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HEALTH PLAN

Sanford Health Plan

HIPAA Transaction
Standard Companion Guide

Refers to the Technical Report Type 3 (TR3)
Implementation Guides
Based on ASC X12 Version 005010X279A1
Eligibility Inquiry and Response (270/271)
Companion Guide Version Number: 2.2

February 2015

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H E A L T H

Disclosure Statement

This document is intended to be a companion guide for use in conjunction with the ASCX12N National Electronic Data Interchange Transaction Set Implementation and Addenda Guides. The information in this document is provided for Sanford Health Plan and its associated Trading Partners.

This document contains clarifications as permitted by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Standard for Electronic Transactions. This document is not intended to convey information that exceeds the requirements or usages of data expressed in the ASCX12N National Electronic Data Interchange Transaction Set Implementation and Addenda Guides defined by HIPAA.

> **This document is not intended, and should not be regarded, as a substitute for the ASCX12N National Electronic Data Interchange Transaction Set Implementation and Addenda Guides.**

Sanford Health Plan may make improvements and/or changes to the information contained in this document without notice. This document may be copied and distributed without direct permission from the author.

Preface

This Companion Guide to the v5010 ASC X12N Implementation Guides and associated errata adopted under HIPAA clarifies and specifies the data content when exchanging electronically with Sanford Health Plan. Transmissions based on this companion guide, used in tandem with the v5010 ASC X12N Implementation Guides, are compliant with both ASC X12 syntax and those guides. This Companion Guide is intended to convey information that is within the framework of the ASC X12N Implementation Guides adopted for use under HIPAA. The Companion Guide is not intended to convey information that in any way exceeds the requirements or usages of data expressed in the Implementation Guides.

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1. INTRODUCTION

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires Sanford Health Plan, and all other health insurance payers in the United States to comply with the electronic data interchange (EDI) standards for health care as established by the Secretary of Health and Human Services (HHS). The ANSI X12N implementation guides have been established as the standards of compliance for electronic health care transactions.

2. SCOPE

This companion guide (CG) is not intended to replace the TR3.

Providers, billing services and clearinghouses are advised to use the ASC X12N 005010X279A1 Health Care Eligibility Benefit Inquiry (270) Implementation Guide as a basis for their submission of Eligibility and Benefit inquiries. This companion document should be used to clarify the business rules for 270/271 data content requirements real-time acknowledgment, connectivity, response time, and system availability specifically for submissions through the system. This document is intended for use with HTTPS transmissions with CAQH compliant systems.

3. OVERVIEW

This CG will replace, in total, the previous Sanford Health Plan CG versions for Health Care Eligibility and Benefit Inquiry and Response and must be used in conjunction with the TR3 instructions. The CG is intended to assist you in implementing electronic Eligibility and Benefit transactions that meet Sanford Health Plan processing standards, by identifying pertinent structural and data related requirements and recommendations.

Updates to Companion Guides will occur periodically and new documents will be posted on
http://sanfordhealthplan.org/forproviders/providerediresources/
with reasonable notice, or a minimum of 30 days, prior to required implementation.

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4. REFERENCES

For more information regarding the ASC X12 Standards for Electronic Data Interchange 270/271 Health Care Eligibility and Benefit Inquiry and Response (005010X279A1) and to purchase copies of the TR3 documents, consult the ASC X12 store site at http://store.x12.org/store/.

5. ADDITIONAL INFORMATION

- Submitters must have Internet (HTTPS) connection capability to submit a 270 request and receive 271 responses.

- The submitter must be associated with at least one provider in the Sanford Health Plan provider database.

- Only real-time 270 inquiries are supported.

- This system supports inquiries for registered providers only.

6. GETTING STARTED

WORKING WITH SANFORD HEALTH PLAN

Providers, billing services, and clearinghouses interested in submitting 270 inquiries and receiving 271 responses via Sanford Health Plan should contact Sanford Health Plan via the following numbers,

Provider Services - 800-601-5086

CAQH CORE Connectivity:

Council for Affordable Health Care (CAQH) is seeking to simplify healthcare administration. CAQH through CORE, (Committee on Operating Rules for Information Exchange) a voluntary organization comprised of providers, health plans, vendors and clearinghouses, has developed industry rules. These rules seek to increase interoperability between health plans and providers to reduce administrative costs. The rules are being released in phases. CORE has defined methods for connecting to a health plan, details of the connectivity methods can be found on the CAQH website http://www.CAQH.org.

TRADING PARTNER REGISTRATION

Trading partners must enroll with the Sanford Health Plan to use the HTTPS connectivity channel. Prospective trading partners must complete and submit a Sanford Health Plan Trading Partner Enrollment Form and the Trading Partner Agreement found in this Companion guide in Appendix A.

CERTIFICATION AND TESTING OVERVIEW

Trading Partners are required to submit test transactions to ensure that their systems are ASC X12 TR3 compliant. Each Trading Partner may submit up to 10 test transactions during the testing phase. Testing is coordinated as part of the trading partner enrollment process.

7. TESTING WITH SANFORD HEALTH PLAN

Trading Partners must complete basic transaction submission testing with Sanford Health Plan. Tests must be performed for each X12 transaction type.

Trading Partner Registration is available to assist with new Trading Partner testing Monday – Friday, from 9:00 AM to 5:00 PM CST.

Table 1: Testing Process

Testing Steps	Test Instructions
Test Plan	SHP and the trading partner agree to a predefined set of test data with expected results. In addition, a plan must be developed for a test to production transition that considers volume testing and transaction acceptance ratios.
Connectivity	SHP-supported connectivity protocols are listed in Section 8 of this Companion Guide.
Security	SHP will validate approved trading partners are submitting transactions allowed per Sanford Health Plan enrollment applications.
Data Integrity	Data integrity is determined by SHP's TR3 editor. Testing cannot progress until a trading partner's data receives no TR3 edit errors. SHP expects there may be an occasional situation in which a trading partner's TR3 edit interpretation differs from Sanford Health Plan's interpretation. SHP will work with the trading partner to resolve such differences on an individual basis.
Acknowledgment/ Response Transactions	Trading partners must demonstrate the ability to receive acknowledgment and response transactions via the HTTPS channels.
Results Analysis	SHP and the trading partner will review acknowledgment and response transactions for consistency with the predefined expected results.

Test Data.

Patient/Member ID = 50001016201
Last Name = QQTEST
First Name = QQSUBSCRIBER
Patient DOB = 10/23/1976

Credential Information:

The trading partner will receive their user-ID and password from the Sanford security team by secure email.

Note: Your user ID needs to be preceded by **EMP:**

As an example, if you userid is PARTNER
Your userid login should be EMP:PARTNER

Sanford Health Plan Field requirements for ASC X12N/005010X279

```
ISA02 = Senders Tax ID (Not required may be padded to 10 characters with
        spaces, No dashes)
ISA05 = ZZ
ISA06 = Senders Tax ID (padded with spaces to 15 characters, No dashes)
ISA07 = ZZ
ISA08 = SHP (padded to 15 characters with spaces)


GS02 =  Senders Tax ID (No padding necessary, as long as the value is
        between 2 and 15 characters, No dashes)
GS03 = 00
```

Transition from Test to Production Status

When test results have satisfied the test plan and the Trading Partner Agreement has been executed, the trading partner's submission status is changed from test to production. At this time the trading partner can begin to send production transaction data.

Testing URLs for Real-time

SOAP:
https://editest.sanfordhealthplan.com/Interconnect-TAP/wcf/Epic.ManagedCare.Core/coresoap.svc/NoModules

MIME:
https://editest.sanfordhealthplan.com/Interconnect-TAP/wcf/Epic.ManagedCare.Core/coremime.svc/rest/generictransaction

Production URLs for Real-time

SOAP:
https://ediconnect.sanfordhealthplan.com/Interconnect/wcf/Epic.ManagedCare.Core/coresoap.svc/NoModules

MIME:
https://ediconnect.sanfordhealthplan.com/Interconnect/wcf/Epic.ManagedCare.Core/COREMime.svc/rest/RealTimeTransaction

8. CONNECTIVITY WITH THE PAYER/COMMUNICATIONS

Trading Partner Registration Process Flow

To access the 270/271 application, potential Trading Partners need to register and obtain trading partner login credentials from Sanford Health Plan.

Figure 1 illustrates the high-level process for successfully registering as a Trading Partner and submitting 270 transactions:

Figure 1: Process for Submitting 270 Transactions
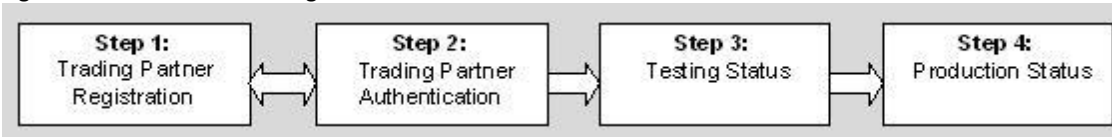
Step 1: Trading Partner Registration
Complete and submit the Trading Partner Agreement. See the GETTING STARTED section of this Companion Guide.

Step 2: Trading Partner Authentication
Sanford Health Plan will verify the information on the Trading Partner Agreement Form and approve or deny any Submitter ID requests.

Step 3: Testing Phase
Sanford Health Plan will coordinate with a Trading Partner to send test transactions and verify that all systems involved can properly submit and receive X12 TR3 compliant transactions.

Step 4: Production Phase
Once testing is complete, a Trading Partner can begin to submit 270 transactions and receive 271 transactions in the Production environment.

Transaction Process Flow

A Trading Partner may submit a 270 request to the 270/271 application using Simple Object Access Protocol (SOAP) + Web Services Description Language (WSDL) or Hypertext Transfer Protocol (HTTP)/Multipurpose Internet Mail Extensions (MIME) Multipart communication protocols.

The Trading Partner is authenticated. If the Trading Partner is not authorized then the appropriate error response is returned. If the Trading Partner is authorized then the appropriate response is returned. Figure 2 illustrates the high-level process for communicating with the 270/271 application.

Figure 2: Transaction Process
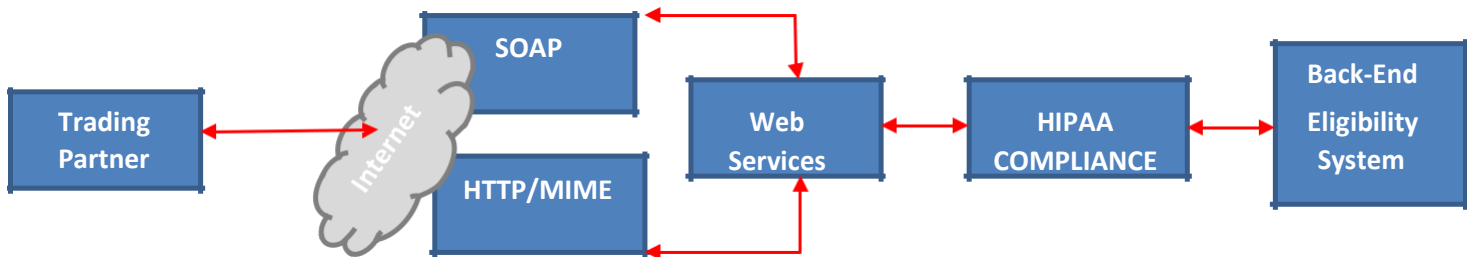
Systems Maintenance Schedule, Availability, and Downtime Notification

SHP's production environment is available 24 hours a day, 7 days a week, with the exception of Sundays between 12:00 AM – 4:00 AM CST when system maintenance is performed.

Notification will be sent via E-mail for any unplanned downtime. There will be a two day notice for scheduled outages.

A follow-up email will be sent alerting the Trading Partners when the SHP system becomes available.

Maintenance schedule information can be obtained by email from help@sanfordhealth.org Contacting the Technology Support Center at 605-328-7333 (ext. 87333) or 877-949-5678

Please refer to Section 9 of this Companion Guide for contact information.

RE-TRANSMISSION PROCEDURE

Trading Partners may e-mail HealthPlanIT-AS@sanfordhealth.org for assistance in researching problems with their transactions. SHP will not edit Trading Partner eligibility data and/or resubmit transactions for processing on behalf of a Trading Partner. The Trading Partner must correct the transaction and resubmit following the same processes and procedures of the original file.

COMMUNICATION PROTOCOL SPECIFICATIONS

Trading Partners may connect to the 270/271 application via one of the following communication protocols:

- • SOAP + WSDL
- • HTTP MIME Multipart

To connect to the 270/271 application via SOAP or MIME, Trading Partners will need to register with Sanford Health Plan, a login ID and password will be assigned during the registration process.

SOAP Header Requirements

The SOAP Header should include the timestamp element and should be digitally signed. Detailed SOAP + WSDL envelope standards for CORE Phase II Connectivity are located at: http://www.caqh.org/pdf/CLEAN5010/270-v5010.pdf

SOAP Body Requirements

Required SHP-specific body elements for 270 requests using SOAP are defined in Table 2.

Table 2: Required Body Elements for 270 Requests Using SOAP

Element Name	Description
PayloadType	X12_270_Request_005010X279A1
ProcessingMode	Real-time
PayloadID	Refer to Section 4.4.2 of the Phase II CORE 270: Connectivity Rule for structural guidelines for CORE envelope metadata.
TimeStamp	Format is YYYY-MM-DDTHH:MMSSZ. Refer to http://www.w3.org/TR/xmlschema11-2/#dateTime for more information.
SenderID	This field must be less than 50 characters in length.
ReceiverID	311527032
CORERuleVersion	2.2.0
Payload	X12 request. This element must be digitally signed and the entire payload should be enclosed within a CDATA tag.

Table 3 defines SHP-specific body elements for 271 responses using SOAP.

Table 3: Required Body Elements for 271 Responses Using SOAP

Element Name	Description
PayloadType	X12_271_Response _005010X279A1
ProcessingMode	Real-time
PayloadID	Refer to Section 4.4.2 of the Phase II CORE 270: Connectivity Rule for structural guidelines for CORE envelope metadata.
TimeStamp	Format is YYYY-MM-DDTHH:MMSSZ. Refer to http://www.w3.org/TR/xmlschema11-2/#dateTime for more information.
SenderID	311527032
ReceiverID	This field must be less than 50 characters in length.
CORERuleVersion	2.2.0
Payload	X12 response

SOAP Digital Signature

The SOAP communication protocol requires Trading Partners to digitally sign the message body and certain elements (i.e., TimeStamp) of the header. Refer to http://www.w3.org/TR/SOAP-dsig/ for details related to XML signatures.

SOAP Examples

Examples of a SOAP request and response can be found in Sections 4.2.2.3 and 4.2.2.4 of the CORE Phase II Connectivity Rule at this link: http://www.caqh.org/pdf/CLEAN5010/270-v5010.pdf

HTTP MIME Multipart

The 270/271 application also supports standard HTTP/MIME messages. The required MIME format is multipart/form-data. Responses to request transactions sent via this protocol will be returned in a MIME multipart form which contains the payload as an X12 document.

Submission/Retrieval

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

 https://ediconnect.sanfordhealthplan.com/Interconnect/wcf/Epic.ManagedCare.Core/coresoap.svc /NoModules

 Production MIME transactions must be submitted to the 270/271 using the following URL:

https://ediconnect.sanfordhealthplan.com/Interconnect/wcf/Epic.ManagedCare.Core/COREMime.svc /rest/RealTimeTransaction

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

HTTP MIME Multipart Header Requirements

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

HTTP MIME Multipart Body Requirements

Since CORE does not specify naming conventions, SHP will implement MIME with the same field names as SOAP. Required body elements for MIME transactions are defined in Table 4.

Table 4: Required Body Elements for 270 Requests Using MIME

Element Name	Description
PayloadType	X12_270_Request_005010X279A1
ProcessingMode	RealTime

PayloadID	Refer to Section 4.4.2 of the Phase II CORE 270: Connectivity Rule for structural guidelines for CORE envelope metadata.
TimeStamp	Format is YYYY-MM-DDTHH:MMSSZ. Refer to http://www.w3.org/TR/xmlschema11-2/#dateTime for more information.
SenderID	This field must be 10 characters in length.
ReceiverID	311527032
CORERuleVersion	2.2.0
Payload	X12 request. This element must be digitally signed and the entire payload should be enclosed within a CDATA tag.

Table 5 defines SHP-specific body elements for 271 responses using SOAP or MIME.

Table 5: Required Body Elements for 271 Responses Using MIME

Element Name	Description
PayloadType	X12_271_Response_005010X279A1
ProcessingMode	RealTime
PayloadID	Refer to Section 4.4.2 of the Phase II CORE 270: Connectivity Rule for structural guidelines for CORE envelope metadata.
TimeStamp	Format is YYYY-MM-DDTHH:MMSSZ. Refer to http://www.w3.org/TR/xmlschema11-2/#dateTime for more information.
SenderID	311527032
ReceiverID	This field must be 10 characters in length.
CORERuleVersion	2.2.0
Payload	X12 response

HTTP MIME Multipart Examples

Examples of a SOAP request and response can be found in Sections 4.2.1.1 and 4.2.1.2 of the CORE Phase II Connectivity Rule at this link: http://www.caqh.org/pdf/CLEAN5010/270-v5010.pdf

Security

The 270/271 application is located at a secure SHP data center. The HTTPS connection requires a password and features a variety of security measures to protect the integrity of the 270/271 application. Trading Partners transmitting with SOAP or MIME must register with Sanford Health Plan and send the transaction to the 270/271 application via secure internet connection.

All Trading Partners must assume full responsibility for the privacy and security of all beneficiary data. Sanford Health Plan holds Clearinghouse Submitters responsible for the privacy and security of eligibility transactions sent directly to them from Providers and requires them to be able to associate each inquiry with a Provider. Provider authentication must be established by the Clearinghouse outside of the transaction.

9. CONTACT INFORMATION

EDI CUSTOMER SERVICE

All inquiries and comments regarding Trading Partner registration, connectivity set-up, transaction testing, and 270/271 transaction submissions should be directed to SHP IT Operations.

SHP IT Operations is available at 605-322-2707 Monday through Friday, from 8:00 AM to 5:00 PM EST.

PROVIDER SERVICE NUMBER

The core of Sanford Health Plan is the collaborative effort between Sanford Health, contracting physicians that participate in the Plan, and respective members of the community. These participants have created a not-for-profit system, which is quality driven. The physicians and hospitals will direct the Plan in the best interests of all the patients served.

All of the goals and objectives of Sanford Health Plan will be member focused and in compliance with all governing laws. Sanford Health Plan has adopted several different Clinical Practice Guidelines and distributes to its providers information about current health trends, Sanford Health Plan Disease Management Programs and other beneficial information.

Please do not hesitate to contact us at **605-328-6877** or **800-601-5086**.

APPLICABLE WEBSITES/E-MAIL

CAQH CORE – http://www.caqh.org

Companion Guides - http://www.sanfordhealthplan.com/providers/electronicdatainterchange/#tab_2

ASC X12 guides - http://store.x12.org/store/

Sanford Health Plan - http://www.sanfordhealthplan.com/

10. CONTROL SEGMENTS/ENVELOPES

ISA-IEA

Transactions are identified by an interchange header segment (ISA) and trailer segment (IEA) which forms the envelope enclosing the transmission. Each ISA marks the beginning of the transmission and provides sender and receiver identification.

The tables below represent only those fields that Sanford Health Plan requires a specific value in or has additional guidance on what the value should be. The tables do not represent all of the fields necessary for a successful transaction the TR3 should be reviewed for that information.

270: The table below contains information that will need to be included in the Interchange Control Header of the submitted 270.

Segment Id	Data Element	Description
ISA01	Authorization Info Qualifier	03
ISA02	Authorization Information	Senders Tax ID (Not required may be padded to 10 characters or blanks, No dashes)
ISA03	Security Information Qualifier	00
ISA04	Security Information	None
ISA05	Interchange ID Qualifier	ZZ
ISA06	Interchange Sender ID	Senders Tax ID (padded to 15 characters, No dashes)
ISA07	Interchange ID Qualifier	ZZ
ISA08	Interchange Receiver ID	SHP (padded to 15 characters)
ISA09	Interchange Date	Populated by trading partner
ISA10	Interchange Time	Populated by trading partner
ISA11	Repetition Separator	Assigned by trading partner
ISA12	Interchange Control Number Version	00501
ISA13	Interchange Control Number	Assigned by the trading partner (must be unique for 12 months)
ISA14	Acknowledgment Requested	Assigned by the trading partner
ISA15	Usage Indicator	P, T (production or test indicator)
ISA16	Component Element	Separator Assigned by the trading partner

GS-GE

EDI transactions of a similar nature and destined for one trading partner may be gathered into a functional group, identified by a functional group header segment (GS) and a functional group trailer segment (GE). Each GS segment marks the beginning of a functional group.
There can be many functional groups within an interchange envelope.

The tables below represent only those fields that Sanford Health Plan requires a specific value in or has additional guidance on what the value should be. The table does not represent all of the fields necessary for a successful transaction the TR3 should be reviewed for that information.

270: The table below contains information that will need to be included in the Functional Group Header of the submitted 270.

Segment ID	Data Element	Description
GS01	Functional Identifier	Code Populated by trading partner
GS02	Application Sender's Code	Senders Tax ID (No padding necessary, as long as the value is between 2 and 15 characters, No dashes)
GS03	Application Receiver's Code	00
GS04	Date	Populated by trading partner
GS05	Time	Populated by trading partner
GS06	Group Control Number	Assigned by trading partner (value must remain unique for one year)
GS07	Responsible Agency Code	X
GS08	Version/Release/Industry Identifier	Code populated by trading partner

ST-SE

The beginning of each individual transaction is identified using a transaction set header segment (ST). The end of every transaction is marked by a transaction set trailer segment.

(SE). For real time transactions, there will always be one ST and SE combination. A 270 file can only contain 270 transactions.

The tables below represent only those fields that Sanford Health Plan requires a specific value in or has additional guidance on what the value should be. The tables do not represent all of the fields necessary for a successful transaction the TR3 should be reviewed for that information.
270: The table below contains information that will need to be included in the Transaction Set Header of the submitted 270.

Loop ID Reference		Name	Values	Notes/Comments
None	ST	Transaction Set Header		Required Header
	ST03	Implementation Convention Reference	005010X279A1	Version expected to be received by Sanford Health Plan..

271: The table below contains information that will be included in the Transaction Set Header of the 271 response.

Loop ID Reference		Name	Values	Notes/Comments
None	ST	Transaction Set Header		Required Header
	ST03	Implementation Convention Reference	005010X279A1	Version sent by Sanford Health Plan..

11. PAYER SPECIFIC BUSINESS RULES AND LIMITATIONS

270 REQUESTS

1. Explicit service type code requests will be processed the same as if a generic service type code "30" (Health Benefit Plan Coverage) 270 request was received.

2. Eligibility requests containing multiple service type codes in 2110C/D EQ01 will be processed the same as if a generic service type code "30" (Health Benefit Plan Coverage) 270 request was received.

3. Eligibility requests for a date range will return all plans for the member that is identified by the search criteria sent in. Any plans that had\have coverage during the date range will be returned. Date range must have a start date no greater than 18 months in the past and the end date must be no greater than end of the current month. A 271 AAA value of 62 or 63 will be returned if the date range validation fails.

4. The search logic uses a combination of the following data elements: Member ID, Last Name, First Name and Patient Date of Birth (DOB). It is recommended that the maximum number of search data elements is used, this will result in the best chance of finding a member *Submitting the First Name on the 270 request is recommended*

5. If no member ID is provided in the search, the member ID should be null and not space or zero filled.

271 RESPONSES

Disclaimer: Information provided in a 271 is not a guarantee of payment or coverage in any specific amount. Actual benefits depend on various factors, including compliance with applicable administrative protocols; date(s) of services rendered and benefit plan terms and conditions.

1. When sending in single date inquiries, if an active plan is not found for the member a subsequent request with a different date will need to be submitted.

2. The following HIPAA service type codes (2110C/D EB03) may be reported in the 271 along with benefit co-pay, benefit co-insurance and/or benefit deductible information.

Submitted in 270 (2110C/D EQ01)	271 Response (2110C/D EB03)
1 - Medical Care	All STC's
2 - Surgical	All STC's
4 - Diagnostic X-Ray	All STC's
5 - Diagnostic Lab	All STC's
6 - Radiation Therapy	All STC's
7 - Anesthesia	All STC's
8 - Surgical Assistance	All STC's
12 - Durable Medical Equipment Purchase	All STC's
13 - Ambulatory Service Center Facility	All STC's
18 - Durable Medical Equipment Rental	All STC's
20 - Second Surgical Opinion	All STC's
30 - Health Plan Benefit Coverage *(GENERIC REQUEST)*	All STC's

33 - Chiropractic	All STC's
35 - Dental Care	All STC's
40 - Oral Surgery	All STC's
42 - Home Health Care	All STC's
45 - Hospice	All STC's
47 - Hospital	All STC's
48 - Hospital Inpatient	All STC's
50 - Hospital Outpatient	All STC's
51 - Hospital - Emergency Accident	All STC's
52 - Hospital Emergency Medical	All STC's
53 - Hospital - Ambulatory Surgical	All STC's
62 - MRI/CAT Scan	All STC's
65 - Newborn Care	All STC's
68 - Well Baby Care	All STC's
73 - Diagnostic Medical	All STC's
76 - Dialysis	All STC's
78 - Chemotherapy	All STC's
80 - Immunizations	All STC's
81 - Routine Physical	All STC's
82 - Family Planning	All STC's
86 - Emergency Services	All STC's
88 - Pharmacy	All STC's
93 - Podiatry	All STC's
98 - Professional (Physician) Visit - Office	All STC's
A0 - Professional (Physician) Visit - Outpatient	All STC's
A3 - Professional (Physician) Visit – Home	All STC's
A6 - Psychotherapy	All STC's
A7 - Psychiatric - Inpatient	All STC's
A8 - Psychiatric - Outpatient	All STC's
AD - Occupational Therapy	All STC's
AE - Physical Medicine	All STC's
AF - Speech Therapy	All STC's
AG - Skilled Nursing Care	All STC's
AI - Substance Abuse	All STC's
AL - Vision (Optometry)	All STC's
BG - Cardiac Rehabilitation	All STC's
BH - Pediatric	All STC's
MH - Mental Health	All STC's
UC - Urgent Care	All STC's

3. In the generic response (EB03=30) when benefit co-pay/co-insurance/deductible information for "48 – Hospital – Inpatient" and "50 -Hospital – Outpatient" are included in the response then "47 – Hospital" will not include benefit co-pay/co-insurance/deductible information.

4. When applicable an EB data segment in loop 2110C/D will be returned with benefit level co-payments, coinsurance and deductible amounts. Remaining benefit deductible will be returned if applicable.

6. The remaining health plan (in loop 2110C/D EB03 = 30) deductible and out-of-pocket values will be returned in the 271.

7. When Sanford Health Plan knows of additional payers and knows the name of the other payer, the other payer name will be sent in the 2110C/D loop with EB01 valued with 'R'. In the 2120C/D loop a NM1 data segment will be included to identify the other payer name.

8. An EB data segment in loop 2110C/D will be included in the 271 for any limitations that apply to a benefit.

9. An EB data segment in loop 2110C/D with the vendor's name will be included in the 271 when a benefit is administered by another vendor.

12. ACKNOWLEDGEMENTS AND/OR REPORTS

TA1 - Transaction Acknowledgement

This file informs the submitter that the transaction arrived and provides information about the syntactical quality of the Envelope of the submitted X12 file. Sanford Health PlanReal-Time transactions will only respond with a TA1 when the X12 contains Envelope errors. If a TA1 is produced then neither a 999 nor 271 response will be sent. The submitted 270 will need to be corrected and resubmitted.

999 - Functional Acknowledgement

This file informs the submitter that the transaction arrived and provides information about the syntactical quality of the Functional Groups in a submitted X12 file. Sanford Health Plan Real-Time transactions will only respond with a 999 when the X12 contains Functional errors.
If a 999 is produced then the 271 response will not be sent. The submitted 270 will need to be corrected and resubmitted.

13. TRADING PARTNER AGREEMENTS

TRADING PARTNERS

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

Payers have EDI Trading Partner Agreements that accompany the standard implementation guide to ensure the integrity of the electronic transaction process. The Trading Partner Agreement is related to the electronic exchange of information, whether the agreement is an entity or a part of a larger agreement, between each party to the agreement.

For example, a Trading Partner Agreement may specify among other things, the roles and responsibilities of each party to the agreement in conducting standard transactions.

14. TRANSACTION SPECIFIC INFORMATION

ELIGIBILITY BENEFIT REQUEST 270 (05010X279A1)

The below table represents only those fields that Sanford Health Plan requires a specific value in or has additional guidance on what the value should be. The table does not represent all of the fields necessary for a successful transaction. The TR3 should be reviewed for that information.

Loop ID	Reference	Name	Values	Notes
BHT	BHT	Beginning of Hierarchical Transaction		
	BHT02	Transaction Set Purpose Code	13	Used to specify "Request"
	BHT03	Reference Identification		Required for Real Time transactions. Submitter assigned 1-50 character alphanumeric.
2100A	NM1	Information Source Name		
	NM101	Entity Identifier Code	PR	Used to identify organizational entity. Ex. PR = Payer
	NM102	Entity Type Qualifier	2	Used to indicate entity or individual person. Ex. 2 = Non-Person Entity
	NM103	Name Last or Organization name		Used to specify subscribers last name or organization name. Ex. Sanford Health Plan
	NM108	Identification Code Qualifier	PI	Used to qualify the identification number submitted. PI = Payor Identification
	NM109	Identification Code	91184	Used to specify primary source information identifier. 91184 = Sanford Health Plan

ELIGIBILITY BENEFIT RESPONSE 271 (005010X279A1)

The below table represents only those fields that Sanford Health Plan requires a specific value in or has additional guidance on what the value sent in the response means. The table does not represent all of the fields that will be returned in a successful transaction. The TR3 should be reviewed for that information.

Loop ID	Reference	Name	Values	Notes
BHT	BHT	Beginning of Hierarchical Transaction		
	BHT02	Transaction Set Purpose Code	11	Used to specify "Response"
	BHT03	Reference Identification		Returns the value of BHT03 from the submitted 270. Required for Real Time transactions.
2100A	NM1	Information Source Name		
	NM101	Entity Identifier Code	PR	Used to identify organizational entity. PR = Payer
	NM102	Entity Type Qualifier	2	Used to indicate entity or individual person. 2 = Non-Person Entity
	NM103	Organization Name	Sanford Health Plan	Used to identify information source name. "Sanford Health Plan" will be sent in NM103.
	NM108	Identification Code Qualifier	PI	Used to qualify the identification number submitted. PI = Payor Identification
	NM109	Identification Code	91184	Used to specify primary source information identifier. 91184 = Sanford Health Plan
	PER	Information Source Contact		
	PER03		UR	Used to identify the type of contact information. UR = Website URL
	PER04	Communication Number	www.sanfordhealth.com	Used to identify the contact information. " www.sanfordhealth.com " will be sent in PER04
2120	NM1	Subscriber/Subscriber/Dependent		Included when there are

C/D		Benefit Related Entity Name		no AAA error segments in the 271.
	NM101	Entity Identifier Code	PR	Used to identify organizational entity. PR = Payer
	NM102	Entity Type Qualifier	2	Used to indicate entity or individual person. 2 = Non-Person Entity
	NM103	Organization Name	Sanford Health Plan	Used to identify information source name. "Sanford Health Plan" will be sent in NM103.

Change Summary

This section describes the differences between the current Companion Guide and previous guide(s).

Version	Release Date	Changes
1.0	December 2013	Initial creation
2.0	July 2014	Update
2.1	February 2015	Update
2.2	June 2015	Update