

## CORE 152: Eligibility and Benefit Real Time Companion Guide Rule version 1.1.0

### **BACKGROUND**

*Health plans or information sources have the option of creating a "companion guide" that describes the specifics of how they will implement the HIPAA transactions. The companion guide is in addition to and supplements the ASC X12 v5010 Implementation Specification Guide Document, adopted for use under HIPAA.*

*Currently health plans or information sources have independently created companion guides that vary in format and structure. Such variance can be confusing to trading partners/providers who must review numerous companion guides along with the ASC X12N Implementation Specification Guide Documents. To address this issue, CORE developed this v5010 270/271 Companion Guide Template for health plans or information sources. Using this template, health plans or information sources can ensure that the structure of their companion guide is similar to other health plan's documents, making it easier for providers to find information quickly as they consult each health plan's document on these important industry EDI transactions.*

*Developed with input from multiple health plans, system vendors, provider representatives and healthcare/HIPAA industry experts, this template organizes information into several simple sections – General Information (Sections 1-9) and Transaction-Specific Information (Section 10) – accompanied by an appendix. Note that the companion guide template is presented in the form of an example of a fictitious Acme Health Plan viewpoint.*

*Although CORE participants believe that a standard template/common structure is desirable, they recognize that different health plans may have different requirements. The CORE Companion Guide template gives health plans the flexibility to tailor the document to meet their particular needs.*

*Note: This Companion Guide template has been adapted from the CAQH/WEDI Best Practices Companion Guide Template originally published January 1, 2003.*

### **RULE**

All CORE-certified entities' Companion Guides covering the ASC X12 005010X279A1 Eligibility Benefit Request and Response (270/271) (hereafter v5010 270/271) 270/271 eligibility inquiry and response transactions must follow the format/flow as defined in the CORE 270/271 Companion Guide Template for HIPAA Transactions. (See template for details.)

Note: This rule does not require any CORE-certified entity to modify any other existing companion guides that cover other HIPAA-adopted transaction implementation guides.

### **CONFORMANCE**

*Conformance with this rule is considered achieved by health plans (or information sources) if all of the following criteria are achieved:*

1. *Publication to its trading partner community of its detailed companion guide specifying all requirements for submitting and processing the v5010 270 eligibility transaction and returning the v5010 271 eligibility inquiry response transaction in accordance with this rule.*
2. *Submission to an authorized CORE certification testing company the following:*
  - a) *A copy of the table of contents of its official v5010 270/271 companion guide.*
  - b) *A copy of a page of its official v5010 270/271 companion guide depicting its conformance with the format for specifying the v5010 270/271 data content requirements.*

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- c) *Such submission may be in the form of a hard copy paper document, an electronic document, or a URL where the table of contents and an example of the v5010 270/271 content requirements of the companion guide is located.*

*Conformance with this rule must be demonstrated through successful completion of the approved CORE test suite for this rule with a CORE-authorized testing vendor.*

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**Acme Health Plan**

HIPAA Transaction  
Standard Companion Guide

**Refers to the Implementation Guides Based on ASC X12 version 005010**

**Companion Guide Version Number: 1.1**

**June 2010**

**Disclosure Statement**

This document ...

### **Preface**

This Companion Guide to the ASC X12N Implementation Guides adopted under HIPAA clarifies and specifies the data content when exchanging electronically with Acme Health Plan. Transmissions based on this companion guide, used in tandem with the X12N Implementation Guides, are compliant with both 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.

**EDITOR'S NOTE:**

This page is blank because major sections of a book should begin on a right hand page.

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## 1 INTRODUCTION

This section describes how X12N Implementation Guides (IGs) adopted under HIPAA will be detailed with the use of a table. The tables contain a row for each segment that Acme Health Plan has something additional, over and above, the information in the IGs. That information can:

1. Limit the repeat of loops, or segments
2. Limit the length of a simple data element
3. Specify a sub-set of the IGs internal code listings
4. Clarify the use of loops, segments, composite and simple data elements
5. Any other information tied directly to a loop, segment, composite or simple data element pertinent to trading electronically with Acme Health Plan

In addition to the row for each segment, one or more additional rows are used to describe Acme Health Plan's usage for composite and simple data elements and for any other information. Notes and comments should be placed at the deepest level of detail. For example, a note about a code value should be placed on a row specifically for that code value, not in a general note about the segment.

The following table specifies the columns and suggested use of the rows for the detailed description of the transaction set companion guides.

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
193	2100C	NM1	Subscriber Name			This type of row always exists to indicate that a new segment has begun. It is always shaded at 10% and notes or comment about the segment itself goes in this cell.
195	2100C	NM109	Subscriber Primary Identifier		15	This type of row exists to limit the length of the specified data element.
196	2100C	REF	Subscriber Additional Identification			
197	2100C	REF01	Reference Identification Qualifier	18, 49, 6P, HJ, N6		These are the only codes transmitted by Acme Health Plan.
			Plan Network Identification Number	N6		This type of row exists when a note for a particular code value required. For example, this note may say that value N6 is the default. Not populating the first columns makes it clear that the code value belongs to the row immediately above it
218	2110C	EB	Subscriber Eligibility or Benefit Information			
231	2110C	EB13-1	Product/Service ID Qualifier	AD		This row illustrates how to indicate a component data element in the Reference column and also how to specify that only one code value is applicable.



#### **SCOPE**

This section specifies the appropriate and recommended use of the Companion Guide.

#### **OVERVIEW**

This section specifies how to use the various sections of the document in combination with each other.

#### **REFERENCES**

This section specifies additional documents useful for the read. For example, the X12N Implementation Guides adopted under HIPAA that this document is a companion to.

#### **ADDITIONAL INFORMATION**

This section, completed by the payer, includes other information useful to the reader. For example:

- Assumptions regarding the reader
- Advantages / benefits of EDI

## **2 GETTING STARTED**

#### **WORKING WITH ACME HEALTH PLAN**

This section describes how to interact with Acme Health Plan's EDI Department.

#### **TRADING PARTNER REGISTRATION**

This section describes how to register as a trading partner with Acme Health Plan.

#### **CERTIFICATION AND TESTING OVERVIEW**

This section provides a general overview of what to expect during any certification and testing phases.

## **3 TESTING WITH THE PAYER**

This section contains a detailed description of the testing phase.

## **4 CONNECTIVITY WITH THE PAYER / COMMUNICATIONS**

#### **PROCESS FLOWS**

This section contains process flow diagrams and appropriate text.

#### **TRANSMISSION ADMINISTRATIVE PROCEDURES**

This section provides Acme Health Plan's specific transmission administrative procedures.

#### **RE-TRANSMISSION PROCEDURE**

This section provides Acme Health Plan's specific procedures for re-transmissions.

#### **COMMUNICATION PROTOCOL SPECIFICATIONS**

This section describes Acme Health Plan's communication protocol(s).

#### **PASSWORDS**

This section describes Acme Health Plan's use of passwords.

### **5 CONTACT INFORMATION**

#### **EDI CUSTOMER SERVICE**

This section contains detailed information concerning EDI Customer Service, especially contact numbers.

#### **EDI TECHNICAL ASSISTANCE**

This section contains detailed information concerning EDI Technical Assistance, especially contact numbers.

#### **PROVIDER SERVICE NUMBER**

This section contains detailed information concerning the payment of claims, especially contact numbers.

#### **APPLICABLE WEBSITES / E-MAIL**

This section contains detailed information about useful web sites and email addresses.

### **6 CONTROL SEGMENTS / ENVELOPES**

#### **ISA-IEA**

This section describes Acme Health Plan's use of the interchange control segments. It includes a description of expected sender and receiver codes, authorization information, and delimiters.

#### **GS-GE**

This section describes Acme Health Plan's use of the functional group control segments. It includes a description of expected application sender and receiver codes. Also included in this section is a description concerning how Acme Health Plan expects functional groups to be sent and how Acme Health Plan will send functional groups. These discussions will describe how similar transaction sets will be packaged and Acme Health Plan's use of functional group control numbers.

#### **ST-SE**

This section describes Acme Health Plan's use of transaction set control numbers.

### **7 PAYER SPECIFIC BUSINESS RULES AND LIMITATIONS**

This section describes Acme Health Plan's business rules, for example:

1. Billing for specific services such as DME, Ambulance, Home Health
2. Communicating payer specific edits
3. CORE Level of Certification

### **8 ACKNOWLEDGEMENTS AND OR REPORTS**

This section contains information and examples on any applicable payer acknowledgements

**REPORT INVENTORY**

This section contains a listing/inventory of all applicable acknowledgement reports

**9 TRADING PARTNER AGREEMENTS**

This section contains general information concerning Trading Partner Agreements (TPA). An actual TPA may optionally be included in an appendix.

**TRADING PARTNERS**

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

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.

**10 TRANSACTION SPECIFIC INFORMATION**

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## **Appendices**

This section contains one or more appendices.

### **1. Implementation Checklist**

This appendix contains all necessary steps for going live with Acme Health Plan.

### **2. Business Scenarios**

This appendix contains free format text descriptions of typical business scenarios. The transmission examples for these scenarios are included in Appendix C.

### **3. Transmission Examples**

This appendix contains actual data streams linked to the business scenarios from Appendix B.

### **4. Frequently Asked Questions**

This appendix contains a compilation of questions and answers relative to Acme Health Plan and its providers. Typical question would involve a discussion about code sets and their effective dates.

### **5. Change Summary**

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