods that we currently support before you can begin to test:

- HTTP MIME Multipart
- SOAP + WSDL

Before you can begin testing with Univera Healthcare, you will need to provide the Univera Healthcare EDI Solutions Analyst with whom you are working either the IP address(es) or the range of IP addresses that you will be using for testing purposes. If, at any time during your testing, your IP address(es) will be changing, you must notify us of your new IP address(es) for your connectivity to remain active. Please allow 5 - 7 business days for the processing of new IP addresses.

Once your test submitter ID and password is assigned, please follow the procedures outlined in this Companion Guide to perform transaction testing.

A trading partner using CAQH communications channel is limited to 4 concurrent connections per USER ID. The limitation is there so that we are not flooded by inquiries which might keep other trading partners from sending and receiving transactions through the CAQH connection.

Univera Healthcare will continue also to offer the Secure File Transfer Protocol (SFTP) transmission option to our Trading Partners for non-CAQH transactions.

4.4.1 Requirements for MIME and/or SOAP Transactions

- PayloadType - Accepted values are:
 - X12_270_Request_005010X279A1 (RealTime and/or Batch 270)
 - X12_276_Request_005010X212 (RealTime 276)
 - X12_005010_Request_Batch_Results_271 (Batch Retrieval 271)
 - X12_999_SubmissionRequest_005010X231A1 (Batch Retrieval 999)
 - X12_835_Request_005010S221A1 (Batch 835 Transaction)
- ProcessingMode - Accepted values are:
 - RealTime
 - Batch

- PayloadID – Unique identifier for the transaction. For 999 and 271 batch retrieval transactions, please ensure you are submitting the same Payload ID as submitted in the 270 batch submission.
- PayloadLength (Batch Submission Only) – Length of the payload being submitted
- TimeStamp – Time when message was sent
- SenderID - The UserID to insert here will be provided by the EDI Test Analyst
- ReceiverID – Should contain Univera
- CORERuleVersion – Should contain 2.2.0
- CheckSum (Batch Submission Only) – Used to verify integrity of message being sent
- Payload - This contains the HIPAA ANSI X12 transaction

4.4.2 Sample Soap RealTime Transmission:

POST https://qaedi.univerahealthcare.com/CAQH_WS/Core HTTP/1.1
Accept-Encoding: gzip,deflate
Content-Type: application/soap+xml;charset=UTF-8;action="RealTimeTransaction"
Content-Length: 1867
Host: qaedi.univerahealthcare.com
Connection: Keep-Alive
User-Agent: Apache-HttpClient/4.1.1 (java 1.5)

```
<soap:Envelope xmlns:cor="http://www.caqh.org/SOAP/WSDL/CORERule2.2.0.xsd"
xmlns:soap="http://www.w3.org/2003/05/soap-envelope">
  <soap:Header><wsse:Security soap:mustUnderstand="true" xmlns:wsse="http://docs.oasis-
open.org/wss/2004/01/oasis-200401-wss-wssecurity-secext-1.0.xsd" xmlns:wsu="http://docs.oasis-
open.org/wss/2004/01/oasis-200401-wss-wssecurity-utility-1.0.xsd"><wsse:UsernameToken
wsu:Id="UsernameToken-1"><wsse:Username>[Username goes here]</wsse:Username><wsse:Password
Type="http://docs.oasis-open.org/wss/2004/01/oasis-200401-wss-username-token-profile-
1.0#PasswordText">[Password goes here]</wsse:Password><wsse:Nonce
EncodingType="http://docs.oasis-open.org/wss/2004/01/oasis-200401-wss-soap-message-security-
1.0#Base64Binary">xhUDYO1ct3WLKKfd64uZiA==</wsse:Nonce><wsu:Created>2013-10-
07T16:04:51.001Z</wsu:Created></wsse:UsernameToken></wsse:Security></soap:Header>
  <soap:Body>
    <cor:COREEnvelopeRealTimeRequest>
      <PayloadType>X12_270_Request_005010X279A1</PayloadType>
      <ProcessingMode>RealTime</ProcessingMode>
      <PayloadID>xahj3fh92fj</PayloadID>
      <TimeStamp>01-04-2013 11:20:00</TimeStamp>
      <SenderID>Vendor</SenderID>
      <ReceiverID>Univera</ReceiverID>
      <CORERuleVersion>2.2.0</CORERuleVersion>
      <Payload>[Payload data goes here]</Payload>
    </cor:COREEnvelopeRealTimeRequest>
```

```
</soap:Body>  
</soap:Envelope>
```

4.4.3 Sample SOAP Batch Transmission:

```
POST https://qaedi.univerahealthcare.com/CAQH_WS/Core HTTP/1.1  
Accept-Encoding: gzip,deflate  
Content-Type: multipart/related; type="application/xop+xml"; start="<rootpart@soapui.org>"; start-  
info="application/soap+xml"; action="BatchSubmitTransaction"; boundary="----  
=_Part_3_1828147480.1381164470576"  
MIME-Version: 1.0  
Content-Length: 8293  
Host: qaedi.univerahealthcare.com  
Connection: Keep-Alive  
User-Agent: Apache-HttpClient/4.1.1 (java 1.5)
```

```
-----=_Part_3_1828147480.1381164470576  
Content-Type: application/xop+xml; charset=UTF-8; type="application/soap+xml";  
action="\BatchSubmitTransaction\""  
Content-Transfer-Encoding: 8bit  
Content-ID: <rootpart@soapui.org>
```

```
<soap:Envelope xmlns:cor="http://www.caqh.org/SOAP/WSDL/CORERule2.2.0.xsd"  
xmlns:soap="http://www.w3.org/2003/05/soap-envelope">  
  <soap:Header><wsse:Security soap:mustUnderstand="true" xmlns:wsse="http://docs.oasis-  
open.org/wss/2004/01/oasis-200401-wss-wssecurity-secext-1.0.xsd" xmlns:wsu="http://docs.oasis-  
open.org/wss/2004/01/oasis-200401-wss-wssecurity-utility-1.0.xsd"><wsse:UsernameToken  
wsu:Id="UsernameToken-3"><wsse:Username>[Username goes here]</wsse:Username><wsse:Password  
Type="http://docs.oasis-open.org/wss/2004/01/oasis-200401-wss-username-token-profile-  
1.0#PasswordText">[Password goes here]</wsse:Password><wsse:Nonce  
EncodingType="http://docs.oasis-open.org/wss/2004/01/oasis-200401-wss-soap-message-security-  
1.0#Base64Binary">8E3Cud4L1bG99fUQ6qllTA==</wsse:Nonce><wsu:Created>2013-10-  
07T16:47:50.569Z</wsu:Created></wsse:UsernameToken></wsse:Security></soap:Header>  
  <soap:Body>  
    <cor:COREEnvelopeBatchSubmission>  
<PayloadType>X12_270_Request_005010X279A1</PayloadType>  
    <ProcessingMode>Batch</ProcessingMode>  
    <PayloadID>abcd1</PayloadID>  
    <PayloadLength>9999</PayloadLength>  
    <TimeStamp>01-04-2013 11:18:00</TimeStamp>  
    <SenderID>Vendor</SenderID>  
    <ReceiverID>Univera</ReceiverID>  
    <CORERuleVersion>2.2.0</CORERuleVersion>  
    <Checksum>xxxxxx</Checksum>  
    <Payload><inc:Include href="cid:Univ20.txt"  
xmlns:inc="http://www.w3.org/2004/08/xop/include"/></Payload>  
    </cor:COREEnvelopeBatchSubmission>  
  </soap:Body>  
</soap:Envelope>  
-----=_Part_3_1828147480.1381164470576  
Content-Type: text/plain; charset=Cp1252; name=Univ20.txt
```

Content-Transfer-Encoding: quoted-printable
Content-ID: <Univ20.txt>
Content-Disposition: attachment; name="Univ20.txt"; filename="Univ20.txt"

[Payload data goes here]
-----=_Part_3_1828147480.1381164470576--

4.4.4 Sample MIME/Multipart RealTime Transmission:

POST

https://qaedi.univerahealthcare.com/CAQHWeb/servlet/CAQHServlet?UserName=cid%3AUserName&Password=cid%3APassword&PayloadType=cid%3APayloadType&ProcessingMode=cid%3AProcessingMode&PayloadID=cid%3APayloadID&TimeStamp=cid%3ATimeStamp&SenderID=cid%3ASenderID&ReceiverID=cid%3AReceiverID&CORERuleVersion=cid%3ACORERuleVersion&Payload=cid%3APayload&PayloadLength=cid%3APayloadLength&Checksum=cid%3AChecksum HTTP/1.1

Accept-Encoding: gzip,deflate

Content-Type: multipart/form-data; boundary="-----=_Part_30_28345992.1363360887065"

MIME-Version: 1.0

Content-Length: 3494

Host: qaedi.univerahealthcare.com

Connection: Keep-Alive

User-Agent: Apache-HttpClient/4.1.1 (java 1.5)

-----=_Part_30_28345992.1363360887065
Content-Type: text/plain; charset=Cp1252; name=ProcessingMode.txt
Content-Transfer-Encoding: binary
Content-Disposition: form-data; name="ProcessingMode"; filename="ProcessingMode.txt"

RealTime

-----=_Part_30_28345992.1363360887065
Content-Type: text/plain; charset=Cp1252; name=PayloadType.txt
Content-Transfer-Encoding: binary
Content-Disposition: form-data; name="PayloadType"; filename="PayloadType.txt"

X12_270_Request_005010X279A1

-----=_Part_30_28345992.1363360887065
Content-Type: text/plain; charset=Cp1252; name=Payload.txt
Content-Transfer-Encoding: binary
Content-Disposition: form-data; name="Payload"; filename="Payload.txt"

Transaction goes here~

-----=_Part_30_28345992.1363360887065
Content-Type: text/plain; charset=Cp1252; name=UserName.txt
Content-Transfer-Encoding: binary
Content-Disposition: form-data; name="UserName"; filename="UserName.txt"

SubmitterID

-----=_Part_30_28345992.1363360887065
Content-Type: text/plain; charset=Cp1252; name=PayloadID.txt
Content-Transfer-Encoding: binary
Content-Disposition: form-data; name="PayloadID"; filename="PayloadID.txt"

ABCDEFG1234

-----=_Part_30_28345992.1363360887065
Content-Type: text/plain; charset=Cp1252; name=Password.txt
Content-Transfer-Encoding: binary
Content-Disposition: form-data; name="Password"; filename="Password.txt"

Yhx8Xq

-----=_Part_30_28345992.1363360887065
Content-Type: text/plain; charset=Cp1252; name=TimeStamp.txt
Content-Transfer-Encoding: binary
Content-Disposition: form-data; name="TimeStamp"; filename="TimeStamp.txt"

01-17-2012 01:01:01

-----=_Part_30_28345992.1363360887065
Content-Type: text/plain; charset=Cp1252; name=SenderID.txt
Content-Transfer-Encoding: binary
Content-Disposition: form-data; name="SenderID"; filename="SenderID.txt"

soapUI

-----=_Part_30_28345992.1363360887065
Content-Type: text/plain; charset=Cp1252; name=ReceiverID.txt
Content-Transfer-Encoding: binary
Content-Disposition: form-data; name="ReceiverID"; filename="ReceiverID.txt"

Univera

-----=_Part_30_28345992.1363360887065
Content-Type: text/plain; charset=Cp1252; name=CORERuleVersion.txt
Content-Transfer-Encoding: binary
Content-Disposition: form-data; name="CORERuleVersion"; filename="CORERuleVersion.txt"

2.2.0

-----=_Part_30_28345992.1363360887065
Content-Type: text/plain; charset=Cp1252; name=Checksum.txt
Content-Transfer-Encoding: binary
Content-Disposition: form-data; name="Checksum"; filename="Checksum.txt"

-----=_Part_30_28345992.1363360887065

Content-Type: text/plain; charset=Cp1252; name=PayloadID.txt
Content-Transfer-Encoding: binary
Content-Disposition: form-data; name="PayloadID"; filename="PayloadID.txt"

ABCDEFG1234

-----=_Part_30_28345992.1363360887065
Content-Type: text/plain; charset=Cp1252; name=PayloadLength.txt
Content-Transfer-Encoding: binary
Content-Disposition: form-data; name="PayloadLength"; filename="PayloadLength.txt"

476

-----=_Part_30_28345992.1363360887065—

4.4.5 Sample MIME/Multipart Batch Submission:

POST

https://qaedi.univerahealthcare.com/CAQHWeb/servlet/CAQHServlet?UserName=cid%3AUserName&Password=cid%3APassword&PayloadType=cid%3APayloadType&ProcessingMode=cid%3AProcessingMode&PayloadID=cid%3APayloadID&TimeStamp=cid%3ATimeStamp&SenderID=cid%3ASenderID&ReceiverID=cid%3AReceiverID&CORERuleVersion=cid%3ACORERuleVersion&Payload=cid%3APayload&PayloadLength=cid%3APayloadLength&Checksum=cid%3AChecksum HTTP/1.1

Accept-Encoding: gzip,deflate

Content-Type: multipart/form-data; boundary="-----_Part_33_927588.1363361537077"

MIME-Version: 1.0

Content-Length: 3536

Host: qaedi.univerahealthcare.com

Connection: Keep-Alive

User-Agent: Apache-HttpClient/4.1.1 (java 1.5)

-----_Part_33_927588.1363361537077

Content-Type: text/plain; charset=Cp1252; name=ProcessingMode.txt

Content-Transfer-Encoding: binary

Content-Disposition: form-data; name="ProcessingMode"; filename="ProcessingMode.txt"

Batch

-----_Part_33_927588.1363361537077

Content-Type: text/plain; charset=Cp1252; name=PayloadType.txt

Content-Transfer-Encoding: binary

Content-Disposition: form-data; name="PayloadType"; filename="PayloadType.txt"

X12_270_Request_005010X279A1

-----_Part_33_927588.1363361537077

Content-Type: text/plain; charset=Cp1252; name=Payload.txt

Content-Transfer-Encoding: binary

Content-Disposition: form-data; name="Payload"; filename="Payload.txt"

[Payload goes here]

-----_Part_33_927588.1363361537077

Content-Type: text/plain; charset=Cp1252; name=UserName.txt

Content-Transfer-Encoding: binary

Content-Disposition: form-data; name="UserName"; filename="UserName.txt"

SubmitterID

-----_Part_33_927588.1363361537077

Content-Type: text/plain; charset=Cp1252; name=PayloadID.txt

Content-Transfer-Encoding: binary

Content-Disposition: form-data; name="PayloadID"; filename="PayloadID.txt"

ABCDEFG1234

-----_Part_33_927588.1363361537077

Content-Type: text/plain; charset=Cp1252; name=Password.txt

Content-Transfer-Encoding: binary

Content-Disposition: form-data; name="Password"; filename="Password.txt"

Yhx8Xq

-----=_Part_33_927588.1363361537077
Content-Type: text/plain; charset=Cp1252; name=TimeStamp.txt
Content-Transfer-Encoding: binary
Content-Disposition: form-data; name="TimeStamp"; filename="TimeStamp.txt"

01-17-2012 01:01:01
-----=_Part_33_927588.1363361537077
Content-Type: text/plain; charset=Cp1252; name=SenderID.txt
Content-Transfer-Encoding: binary
Content-Disposition: form-data; name="SenderID"; filename="SenderID.txt"

soapUI
-----=_Part_33_927588.1363361537077
Content-Type: text/plain; charset=Cp1252; name=ReceiverID.txt
Content-Transfer-Encoding: binary
Content-Disposition: form-data; name="ReceiverID"; filename="ReceiverID.txt"

Univera
-----=_Part_33_927588.1363361537077
Content-Type: text/plain; charset=Cp1252; name=CORERuleVersion.txt
Content-Transfer-Encoding: binary
Content-Disposition: form-data; name="CORERuleVersion"; filename="CORERuleVersion.txt"

2.2.0
-----=_Part_33_927588.1363361537077
Content-Type: text/plain; charset=Cp1252; name=Checksum.txt
Content-Transfer-Encoding: binary
Content-Disposition: form-data; name="Checksum"; filename="Checksum.txt"

6EDAE721
-----=_Part_33_927588.1363361537077
Content-Type: text/plain; charset=Cp1252; name=PayloadID.txt
Content-Transfer-Encoding: binary
Content-Disposition: form-data; name="PayloadID"; filename="PayloadID.txt"

ABCDEFG1234
-----=_Part_33_927588.1363361537077
Content-Type: text/plain; charset=Cp1252; name=PayloadLength.txt
Content-Transfer-Encoding: binary
Content-Disposition: form-data; name="PayloadLength"; filename="PayloadLength.txt"

15936
-----=_Part_33_927588.1363361537077--

4.5 Passwords

Your test account username and password will be created and provided to you by your Univera Healthcare EDI Solutions test analyst. After you have successfully completed testing and been approved for production, you will be provided with an activated production username and password. If you forget your username or password, please contact the eCommerce Help Desk at 1-877-843-8520 for assistance.

Passwords must be transmitted in plain text format.

5 Contact Information

5.1 eCommerce Department

EDI Customer Service

Hours of Operation:

Monday through Thursday 8 a.m. – 4:30 p.m.

Friday 9 a.m. – 4:30 p.m.

Phone: 585-238-4618 or toll-free 1-877-843-8520 or 1-800-278-1247

EDI Technical Assistance

Please begin with contacting the eCommerce Department at the above number.

Subsequent contact can be emailed to EDI Solutions at:

edi.solutions@univerahealthcare.com

5.2 Provider Service Telephone Numbers

Call Provider Services at 716-857-4444 or 1-800-617-1114

5.3 Applicable Website/E-mail

<https://www.UniveraHealthcare.com>

<http://www.lifethc.com>

eCommerce Helpdesk

tps@univerahealthcare.com

EDI Solutions

edi.solutions@univerahealthcare.com

5.4 Additional Websites

There are many national and regional organizations that are undertaking various activities in an effort to support the success and implementation of CAQH CORE including:

Data and Transactions Standards

- Washington Publishing Company with implementation guides for the X12N transaction standards: <http://www.wpc-edi.com/>
- ASC X12 The Accredited Standards Committee: <http://www.x12.org>
- Committee on Operating Rules for Information Exchanges: <http://www.caqh.org>

6 Control Segments/Envelopes

This section describes the transaction requirements to be used in conjunction with the requirements outlined in the transaction-specific HIPAA ANSI ASC X12N Implementation Guide. Adhering to these requirements will help to ensure that transactions submitted will pass business edits.

6.1 ISA-IEA

Please refer to Section 10 of this Companion Guide for specific segment requirements for each HIPAA ANSI X12 Transaction.

6.2 GS-GE

Please refer to Section 10 of this Companion Guide for specific segment requirements for each HIPAA ANSI X12 Transaction.

6.3 ST-SE

Please refer to Section 10 of this Companion Guide for specific segment requirements for each HIPAA ANSI X12 Transaction.

7 Payer-Specific Business Rules and Limitations

- 1) Please refer to www.univerahealthcare.com, Provider Page, for information about clinical and medical policies.
- 2) Only one ISA/IEA will be accepted per transmission. Multiple transmissions may be sent at any time.
- 3) Each ASC X12 data interchange received from a Trading Partner must meet the ASC X12 syntax rules presented in the HIPAA ANSI ASC X12N Implementation Guide. Note: If an X12 syntax rule is violated, the Implementation Acknowledgment for Health Care Insurance (999) data interchange will indicate that the ASC X12 interchange is being rejected. The Trading Partner must correct and resubmit.
- 4) The syntactical requirements presented in the HIPAA ANSI ASC X12N Implementation Guides will be used to determine whether the Trading Partner submitted a 5010 transaction in accordance with the aforementioned implementation guideline.
- 5) The ISA, GS, GE and IEA segments are presented in Appendix B of the HIPAA ANSI ASC X12N Implementation Guide. These segments must be submitted to meet the ASC X12 enveloping syntax requirements for the interchange of an ASC X12 transaction and the data presented in the Data Elements will be edited.
- 6) Values for the edits are as follows:
 - a. For Syntax and Symantec Errors, violations will always result in the rejection of the ISA – IEA, ST-SE, data interchange via the 999 data interchange. If there is a data interchange (ISA or GS) error, all of the ST - SE transactions in the data interchange will be rejected, with a net result of the data interchange being rejected.
 - b. A Business Validation edit will result in either an Implementation Acknowledgment for Health Care Insurance (999) or rejected inquiry transaction.
- 7) Recommended File Delimiters:

DELIMITER	CHARACTER	NAME
Data Element Separator	*	Asterisk
Sub Element Separator	:	Colon
Segment Terminator	~	Tilde
Repetition Separator	{	Left Bracket

- 8) All ALPHA characters should be in uppercase.

8 Acknowledgments and/or Reports

Error reporting occurs through a variety of transactions or reports, depending on the type of error being reported, in which transaction it occurs, and where the error occurs in the transmission. Editing for errors is broadly organized into two categories: HIPAA ANSI ASC X12N Implementation Guide edits and Univera Healthcare business edits.

HIPAA ANSI ASC X12N Implementation Guide errors are possible at all levels of the transmission – from the Interchange Control portion of the transmission to the detailed segments within the Transaction Set. HIPAA ANSI ASC X12N Implementation Guide errors within the Interchange Control (ISA/IEA) are reported with a TA1 transaction. Errors within the Functional Group (GS/GE) or any portion of the Transaction Set (ST/SE) are reported with a 999 Transaction.

TA1 Interchange Acknowledgment

The TA1 Interchange Acknowledgment provides senders a positive or negative confirmation of the transmission of the ISA /IEA Interchange Control. Depending on the transaction being submitted, a positive TA1 will either be returned within the 999 or will be returned as a separate transaction followed by a 999 Acknowledgment, reporting on the HIPAA ANSI ASC X12N Implementation Guide edits from the Functional Group level and below. The TA1 negative response indicates the rejection of the ISA, and by extension, the Functional Group (GS/GE) and Transaction Sets (ST/SE) below it. If a negative TA1 (TA104 = R) is received, the sender receives no 999 Acknowledgment. The TA105 provides a note code identifying why the transmission was rejected. Univera Healthcare uses only two values for the Interchange Acknowledgment Code (TA104): "A" (the ISA/IEA is accepted and has no errors) or "R" (the ISA/IEA is rejected for errors).

Normally, EDI transactions are a continuous stream of characters. However, the following examples of TA1s are aligned with each segment beginning at the left margin for ease of reading and clarity.

Accepted TA1:	<pre>ISA*00* *00* *ZZ*00306 *ZZ*0161576637 *130405*0924*^*00501*095300007*0*P*:~ TA1*000000718*130201*0748*A*000~ IEA*0*095300007~</pre>
Rejected TA1:	<pre>ISA*00* *00* *ZZ*00306 *ZZ*0743032373 *130411*2133*^*00501*101300017*0*P*:~ TA1*878754942*121015*2059*R*016~ IEA*0*101300017~</pre>

(See sample 999 below for imbedded TA1.)

999 Functional Acknowledgment

The 999 Functional Acknowledgment reports on all HIPAA ANSI ASC X12N Implementation Guide edits from the Functional Group and Transaction Sets. Errors detected within the Functional Group (GS/GE) portion of the transmission may result in the rejection of the entire Functional Group. If trading partners receive a 999 identifying HIPAA ANSI ASC X12N Implementation Guide errors within a Transaction Set, the Transaction Set containing those errors is rejected. Other Transaction Sets within the Functional Group that do not contain Implementation Guide errors are accepted. Multiple Transaction Sets within a single transmission are evaluated independently and accepted or rejected based upon Implementation Guide edits.

Univera Healthcare returns the TA1 or 999 Transaction only. Trading partners who are unable to accept a 999 or TA1 Transaction are not provided with alternative HIPAA ANSI ASC X12N Implementation Guide error reporting mechanisms.

Normally, EDI transactions are a continuous stream of characters. However, the following examples of 999s are aligned with each segment beginning at the left margin for ease of reading and clarity. It is also important to note that the 999 transaction is not returned in an easy-to-read formatted report. This transaction needs to be translated by the Trading Partner's software.

Accepted 999:

```

ISA*00*      *00*      *ZZ*00805      *ZZ*SUBMTRID
*130405*1630*^*00501*095384767*0*P*:~
GS*FA*00805*SUBMTRID*20130405*1630*95345449*X*005010X231A1~
ST*999*0001*005010X231A1~
AK1*HC*1700001*005010X222A1~
AK2*837*1700001*005010X222A1~
IK5*A~
AK9*A*1*1*1~
SE*6*0001~
GE*1*95345449~
IEA*1*095384767~
    
```

Rejected 999:

```

ISA*00*      *00*      *ZZ*00805      *ZZ*SUBMTRID
*130411*2257*^*00501*101329178*0*P*:~
GS*FA*00805*SUBMTRID*20130411*2257*101329687*X*005010X231A1~
ST*999*0001*005010X231A1~
AK1*HC*1700001*005010X222A1~
AK2*837*1700001*005010X222A1~
IK3*NM1*8*2010*8~
IK4*8*66*2~
IK3*NM1*8*2010*8~
IK4*9*67*2~
IK5*R*5~
AK9*R*1*1*0~
SE*10*0001~
GE*1*101329687~
IEA*1*101329178~
    
```


Accepted 999 with TA1:

```
ISA*03*EXCELLUSCQ*01*000000000*ZZ*00000000Univera*ZZ*0000000Eliginet*131007*1
152*A*00501*000000030*0*T*::~~
TA1*000000030*130320*2046*A*000~
GS*FA*00000000Univera*00000000Eliginet*20131007*11522614*1*X*005010X231A1~
ST*999*0001*005010X231A1~
AK1*HS*30*005010X279A1~
AK2*270*0001*005010X279A1~
IK5*A~
AK9*A*1*1*1~
SE*6*0001~
GE*1*1~
IEA*1*000000030~
```

Rejected 999 with TA1:

```
ISA*03*EXCELLUSCQ*01*
*ZZ*00000000Eliginet*ZZ*00000000Univera*130904*1501**00501*000000001*0*P*::~~
TA1*22222222*130321*1203*A*000~
GS*FA*00000000Univera*00000000Univera*20130904*150107*1*X*005010X231A1~
ST*999*0001*005010X231A1~
AK1*HS*888*005010X279A1~
AK9*R*0*0*0~
SE*1*0001~
GE*0*1~
IEA*1*000000001~
```

8.1 Report Inventory

Please refer to Section 10 of this Companion Guide for specific reports returned for each X12 Transaction.

9 Trading Partner Agreements

An EDI Trading Partner is defined as any Univera Healthcare customer (participating provider, billing service, clearinghouse or software vendor, etc. representing a Univera participating provider) that transmits or receives electronic data from Univera Healthcare.

Each Trading Partner must complete a Trading Partner Agreement in order to exchange X12 Transactions with Univera Healthcare.

Trading Partner Agreements are available at:

http://www.lifethc.com/vendors/vendor_consent_forms.shtml

Please complete the appropriate forms and mail original documents to:

Univera Healthcare
Attn: EDI Solutions
P.O. Box 22999
Rochester, New York 14692

10. TRANSACTION SPECIFIC INFORMATION

Transaction	Page
270/271 Health Care Eligibility Benefit Inquiry and Response	28
276/277 Health Care Claim Status Request and Response	39
835 Health Care Claim Payment/Advice and Electronic Funds Transfer	49

10.1 – 270/271 Health Care Eligibility Benefit Inquiry and Response

General Information:

- ANSI X12 5010 Version is required for 270 Transaction Set. Submitters passing syntax and HIPAA ANSI ASC X12N Implementation Guide editing will have responses returned in the ANSI X12 5010 271 Response Transaction Set, based on the HIPAA ANSI ASC X12N Implementation Guide. Univera Healthcare will return all syntax and HIPAA ANSI ASC X12N Implementation Guide editing via TA1 and/or 999.
- Submitters must have Internet (HTTPS) connection capability to submit 270 inquiries and receive 271 responses
- The 271 response returned by Univera Healthcare should not be interpreted as 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.
- You are responsible for the timely retrieval of all real-time 271 responses.
- The 271 batch response file may contain a single or multiple 271 transactions.
- If we are performing system maintenance at the time of your transmission, you will receive an AAA response indicating we are unable to respond at this time.

Test Criteria:

Trading Partners **must** send all test transactions with Interchange Usage Indicator (ISA15) = "T" until approved to submit production transactions. When submitting production transactions, the Interchange Usage Indicator (ISA15) = "P". The 270 transaction will return rejected TA1 error code 20 if the incorrect value is submitted within this field.

Univera Healthcare Inquiries Health Care Eligibility Benefit Inquiry (270)	A minimum of 10 inquiries that contain an active Univera Healthcare member. Must be a combination of subscriber and dependent inquiries.
---	--

Error Processing

For Batch 270 Submitters:

Submitters of batch 270 files will receive a TA1 if the Trading Partner requests by placing the value of 1 in the ISA14. If HIPAA ANSI ASC X12N Implementation Guide errors are found within the transmission, a negative TA1 or 999 is returned, identifying the error and the batch is rejected. The original inquiry is closed out and may be resubmitted.

For Real-time 270 Submitters:

No positive TA1 or 999 is returned for 270 Eligibility Inquiry submitters, as a 271 is returned. Non-compliant 270 Inquiries receive either a negative TA1 or a negative 999, depending on where in the x12 the error occurred.

Structural Requirements:

Real-time 270:

Requests are limited to one inquiry, per patient, per transaction.

Batch 270:

Inquiries are limited to **99** patient requests per transaction. Batches received in excess of the 99 transactions will receive a 271 with the 2000A AAA*03 containing the value 04 (Authorized Quantity Exceeded).

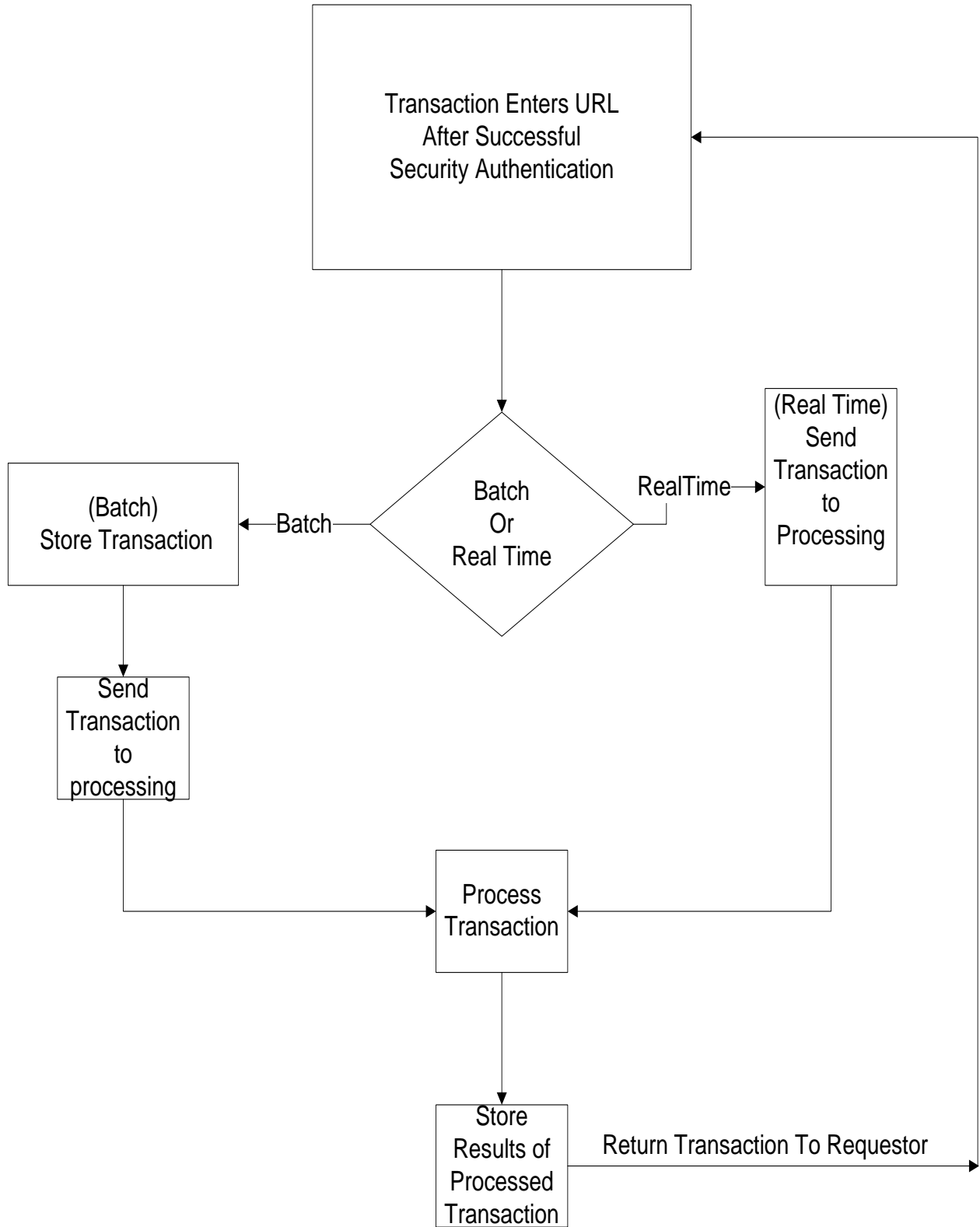
Response Times:

- A response (TA1, 999 reject or 271) to real-time inquiries will be provided within **20 seconds**.
- A response to the batch inquiry will be provided by **7 a.m. (ET) the following day**.
- Batch requests submitted **after 9 p.m. (ET)** will be available by **7 a.m. (ET) two days following submission**.

Process Flow

270/271

- The Trading Partner submits a request via one of the approved forms of connectivity.
- Univera Healthcare authenticates the user id and password. If the Trading Partner is not authorized, one of the following responses will be returned based on the submission format that is used:
 - Soap:
<Code>Unauthorized</Code>
<Reason>The username/password could not be verified.</Reason>
 - MIME:
HTTP/1.1 403 Forbidden
The username/password could not be verified.
- If the Trading Partner is successfully authenticated, one of the following files will be returned:
 - TA1 (if problem with the ISA/IEA segments exist)
 - 999 Reject (if problem occurs within the subsequent loops and segments)
 - 271 Eligibility Response



Transmission and Re-Transmission Procedure

Real-time:

When a Real-time response message is not received within the 60-second response period, the submitter's system should send a duplicate transaction no sooner than 90 seconds after the original attempt was sent. If no Real-time response is received after the second attempt, the submitter's system should submit no more than 5 duplicate transactions within the next 15 minutes.

When additional attempts result in the same timeout termination, the submitter's system must notify the submitter to contact the receiver directly to determine if system availability problems exist or if there are known Internet traffic constraints causing the delay.

Batch:

When an individual transaction error occurs during validation, the entire batch may be affected. Typical errors include invalid formatting or missing information in the message header. When a batch passes validation, it is sent to the Payer system.

270/271:

Batch Submitters:

Submitters of batch X12 files will be able to request a 999 and/or TA1 Acknowledgment from Univera Healthcare. Batches received by Univera Healthcare prior to 9 p.m. will have a response returned no later than 7 a.m. the next morning.

Real-time Submitters:

No positive TA1 or 999 response is returned for Real-time 270 submitters, as a 271 is returned.

271 Responses:

General Information:

- Univera Healthcare supports a general inquiry of Eligibility Status.
- Active coverage is not a guarantee of payment. Benefits are subject to all contract limits and the member's status on the date of service.
- Depending upon the Type of Service requested, Copay, Coinsurance, Deductible and Limitations may be returned.

Medical Response:

- Univera Healthcare will return active or inactive by EB01 = 1 (active) or EB01 = 6 (inactive) for an Eligibility Inquiry.
- The benefit Effective Date and Term Date will be given.
- Depending upon the Type of Service requested, Copay, Coinsurance, Deductible, Accumulated Benefits and Limitations may be returned.

Dental Response:

- The benefit Effective Date and Term Date will be given.

Control Segments/Envelopes:**270 ISA:**

This table describes the values specifically required within the ISA Header of the 270 request transaction. Please follow the rules as specified by the HIPAA ANSI ASC X12N Implementation Guide for all other elements in the ISA Header.

Loop ID	Reference	Name	Codes/Values	Univera Healthcare Business Rule
ISA	Interchange Control Header			
	05	Interchange ID Qualifier	ZZ	Mutually Defined
	06	Interchange Sender ID	Submitter's User ID	Sender ID. Used to verify submitter authorization. Submit the appropriate Trading Partner User ID.
	07	Interchange ID Qualifier	ZZ	Mutually Defined
	08	Interchange Receiver ID	00302	Receiver Plan ID: Univera Healthcare
	11	Repetition Separator	{	Note: Use of the " " as the repetition separator in transmitted data will result in translation errors.
	12	Interchange Control Version Number	00501	
	15	Interchange Usage Indicator	P or T	'P' for Production, 'T' for Test

270 IEA:

There are no custom values required within the IEA segment of the 270 Request. Please reference the HIPAA ANSI ASC X12N Implementation Guide for IEA envelope data information and requirements.

270 GS:

This table describes the values specifically required within the GS Header of the 270 request transaction. Please follow the rules as specified by the HIPAA ANSI ASC X12N Implementation Guide for all other elements in the GS Header.

Loop ID	Reference	Name	Codes/Values	Univera Healthcare Business Rule
GS	Functional Group Header			
	02	Application Sender's Code	Submitter's User ID	Sender ID. Used to verify submitter authorization. Submit the appropriate Trading Partner User ID.
	03	Application Receiver's Code	00302	Receiver Plan ID
	05	Time	HHMM	Use the HHMM format as recommended in the

				Implementation Guide.
	08	Version / Release / Industry Identifier Code	005010X279A1	

270 GE:

There are no custom values required within the GE segment of the 270 Request. Please reference the HIPAA ANSI ASC X12N Implementation Guide for GE envelope data information and requirements.

270 ST/SE:

Batch transactions are limited to 99 patient requests per batch file.

Real-Time inquiries must contain only one ST-SE segment. Any transaction with greater than one 270 inquiry will be considered a batch transaction. Real-Time inquiries received in excess of one transaction will receive a rejected 999.

Please reference the ASC X12 Implementation Guide for ST/SE segment data information and requirements.

271 ISA:

This table describes the values specifically returned within the ISA Header of the 271 response transaction. Please follow the rules as specified by the HIPAA ANSI ASC X12N Implementation Guide for all other elements in the ISA Header.

Loop ID	Reference	Name	Codes/Values	Univera Healthcare Business Rule
ISA		Interchange Control Header		
	05	Interchange ID Qualifier	ZZ	Mutually Defined
	06	Interchange Sender ID	302	
	07	Interchange ID Qualifier	ZZ	Mutually Defined
	11	Repetition Separator	{	
	12	Interchange Control Version Number	00501	

271 IEA:

Please reference the HIPAA ANSI ASC X12N Implementation Guide for IEA envelope data information and requirements.

271 GS:

This table describes the values specifically returned within the GS Header of the 271 response transaction. Please follow the rules as specified by the HIPAA ANSI ASC X12N Implementation Guide for all other elements in the GS Header.

Loop ID	Reference	Name	Codes/Values	Univera Healthcare Business Rule
GS	Functional Group Header			
	02	Application Sender's Code	302	
	05	Time	HHMM	The HHMM format is used as recommended in the Implementation Guide.
	08	Version / Release / Industry Identifier Code	005010X279A1	

271 GE:

Please reference the HIPAA ANSI ASC X12N Implementation Guide for GE envelope data information and requirements.

271 ST/SE:

Please reference the HIPAA ANSI ASC X12N Implementation Guide for ST/SE segment data information and requirements.

REPORT INVENTORY:

270 Batch Transaction:

- An accepted TA1 will be returned imbedded within the 999 as described in Section 8 above of this Companion Guide. A rejected TA1 will be returned as its own transaction.
- The Implementation Acknowledgment for Health Care Insurance (999) will report transaction set errors and will be created for all positive and negative cases except interchange errors, which will receive the TA1. If the batch passed through the HIPAA ANSI ASC X12N Implementation Guide edits, it will be an accepted report (IK5 = A). If there were errors, it will be a rejected report (IK5 = R).
- All available 271s will be returned via the batch retrieval request process.
- If you need assistance correcting any edits that appear on these reports, please contact the eCommerce Department. (See Section 5 of this Companion Guide for contact information.)

270 Real Time Transaction:

- An Interchange Acknowledgment (TA1) report will be generated if the submission has a interchange error.
- The Implementation Acknowledgment for Health Care Insurance (999) will be returned for transaction set errors.

270 DATA ELEMENT TABLE:

This Data Element table summarizes those HIPAA ANSI ASC X12N Implementation Guide elements that require annotation about Univera Healthcare’s business processes. The table identifies the loop, segment and element identifiers from the HIPAA ANSI ASC X12N Implementation Guide, as well as the corresponding business rule specific to that data element. Please follow the rules as specified by the HIPAA ANSI ASC X12N Implementation Guide for all other elements in the transaction.

Loop ID	Reference	Name	Codes/Values	Univera Healthcare Business Rule
BHT	Beginning of Hierarchical Transaction			
	02	Transaction Set Purpose Code	13	
2100A	Information Source Name			
	NM101	Entity Identifier Code	PR	
	NM102	Entity Type Qualifier	2	
	NM103	Organization Name	UNIVERA HEALTHCARE	
	NM108	Identification Code Qualifier	PI	
	NM109	Identification Code	302	Receiver Plan ID
2100B	Information Receiver Name			
	NM103	Name Last or Organization Name		Must include name associated with NPI sent in NM109
	NM108	Identification Code Qualifier	XX	Required
	NM109	Identification Code	NPI	Required. This value must be submitted as a 10-position, numeric identifier.
2100C	NM1	Subscriber Name		
	NM103	Last Name		This value is required when dependent loop (2100D) not sent.
	NM108	Identification Code Qualifier	MI	
	NM109	Identification Code	Subscriber ID	Subscriber ID must begin in the first position.
2100C	DTP	Subscriber Date		
	DTP03	Date Time Period		Must not be a future date
2110C	EQ	Subscriber Eligibility or Benefit Inquiry		
	EQ01	Service Type Code		Must contain a valid Service Type Code.

				Only one Service Type Code allowed per inquiry.
2100D	NM1	Dependent Name		Submit when applicable
	NM103	Dependent Last Name		This value is required
2110D	EQ	Dependent Eligibility or Benefit Inquiry		
	EQ01	Service Type Code		Must contain a valid Service Type Code. Only one Service Type Code allowed per inquiry.

Transaction Samples:

This example includes the minimum required data elements for a 270 transaction. Additional data may be provided by the submitter as per the HIPAA ANSI ASC X12N Implementation Guide.

SAMPLE 270:

```

ISA*00*      *00*      *ZZ*UNI00000  *ZZ*00302      *130410*1014*{*00501*000001094*1*T*:~
GS*HS*UNI00000*00302  *20130410*1014*1094*X*005010X279A1~
ST*270*0001*005010X279A1~
BHT*0022*13*1094*20130410*1014~
HL*1**20*1~
NM1*PR*2*UNIVERA HEALTHCARE*****PI*302  ~
HL*2*1*21*1~
NM1*FA*2*ORGANIZATION NAME*****XX*1234567890~
HL*3*2*22*0~
NM1*IL*1*LASTNAME*FIRSTNAME****MI*123456789~
REF*EJ*8087240~
N3*5 MAIN STREET~
N4*ANYTOWN*NY*12345~
DMG*D8*19600116*F~
DTP*291*D8*20130410~
EQ*30~
SE*15*0001~
GE*1*1094~
IEA*1*000001094~
    
```

Sample 271:

```

ISA*00*      *00*      *ZZ*302      *ZZ*UNI00000  *130410*1201*{*00501*000001094*0*P*:~
GS*HB*00302*UNI00000*20130410*1601201*218751824*X*005010X279A1~
ST*271*0001*005010X279A1~
BHT*0022*11*1094*20130410*1601201~
HL*1**20*1~
NM1*PR*2*UNIVERA HEALTHCARE*****PI*302~
HL*2*1*21*1~
NM1*FA*2*ORGANIZATION NAME*****XX*1234567890~
HL*3*2*22*0~
NM1*IL*1*LASTNAME*FIRSTNAME****MI*123456789~
    
```

REF*EJ*8087240~
N3*5 MAIN STREET~
N4*ANYTOWN*NY*12345~
DMG*D8*19600116~
INS*Y*18~
DTP*291*D8*20130410~
DTP*347*D8*20130101~
EB*6**30~
SE*17*0001~
GE*1*218751824~
IEA*1*000001094~

270/271 Frequently Asked Questions:

- **Do you accept specific Service Type Codes in the EQ01 of the 270?**
We accept all of the service types listed in the HIPAA ANSI ASC X12N Implementation Guide under the EQ segment.
- **Does your system accept more than one Service Type code?**
Our system does not accept multiple service type codes in the 270 transaction. We will return a rejected 999.

10.2 – 276/277 Health Care Claim Status Request and Response

General Information:

- ANSI X12 5010 Version is required for the 276 Transaction Set. Submitters passing syntax and HIPAA ANSI ASC X12N Implementation Guide editing will have responses returned in the ANSI X12 5010 277 Response Transaction Set, based on the HIPAA ANSI ASC X12N Implementation Guide.
- Univera Healthcare will return all syntax and HIPAA ANSI ASC X12N Implementation Guide editing via TA1 and/or 999.
- Submitters must have Internet (HTTPS) connection capability to submit 276 requests and receive 277 responses
- The 277 response returned by Univera Healthcare should not be interpreted as 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.
- Univera Healthcare will provide claim level status responses (277 responses will not include service line information in the 2220 loops).
- Univera Healthcare will respond with status information on all claims for that patient, for that provider, during the service date time period submitted on the 276 request.
- Univera Healthcare will return all claims identified between the from and through dates, unless a claim number is supplied.
- When in the 276 Request, the 2200E REF*01=D9, the value in the REF*02 will be returned on each corresponding claim returned in the 277 Response.
- **Exception Handling**
If the demographic information of the 276 Request is found for either the subscriber or dependent, that information will be returned in the appropriate loop of the 277 Response, regardless of the loop in which that information has been submitted. If the member's ID is unique, their information should be submitted in the subscriber loop, regardless of whether the member is a subscriber or a dependent. If the dependent does not have a unique member ID, submit the dependent's information in the dependent loop.

Test Criteria:

Trading Partners **must** send all test transactions with Interchange Usage Indicator (ISA15) = "T" until approved to submit production transactions. When submitting production transactions, the Interchange Usage Indicator (ISA15) = "P". The 276 transaction will return rejected 999 if the incorrect value is submitted within this field.

Univera Healthcare Inquiries Health Care Claim Status Request (276)	A minimum of 10 inquiries that contain an active Univera Healthcare member. Must be a combination of subscriber and dependent inquiries.
--	--

Error Processing

For Real-time 276 Submitters:

No positive TA1 or 999 is returned for 276 Claim Status Inquiry; confirmation is receipt of the 277 Response. Non-compliant 276 Inquiries receive a either a negative TA1 or a negative 999, depending on where in the X12 the error occurred.

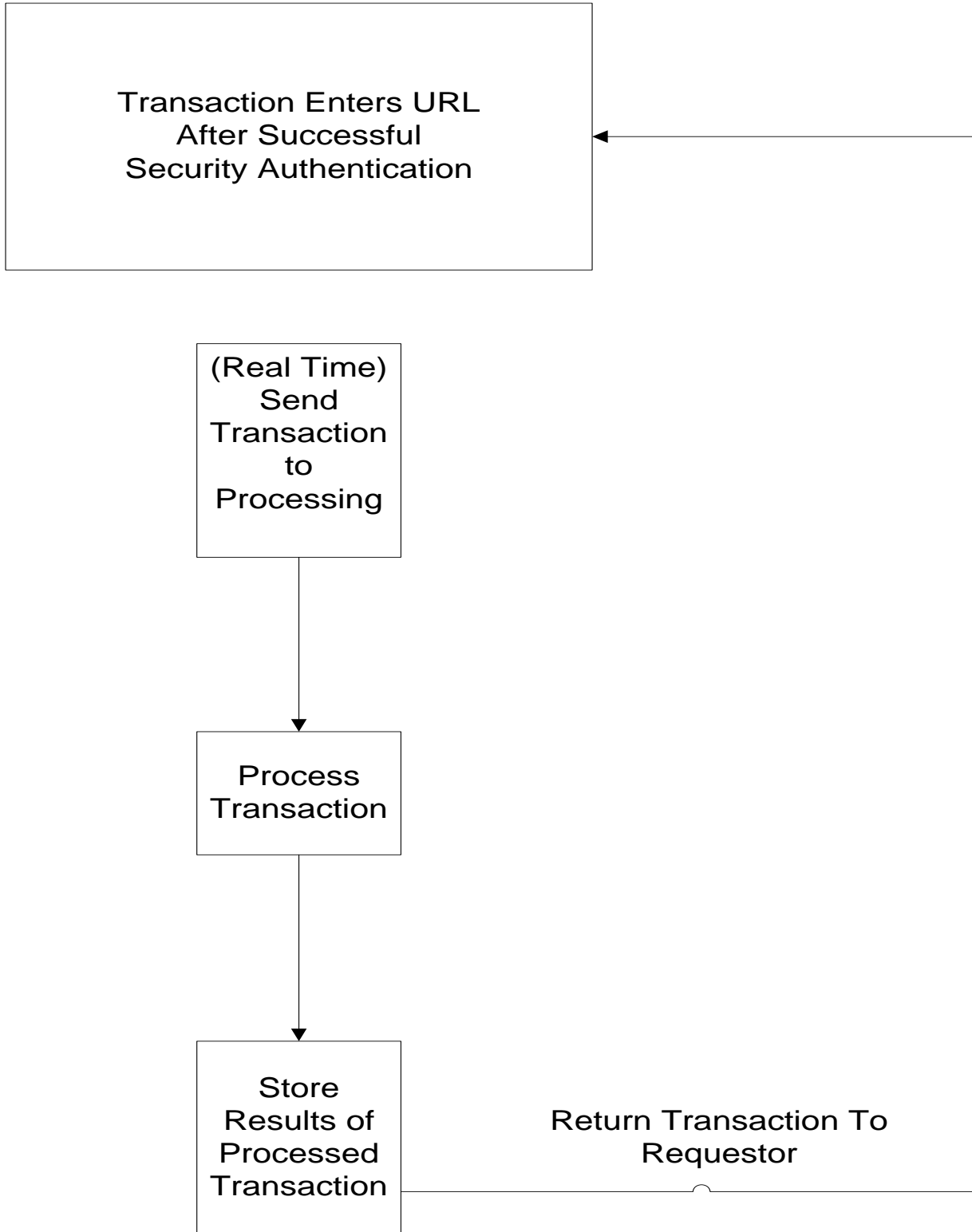
Response Times:

- A response (TA1, 999 reject or 277) to real-time inquiries will be provided within within CAQH SLA guidelines.

Process Flow

276/277

- The Trading Partner submits a request via one of the approved forms of connectivity.
- Univera Healthcare authenticates the user ID and password. If the Trading Partner is not authorized, one of the following responses will be returned based on the submission format that is used:
 - Soap:
<Code>Unauthorized</Code>
<Reason>The username/password could not be verified.</Reason>
 - MIME:
HTTP/1.1 403 Forbidden
The username/password could not be verified.
- If the Trading Partner is successfully authenticated, one of the following transactions will be returned:
 - TA1 (if problem with the ISA/IEA or GS/GE segments exist)
 - 999 Reject (if problem occurs within the subsequent loops and segments)
 - 277 Claim Status Response



Transmission and Re-Transmission Procedure

Real-time:

When a real-time response message is not received within the 60-second response period, the submitter's system should send a duplicate transaction no sooner than 90 seconds after the original attempt was sent. If no real-time response is received after the second attempt, the submitter's system should submit no more than 5 duplicate transactions within the next 15 minutes.

When additional attempts result in the same timeout termination, the submitter's system must notify the submitter to contact the receiver directly to determine if system availability problems exist or if there are known Internet traffic constraints causing the delay.

Control Segments/Envelopes:

276 ISA:

This table describes the values specifically required within the ISA Header of the 276 request transaction. Please follow the rules as specified by the HIPAA ANSI ASC X12N Implementation Guide for all other elements in the ISA Header.

Loop ID	Reference	Name	Codes/Values	Univera Healthcare Business Rule
ISA	Interchange Control Header			
	05	Interchange ID Qualifier	ZZ	Mutually Defined
	06	Interchange Sender ID	Submitter's User ID	Sender ID. Used to verify submitter authorization. Submit the appropriate Trading Partner User ID.
	07	Interchange ID Qualifier	ZZ	Mutually Defined
	08	Interchange Receiver ID	00302	Receiver Plan ID: Univera Healthcare
	11	Repetition Separator	{	
	12	Interchange Control Version Number	00501	
	15	Interchange Usage Indicator	P or T	'P' for Production, 'T' for Test

276 IEA:

There are no custom values required within the IEA segment of the 276 Request. Please reference the HIPAA ANSI ASC X12N Implementation Guide for IEA envelope data information and requirements.

276 GS:

This table describes the values specifically required within the GS Header of the 276 request transaction. Please follow the rules as specified by the HIPAA ANSI ASC X12N Implementation Guide for all other elements in the GS Header.

Loop ID	Reference	Name	Codes/Values	Univera Healthcare Business Rule
GS	Functional Group Header			
	02	Application Sender's Code	Submitter's User ID	Sender ID. Used to verify submitter authorization. Submit the appropriate Trading Partner User ID.
	03	Application Receiver's Code	302	Receiver Plan ID: Univera Healthcare
	05	Time	HHMMSSD	Use the HHMMSSD format as recommended in the Implementation Guide.
	08	Version / Release / Industry Identifier Code	005010X212	

276 GE:

There are no custom values required within the GE segment of the 276 Request. Please reference the HIPAA ANSI ASC X12N Implementation Guide for GE envelope data information and requirements.

276 ST/SE:

Real-Time inquiries must contain only one ST-SE segment. Any transaction with greater than one 276 inquiry will be considered a batch transaction. As Univera Healthcare does not offer batch 276/277 at this time, any real-time transaction with greater than one 276 inquiry will reject on the 999.

Please reference the HIPAA ANSI ASC X12N Implementation Guide for ST/SE segment data information and requirements.

277 ISA:

This table describes the values specifically returned within the ISA Header of the 277 response transaction. Please follow the rules as specified by the HIPAA ANSI ASC X12N Implementation Guide for all other elements in the ISA Header.

Loop ID	Reference	Name	Codes/Values	Univera Healthcare Business Rule
ISA	Interchange Control Header			
	05	Interchange ID Qualifier	ZZ	Mutually Defined
	06	Interchange Sender ID	302	
	07	Interchange ID Qualifier	ZZ	Mutually Defined
	11	Repetition Separator	{	
	12	Interchange Control Version Number	00501	

277 IEA:

Please reference the HIPAA ANSI ASC X12N Implementation Guide for IEA envelope data information and requirements.

277 GS:

Please reference the HIPAA ANSI ASC X12N Implementation Guide for GS envelope data information and requirements.

277 GE:

Please reference the HIPAA ANSI ASC X12N Implementation Guide for GE envelope data information and requirements.

277 ST/SE:

Please reference the HIPAA ANSI ASC X12N Implementation Guide for ST/SE segment data information and requirements.

Important Notices:

276/277:

Real-time Submitters:

A positive TA1 or 999 is not returned for Real-time 276 submitters as a 277 is returned.

276 DATA ELEMENT TABLE:

This Data Element table summarizes those HIPAA ANSI ASC X12N Implementation Guide elements that require annotation about Univera Healthcare's business processes. The table identifies the loop, segment and element identifiers from the Implementation Guide, as well as the corresponding business rule specific to that data element. Please follow the rules as specified by the HIPAA ANSI ASC X12N Implementation Guide for all other elements in this transaction.

Loop ID	Reference	Name	Codes/Values	Univera Healthcare Business Rule
2100A	NM1	Payer Name		
	NM103	Organization Name	UNIVERA HEALTHCARE	
	NM108	Identification Code Qualifier	PI	
	NM109	Identification Code	302	Receiver Plan ID
2100B	NM1	Information Receiver Name		
	NM103	Name Last or Organization Name		Required
2100C	NM1	Provider Name		
	NM103	Name Last or Organization Name		Required
	NM108	Identification Code Qualifier	XX	Required
	NM109	Identification Code	NPI	Required. This value must be submitted as a 10-position, numeric identifier.
2100D	NM1	Subscriber Name		
	NM102	Entity Type Qualifier	1	This value is required
	NM104	Name First		This value is required
	NM108	Identification Code Qualifier	MI	This value is required
	NM109	Identification Code	Subscriber ID	Must begin in the first position
2200D	REF	Payer Claim Control Number		
	REF02	Payer Claim Control Number		If this data is submitted, the value submitted must be accurate. An inaccurate value in this field will cause a claim retrieval failure.
2100E	NM1	Dependent Name		
	NM103	Dependent Last Name		This value is required
	NM104	Dependent First Name		This value is required

Transaction Samples:

This example includes the minimum required data elements for a 276 transaction. Additional data may be provided by the submitter as per the HIPAA ANSI ASC X12N Implementation Guide.

Sample 276:

ISA*00* *00*REALTIME *ZZ*EXC00000 *ZZ*00302
*130307*0511*{*00501*000000001*0*T*:~
GS*HR*EXC00000*302*20130307*0511584*54081*X*005010X212~
ST*276*30399*005010X212~
BHT*0010*13*20130126092958478EXWSUQ01*20130221*1147584~
HL*1**20*1~
NM1*PR*2*UNIVERA HEALTHCARE*****PI*302~
HL*2*1*21*1~
NM1*41*1*LASTNAME*FIRSTNAME*M***46*123456789~
HL*3*2*19*1~
NM1*1P*1*PRVLASTNAME*PRVFIRSTNAME*M***XX*1234567890~
HL*4*3*22*1~
NM1*IL*1*SUBLASTNAME*SUBFIRSTNAME****MI*123456789~
TRN*1*TESTCASE~
HL*5*4*23~
DMG*D8*19570725*F~
NM1*QC*1*PTLASTNAME*PTFIRSTNAME~
TRN*1*TCDEPENDENT~
DTP*472*RD8*20121003-20121003~
SE*17*30399~
GE*1*54081~
IEA*1*000000001~

Sample 277:

ISA*00* *00*I621INH *ZZ*993 *ZZ*302
*130401*1225*{*00501*000000001*0*T*:~
GS*HN*RITSA*RECLA*20130401*12251323*621*X*005010X212~
ST*277*0001*005010X212~
BHT*0010*08*20130126092958478EXWSUQ01*20130401*12251323*DG~
HL*1**20*1~
NM1*PR*2*UNIVERA HEALTHCARE*****PI*302~
HL*2*1*21*1~
NM1*41*1*LASTNAME*FIRSTNAME*M***46*123456789~
HL*3*2*19*1~
NM1*1P*1*PRVLASTNAME*PRVFIRSTNAME*M***XX*1234567890~
HL*4*3*22*1~
NM1*IL*1*SUBLASTNAME*SUBFIRSTNAME****MI*123456789~
HL*5*4*23~
NM1*QC*1*PTLASTNAME*PTFIRSTNAME~
TRN*2*TCDEPENDENT~
STC*F0:107*20121015**30*11.36*20121015**20121015*2012101510300090~
REF*1K*E01234567000~
REF*EJ*506803~
DTP*472*RD8*20121003-20121003~
SE*18*0001~
GE*1*621~
IEA*1*000000001~

10.3 – 835 Health Care Claim Payment/Advice and Electronic Funds Transfer

Please refer to Sections 1 – 9 of this Companion Guide for general EDI Transaction information. This section refers to ERA/EFT specific information only.

General Information:

- Providers who receive paper checks and remittance advice via the U.S. Mail may wish to consider the electronic alternatives (ERA/EFT) listed below for greater efficiency, convenience and security of information.
- The Electronic Remittance Advice (ERA) or ANSI 835 transaction is a HIPAA-compliant method of receiving claim adjudication and payment details. Providers will have electronic remittance advices returned in the ANSI ASC X12 version: 005010X221A1, based on the Health Care Payment/Advice (835) Implementation Guide. In most cases, the ERA can be automatically posted to patient accounting systems. Providers should contact their vendor (or billing service and/or clearinghouse) prior to requesting ERAs to ensure their vendor can translate or automatically post account information from the ERA. Detailed ANSI Version 5010 specifications for the ERA are available at www.wpc-edi.com.
- Electronic Funds Transfer (EFT) is a direct deposit of claim payment from Univera Healthcare to the provider's designated bank account.

Providers/vendors may choose to receive payments and electronic remittance advice files (835) from Univera Healthcare via one of the following options:

- Option 1 – CAQH CORE Connection with Univera Healthcare

This option makes the ERA (835) file available for download following the CAQH CORE Connectivity Safe Harbor Rule via the use of the HTTP/S transport protocol over the public internet. A paper remittance check would be mailed to the provider.

- Option 2 – M2 (Univera Healthcare Clearinghouse)

This option makes the ERA (835) file available for download through either an SFTP or dialup connection from the same mailbox that the electronic claim file (837) is submitted to and acknowledgement reports (999, 277CA) are downloaded from. A paper remittance check would be mailed to the provider.

- Option 3 - PaySpan Health

This option makes the ERA (835) file available through PaySpan Health, Univera's Business Associate that offers EFT and ERA. The remittance payment is deposited into the provider's bank account via EFT. With this option, the provider would contact PaySpan directly to register.

- **Please note:** EFT is only offered through PaySpan Health. Providers/vendors choosing to receive EFT through PaySpan Health, must also receive their ERAs through PaySpan Health.
- For specific questions about PaySpan Health, contact them directly either at www.payspanhealth.com or at 877-331-7154.

Important Notices:

- Claims are processed daily, but the PROVIDER payment and supporting remittance advice is produced only once per week.
- Separate remittance advices are generated for each separate payment address by the lines of business or by special groups.

Trading Partner Registration:

Based on your preferred method of receiving ERA and claim payment, please follow the applicable registration method:

CAQH CORE Connection:

Complete the registration form via www.lifethc.com; select Vendor Resources; select Vendor Consent Forms; CAQH CORE-Electronic 835 Consent Form or CAQH CORE-Electronic Consent Eform. Be sure to select CAQH at the top of the registration form when asked:

“Please check the box where you would like to receive your electronic 835 from”

M2: _____ CAQH: _____

Univera Healthcare Clearinghouse:

- Follow the steps above under ‘CAQH CORE Connection’ selecting M2 when asked where you would like to receive your electronic 835 from.
- **OR,**
- Complete the paper registration form via www.lifethc.com; select Vendor Resources; select Vendor Consent Forms; Schedule C-Remit, and mail it to the address found on the top of page 2 of the form.

To switch your enrollment from either of these two methods to the other method, simply complete the enrollment process for the new preferred method and we will automatically make the switch. To disenroll from either of these two methods completely, simply send an email advising us of this request to edi.solutions@univerahealthcare.com and we will process your request.

PaySpan Health:

To register for this service, please contact your Univera Healthcare Provider Relations representative. Please note: A valid email address is required to use this service. All new requests should be accompanied with a provider request form which is obtained from Provider Relations.

- See section below labeled PaySpan Health for additional information on the enrollment and disenrollment process.

Test Criteria:

- Testing of the 835 transaction is required for new Vendor Trading Partners.
- For Trading Partners electing to transact via the CAQH CORE connectivity method, you will be required to test the connectivity and that you are able to download the 835 and return a v5010 X12 999 indicating that the Transaction was either accepted, accepted with errors or rejected.
- For trading partners who currently receive proprietary paper claim remittance advices at the time of electing to receive ERAs from Univera Healthcare via the CAQH CORE connectivity method, the paper remittance advices will continue to be available during the trading partner's initial implementation testing of the v5010 X12 835 for 5 pay cycles while transitioning to ERA.

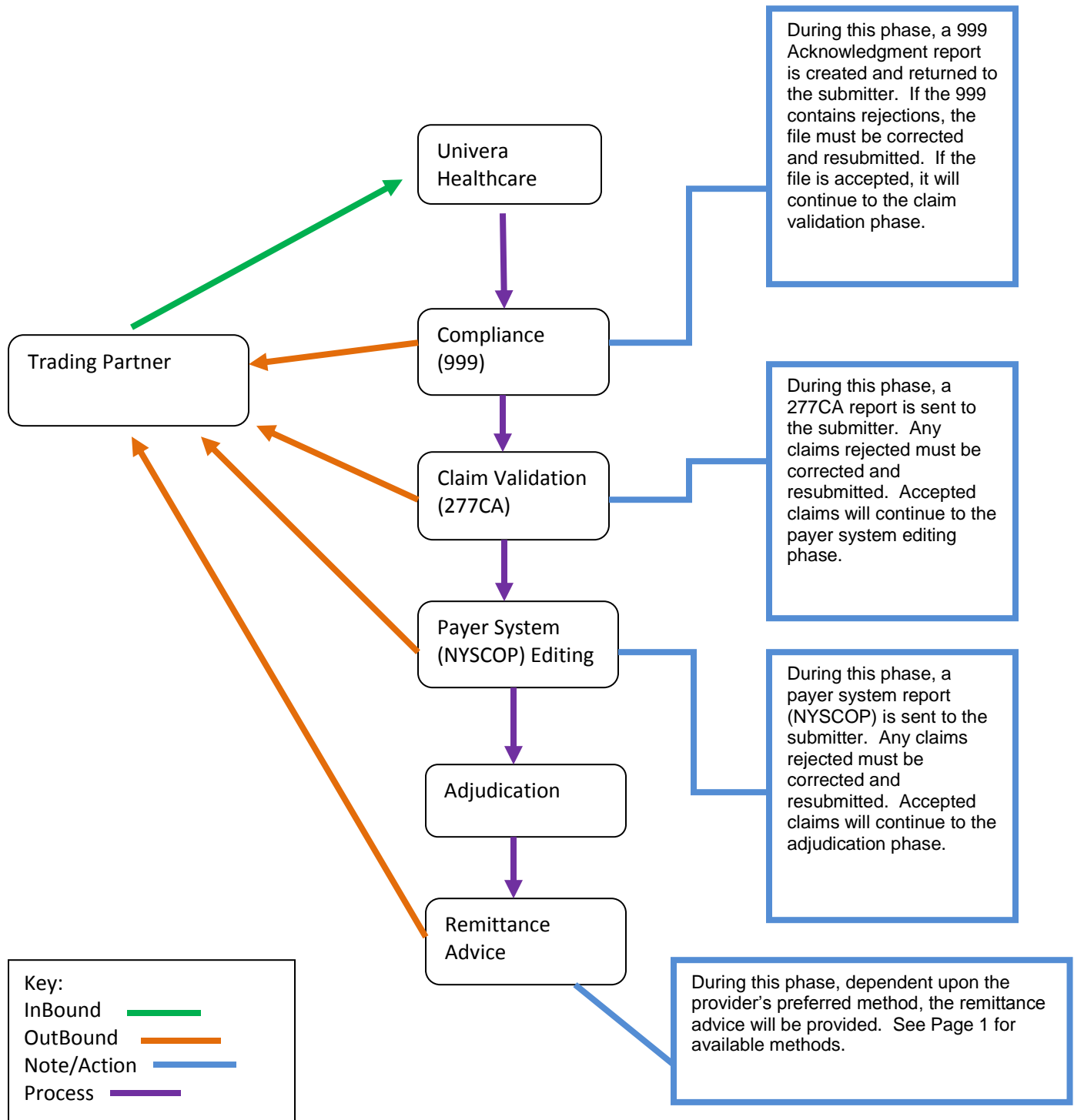
Error Processing:

- For Trading Partners choosing to transact via our CAQH CORE connectivity option, a 999 should be returned to Univera Healthcare to indicate functional acknowledgement rejection for non-compliance. If a 999 is returned for non-compliance, the error will be evaluated by our IT Department. If applicable, the error will be corrected and a corrected 835 file will be generated.

Process Flow

EDI Claim Process Flow

(Begins with inbound claim file from TP and ends with outbound claim payment to TP.)



Transmission and Re-Transmission Procedure

- Remittance advice (ERA) and payment (paper check or EFT) is generated weekly.
- **IMPORTANT:** When you are in production, you assume responsibility for the timely retrieval of all ERA as they will not be monitored by EDI Solutions. You also assume responsibility for notification to Univera Healthcare of any payments not received.
- If an **ERA/835** file has not been received after 4 business days of receipt of the corresponding check payment, you can research it by contacting the eCommerce Department.
- If a **check payment** has not been received after 4 business days of receipt of the corresponding ERA/835 file, you can research it by contacting your Provider Relations Representative.

Please note: All correspondence regarding the receipt of either ERAs or EFTs when transacting with PaySpan Health must be directed to PaySpan Health.

Control Segments/Envelopes:

835 ISA:

This table describes the values specifically returned within the ISA Header of the 835 transaction. Please follow the rules as specified by the the HIPAA ANSI ASC X12N Implementation Guide for all other elements in the ISA Header.

Loop ID	Reference	Name	Codes/Values	Univera Healthcare Business Rule
ISA	Interchange Control Header			
	01	Authorization Information Qualifier	00	
	03	Security Information Qualifier	00	
	05	Interchange ID Qualifier	ZZ	Mutually Defined
	06	Interchange Sender ID		Originator Tax ID
	07	Interchange ID Qualifier	ZZ	Mutually Defined
	11	Repetition Separator	{	
	13	Interchange Control Number		Control Number – First Two Positions = Payer System ID
	14	Acknowledgment Requested	0	
	16	Component Element Separator	:	

835 IEA:

There are no custom values returned within the IEA segment of the 835. Please reference the HIPAA ANSI ASC X12N Implementation Guide for IEA envelope data information and requirements.

835 GS:

This table describes the values specifically required within the GS Header of the 835 transaction. Please follow the rules as specified by the HIPAA ANSI ASC X12N Implementation Guide for all other elements in the GS Header.

Loop ID	Reference	Name	Codes/Values	Univera Healthcare Business Rule
GS	Functional Group Header			
	02	Application Sender's Code		Originator Tax ID
	08	Version/Release/Industry Identifier Code	005010X221A1	

835 GE:

There are no custom values required within the GE segment of the 835 transaction. Please reference the HIPAA ANSI ASC X12N Implementation Guide for GE envelope data information and requirements.

835 ST/SE:

Please reference the HIPAA ANSI ASC X12N Implementation Guide for ST/SE segment data information and requirements.

835 DATA ELEMENT TABLE:

This Data Element table summarizes those HIPAA ANSI ASC X12N Implementation Guide elements that require annotation about Univera Healthcare’s business processes. The table identifies the loop, segment and element identifiers from the HIPAA ANSI ASC X12N Implementation Guide, as well as the corresponding business rule specific to that data element. Please follow the rules as specified by the HIPAA ANSI ASC X12N Implementation Guide for all other elements in the transaction.

Loop ID	Reference	Name	Codes/Values	Univera Healthcare Business Rule
BPR	Financial Information			
	01	Transaction Handling Code	H I	H – Notification Only I – Remittance Information Only
	03	Credit/Debit Flag Code	C	
	04	Payment Method Code	ACH or CHK or NON	If ACH is used, BPR05 through BPR10 and BPR12 through BPR15 will have valid values.
	11	Originating Company Supplemental Code		If managed care, wil contain the IPA program code.
TRN	Reassociation Trace Number			
	02	Reference Identification		Check Number, EFT Trace Number or NONE if no payment.
1000B	N1	Payee Identification		
	N104	Identification Code		NPI number or payee tax ID number.
1000B	REF	Payee Additional Identification		
	REF01	Reference Identification Qualifier	PQ and/or TJ	PQ – Payee ID TJ – Payee Tax ID
2100	CLP	Claim Payment Information		
	CLP02	Claim Status Code	1, 2, 3, 4, 22, 25	1 – Processed as Primary 2 – Processed as Secondary 3 – Processed as Tertiary 4 – Denied 22 – Reversal of Previous Payment 25 – Predetermination Pricing Only – No Payment
	CLP06	Claim Filing Indicator Code	12, 13, 14, 15, 16, HM, MA, MB, MC, ZZ	12 – PPO 13 – POS 14 – EPO 15 – Indemnity 16 – HMO Medicare Risk HM – HMO MA – Medicare Part A

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				MB – Medicare Part B MC – Medicaid ZZ – Mutually Defined
2100	NM1	Patient Name		
	NM108	Identification Code Qualifier	MI	Member Identification Number
2100	NM1	Corrected Priority Payer Name		<i>*May or may not be present</i>
	NM108	Identification Code Qualifier	PI	Payor Identification
2100	REF	Other Claim Related Identification		
	REF01	Reference Identification Qualifier	BB	For managed care claims only
2100	DTM	Statement From Or To Date		This loop will be returned when reimbursement is made at the claim level
2100	PER	Claim Contact information		<i>*May or may not be present</i>
	PER03	Communication Number Qualifier	EM	Electronic Mail
2100	AMT	Claim Supplemental Information		<i>This segment is for NYHCRA amounts</i>
	AMT01*	Amount Qualifier Code	AU, D8, F5, I, T T2	AU – Coverage Amount D8 – Discount Amount F5 – Patient Amount Paid I – Interest T – Tax T2 – Total Claim Before Taxes
	AMT01*		T	NYS Surcharge on member responsibility
2110	SVC	Service Payment Information		
	SVC01-1	Product/Service ID Qualifier	HC or NU or N4	HC – CPT/HCPCS Codes NU – NUBC Codes N4 – NDC Codes
2110	AMT	Service Supplemental Amount		
	AMT01	Amount Qualifier Code	B6, T, T2	B6 - Allowed – Actual T – Tax T2 – Total Claim Before Taxes
	PLB	Provider Adjustment		<i>This segment is used to report provider level adjustments such as a loan repayment or a capitation payment</i>
	PLB03	Adjustment Identifier		
	PLB03-1	Adjustment Reason Code	FB or PI or WU or L6 or WO	FB – Forward Balancing PI – Periodic Interim Payment (used for claim suppression resulting from Hospital/professional Blue financial arrangements)

				WU – Unspecified Recovery L6 – Interest Owed WO – Overpayment Recovery
--	--	--	--	--

Transaction Sample:

This example includes the minimum required data elements for an 835 transaction. Additional data may be provided by the submitter as per the HIPAA ANSI ASC X12N Implementation Guide.

```

ISA*00*      *00*      *ZZ*150329043  *ZZ*RECVR ID
*131120*0415*{*00501*429514998*0*P*:~
GS*HP*150329043*RECVR ID*20131119*1129*14*X*005010X221A1~
ST*835*0004~
BPR*I*19.93*C*CHK*****20131118~
TRN*1*1164867*1150329043~
REF*EV*CAQH~
DTM*405*20131118~
N1*PR* Univera Healthcare~
N3* 205 Park Club Lane~
N4* Buffalo*NY*14221~
PER*BL*Linda West*EM*Linda West@excellus.com~
N1*PE*Payee Name*XX*Payee NPI~
N3*Payee Street~
N4*Payee City*Payee ST*Payee Zip~
REF*PQ*Payee ID~
REF*TJ*Payee Tax ID~
LX*0~
CLP*212750*2*149*19.93**12*CLAIM #*11~
NM1*QC*1*Patient LName*Patient FName****MI*Patient Member ID~
REF*1L*00098474~
DTM*050*20131017~
AMT*AU*83.33~
SVC*HC:99214*149*19.93**1~
DTM*472*20120817~
CAS*OA*23*63.4**45*65.67~
AMT*B6*83.33~
SE*25*0004~
    
```

Additional Information For Providers/Vendors whose preferred method of connection is CAQH Core:

Requirements for MIME and/or SOAP Transactions

- PayloadType - Accepted value is:
 - X12_835_Request_005010X221A1 (835 Transaction)
- ProcessingMode - Accepted value is:
 - Batch
- PayloadID – Unique identifier for the transaction (note that the Payload ID must remain consistent throughout the process, from submission to the acknowledgement request and finally to the retrieval of results.)
- TimeStamp – Time when message was sent
- SenderID - The UserID to insert here will be provided by the EDI Test Analyst
- ReceiverID – Should contain Univera
- CORERuleVersion – Should contain 2.2.0

Sample Soap Transmission:

POST https://edi.univerahealthcare.com/CAQH_WS/Core HTTP/1.1
Accept-Encoding: gzip,deflate
Content-Type: application/soap+xml;charset=UTF-8;action="BatchResultsRetrievalTransaction"
Content-Length: 1357
Host: edi.univerahealthcare.com
Connection: Keep-Alive
User-Agent: Apache-HttpClient/4.1.1 (java 1.5)

```
<soap:Envelope xmlns:cor="http://www.caqh.org/SOAP/WSDL/CORERule2.2.0.xsd"
xmlns:soap="http://www.w3.org/2003/05/soap-envelope">
  <soap:Header><wsse:Security soap:mustUnderstand="true" xmlns:wsse="http://docs.oasis-
open.org/wss/2004/01/oasis-200401-wss-wssecurity-secext-1.0.xsd" xmlns:wsu="http://docs.oasis-
open.org/wss/2004/01/oasis-200401-wss-wssecurity-utility-1.0.xsd"><wsse:UsernameToken
wsu:Id="UsernameToken-2"><wsse:Username>[USERNAME]</wsse:Username><wsse:Password
Type="http://docs.oasis-open.org/wss/2004/01/oasis-200401-wss-username-token-profile-
1.0#PasswordText">[PASSWORD]</wsse:Password><wsse:Nonce EncodingType="http://docs.oasis-
open.org/wss/2004/01/oasis-200401-wss-soap-message-security-
1.0#Base64Binary">HFk+Opr4LF1L+a8UejlMyg==</wsse:Nonce><wsu:Created>2013-11-
25T16:56:12.297Z</wsu:Created></wsse:UsernameToken></wsse:Security></soap:Header>
  <soap:Body>
    <cor:COREEnvelopeBatchResultsRetrievalRequest>
      <PayloadType>X12_835_Request_005010X221A1</PayloadType>
      <ProcessingMode>Batch</ProcessingMode>
      <PayloadID>abcd1</PayloadID>
      <TimeStamp>01-04-2013 11:18:00</TimeStamp>
      <SenderID>SOAPUI Client</SenderID>
    </cor:COREEnvelopeBatchResultsRetrievalRequest>
  </soap:Body>
</soap:Envelope>
```

```
<ReceiverID>Univera</ReceiverID>
<CORERuleVersion>2.2.0</CORERuleVersion>
</cor:COREEnvelopeBatchResultsRetrievalRequest>
</soap:Body>
</soap:Envelope>
```

Sample MIME/Multipart Transmission:

POST

```
https://edi.univerahealthcare.com/CAQHWeb/servlet/CAQHServlet?UserName=cid%3AUserName&Passwor
d=cid%3APassword&PayloadType=cid%3APayloadType&ProcessingMode=cid%3AProcessingMode&Paylo
adID=cid%3APayloadID&TimeStamp=cid%3ATimeStamp&SenderID=cid%3ASenderID&ReceiverID=cid%3
AReceiverID&CORERuleVersion=cid%3ACORERuleVersion&Payload=cid%3APayload&PayloadLength=cid
%3APayloadLength&Checksum=cid%3AChecksum HTTP/1.1
Accept-Encoding: gzip,deflate
Content-Type: multipart/form-data; boundary="----=_Part_1_81914719.1385404824469"
MIME-Version: 1.0
Content-Length: 3330
Host: edi.univerahealthcare.com
Connection: Keep-Alive
User-Agent: Apache-HttpClient/4.1.1 (java 1.5)
```

```
-----=_Part_1_81914719.1385404824469
Content-Type: text/plain; charset=Cp1252; name=ProcessingMode.txt
Content-Transfer-Encoding: binary
Content-Disposition: form-data; name="ProcessingMode"; filename="ProcessingMode.txt"
```

Batch

```
-----=_Part_1_81914719.1385404824469
Content-Type: text/plain; charset=Cp1252; name=PayloadType.txt
Content-Transfer-Encoding: binary
Content-Disposition: form-data; name="PayloadType"; filename="PayloadType.txt"
```

X12_835_Request_005010X221A1

```
-----=_Part_1_81914719.1385404824469
Content-Type: text/plain; charset=Cp1252; name=UserName.txt
Content-Transfer-Encoding: binary
Content-Disposition: form-data; name="UserName"; filename="UserName.txt"
```

[USERNAME]

```
-----=_Part_1_81914719.1385404824469
Content-Type: text/plain; charset=Cp1252; name=Password.txt
Content-Transfer-Encoding: binary
Content-Disposition: form-data; name="Password"; filename="Password.txt"
```

[PASSWORD]

```
-----=_Part_1_81914719.1385404824469
Content-Type: text/plain; charset=Cp1252; name=TimeStamp.txt
Content-Transfer-Encoding: binary
Content-Disposition: form-data; name="TimeStamp"; filename="TimeStamp.txt"
```

01-17-2012 01:01:01

-----=_Part_1_81914719.1385404824469
Content-Type: text/plain; charset=Cp1252; name=SenderID.txt
Content-Transfer-Encoding: binary
Content-Disposition: form-data; name="SenderID"; filename="SenderID.txt"

Client

-----=_Part_1_81914719.1385404824469
Content-Type: text/plain; charset=Cp1252; name=ReceiverID.txt
Content-Transfer-Encoding: binary
Content-Disposition: form-data; name="ReceiverID"; filename="ReceiverID.txt"

Univera Healthcare

-----=_Part_1_81914719.1385404824469
Content-Type: text/plain; charset=Cp1252; name=CORERuleVersion.txt
Content-Transfer-Encoding: binary
Content-Disposition: form-data; name="CORERuleVersion"; filename="CORERuleVersion.txt"

2.2.0

-----=_Part_1_81914719.1385404824469
Content-Type: text/plain; charset=Cp1252; name=PayloadID.txt
Content-Transfer-Encoding: binary
Content-Disposition: form-data; name="PayloadID"; filename="PayloadID.txt"

ABCDEFG1234

-----=_Part_1_81914719.1385404824469--

Additional Information For Providers/Vendors whose preferred method of connection is via PaySpan Health:

Electronic Payments and Remittances (EFT and ERA) available via PaySpan Health

On behalf of Univera Healthcare, PaySpan Health, an independent company, offers an electronic network delivering comprehensive capabilities for Electronic Payments (EFTs) and corresponding **Remittance** Advice (ERA) - as a free service to our participating providers. PaySpan ties payment information to claims data in a single view and also provides flexibility for payment management.

To register for this service, please contact your Univera Healthcare Provider Relations representative. Please note: A valid email address is required to use this service. All new requests should be accompanied with a provider request form which is obtained from Provider Relations.

Questions regarding registering with PaySpan should be directed to your Provider Relations Representative.

Questions related to a specific payment/ERA received from PaySpan should be directed to PaySpan. If at any time you wish to change or cancel your enrollment with PaySpan, contact PaySpan directly for assistance with changing or deactivating your enrollment.

You can also access the PaySpan Health website via a link found on the Univera Healthcare website as follows:

www.univerahealthcare.com; provider link; under quick links select Electronic Payment & Remittances. You will also find the following informational PDFs on the website:

- Registration Instructions for PaySpan Health
- User Guide for PaySpan Health
- PaySpan® Health Registration Code Request

PLEASE NOTE: For providers choosing the PaySpan Health solution, Univera Healthcare would like advise you that the current standards for EFT and ERA travel separately from the health plans to the providers. Providers must reassociate the two transactions using a TRN Reassociation Trace Number data segment. Understand that financial institutions do not automatically send the Automated Clearing House (ACH) Payment Related Information to providers. Providers must request delivery of the ACH Payment Related Information from their banks. Therefore, Univera Healthcare advises that during the EFT and ERA enrollment with Payspan Health **you** must contact your financial institution to request delivery of key data necessary for

successful reassociation of the EFT payment with the ERA remittance advice. To assist you with this request process, a sample Data Request letter has been developed by CAQH CORE and can be found on the website via the following link - http://www.caqh.org/Host/CORE/EFT-ERA/Sample_Provider_EFT_Reassociation_Data_Request_Letter.pdf

835 ERA/EFT Frequently Asked Questions:

Q: Will EFT apply to all lines of business?

A: EFT is available for all lines of business except FEP at this time.

Q: Who do I contact if I have a question or issue regarding EFT?

A: For answers to EFT questions or assistance with EFT transactions, please contact PaySpan Health at www.payspanhealth.com or 877-331-7154.

Q: After I start participating in the EFT program, will I continue to receive my paper remittance advices?

A: The Univera paper remits will be made available for a minimum of 5 pay cycles, upon request from the provider. Please contact your Provider Relations representative if you would like to continue to receive the paper remit while transitioning to PaySpan. Once the transition to PaySpan is complete you will have access to an on-line version of the provider remittance, which can be printed directly from your PC.

Q: Is EFT the same as an electronic remittance advice?

A: No. An Electronic Remittance Advice shows how the payment is allocated. EFT simply deposits the money into a bank account.

APPENDICES

1. Implementation Checklist

Univera Healthcare suggests entities use the following information as a checklist of steps to become an approved submitter:

- Read and review this guide.
- Contact the eCommerce Help Desk with any questions regarding the implementation process.
- Complete and return the Univera Healthcare Trading Partner Agreement.
- Upon receipt of test user ID and password, perform self testing.
- Upon completion of successful self testing, notify your Univera Healthcare EDI Test Analyst for final review and approval for production.

2. Subscriber Identifiers

Submitters should be careful to use the member's identification number as it appears on the Member ID card, including any suffixes. Suffixes are limited to numeric identifiers to indicate unique members carried under the same subscriber. The most common example of these suffixes is for family members listed on the same card, sharing preliminary alpha prefixes and membership number, but also having a unique numeric identifier such as 01, 02, or 03 that should be considered part of that member's identification number.

3. Business Scenarios

The following scenarios are intended to serve as examples of a typical relationship between Trading Partners and Univera Healthcare.

- *A Provider contracts with a Clearinghouse to submit transactions on behalf of that Provider. The Clearinghouse wishes to provide either batch or real-time services with Univera Healthcare for the Provider. To do so, the Clearinghouse initiates the registration process with Univera Healthcare. In order to complete registration process and successfully submit transactions on behalf of the Provider, the Clearinghouse must complete the Univera Healthcare Trading Partner Agreement, obtaining appropriate signatures from the Provider. Once this has occurred, the Clearinghouse will need to test with and receive production approval from Univera Healthcare. After production approval has been received, the Clearinghouse can send and receive transactions for the Provider. This Clearinghouse will be required to complete the Univera Healthcare Trading Partner Agreement for all subsequent Providers they contract with and wish to submit transactions on behalf of. This*

Clearinghouse will not be required to test again, but is required to obtain approval prior to submitting transactions.

- *A Provider contracts with a Billing Service to submit transactions on behalf of that Provider. The Billing Service wishes to provide either batch or real-time services with Univera Healthcare for the Provider. To do so, the Billing Service initiates the registration process with Univera Healthcare. In order to complete registration process and successfully submit transactions on behalf of the Provider, the Billing Service must complete the Univera Healthcare Trading Partner Agreement, obtaining appropriate signatures from the Provider. Once this has occurred, the Billing Service will need to test with and receive production approval from Univera Healthcare. After production approval has been received, the Billing Service can send and receive transactions for the Provider. This Billing Service will be required to complete the Univera Healthcare Trading Partner Agreement for all subsequent Providers they contract with and wish to submit transactions on behalf of. This Billing Service will not be required to test again, but is required to obtain approval prior to submitting transactions.*
- *A Software Vendor provides practice management systems to a Provider. The system has the capability to build ANSI transactions for submission to various payers or clearinghouses. The Provider expresses an interest in being able to process either batch or real-time ANSI transactions. The Software Vendor instructs the provider on how to set up this feature on their system. The Provider then initiates the registration process with Univera Healthcare. In order to complete registration process and successfully submit transactions, the Provider must complete the Univera Healthcare Trading Partner Agreement. Once this has occurred, the Provider may need to test with Univera Healthcare before receiving production approval. After production approval has been received, the Provider can send and receive transactions.*
- *A Provider wishes to send either batch or real-time transactions, but does not have a clearinghouse or billing service relationship nor relationship with a practice management software vendor. Instead they use an in-house system. The Provider must initiate the registration process with Univera Healthcare. In order to complete registration process and successfully submit transactions, the Provider must complete the Univera Healthcare Trading Partner Agreement. Once this has occurred, the Provider will need to test with Univera Healthcare before receiving production approval. After production approval has been received, the Provider can send and receive transactions.*

4. Transmission Examples

Please refer to Section 10 of this Companion Guide for specific transaction examples.

5. Frequently Asked Questions

As this is the initial implementation of CAQH CORE Phase I and II, this section has not yet received content. However, as the process develops through interactions between providers, vendors and payers, frequently asked questions will be added.

6. Change Summary

The following change log identifies changes that have been made to the Univera Healthcare Companion Guide for ASC X12N/005010X279A1 and ASC X12N/005010X212 Transactions - version 5010, which was originally published on March 2013.

Companion Guide - CHANGE LOG

Chapter Section	Change Description (Modified, Added, Deleted)	Date of Change	Version
Entire Document	Initial Creation	3/1/13	V1.0
Entire Document	Revision	4/30/13	V1.1
10.1 270 Test Criteria, 270 Data Element Table	Revision	07/15/14	V1.2
10.2 276 Test Criteria	Revision	07/15/14	V1.2
10.3 835/EFT Section	Added	11/13/14	V1.3

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