



HIPAA Transaction Standard Companion
Guide 270/271 Health Care Eligibility Benefit
Inquiry and Response

VERSION: 4
DATE: 11/01/2024

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. 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.

Aspirus Health Plan is committed to maintaining the integrity and security of healthcare data in accordance with applicable laws and regulations. This material contains confidential, propriety information. Unauthorized use or disclosure of the information is strictly prohibited. The information in the document is furnished for Aspirus Health Plan and Trading Partner use only. Changes are periodically made to the information in this document, these changes in the product and/or program described in the publication at any time.

Disclosure of beneficiary eligibility data is restricted under the provisions of the Privacy Act of 1974 and the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The Provider Beneficiary eligibility transaction is to be used for conducting Aspirus Health Plan business only.

Please note:

The 271 responses returned by the 270/271 application 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. Please refer to x12.org for data placement.

Table of Contents

Chapter 1: Introduction	
Scope	4
Overview	4
References	4
Additional Information	4
Chapter 2: Getting Started	
Working with Aspirus Health Plan	5
Trading Partner Registration	5
Certification and Testing Overview	5
Testing with Payer	5
Chapter 3: Connectivity with the payer/Communications	
Process flow	6
Transmission Administrative Procedures	6
Re-Transmission Procedure	7
Communication protocol specifications	7
Passwords	7
Chapter 4: Contact Information	
EDI Customer Service	8
EDI Technical Assistance	8
Aspirus Health Plan Provider Service	8
Chapter 5: Payer Specific Business Rules and imitations	9
Chapter 6: Acknowledgements and/or Reports	10
Chapter 7: Trading Partner Agreements	11

Chapter 1: Introduction

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 Aspirus Health Plan. Transmissions based on this companion guide, used in conjunction 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. 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.

Scope

This Companion Guide is intended to describe to Aspirus Health Plan trading partners the content and format of the Eligibility and Benefit 270/271 transaction set in the electronic data interchange (EDI) environment. The 270 transaction is used to request eligibility and benefit information for medical lines of business, and the 271 transaction is used to respond with information for the specified member.

Overview

The purpose of this document is to provide information for conducting HIPAA-compliant electronic 270/271 transaction exchanges with Aspirus Health Plan.

References

ASC X12 publishes implementation guides, known as Technical Reports Type 3 (TR3s), that define the data contents and compliance requirements for the health care implementation of the ASC X12N/005010 transaction sets. Following are the Interchange Technical Report Type 3 (TR3s) referenced in this guide:

- **ASC X12N/005010X279A1 Health Care Eligibility Benefit Inquiry and Response (270/271) Consolidated Guide** and
- **Associated errata**, hereinafter 005010X279A1 TR3s.

You are expected to comply with the requirements set forth in the TR3s. You can purchase these guides from the ASC X12 store at www.x12.org

Additional Information

- Both real-time and batch 270 inquiries are supported through this transaction.
- This transaction supports inquiries for Aspirus Health Plan members only.

Chapter 2: Getting Started

Working with Aspirus Health Plan

Aspirus Health Plan offers the 270/271 EDI transaction through Availity. This guide includes the instructions you will need to establish connection with Availity to begin exchanging standard 270/271 transactions.

Trading Partner Registration

Before submitting/receiving a 270/271 transaction, you and/or your clearinghouse must register as a trading partner with Availity. This will require some technical effort on your part to be able to exchange real-time transactions. Please have your clearinghouse contact Availity directly at:

CONTACT INFO: Availity

PHONE: 1-800-282-4548 (Monday – Friday, 8am - 8pm EST)

EMAIL: <https://www.availity.com/providers/>

Changes begin with Availity creating access credentials with your clearinghouse. The submitter ID and receiver ID (ISA06/08) used for electronic claims submission will also be used as the submitter ID values for real-time eligibility transactions.

Submitters do have the ability to test the eligibility transactions.

Certification and Testing Overview

Aspirus Health Plan recommends submitting at least one test file to ensure connectivity and data transfer is successful with P Availity; however, testing is not required. If you are interested in testing, you may contact Availity Support 1-800-282-4548 or <https://www.availity.com/providers/>. This companion guide will serve as an aid in completing the testing process.

Testing with the Payer/Communications

Testing can begin once the necessary provisioning is completed between the clearinghouse and Availity and connectivity information is provided to the submitter.

Chapter 3: Connectivity with the Payer/Communications

System Availability and Downtime

Availity is generally available 24 hours a day, 7 days a week for 270/271 transaction exchange. To allow for periodic maintenance, Availity will schedule downtime during which 270/271 transactions may be unavailable. Availity will send out appropriate notification when downtime is scheduled.

CONTACT INFO: Availity

PHONE: 1-800-282-4548 (Monday – Friday, 8am - 8pm EST)

EMAIL: <https://www.availity.com/providers/>

Process Flows

This section outlines the processes associated with submitting and receiving 270/271 transactions with Aspirus Health Plan, via Availity.



Transmission Administrative Procedures

Real time 270 requests must contain a single member inquiry for each transaction. In addition, Aspirus Health Plan only allows a single transaction to be contained within a submission as follows:

- One interchange (ISA-IEA) per transmission
- One functional group (GS-GE) per transmission
- One transaction set (ST-SE) per transmission

Batch 270 requests are limited to 99 ST/SE groupings per transaction. Each batch inquiry must be in its own ST/SE.

Re-Transmission Procedure

All X12 file submissions are pre-screened upon receipt to determine if the interchange control header (ISA) or interchange control trailer (IEA) segments are readable. If errors are found, a TA1 response transaction will be sent to notify the trading partner the file could not be processed.

If the transaction submission passes the ISA/IEA pre-screening above, it is then checked for ASC X12 syntax and HIPAA-compliance errors. If there are errors found when the compliance check is complete, a 999 will be sent to the trading partner informing them if the transaction has failed the compliance check. The following notifications will be sent if a transmission is unable to be completed:

Acknowledgements	Description
ASC X12 TA1 v005010X231A1 (HIPAA)	Response to the X12 transactions where errors are encountered in the outer envelopes (ISA/IEA and GS/GE segments)
ASC X12 999 v005010X231A1 (HIPAA)	Functional Acknowledgement: A negative 999 is sent in case of compliance issues.

To receive a 271 response, errors must be corrected, and the 270-inquiry is resent.

Communication Protocol Specifications

Aspirus Health Plan, via Availity, has provided connectivity that complies with the Committee on Operating Rules for Information Exchange (CORE) Safe Harbor principle (§5 Safe Harbor) according to the CORE Connectivity Phase II Rule 270. Submitters may contact Availity for specification details.

Passwords

As a secure connection between Availity and Aspirus Health Plan has already been established, any passwords to protect the security of the data would need to be established between the trading partner and Availity. Availity requires each interchange submitter ID to be accompanied with a unique password for security reasons.

Chapter 4: Contact Information

EDI Customer Service

For inquiries related to 270/271 transaction setup and testing, please contact Availity customer support directly:

Phone: 1-800-282-4548

Days/Times: Monday – Friday, 8:00 a.m. – 5:00 p.m. EST

Email: <https://www.availity.com/providers/>

EDI Technical Assistance

Once provisioned by Availity and actively using the 270/271 transaction, you may contact Availity directly for EDI technical assistance:

Phone: 1-800-282-4548

Days/Times: Monday – Friday, 8:00 a.m. – 5:00 p.m. EST

Email: <https://www.availity.com/providers/>

Aspirus Health Plan Provider Service

If you require more details about eligibility beyond what was provided in your 271 response, please log into Aspirus Health Plan's provider portal.

Providers can also contact Aspirus Health Plan's Provider Assistance Center (PAC) for more detailed claim status information. Please note that PAC representatives cannot assist with the interpretation of error reports received from Availity/their clearinghouse. These questions must be directed to Availity as noted above.

Phone: 800-242-4548

Days/Times: Monday - Friday, 8:00 a.m. – 8:00 p.m. EST

Chapter 5: Payer-Specific Business Rules and Limitations

This section describes Aspirus Health Plan specific rules associated with the 270/271 transaction.

It is important to review these as they may differ from rules and limitations required by other payers. Aspirus Health Plan’s trading partners must adhere to the following business rules and limitations for submitting transactions in real time:

- Only one transaction should be submitted per functional group.
- Only one functional group should be submitted per interchange.
- Member data should always be sent in the Subscriber Loop of the transaction (21xxC loops); Aspirus Health Plan will not accept Dependent Loops(21xx D loops).
- Search criteria used to identify a member includes:
 - Member ID, Date of Birth, First Name and Last Name.
- If no date of service is received, the current date will be considered as the date of service
- When sending a 270 inquiry, using a specific Service Type Code related to the services being performed will provide a more streamlined response. Service Type Codes that are not explicitly supported by Aspirus Health Plan will return a response equivalent to the Service Type Code 30 – Health Benefit Plan Coverage.

1-Medical Care	86-Emergency Services	UC-Urgent Care
33-Chiropractic	88-Pharmacy	
35-Dental Care	98-Professional (Physician) Visit-Office	
47-Hospital	AL-Vision (Optometry)	
48-Hospital Inpatient	MH-Mental Health	
50-Hospital Outpatient		

- Future dates are supported and can be reported up to the last day of the current month.
- Dates of service in the past are supported 12 months prior to the current date.
- Procedure and/or diagnosis codes are not used to determine benefits.

Chapter 6: Acknowledgement and/or Reports

Aspirus Health Plan (Availity) processes the following ASCX12 HIPAA acknowledgements for Eligibility and Benefit Inquiries when there is an issue with processing the 270 requests.

'AAA' Error Codes

AAA03 Codes Required in Loop 2000A — INFORMATION SOURCE LEVEL	
04	Authorized Quantity Exceeded
41	Authorization/Access Restrictions
42	Unable to Respond at Current Time
79	Invalid Participant Identification
AAA03 Codes Required in Loop 2100A — INFORMATION SOURCE NAME	
04	Authorized Quantity Exceeded
41	Authorization/Access Restrictions
42	Unable to Respond at Current Time
79	Invalid Participant Identification
80	No Response Received – Transaction Terminated
T4	Payer Name or Identifier Missing
AAA03 Codes Required in Loop 2100B — INFORMATION RECEIVER NAME	
15	Required Application Data Missing
41	Authorization/Access Restrictions
43	Invalid/Missing Provider Identification
44	Invalid/Missing Provider Name
45	Invalid/Missing Provider Specialty
46	Invalid/Missing Provider Phone Number
47	Invalid/Missing Provider State
48	Invalid/Missing Provider Referring Provider Identification Number
50	Provider Ineligible for Inquiries
51	Provider Not on File
79	Invalid Participant Identification
97	Invalid or Missing Provider Address
T4	Payer Name or Identifier Missing
AAA03 Codes Required in Loop 2100C — SUBSCRIBER NAME	
15	Required Application Data Missing
35	Out of Network
42	Unable to Respond at Current Time
45	Invalid/Missing Provider Specialty
47	Invalid/Missing Provider State
48	Invalid/Missing Provider Referring Provider Identification Number
49	Provider is not a Primary Care Physician
50	Provider Ineligible for Inquiries
51	Provider Not on File
52	Service Dates Not Within Provider Plan Enrollment
56	Inappropriate Date
57	Invalid/Missing Date(s) of Service
58	Invalid/Missing Date of Birth
60	Date of Birth Follows Date(s) of Service
61	Date of Death Precedes Date(s) of Service
62	Date of Service Not Within Allowable Inquiry Period
63	Date of Service in Future
71	Patient Birth Date Does Not Match That for the Patient on the Database
72	Invalid/Missing Subscriber/Insured ID
73	Invalid/Missing Subscriber/Insured Name
74	Invalid/Missing Subscriber/Insured Gender Code
75	Subscriber/Insured Not Found
76	Duplicate Subscriber/Insured ID Number
78	Subscriber/Insured Not in Group/Plan Identified

Chapter 7: Trading Partner Agreements

Trading Partners

An EDI trading partner is defined as any Aspirus Health Plan customer (provider, billing service, software vendor, employer group, financial institution, etc.) that transmits electronic data to, or receives electronic data from Aspirus Health Plan, or from an Aspirus Health Plan contracted entity.

To ensure the integrity of the electronic transaction process, payers have EDI trading partner agreements that accompany the standard implementation guide. The trading partner agreement is related to the electronic exchange of information, whether the agreement is with an entity or part of a larger agreement. For example, a trading partner agreement may specify the roles and responsibilities of each party to the agreement in conducting standard transactions.

As Aspirus Health Plan will be directly exchanging 270/271 data with Availity, the existing trading partner agreement between Aspirus Health Plan and Availity will cover the data being passed and shared. It may be necessary for those originating these transactions to complete trading partner agreements with Availity. Please refer to the *Trading Partner Registration* section in chapter 2 for additional direction and contact information.