

# **Geisinger Health Plan**

## **HIPAA Transaction Companion Guide**

### **276/277 – Health Care Claim Status Request and Response**

**ASC X12 version 005010X212**

## Disclosure Statement

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This is a Companion Guide to the ASC X12 Implementation Guides adopted under the Health Insurance Portability and Accountability Act (HIPAA). It should be used when interacting with Geisinger Health Plan (GHP). This document describes the data element requirements of GHP's trading partners for submission of EDI HIPAA compliant transactions. This guide is not meant to replace HIPAA Implementation Guides but should instead be used in conjunction with them.

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## **Preface**

This is a Companion Guide to the ASC X12 Implementation Guides adopted under the Health Insurance Portability and Accountability Act (HIPAA). It should be used when interacting with Geisinger Health Plan (GHP). This document describes the data element requirements of GHP's trading partners for submission of EDI HIPAA compliant transactions. This guide is not meant to replace HIPAA Implementation Guides but should instead be used in conjunction with them.

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# 1 INTRODUCTION

In an effort to reduce the administrative costs of health care across the nation, the Health Insurance Portability and Accountability Act (HIPAA) was passed in 1996. This legislation requires that health insurance payers in the United States comply with the electronic data interchange (EDI) standards for health care, established by the Secretary of Health and Human Services (HHS). For the health care industry to achieve the potential administrative cost savings with EDI, standard transactions and code sets have been developed and need to be implemented consistently by all organizations involved in the electronic exchange of data.

This companion guide, adopted under HIPAA, is detailed through the use of tables. The tables contain a row for each segment that Geisinger Health Plan has something additional, over and above, the information in the HIPAA-issued Implementation Guides. This 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 Implementation Guide's 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 Geisinger Health Plan.

In addition to the row for each segment, one or more additional rows are used to describe Geisinger Health Plan's usage for composite and simple data elements and for any other information.

The following table defines the columns and the use of the rows for the detailed description of the transaction set companion guides. **Note:** This table is only sample data and may not be relevant to the Health Care Claim Status Request and Response transactions.

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 comments 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 Geisinger Health Plan.
			Plan Network Identification Number	N6		This type of row exists when a note for a particular code value is required. For example, this note may say that value N6 is default.
218	2110C	EB	Subscriber Eligibility or Benefit Information			
231	2110C	EB13-1	Product/Service ID Qualifier	AD		This row illustrates how a component data element is indicated in the Reference column and also shows that only one code value (AD) is acceptable.

## **Scope**

This Companion Guide explains the procedures necessary for trading partners of the Health Plan to transmit Electronic Data Interchange (EDI) for the 276/277 Health Care Claim Status Request and Response transactions. This Companion Guide is not intended to replace, contradict or exceed the X12 Implementation Guide; rather it is intended to be used in conjunction with it.

The 276/277 Transaction supports the ASC X12 276/277 Version 005010X212 and the ASC X12 999 version 005010X231A1 TR3s that can be found at the following web site: <http://www.wpc-edi.com>.

This companion guide has two purposes. The first purpose is to educate the user on how to access the 276/277 application. The second purpose is to educate the user on how to send eligibility requests and interpret responses, using the 276/277 formats, as they relate to the applicable GHP required business rules and information.

## **Overview**

The first part of this Companion Guide explains its purpose and the trading partner's role working with the Health Plan. It also provides important information on the communication process and detailed Health Plan contact information.

## **References**

This Companion Guide should be used in conjunction with the Implementation Guides, which can be obtained from the Washington Publishing Company by calling 1-800-972-4334. Implementation Guides are also available for download on their website at <http://www.wpc-edi.com/>.

## **Additional Information**

GHP is committed to maintaining the integrity and security of healthcare data in accordance with applicable laws and regulations. Disclosure of Beneficiary eligibility data is restricted under the provisions of the Privacy Act of 1974 and HIPAA.

GHP implemented the 276/277 application following a real-time request/response model (single response per request). The data available in this implementation allows a Provider to verify the status of a previously submitted health care claim. Claim data is only to be used for confirmation of payment and service. Providers' authorized staff is expected to use and disclose protected health information according to the CMS regulations.

GHP monitors claim status inquiries. Trading Partners identified as having aberrant behavior (e.g., high inquiry error rate or high ratio of eligibility inquires to claims submitted) may be contacted to verify and/or address improper use of the system or, when appropriate, be referred for investigation.

## 2 GETTING STARTED

### EDI Customer Service

The Geisinger Health Plan EDI Customer Service is available to assist with this process Monday – Friday, from 8:00 AM to 5:00 PM Eastern time. Potential Trading Partners must contact GHP customer assistance help desk to initiate the registration process.

Please refer to Section 5 of this Companion Guide for contact information.

### Trading Partner Registration

You may request Health Plan authorization to submit and/or receive HIPAA-compliant ASC X12 electronic transaction(s). To do so, a Health Plan Electronic Data Interchange (EDI) Provider Enrollment Application is required by the Health Plan. This enrollment application can be found at [www.thehealthplan.com/providers\\_us/resource.cfm](http://www.thehealthplan.com/providers_us/resource.cfm). [The application is required to be completed in its entirety and can be submitted electronically or via hardcopy, as described on the website.](#)

Upon receipt and approval of your Health Plan (EDI) Provider Enrollment Application, the Health Plan will send you the following information:

- ✓ Health Plan EDI contact persons and telephone numbers
- ✓ Health Plan Companion Guide information for electronic interchanges

**Please note:** Providers are strongly encouraged to follow the below recommendations prior to electronic transmission of information to the Health Plan:

- ✓ Provider review of the HIPAA Implementation Transaction and Code Set Guides and required addenda, which are available for download at:  
[www.wpc-edi.com](http://www.wpc-edi.com)
- ✓ Provider's claim submission software vendor/billing company has taken all necessary steps to confirm all required data elements are captured and populating the appropriate fields/locations as indicated in the Health Plan Companion Guide
- ✓ Testing for such requirements has been successfully completed

Failure to demonstrate the ability to send compliant, error-free electronic transactions will result in unnecessary costly delays and rejections.

### Certification and Testing Overview

The Workgroup for Electronic Data Interchange (WEDI) and the Strategic National Implementation Process (SNIP) have recommended seven types of HIPAA compliance testing, these are:

1. Integrity Testing – This is testing the basic syntax and integrity of the EDI transmission to include: valid segments, segment order, element attributes, numeric values in numeric data elements, X12 syntax and compliance with X12 rules.
2. Requirement Testing – This is testing for HIPAA Implementation Guide-specific syntax such as repeat counts, qualifiers, codes, elements and segments. Also testing for required or intra-segment situational data elements and non-medical code sets whose values are noted in the guide via a code list or table.

3. Balance Testing – This is testing the transaction for balanced totals, financial balancing of claims or remittance advice and balancing of summary fields.
4. Situational Testing – This is testing of inter-segment situations and validation of situational fields based on rules in the Implementation Guide.
5. External Code Set Testing – This is testing of external code sets and tables specified within the Implementation Guide. This testing not only validates the code value but also verifies that the usage is appropriate for the particular transaction.
6. Product Type or Line of Service Testing – This is testing that the segments and elements required for certain health care services are present and formatted correctly. This type of testing only applies to a trading partner candidate that conducts the specific line of business or product type.
7. Implementation Guide-Specific Trading Partners Testing – This is testing of HIPAA requirements that pertain to specific trading partners such as Medicare, Medicaid and Indian Health. Compliance testing with these payer-specific requirements is not required from all trading partners. If the trading partner intends to exchange transactions with one of these special payers, this type of testing is required.

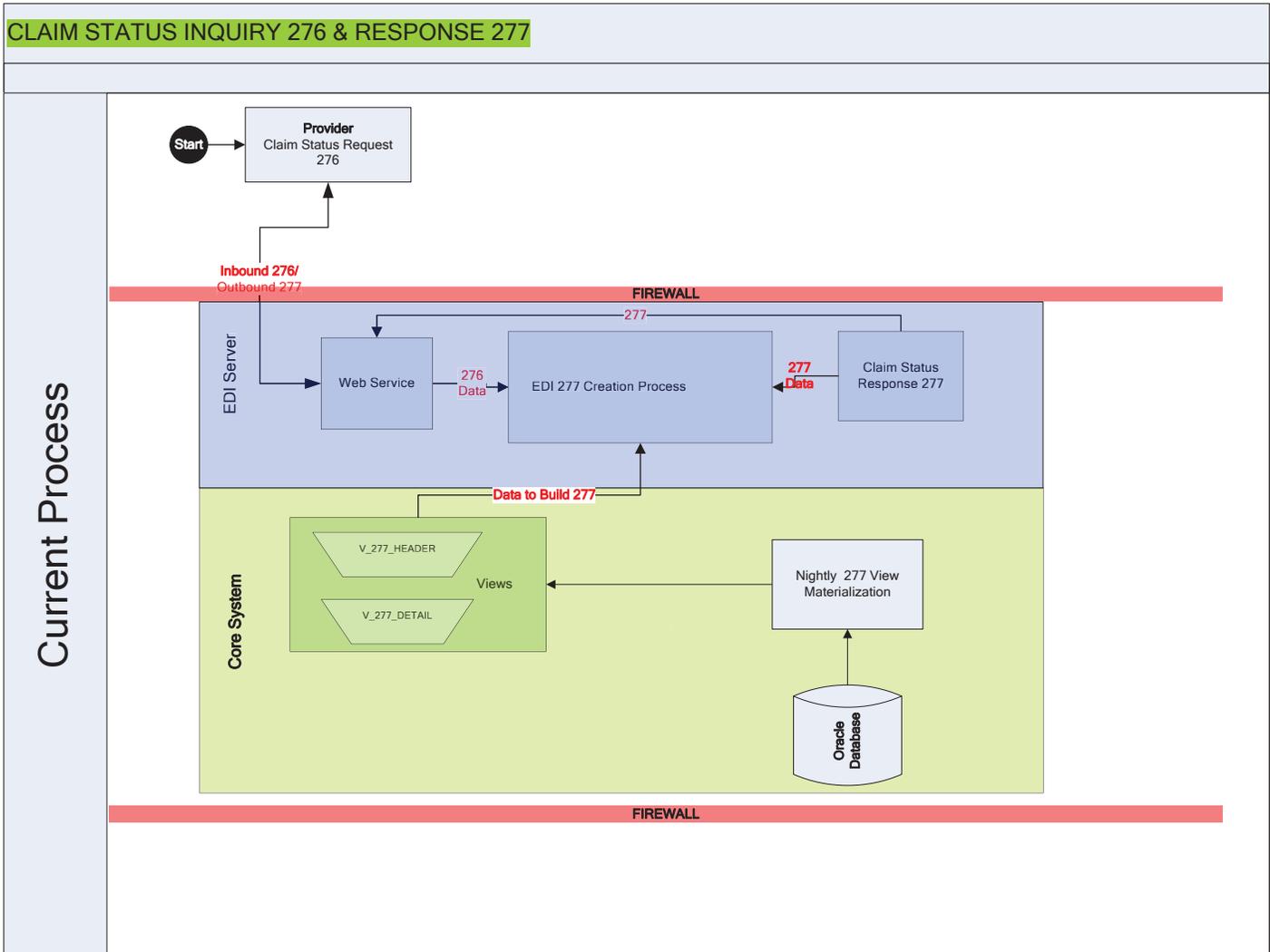
### **3 TESTING WITH GHP**

Trading Partners must send all test transactions with Usage Indicator (ISA15) = “T” until approved to submit production transactions with a Usage Indicator (ISA15) = “P”. The GHP 276/277 application will return an error for an Invalid Test Indicator Value .

## 4 CONNECTIVITY WITH GHP / COMMUNICATIONS

The Health Plan has a communication server with secure internet access for transmitting and receiving EDI transactions. After registering as a trading partner for this transaction, a Technical Contact will be assigned to you and will address your connectivity needs.

### Process Flows



## **Transmission Administrative Procedures**

GHP executes internal executive approvals prior to the initial setup of new HIPAA trading partners. After this approval, the primary configuration process involves the exchange of information such as communication ports, WSDL, and testing procedures between the GHP Technical Contact and the trading partner.

## **Re-Transmission Procedure**

If no response is received by a trading partner submitting a real-time 276, the trading partner may re-submit duplicate transmission(s) per the CAQH Core Phase II guidelines for re-transmissions.. Should there be a need to contact GHP, please use the contact information listed in Section 5 of this document.

## **Communication Protocol Specifications**

GHP will follow the communication protocols as required in the CAQH Core Connectivity Rule for all new trading partners.

## **Passwords**

Trading partners using HTTPS as the primary security protocol for data transmission will be required to use passwords for each real-time transaction. Security parameters such as passwords or certificates will be exchanged at the time of initial setup.

## **Schedule, Availability, and Downtime Notifications**

GHP will be unavailable for real-time transactions:

Sundays 2:00 AM – 2:15 AM Eastern Time

Outside of that time, the system is available. If there is any need to communicate an unexpected downtime, GHP will communicate to the trading partner via electronic mail and/or phone using the contacts obtained during trading partner registration. Should those contacts change, the trading partner is responsible for communicating the new downtime contacts to GHP via the E-Help Desk contacts listed in Section 5 of this document.

## 5 CONTACT INFORMATION

### *EDI Customer Service*

#### **PRODUCTION ISSUES ONLY:**

- CALL GHS HELPDESK
  - Telephone: 1-800-272-8092
  - Weekdays 8:00 am – 5:00 pm Eastern Time
  - Please be prepared with the following information:
    - Your Organization
    - Your Contact Information
    - Issue specifics
      - Date/Time 276 submitted
      - Reference Identification value (BHT03) of submitted 276
  - Please indicate your trouble ticket should be assigned to the 'GHP-EDI' assignment group.
  
- SUBMIT VIA EMAIL
  - [helpdesk@geisinger.edu](mailto:helpdesk@geisinger.edu)
  - Please include the following information in your email:
    - Your Organization
    - Your Contact Information
    - Issue specifics
      - Date/Time 276 submitted
      - Reference Identification value (BHT03) of submitted 276
  - Please indicate your trouble ticket should be assigned to the 'GHP-EDI' assignment group.

#### **NON-PRODUCTION ISSUES & GENERIC QUESTIONS/REQUESTS:**

- SUBMIT VIA EMAIL
  - [ghpedi@geisinger.edu](mailto:ghpedi@geisinger.edu)

## ***EDI Technical Assistance***

For on-line EDI information pertaining to GHP, including the Health Plan's companion guides, please access [www.thehealthplan.com](http://www.thehealthplan.com) and click HIPAA at the bottom of the page.

For industry information on EDI not specific to GHP, please see the websites listed under References in Section 1 of this companion guide

For assistance with current transactions or any other issues, please use the E-Help Desk contact information listed above, under EDI Customer Service.

## ***Provider Service Number***

Providers needing GHP service outside of EDI transactions should please use the applicable contact information listed on the website [www.thehealthplan.com](http://www.thehealthplan.com).

## ***Applicable Websites/Email***

### Websites

Geisinger Health Plan – <http://www.thehealthplan.com>

CAQH Core - <http://www.caqh.org/>

Workgroup for Electronic Data Interchange (WEDI) – <http://www.wedi.org>

United States Department of Health and Human Services (DHHS) – <http://aspe.hhs.gov/admsimp/>

Designated Standard Maintenance Organizations (DSMO) – <http://www.hipaa-dsmo.org/>

National Council of Prescription Drug Programs (NCPDP) – <http://www.ncpdp.org/>

National Uniform Billing Committee (NUBC) – <http://www.nubc.org/>

Accredited Standards Committee (ASC X12) – <http://www.x12.org/>

### Email

GHP E-Help Desk – [helpdesk@geisinger.edu](mailto:helpdesk@geisinger.edu)

CAQH Core - [core@caqh.org](mailto:core@caqh.org).

## 6 CONTROL SEGMENTS/ENVELOPES

The following sections describe the 276/277 transaction requirements to be used in conjunction with the requirements outlined in the X12 implementation guides. Adhering to these requirements will help to ensure that transactions pass the specified business edits.

All references to the ASC X12 276/277 TR3 assume the version referenced in Section 1 of this Companion Guide.

### ISA-IEA

Table 6A describes the values within the ISA Headers and IEA Trailers of the 276 and 277 transactions. The transactions use the same values with some exceptions described in the Notes column.

**Table 6A – 276 ISA/IEA Segment Rules**

Reference	X12 Element Name	Max Length	276 Notes	277 Notes
ISA01	Authorization Information Qualifier	2	“00”	“00”
ISA02	Authorization Information	10	(blank)	(blank)
ISA03	Security Information Qualifier	2	“00”	“00”
ISA04	Security Information	10	(blank)	(blank)
ISA05	Interchange ID Qualifier	2	“ZZ”	“ZZ”
ISA06	Interchange Sender ID	15	Must be Trading Partner Submitter ID assigned by GHP	“GEISINGERDIRECT”
ISA07	Interchange ID Qualifier	2	“ZZ”	“ZZ”
ISA08	Interchange Receiver ID	15	“GEISINGERDIRECT “	Must be Trading Partner Submitter ID assigned by GHP
ISA09	Interchange date	6	YYMMDD format	YYMMDD format
ISA10	Interchange Time	4	HHMM format	HHMM format
ISA11	Repetition Separator	1	“^”	“^”
ISA12	Interchange Control Version Number	5	“00501”	“00501”
ISA13	Interchange Control No	9	Must match with IEA02	Must match with IEA02
ISA14	Acknowledgment Requested	1	“0”	GHP will not return the TA1 acknowledgement receipt of a real time transaction unless an error is found.

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Reference	X12 Element Name	Max Length	276 Notes	277 Notes
ISA15	Usage indicator	1	"P" = production, "T" = test	"P" = production, "T" = test
ISA16	Component Element Separator	1	":" (colon)	":" (colon)
IEA01	Number of Included Functional Groups	5	Count of GS-GE Functional Group	Count of GS-GE Functional Group
IEA02	Interchange Control Number	9	A control number assigned by the interchange sender	A control number assigned by the interchange sender

**GS-GE**

Table 6B describes the values within the GS/GE group structure of the 276 and 277 transactions. The transactions use the same values with some exceptions described in the Notes column.

**Table 6B – 276/277 GS/GE Segment Rules**

Reference	X12 Element Name	Max Length	276 Notes	277 Notes
GS01	Functional Identifier Code	2	"HR"	"HN"
GS02	Application Sender's Code	15	Must be Trading Partner ID, similar value to ISA06	"GEISINGERDIRECT"
GS03	Application Receiver's Code	15	"GEISINGERDIRECT"	Must be Trading Partner ID, similar value to ISA06
GS04	Date	8	CCYYMMDD format	CCYYMMDD
GS05	Time	8	HHMM format	HHMM format
GS06	Group Control Number	9	Assigned by Trading Partner	Assigned by GHP
GS07	Responsible Agency Code	2	"X"	"X"
GS08	Version/Release/Industry Identifier Code		"005010X212"	"005010X212"
GE01	Number of Transaction Sets Included	6	Count of ST-SE in the Transaction	Count of ST-SE in the Transaction
GE02	Group Control Number	9	Assigned by Trading Partner	Assigned by GHP

## ST-SE

Table 6C describes the values within the ST/SE group structure of the 276 and 277 transactions. The transactions use the same values with some exceptions described in the Notes column.

**Table 6C – 276/277 ST/SE Segment Rules**

Reference	X12 Element Name	Max Length	276 Notes	277 Notes
ST01	Transaction Set Identifier Code	3	"276"	"277"
ST02	Transaction Set Control No	9	This number is assigned locally by the sender and must match the value in the corresponding SE 02 segment. This number must be sequentially incremented with each transaction.	This number is assigned by GHP and must match the value in the corresponding SE 02 segment. This number must be sequentially incremented with each transaction.
ST03	Implementation Convention reference	35	"005010X212"	"005010X212"
SE01	Number of Included Segments	10	Segment count between ST-SE	Segment count between ST-SE
SE02	Transaction Set Control Number	9	This number is assigned locally by the sender and should match the value in the corresponding ST02 segment.	This number is assigned by GHP and should match the value in the corresponding ST02 segment.

## File Delimiters

GHP requests that you use the following delimiters on your 276 file. If used as delimiters, these characters (\* ~ :) must not be submitted within the data content of the transaction sets. Please contact GHP if there is a need to use a delimiter other than the following:

The recommended Data Element Delimiter is an asterisk (\*).

The recommended Segment Delimiter is a tilde (~)

The recommended Component-Element Delimiter is a colon (:)

## 7 PAYER-SPECIFIC BUSINESS RULES AND LIMITATIONS

This section describes the business rules and limitations of the 276/277 Transactions.

All references to the ASC X12 276/277 TR3 assume the version referenced in Section 1 of this Companion Guide.

### ***Minimum and Maximum Requirements***

Minimum requirements exist for the 276 and 277 transactions in order to be considered HIPAA compliant. For the 277 response, the Information Source (Geisinger Health Plan), at a minimum, must either acknowledge that the claim inquired about was not located on its system, or for a claim that has been located in the Information Source's system, indicate the current status of the claim. The response will be effective for the date it was processed, unless a date was otherwise specified within the 276 inquiry.

The maximum amount of information an Information Source may require of the Information Receiver is clearly defined for the 276 transaction. GHP assigns a unique identification number to each member (i.e. the 'Member Number'). According to the definition of 'subscriber' as found in the ASC X12 Implementation Guide, all GHP members are subscribers and the GHP Member Number can (and should) be used to request information if at all possible.

The maximum information the Information Source can require is:

- Patient identifier (member ID)
- Provider Number
- Date(s) of Service
- Charges

If all of the above elements are not available to the Information Receiver for inclusion in the status request, the Information Receiver may still send a 276 with as many of the above elements as possible. The Information Source should attempt to look up the claim if there is a reasonable amount of information present.

### **Search Criteria for 276/277**

- The entire Dependent Level Loop (2000E) will not be required by the Health Plan because the Health Plan assigns a unique member identification number to each member. Thus, all Health Plan members should be treated as "subscribers", even within the same family.
- Claim information will be returned on the 277 at the subscriber level, regardless of whether the 276 inquiry was made at the subscriber level or dependent level.
- The following search criteria will apply:
  1. If the 276 contains the patient's member id, first name, last name, and date of birth, GHP will perform a search using all 4 of these parameters.
  2. If the 276 contains only the patient's member id, last name, and date of birth, GHP will perform a search using all 3 of these parameters.
  3. If the 276 contains only the patient's last name, first name, and date of birth, then GHP will perform a search using all 3 of these parameters.

4. If the 276 contains only the patient's member id and date of birth, GHP will perform a search using these parameters.

If a claim cannot be found with one record, the GHP 276/277 application will return an error.

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

Only one response will be sent for each 276 request that is submitted – a TA1, a 999, or a 277. Geisinger Health Plan supports the following response transactions and acknowledgements to the 276 Claim Status Request Transaction:

### **TA1**

The TA1 Interchange Acknowledgement is used by the 276/277 application to communicate the rejection of a 276 request transaction based on errors encountered with X12 compliance, formatting, or CMS-specific requirements of the ISA/IEA Interchange segments.

A 5010A1 TA1 may be returned if one of the following conditions exists:

- A 276 request is received and the version of the transmission cannot be determined.
- A 276 request is received and the version of the transmission is unsupported by the 276/277 application. This includes previously accepted versions that are no longer supported.
- The submitter has not been authorized for the submitted X12 version.

### **999**

The 999 Implementation Acknowledgement is used to communicate the rejection of a 276 request transaction based on errors encountered with X12 compliance, formatting, or industry requirements within the data segments between the Functional Group Header (GS) and Functional Group Trailer (GE).

### **277**

When the 276 request complies with the X12 standard syntax requirements and all additional formatting rules as specified by this Companion Guide, then a 277 response transaction is returned to the Submitter. If no error exists, the claim data will be returned within the 277 response.

## 9 TRADING PARTNER AGREEMENTS

The 276/277 TXN will validate that the Clearinghouse or Provider has been established in the Trading Partner Management System (TPMS) prior to processing the 276 transaction. If the Trading Partner (ISA06) cannot be validated, the 276/277 application will return a TA1 Interchange Acknowledgement.

Trading Partners may not send transactions to be executed as Usage Indicator (ISA15) = "P" until testing has been accomplished and approval to submit production transactions has been given. The 276/277 application will return an error for an Invalid Test Indicator Value.

The Trading Partner Rules of Behavior are outlined within the Trading Partner Registration documentation. Please refer to Section 2 of this Companion Guide.

## 10 TRANSACTION-SPECIFIC INFORMATION

All references to the TR3 in this section assume the ASC X12 276/277 version referenced in Section 1 of this Companion Guide.

For the tables in this section, the "Length" column indicates field size limits of the HETS 276/277 application and may differ from the field lengths presented in the TR3. A forward slash "/" between two numbers represents the minimum and maximum lengths for the element. For numeric fields, the minimum and maximum lengths allow for a decimal point, where applicable.

### 276 Claim Status Request Transaction Data Specification

**This section describes only the data elements that are GHP-specific, over and above that which is specified in the TR3 guide, that are required in the 276 Claim Status Request transaction.** The following table specifies the columns and suggested use of the 276 transaction segments for the detailed description of the transaction set companion guides, along with the implementation guide page numbers corresponding to them.

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
63		BHT	Beginning of Hierarchical Transaction			
64		BHT03	Submitter Transaction Identifier		1/50	For Batch Transaction 276 BHT03 data will not be returned in 277
65		BHT06	Transaction Type Code		2/2	Not used by GHP
66	2000A	HL	Information Source Level			
67	2000A	HL01	Hierarchical ID number		1/2	
67	2000A	HL02	Hierarchical Parent ID number		1/2	Not used by GHP

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Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
41	2100A	NM1	Payer Name			
41	2100A	NM101	Entity Identifier Code	PR	2/3	PR = Payer
41	2100A	NM102	Entity Type Qualifier	2	1/1	2 = Non Person
42	2100A	NM104	Payer First Name			Not Used by GHP
42	2100A	NM105	Payer Middle Name			Not Used by GHP
42	2100A	NM106	Name Prefix			Not Used by GHP
42	2100A	NM107	Payer Name Suffix			Not Used by GHP
42	2100A	NM108	Identification Code Qualifier	PI	1/2	PI = Payor Identification
42	2100A	NM109	Payer Identifier		2/80	'75273' = The Geisinger Health Plan Payer ID
45	2100B	NM1	Information Receiver Name			
45	2100B	NM101	Entity Identifier Code	41	2/3	41 = Submitter
45	2100B	NM102	Entity Type Qualifier	2	1/1	2 = Non person entity
46	2100B	NM103	Information Receiver Last or Organization Name		1/60	Required when the identifier in NM109 is not sufficient to identify the Information Receiver.
46	2100B	NM104	Information Receiver First Name			Not Used by GHP
46	2100B	NM105	Information Receiver Middle Name			Not Used by GHP
46	2100B	NM107	Information Receiver Name Suffix			Not Used by GHP
46	2100B	NM108	Identification Code Qualifier	46	1/2	46 = Electronic Transmitter Identification Number
46	2100B	NM109	Information Receiver Identification Number		2/80	Provider Electronic Transmitter Identification Number (assigned by GHP)
52	2000D	HL	Subscriber Level			
53	2000D	HL04	Hierarchical Child Code	0	1/1	0 = No Subordinate HL Segment in this hierarchical structure. This element is always '0' because the dependent level is not supported by GHP

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Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
56	2100D	NM1	Subscriber Name			
57	2100D	NM108	Identification Code Qualifier	MI	1/2	MI = Member Identification Number
57	2100D	NM109	Information Receiver Primary Identifier		2/80	11-byte Geisinger Health Plan Member Number
58	2200D	TRN	Claim Status Tracking Number			Required by GHP
58	2200D	TRN01	Trace Type Code	1	1/2	1 = Current Transaction Trace Numbers
58	2200D	TRN02	Reference Identification		1/50	Trace Number, this will be returned in the 277 response.
67	2200D	DTP	Claim Service Date			Use of this segment is optional. This segment should only be used when the service date (Loop 2210) is not used.
67	2200D	DTP01	Date/Time Qualifier	472	3/3	472 = Service
67	2200D	DTP02	Date Time Period Format Qualifier	D8	2/3	Date expressed in format CCYYMMDD
67	2200D	DTP03	Date Time Period		1/35	Claim Service Period
75	2000E		Dependent Level	<b>Geisinger does not accept 276s that contain Dependent Loops. Each insured individual is assigned their own unique Member ID and therefore should be detailed in the subscriber loop.</b>		

## 277 Claim Status Notification Transaction Data Specification

This section describes only the data elements that are GHP-specific, over and above that which is specified in the TR3 guide, that are sent in the 277 Claim Status Notification transaction. The following table specifies the columns and suggested use of the 277 transaction segments for the detailed description of the transaction set companion guides, along with the implementation guide page numbers corresponding to them.

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
107		BHT	Beginning of Hierarchical Transaction			
107		BHT02	Transaction Set Purpose Code	08	2/2	08 = Status
109	2000A	HL	Information Source Level			
109	2000A	HL02	Information Source Level Hierarchical Parent ID Number		1/12	Not used by GHP
111	2100A	NM1	Payer Name			
111	2100A	NM101	Entity Identifier Code	PR	2/3	PR = Payer
111	2100A	NM102	Entity Type Qualifier	2	1/1	2 = Non-Person Entity
111	2100A	NM103	Information Source Last or Organization Name		1/60	Geisinger Health Plan
112	2100A	NM108	Identification Code Qualifier	PI	1/2	PI = Payor Identification
112	2100A	NM109	Information Source Primary Identifier		2/80	'75273' = The Geisinger Health Plan Payer ID
118	2100B	NM1	Information Receiver Name			
119	2100B	NM108	Identification Code Qualifier	46	1/2	46 = Electronic Transmitter Identification Number
119	2100B	NM109	Identification Code		2/80	Receiver ETIN
135	2100D	NM1	Subscriber Name			
136	2100D	NM108	Identification Code Qualifier	MI	1/2	MI = Member Identification Number
136	2100D	NM109	Identification Code		2/80	11-byte Geisinger Health Plan Member Number

## APPENDICES

### 1. Implementation Checklist

Below are the basic steps for implementing an EDI transaction with GHP:

- ✓ Exchange contact information for project
- ✓ Complete necessary registration forms (see Section 2)
- ✓ Exchange applicable contracts, which may include but not be limited to security, confidentiality, and/or financial agreements
- ✓ Exchange connectivity forms
- ✓ Establish connectivity
- ✓ Exchange/approve test transactions between test EDI systems
- ✓ Implement and exchange production transactions

### 2. Business Scenarios

#### **276:**

The Provider sends a 276 to inquire about the status of a specific claim. It is submitted by Reliable Medical Center to Geisinger Health Plan (payer). The claim is for a visit by Donald Jones for an amount of \$225. The Provider is asking for the status on a specific line item.

#### **277:**

The payer returns a 277 to the Provider. It is transmitted by Geisinger Health Plan to Reliable Medical Center. The TRN-02 element is the key reference element between the 276 and the 277.

The claim for Donald Jones has been finalized and adjudicated and is awaiting a payment cycle. In the following STC segment, STC01-01 has code category F1 which means "Finalized/Payment" and STC01-02 has a claim status code of 65 which means "Claim/Line has been paid."

For specific data examples of the above examples, please see the examples below, in Appendix 3.

### 3. Transmission Example

276:

ISA\*00\*        \*00\*        \*ZZ\*240795959    \*ZZ\*GEISINGERDIRECT\*121228\*1138\*A\*00501\*993864680\*0\*P\*:  
GS\*HS\*240795959\*GEISINGERDIRECT\*20121228\*1138\*1234\*X\*005010X279A1  
ST\*276\*3707\*005010X279A1  
BHT\*0010\*13\*ABC925XYZ\*20120128\*1425  
HL\*1\*\*20\*1  
NM1\*PR\*2\*Geisinger Health Plan\*\*\*\*\*PI\*GEISINGERDIRECT  
HL\*2\*1\*21\*1  
NM1\*41\*2\*Reliable Medical Center\*\*\*\*\*46\*1982  
HL\*3\*2\*19\*1  
NM1\*1P\*2\*Reliable Medical Center\*\*\*\*\*XX\*1215193883  
HL\*4\*3\*22\*0  
DMG\*D8\*19340619\*M  
NM1\*IL\*1\*JONES\*DONALD\*\*\*\*MI\*60345914B  
TRN\*1\*ABC9002  
REF\*BLT\*221  
REF\*EJ\*ABC9002  
DTP\*472\*D8\*20120124  
SVC\*HC:98765\*150\*\*0450\*\*\*1  
SE\*17\*3707  
GE\*1\*1234  
IEA\*1\*993864680

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277:

ISA\*00\* \*00\* \*ZZ\*GEISINGERDIRECT\*ZZ\*240795959 \*121229\*2126\*^\*00501\*166056293\*0\*P\*:  
GS\*HB\*GEISINGERDIRECT\*240795959\*20121229\*2126064\*1234\*X\*005010X279A1  
ST\*277\*3708\*005010X279A1  
BHT\*0010\*08\*ABC925XYZ\*20120128\*1426\*DG  
HL\*1\*\*20\*1  
NM1\*PR\*2\*Geisinger Health Plan\*\*\*\*\*PI\*GEISINGERDIRECT  
HL\*2\*1\*21\*1  
NM1\*41\*2\*Reliable Medical Center\*\*\*\*\*46\*1982  
HL\*3\*2\*19\*1  
NM1\*1P\*2\*Reliable Medical Center\*\*\*\*\*XX\*1215193883  
HL\*4\*3\*22\*0  
DMG\*D8\*19340619\*M  
NM1\*QC\*1\*SMITH\*TOM\*\*\*\*\*MI\*60345914B  
TRN\*1\*ABC9002  
REF\*BLT\*221  
REF\*EJ\*ABC9002  
DTP\*472\*D8\*20120124  
SVC\*HC:98765\*150\*\*0450\*\*\*1  
STC\*F1:65\*20120128  
SE\*18\*3708  
GE\*1\*1234  
IEA\*1\*166056293

## 4. Frequently Asked Questions

### 1. How does GHP support, monitor, and communicate expected and unexpected connectivity outages?

Both expected and unexpected downtimes are communicated via email, using the technical contacts obtained from the trading partner during initial setup and updated on a yearly basis. If a GHP 276 is received during a downtime, an error will be returned to the submitting entity.

### 2. If a 276 is successfully transmitted to GHP, are there any situations that would result in no response being sent back?

If a 276 is successfully submitted, a TA1, 999, or 277 transaction will be returned, as described in Section 8 of this document.

### 3. What are the main differences between a 277 and a 999?

A 277 is the response to a 276 and contains claim status information. A 999 is an acknowledgement transaction that indicates if a 276 file was accepted or rejected. 999s do not contain any claim status information.

## 5. Change Summary

05/13/2013 – Initial Publication

12/31/2013 – Replace internal vocabulary on flowchart with generic description