

Real Time Transactions Companion Guide

ASC X12N-4010X092A1 270/271
Health Care Eligibility Benefit Inquiry and Response

ANSI ASC X12-4010X093A1 276/277
Health Care Claim Status Request and Response

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Introduction

This implementation guide is for users working with Capario for real time and batch transactions.

Users of this guide will need to have:

- A complete understanding of, and experience with, the ANSI ASC X12 Implementation Guides.
- A detailed knowledge and implementation experience with at least one of the following protocols -, HTTPS, CORE II compliant HTTPS multi-part MIME, CORE II compliant SOAP, SFTP, and FTPS protocols.

This information in this guide is:

- Specific to the following transactions
- A supplement to the transaction implementation guides of these transactions.
 - ANSI ASC X12N-4010X093A1 276/277 – Health Care Claim Status Request/Response
 - ANSI ASC X12N-4010X092A1 270/271 – Health Care Eligibility Benefit Inquiry/Response

Key Implementation Milestones:

- Select and implement a communications protocol
- Review payer list, select payers, and review payer search option documentation
- Create and test transactions with Capario EDI Implementation Team
- Production testing
- Move to Production Status

Capario Real Time Implementation Steps

You will work with a Capario EDI analyst to complete most of these steps:

1. Review this User Guide
2. Work with the Capario EDI analyst to determine your communication protocol.
 - Review the communications section of this guide for more information on available communication protocols.
 - Capario will issue a logon and password for transaction testing.
3. Identify the payers and transactions
 - Identify transactions: Eligibility (270/271), Claim Status Inquiry (276/277), or both.
 - Download the Capario Real Time Payer list at:
http://www.capario.com/services/resource_center/payer/list/capario_rt_payer_list.xls
 - Review individual transaction search options documents linked on the payer list
 - *Some payers require an enrollment process for Real Time transactions*
4. Format test your transactions with the Capario EDI analyst to verify it meets basic transaction and payer requirements
 - Implement Interchange requirements (ISA, GS, BHT segments) as defined in the Real Time elements section.
5. Test Connectivity
 - Create test transaction(s) for connection testing
 - The Capario EDI Team will provide information needed to submit test transactions (URL or FTP information)

6. Production Testing

- Production data is submitted to the selected communication platform and then on to the payer’s production system. This allows you to see “real” responses and get an idea of payer nuances, benefit details returned by a payer, etc.
- Please limit your test transactions to 100. Transactions submitted over the limit of 100 are subject to billing.
- Any data content or format issues should be addressed prior to moving to production status.
- It is recommended that you test all payers/transactions expected to be used

7. Production Monitoring

- Production monitoring begins once you can successfully submit transactions and receive valid responses from the selected payer(s).
- Monitoring continues for 30 days, The EDI analyst will handle all production issues during this 30-day period.

8. EDI Support Services

- The Capario EDI analyst will provide you with appropriate contact information and escalation procedures for ongoing support.

Communications

Capario offers three (3) connections methods for Real Time transactions:

- CORE II – ***This is Capario’s preferred method***
- Real Time Protocol using Digital Certificates
- Batch Protocol using Secure File Transfer

Transaction/Communication Grid

Transaction Type	Communication Type
Real Time Transactions	HTTPS w/ Digital Certificates
	CORE II HTTPS multi-part MIME
	CORE II SOAP
Batch Transactions	FTPS
	SFTP

CORE Communications Options

The Council for Affordable Quality Healthcare (CAQH) launched the Committee on Operating Rules for Information Exchange (CORE) with the vision of giving providers access to eligibility and benefits information before or at the time of service using the electronic system of their choice for any patient or health plan.

CORE is more than 115 industry stakeholders – health plans, providers, vendors, CMS and other government agencies, associations, regional entities, standard-setting organizations and other healthcare entities. CORE participants maintain eligibility and benefits data for more than 130 million commercially insured lives plus Medicare and Medicaid beneficiaries. Working in collaboration they are building consensus on a set of operating rules that will:

- Enhance interoperability between providers and payers
- Streamline eligibility, benefits, and claim data transactions
- Reduce the amount of time and resources providers spend on administrative functions – time better spent with patients.

For more information regarding CORE, please visit http://www.cagh.org/CORE_faq.php

Capario offers 2 (two) protocols for CORE compliant communications:

- HTTPS multipart MIME
- SOAP

For both protocols authentication is completed via a logon and password issued by your Capario EDI analyst.

CORE II HTTPS and SOAP Metadata requirement:

Field Name	Description	Format	Example
Payload Type	Payload Type specifies the type of payload included within a request	One of these values: "X12_276_004010X093A1" for CSI 276/277 Transactions "X12_270_004010X092A1" for ELG 270/271 Transactions	
Processing Mode	Processing Mode indicates Batch or Real Time processing mode.	Value will be: Real Time	Real Time
PayloadID	This is an Identifier that you will use to identify the request submitted	AlphaNumeric, may contain hyphen.	
TimeStamp	Time and Date specifying when a message is created and sent to a receiver	Universal Time (UTC) time http://www.w3.org/TR/xmlsch-ema11-2/#dateTime	
UserName	This is the user name to log into the account. A Password will be associated with the User which allows a request to complete. Your User ID will be assigned.	8-10 Alpha-Numeric characters. Case sensitive	Capario issued user name
Password	This is the password that pairs with the User field to allow access to the Eligibility request system. Your	8-10 Alpha-Numeric characters. Case sensitive	Capario issued password

	password will be assigned.		
SenderID	Capario submitter ID/Client ID	"8 characters alphanumeric"	
ReceiverID	Capario's Tax ID	9 numeric	Capario's Tax ID is: 263086998
CORERuleVersion	The CORE Rule version that this envelope is using. This value can be used to maintain backward compatibility when parsing/processing messages.	2.01	2.01
Payload	This contains the file with the X12 270 request data	HIPAA X12 270 Compliant	

CORE II Compliant Production URLs:

HTTP Multipart MIME:

https://webservices.capario.net/capariodataaws/CAQH_CORE_Servlet

SOAP:

https://webservices.capario.net/capariodataaws/CAQH_CORE_WS

WSDL (Web service Description Language) is available at:

https://webservices.capario.net/capariodataaws/CAQH_CORE_WS?wsdl

CORE II Specific System/Error Messages:

The following are the different message responses and error notifications that may be received when submitting CORE II compliant requests.

HTTP 200 OK:

Returned when authorization is passed and interface is successful with the real time production system. A response with X12 data content will be returned.

HTTP 403 Forbidden:

If the username and/or password included in the request are not valid an HTTP 403 Forbidden error response with no data will be returned.

Server Errors:

When the real time production system is not able to process a real-time request due to interface failures or other system unavailability a standard 5xx series error such as HTTP 500 Internal Server Error or HTTP 503 Service will be returned by the application. In this scenario, the submitter will need to resubmit the request once the error has been resolved.

HTTPS with Digital Certificates

Capario supports HTTPS transport for ensuring secure delivery of real time transactions over a public network (the Internet).

HTTPS is HTTP used in conjunction with the Secure Sockets Layer (SSL). It is important that you understand SSL before selecting this method of interfacing with Capario. Capario will supply the necessary SSL digital certificate. Capario utilizes certificates signed by Entrust.

This method allows for the transfer of data securely over the Internet with 128 bit SSL enabled encryption/decryption. Capario system expects the ANSI ASC X12 request transaction data in the HTTP body. The submitter's system must establish a secure connection with the Capario EDI Gateway system before sending data.

Submitters will be issued a user ID and password during the implementation process. The Capario Login ID and password are passed in the Author Information (ISA02) and Security Information (ISA04) elements, respectively. Capario expects authentication information in every Interchange Control Header (ISA).

Production Platform for ANSI XL12N Transaction submitters:

<https://b2b.Capario.net/b2b/X12Transaction>

Batch Protocol using Secure File Transfer

Capario real-time EDI Gateway supports data exchange through the FTP with PGP encryption, FTPS (SSL) and Secure file Transfer Protocol (SFTP) with SSH transmission method. This transmission method is more suitable for submitters who would prefer to submit large number of transactions in a batch file and expect the processed responses in a batch file. This method is also referred as Batch Mode.

Submitters will be issued a user ID and password during the implementation process. The Capario Login ID and password are passed in the Author Information (ISA02) and Security Information (ISA04) elements, respectively. Capario expects authentication information in every Interchange Control Header (ISA).

Processing Timeframe

Capario allows a 24 hour window to process a batch. However, we return the compiled response report as soon as we receive the last response.

Batch Size

Although no batch size is enforced, Capario recommends that you process batches in blocks of 200 transactions for efficient processing. There is no limitation to the number of batches that can be submitted each day.

Batch Formatting

Multi-Interchange Control Header (ISA) format

This format contains multiple batch requests. Each transaction is formatted to contain a single Interchange Control Header (ISA), a single Functional Group Header (GS), and a single Transaction Set (ST/SE).

Single Interchange Control Header (ISA) format

This format contains a single batch request. Each request is formatted to contain a single Interchange Control Header (ISA), a single Functional Group Header (GS), and multiple Transaction Sets (ST/SE).

Real Time Elements

All real time transactions submitted to Capario must contain the following elements:

- InterchangeControlHeader
- FunctionalGroupHeader
- TransactionSetHeader
- BeginningOfHierarchicalTransaction
- InformationSourceLoop
- InformationReceiverLoop

Other elements can also be added as needed and as required by the ANSI ASC X12 Implementation Guides. Capario enforces the length, character set, and code set for transactions based on the ANSI ASC X12 Implementation Guides. It is the submitter's responsibility to ensure their system can correctly format and populate the request before submission.

The tables below detail the requirements for the Interchange Control Header (ISA), Functional Group Header (GS), and Beginning of Hierarchical Transaction (BHT) segments.

Interchange Control Header (ISA)

ASC X12 Element	Real Time and Batch	CORE II
ISA01	"03"	"00"
ISA02	Capario Login ID padded out to 10 bytes with trailing spaces	10 Spaces
ISA03	"01"	"00"
ISA04	Capario Login ID padded out to 10 bytes with trailing spaces.	10 Spaces
ISA05	"ZZ"	
ISA06	Capario 8 character client ID padded out to 15 bytes using trailing spaces	
ISA07	"ZZ"	
ISA08	"263086998" padded out to 15 bytes using trailing spaces	
ISA09	Current date in "YYMMDD" format	
ISA10	Current time in "HHMM" format	
ISA11	"U"	
ISA12	"00401"	
ISA13	Submitter generated control number, must match value in IEA02	
ISA14	"0"	
ISA15	"T" – Test "P" – Production	
ISA16	":" (Colon)	

Functional Group Header

ASC X12 Element	Notes
GS01	270 Eligibility– "HS" 276 Claim Status – "HR"
GS02	Same as value submitted in ISA06
GS03	Same as value submitted in ISA08
GS04	Current date in "CCYYMMDD" format
GS05	Current time in "HHMM" format
GS06	Submitter generated control number, must match value in GE02
GS07	"X"
GS08	270/271 Eligibility - "004010X092A1" 276/277 Claim Status - "004010X093A1"

Beginning of Hierarchical Transaction

ASC X12 Element	Notes
BHT01	270 Eligibility – “0022” 276 Claim Status – “0010”
BHT02	“13”
BHT03	Correlation ID set by sender. Capario ensures that this value is present in any response documents generated by this request. The requirement is that this identifier is unique within the sending system.
BHT04	Current date in “CCYYMMDD” format
BHT05	Current time in “HHMM” format

Delimiters

Capario will accept any delimiters compliant with the ANSI ASC X12-4010X093A1 276/277 and ASC X12N-4010X092A1 270/271 implementation guides.

Transaction Specific Information

Applicable to All Real Time Transactions

- Provider Identifiers

While most payers now require NPI, some payers allow for or require a Tax ID or legacy provider ID. Refer to the individual payer Search Option Guides to review these requirements.

- Member / Subscriber / Patient ID Number

Many payers issue member identifiers that include suffixes or prefixes. For best results be sure to submit the entire member ID including any suffixes or prefixes.

270-271 Eligibility Benefit and Response

- Search Options

Most payers provide more than one search option. Typically, the more data that is submitted the high the probability the payer will make a match.

Some payers do not support dependent searches. For those payers that do not support dependent searches the patient should always be submitted as the subscriber.

- Eligibility / Service Dates (2100C/D and 2110C/D DTP segments)

Capario will accept a single date (R8) or a date range (RD8). Not all payers accept a date range and will return a response with the “from” date only.

Transactions submitted without an Eligibility/Service date will default to the current date.

The DTP01 can be submitted with either “472” Service or “307” Eligibility, Capario will modify the value to meet the payer’s requirements.

- Service Type Codes (2110C/D EQ01)

All payers accept Service Type Code 30 - “Health Benefit Plan Coverage”. If an EQ segment or Service Type Code is not submitted, Capario will insert an EQ segment with a service type code of 30.

Some payer’s support Service Type Codes other than 30, refer to the payer Search Option Guides for codes known to be accepted by the payer.

Most payers will respond with Service Type Code 30 if an unsupported Service Type Code is submitted.

A list of Service Type Codes is available in the appendix.

276-277 Claim Status Request and Response

- Search Options

Most payers provide more than one search option. Typically, the more data that is submitted the higher the probability the payer will make a match.

Some payers do not support dependent searches. For those payers that do not support dependent searches the patient should always be submitted as the subscriber.

Scheduled and Unscheduled Maintenance Downtime

Capario Real time services undergo regularly scheduled in-service maintenance every Saturday from 5am to 7am Eastern Standard Time. During this two hour period we anticipate there will be periods of short, intermittent service outages and/or slow responses.

Any maintenance or service interruptions that occur outside of the regularly scheduled window will be preceded by a minimum 1 week notice to be distributed via a Capario Customer Notification email and a posting on the Capario Web Portal.

Emergency maintenance or service interruptions will be distributed via a Capario Customer notification email and a posting on the Capario Web Portal as soon as the interruption is identified.

Frequently Asked Questions

Getting Started

- We want to be contracted for real time transactions. Who do we contact?
 - Contact Capario Inside Sales at: Sales@Capario.com – (800) 586-6870
 - Or you Sales Representative or Account Manager.

- Who do I contact for support with real time transactions?
Capario EDI Support team at: EDI@capario.com – (800) 792-5256
- Where can I obtain the Capario real time payer list?
http://www.capario.com/services/resource_center/payer/list/capario_rt_payer_list.xls
- When can I obtain payer CSI and eligibility search option documentation?
Search option documentation is accessed via the links found in the “Payer Search Options” column of the Capario real time payer list.
- Where can I view which payers require enrollment or prior authorization?
Payers requiring enrollment or prior authorization can be identified by reviewing the “Enrollment / Authorization” column of the Capario real time payer list.

Troubleshooting

- I’ve received a TA1 Interchange Acknowledgement response for my transaction, what does it mean?
A TA1 is returned when there is an issue with the Interchange Header or Trailer (ISA/IEA). This can include invalid User ID and password information in the ISA02 / ISA04 location. The TA1-05 element returns an error code that may be helpful in diagnosing the issue. If the problem persists after checking the validity of the Interchange Header and Trailer please contact the Capario EDI Team for further assistance.
- I’ve received a 997 Functional Acknowledgment response for my transaction, what does it mean?
A 997 is returned when there is a data or formatting issue within the transaction. Typically the issue can be determined with the information returned in the 997. A common cause of 997 responses is invalid payer ID. If the problem persists after making changes based on the 997 or you are unable to interpret the 997 please contact the Capario EDI Team for further assistance.
- What does it mean when my 270 Eligibility inquiry was returned with a AAA*N**15*C~ segment.
270 transactions that do not meet the payer defined minimum search criteria are acknowledged by Capario with an 271. The 271 will include the following AAA and MSG segments:
AAA*N15*C**
MSG*YOUR SEARCH CRITERIA DOES NOT MATCH PAYER REQUIREMENTS, PLEASE REVIEW TRANSACTION DOCUMENTATION
Please review the Capario Payer Search Option documentation and verify that the required information is submitted.
- What does it mean when my 276 Claims Status Inquiry was returned with a STC*D0:484***0*0~ segment?

276 transactions that do not meet the payer defined minimum search criteria are acknowledged by Capario with a 277. The 277 will include the following STC segment:

STC*D0:484*0*0~**

Please review the Capario Payer Search Option documentation and verify that required information is submitted.

Appendix

270 – 2110C / 2110D EQ01 Service Type Code List

A list of valid Service Type Codes can be obtained by visiting the Washington Publishing Company's website at: <http://www.wpc-edi.com/codes> and clicking the "Health Care Service Type Codes" link.

Please note that not all payers accept all of these codes. Please refer to the individual payer Search Option Companion guides for any known restrictions.

271 – 2110C / 2110D EB01 Code list

Please note that these codes can't be referred to alone to determine coverage and must be taken in context of the entire 271.

1 Active Coverage

2 Active - Full Risk Capitation

3 Active - Services Capitated

4 Active - Services Capitated to Primary Care Physician

5 Active - Pending Investigation

6 Inactive

7 Inactive - Pending Eligibility Update

8 Inactive - Pending Investigation

A Co-Insurance

B Co-Payment

C Deductible

CB Coverage Basis

D Benefit Description

E Exclusions

F Limitations

G Out of Pocket (Stop Loss)

H Unlimited

I Non-Covered

J Cost Containment

K Reserve

L Primary Care Provider

M Pre-existing Condition

MC Managed Care Coordinator

N Services Restricted to Following Provider

O Not Deemed a Medical Necessity

P Benefit Disclaimer 1321 Not recommended. See section 1.3.10 Disclaimers Within the Transaction.

Q Second Surgical Opinion Required

R Other or Additional Payor

S Prior Year(s) History

T Card(s) Reported Lost/Stolen

U Contact Following Entity for Eligibility or Benefit Information

V Cannot Process

W Other Source of Data

X Health Care Facility

Y Spend Down

271 – Request Validation – AAA03 Code list

When reviewing AAA segments to determine the payer's response to an eligibility query it is critical to consider the loop and location within the loop in which it appears.

Eligibility 271 AAA error codes	
04	Authorized Quantity Exceeded
10	Administrative Cancellation
15	Required appl. data missing
33	Input Error
35	Out of Network
36	Testing not Included
37	Request Forwarded To and Decision Response Forthcoming From an External Review Organization
41	Authorization/Access Restrictions
42	Unable to Respond at Current Time
43	Invalid/Missing Provider ID
44	Invalid/Missing Provider Name
45	Invalid/Missing Provider Specialty
46	Invalid/Missing Provider Phone
47	Invalid/Missing Provider State
48	Invalid/Missing Referring Provider ID
49	Provider is Not PCP
50	Provider Ineligible for Inquiries
51	Provider Not on File
52	Service Dates Not Within Provider Plan Enrollment
53	Inquired Benefit Inconsistent with Provider Type
54	Inappropriate Product/Service ID Qualifier
55	Inappropriate Product/Service ID
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
64	Invalid/Missing Patient ID
65	Invalid/Missing Patient Name
66	Invalid/Missing Patient Gender
67	Patient Not Found
68	Duplicate Patient ID
69	Inconsistent with Age of Patient
70	Inconsistent with Gender of Patient
71	Patient DOB 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
75	Subscriber/Insured Not Found
76	Duplicate Subscriber/Insured ID
77	Subscriber Found, Patient Not Found
78	Subscriber/Insured Not in Group/Plan Identified
79	Invalid Participant Identification
80	No Response received - Transaction Terminated
82	Not Medically Necessary
83	Level of Care Not Appropriate
84	Certification Not Required for this Service
85	Certification Responsibility of External Review Organization
86	Primary Care Service
87	Exceeds Plan Maximums
88	Non-covered Services
89	No Prior Approval - No Referrals Found

90	Requested Information Not Received
91	Duplicate Request
92	Service Inconsistent with Diagnosis
95	Patient Not Eligible
96	Pre-existing Condition
97	Invalid/Missing Provider Address
98	Experimental Service or Procedure
E8	Requires Medical Review
T4	Payer Name or Identifier Missing
T5	Certification Information Missing

277 - 2200D/E and 2220D/E Claim/Service Line Level Status Information code lists (STC01-1 and 01-2)

A list of codes returned in the STC01-1 and STC01-2 sub elements can be obtained by visiting the Washington Publishing Company's website at:

<http://www.wpc-edi.com/codes>

- The STC01-1 code set is accessed by clicking on the "Claim Status Category Codes" link.
- The STC01-2 code set is accessed by clicking on the "Claim Status Codes" link.