

# HIPAA Transaction Standard Companion Guide

Refers to the Implementation Guides  
Based on ASC X12 version 005010

CORE v5010 Companion Guide

January 2025

## **Disclosure Statement**

Sutter Health Plan is accepting X12N 270/271 Healthcare Eligibility Request and Response, as mandated by the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Type 3 and Errata (also The X12N 270/271 version of the 5010 Standards for Electronic Data Interchange (EDI) Technical Report referred to as Implementation Guides) for the Healthcare Eligibility Request and Response Transaction has been established for eligibility status inquiry and response compliance. This document has been prepared to serve as the specific companion guide to the 270/271 Transaction Sets for Sutter Health Plan. This document supplements but does not contradict any requirements in the 270/271 Technical Report, Type 3. The primary focus of the document is to clarify specific segments and data elements that should be submitted to Sutter Health Plan on the 270/271 Healthcare Eligibility Status Request and Response Transaction. This document is subject to revisions as new versions of the 270/271 Transaction Set Technical Reports are released. This document aids both the technical and business areas.

## **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 Sutter 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.

# Table of Contents

<b>1</b>	<b>INTRODUCTION .....</b>	<b>6</b>
1.1	SCOPE .....	6
1.2	OVERVIEW.....	6
1.3	REFERENCES .....	6
<b>2</b>	<b>GETTING STARTED .....</b>	<b>7</b>
2.1	WORKING WITH SUTTER HEALTH PLAN .....	7
2.2	TRADING PARTNER REGISTRATION .....	7
<b>3</b>	<b>TESTING WITH THE PAYER.....</b>	<b>7</b>
<b>4</b>	<b>CONNECTIVITY WITH THE PAYER/COMMUNICATIONS .....</b>	<b>7</b>
4.1	PROCESS FLOWS.....	7
4.1.1	Real-time .....	7
4.1.2	Batch .....	7
4.1.3	Structure Requirements .....	8
4.1.4	Response Times.....	8
4.2	RE-TRANSMISSION PROCEDURE .....	8
4.3	COMMUNICATION PROTOCOL SPECIFICATIONS .....	8
4.4	PASSWORDS.....	9
4.5	MAINTENANCE SCHEDULE.....	9
<b>5</b>	<b>CONTACT INFORMATION .....</b>	<b>9</b>
5.1	EDI CUSTOMER SERVICE .....	9
5.2	EDI TECHNICAL ASSISTANCE .....	9
5.3	CUSTOMER SERVICE NUMBER.....	9
5.4	APPLICABLE WEBSITES/EMAIL .....	9
<b>6</b>	<b>CONTROL SEGMENTS/ENVELOPES .....</b>	<b>10</b>
6.1	ISA-IEA.....	10
6.2	GS-GE .....	11
<b>7</b>	<b>PAYER SPECIFIC BUSINESS RULES AND LIMITATIONS .....</b>	<b>11</b>
<b>8</b>	<b>ACKNOWLEDGEMENTS AND/OR REPORTS .....</b>	<b>12</b>
8.1	999 – ACKNOWLEDGEMENT FOR HEALTHCARE INSURANCE .....	12
8.2	TA1 - INTERCHANGE ACKNOWLEDGEMENT REQUEST.....	12
8.3	REJECTION LOGIC/STATUS CODES .....	12

---

<b>9 TRADING PARTNER AGREEMENTS .....</b>	<b>13</b>
9.1 TRADING PARTNERS.....	13
<b>10 TRANSACTION SPECIFIC INFORMATION .....</b>	<b>13</b>
<b>APPENDICES .....</b>	<b>13</b>
A. Transmission Examples .....	13
B. Change Summary .....	14

# 1 INTRODUCTION

Under the Administrative Simplification provisions of HIPAA (1996), the Secretary of the Department of Health and Human Services (HHS) is directed to adopt standards to support the electronic exchange of administrative and financial healthcare transactions. The purpose of the Administrative Simplification portion of HIPAA is to enable health information to be exchanged electronically and to adopt standards for those transactions.

To submit a valid transaction, refer to the National EDI Transaction Set Technical Report & Errata for the Healthcare Eligibility: ASC X12N 270/271 (005010X279A1). The Technical Reports can be ordered from the Washington Publishing Company's website at [wpc-edi.com](http://wpc-edi.com).

For questions relating to the Sutter Health Plan 270/271 Healthcare Eligibility Status Request and Response Transaction or testing, please email your questions to [shpedi.support@sutterhealth.org](mailto:shpedi.support@sutterhealth.org).

Sutter Health Plan billing guidelines are not included in this document. For guidelines, please call Sutter Health Plan Customer Service at 855-315-5800.

## 1.1 SCOPE

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

This companion guide is intended for Sutter Health Plan Trading Partners interested in exchanging HIPAA compliant X12 transactions with Sutter Health Plan. It is intended to be used in conjunction with X12N Implementation Guides and is not intended to contradict or exceed X12 standards. It is not intended to be used to clarify the CORE rules. It contains information about specific Sutter Health Plan requirements for processing following X12N Implementation Guides:

- 005010X279A1, Healthcare Eligibility Benefit Inquiry and Response (270/271)

All instructions in this document are written using information known at the time of publication and are subject to change.

## 1.2 OVERVIEW

The Health Insurance Portability and Accountability Act–Administration Simplification (HIPAAAS) requires Sutter Health Plan and all other covered entities to comply with the EDI standards for healthcare as established by the Secretary of Health and Human Services.

This guide is designed to help those responsible for testing and setting up electronic eligibility status transactions. Specifically, it documents and clarifies when situational data elements and segments must be used for reporting and identifies codes and data elements that do not apply to Sutter Health Plan. This guide supplements (but does not contradict) requirements in the ASC X12N 270/271 (version 005010X279A1) implementation. This information should be given to the provider's business area to ensure that eligibility status responses are interpreted correctly.

## 1.3 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.

ACS X12 Version 5010 TR3s: <https://x12.org/products/transaction-sets>

CAQH/CORE: <https://www.caqh.org/core/operating-rules>

## 2 GETTING STARTED

### 2.1 WORKING WITH SUTTER HEALTH Plan

For questions relating to Sutter Health Plan 270/271 Healthcare Eligibility Status Request and Response transaction or testing, contact the EDI department by email at questions to [shpedi.support@sutterhealth.org](mailto:shpedi.support@sutterhealth.org).

### 2.2 TRADING PARTNER REGISTRATION

This is not available with Sutter Health Plan as of now.

## 3 TESTING WITH THE PAYER

After the submitter setup is complete, the submitter can send eligibility status transactions to the test environment. Sutter Health Plan notifies the provider after the successful completion of testing and prepares the provider for production status.

- During the testing process, Sutter Health Plan examines submitted test transactions for required elements and also ensures that the submitter gets a response during the testing mode
- When the submitter is ready to send ANSI 270/271 transactions to a production mailbox, they must notify the Sutter Health Plan EDI Department at [shpedi.support@sutterhealth.org](mailto:shpedi.support@sutterhealth.org). The EDI Department then moves the submitter to the production environment
- The submitter's mailbox name remains the same when moving from test to production. Changing passwords is optional upon submitter's request to the Provider Relations Team

## 4 CONNECTIVITY WITH THE PAYER/COMMUNICATIONS

### 4.1 PROCESS FLOWS

#### 4.1.1 Real-time

- The user application submits an SOAP request at <https://or.edifecs.com/mt1sp800> and MIME request at <https://or.edifecs.com/mt1mp800>
- Eligibility status system authenticates the user
- If the user is successfully authorized, the following files will be issued within 20 seconds:
  - TA1 (if problem with the ISA/IEA segments exist)
  - 999 Reject (if problem occurs within the subsequent loops and segments)
  - 271 Eligibility Response

#### 4.1.2 Batch

- The user application submits an SOAP request at <https://or.edifecs.com/mt1sp900> and MIME request at <https://or.edifecs.com/mt1mp900>
- Eligibility status system authenticates the user

- If the user is successfully authorized, one of the following will be generated back to the user:
  - TA1 available within one hour, if there is a problem with the ISA or IEA segments
  - 999 Reject available within one hour, if there is a problem with the segments occurring between the ISA and IEA
  - 999 Acceptance response will be available within one hour
  - The 271 transaction(s) will be available the following day (no later than 7:00a.m)

#### **4.1.3 Structure Requirements**

Real-time 270 requests are limited to one inquiry per patient per transaction. Batch 270 requests are limited to 99 inquiries per ST-SE transaction.

#### **4.1.4 Response Times**

A response (TA1, 999 reject or 271) to real-time inquiries will be provided within 20 seconds. A response to the batch inquiry will be provided by 7 a.m. (ET) the following day. Batch requests submitted after 9 p.m. (ET) will be available by 7 a.m. (ET) two days following submission.

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

If the HTTP post reply message is not received within the 60-second response period, the user's CORE compliant system should send a duplicate transaction no sooner than 90 seconds after the original attempt was sent.

If no response is received after the second attempt, the user's CORE compliant system should submit no more than five duplicate transactions within the next 15 minutes. If the additional attempts result in the same timeout termination, the user's CORE compliant system should notify the user to contact the health plan or information source directly to determine if system availability problems exist or if there are known Internet traffic constraints causing the delay.

### **4.3 COMMUNICATION PROTOCOL SPECIFICATIONS**

The following is a list of technical standards and versions for the SOAP envelope and eligibility status payload:

- HTTP Version 1.1
- CSOAP Version 1.2
- SSL Version 3
- Healthcare Eligibility Status Request and Response Version 005010X279A1
- CAQH SOAP (Sutter Health supports the use of HTTP SOAP + WSDL envelope standards as identified in CAQH CORE Phase I/II Connectivity.  
([https://www.caqh.org/sites/default/files/core/CAQH CORE Connectivity Rule vC4.0.0\\_0.pdf](https://www.caqh.org/sites/default/files/core/CAQH CORE Connectivity Rule vC4.0.0_0.pdf))

The following is a list of technical standards and versions for the HTTP MIME multipart envelope and eligibility status payload:

- HTTP Version 1.1
- SSL Version 3.0
- MIME Version 1.0
- Healthcare Eligibility Status Request and Response Version 005010X279A1
- CAQH MIME (Sutter Health supports the use of HTTP MIME Multipart existing envelope standards and has implemented the HTTP MIME Multipart envelope standards as identified in CAQH CORE Phase I/II Connectivity standards)



Message Specifications for SOAP Envelope Element	Specification
PayloadType	X12_270_Request_005010X279A1
ProcessingMode	RealTime
SenderID	As mutually agreed with Sutter Health Plan
ReceiverID	SHP
CORERuleVersion	2.2.0
Certificate Version	Username Password

#### 4.4 PASSWORDS

Sutter Health Plan Customer Service is responsible for password assignment and resets. For any information or queries, please contact Customer Service at 855-315-5800.

#### 4.5 MAINTENANCE SCHEDULE

The systems used by the 270/271 transaction have a standard maintenance schedule from Sunday 10 p.m. to 12 a.m. PST. The systems are unavailable during this time. Email notifications will be sent notifying submitters of unscheduled system outages.

## 5 CONTACT INFORMATION

The following sections provide contact information for any questions regarding HIPAA, 270/271 Healthcare Eligibility Status Request and Response Transactions, and documentation or testing.

#### 5.1 EDI CUSTOMER SERVICE

For 270/271 Transaction EDI Eligibility Status Request and Response Questions  
 Email us at [shpedi.support@sutterhealth.org](mailto:shpedi.support@sutterhealth.org)

#### 5.2 EDI TECHNICAL ASSISTANCE

Email us at [shpedi.support@sutterhealth.org](mailto:shpedi.support@sutterhealth.org)

#### 5.3 CUSTOMER SERVICE NUMBER

Contact us at 855-315-5800

#### 5.4 APPLICABLE WEBSITES/EMAIL

Website URL: [sutterhealthplan.org/providers/non-participating-providers](http://sutterhealthplan.org/providers/non-participating-providers)

## 6 CONTROL SEGMENTS/ENVELOPES

### 6.1 ISA-IEA

Segment Name	Segment ID	R/O	No. of Char	Value	Remarks
Authorization Information Qualifier	ISA01	R	2	00	00 - No Authorization Information Present
Authorization Information	ISA02	R	10	<spaces>	No Authorization Information Present
Security Information Qualifier	ISA03	R	2	00	00 - No Security Information Present
Security Information/ Password	ISA04	R	10	<spaces>	No Security Information Present
Interchange ID Qualifier/Qualifier for Trading Partner ID	ISA05	R	2	<senderqual>	Sender Qualifier
Interchange Sender ID/Trading Partner ID	ISA06	R	15	<SENDER ID>	Sender's Identification Number
Interchange ID Qualifier/Qualifier for Sutter Health Plan	ISA07	R	2	ZZ	Mutually Agreed
Interchange Receiver ID/ AAH	ISA08	R	15	SHP	Sutter Health's receiver id
Interchange Date	ISA09	R	6	<YYYYMMDD>	Date of the interchange in YYYYMMDD format
Interchange Time	ISA10	R	4	<HHMM>	Time of the interchange in HHMM format
Repetition Separator	ISA11	R	1	^ (is a typical separator received)	
Interchange Control Version Number	ISA12	R	5	00501	Version number
Interchange Control Number/Last Control Number	ISA13	R	9	<Auto-generated>	Assigned by the interchange sender, must be associated with IEA02 segment
Acknowledgement Request	ISA14	R	1	0	0 - No Acknowledgement Requested
Usage Indicator	ISA15	R	1	<T or P>	T-test data; P-production data
Separator	ISA16	R	1	:	ASCII Value. Component element separator

## 6.2 GS-GE

Segment Name	Segment ID	R/O	No. of Char	Value	Remarks
Functional Identifier Code	GS01	R	2	HR	Eligibility, Coverage or Benefit Inquiry
Application Senders Code	GS02	R	2/15	<SENDER ID>	Code identifying party sending transmission
Application Receivers Code	G503	R	2/15	<RECEIVER ID>	Code identifying party receiving transmission
Date	G504	R	8	<CCYYMMDD>	Functional Group creation date in CCYYMMDD format
Time	GS05	R	4/8		<HHMM>
Group Control Number	GS06	R	9		Assigned and maintained by the sender, must be associated with GE02 segment GS06
Responsible Agency Code	GS07	R	2	X	Accredited Standards Committee X12
Version/Release/Industry Identifier Code	GS08	R	12	005010X279A1	Transaction version

Segment Name	Segment ID	R/O	No. of Char	Value	Remarks
Number of transactions sets included	GE01	R	1		Total number of transactional sets included in functional group or interchange
Group Control Number	GE02	R			Assigned number originated and maintained by the sender

## 7 PAYER SPECIFIC BUSINESS RULES AND LIMITATIONS

Sutter Health Plan uses real time processing for its EDI transactions to provide immediate responses to its submitters. In real time, the submitter transmits a request transaction to Sutter Health Plan and then remains connected while Sutter Health Plan processes the transaction and responds to the submitter. Sutter Health Plan accepts the 270/271 transactions as a “read only” transaction and will not use any data coming in on the 270 transaction to update its internal systems. Additionally, where stated in the ASC X12N ANSI 270/271 Healthcare Eligibility Inquiry and Response Transaction Set Implementation Guide, Sutter Health Plan will respond with its source data from internal systems, including but not limited to such data as Subscriber Name information, Member Identification (ID) number and Date of Birth.

## **SUPPORTED FUNCTIONALITY**

- Sutter Health Plan accepts the 270/271 transactions as a “read only” transaction and does not use any data coming in on the 270 transaction to update its internal systems
- To provide immediate response to submitters, Sutter Health Plan uses real time processing for its EDI transactions

## **SUBSCRIBER AND MEMBER SEARCHES**

To uniquely identify a member, a 270 transaction must include the member’s Sutter Health Plan ID number, the information source’s ID number, member’s last name and date of birth and service type code.

- For the best response time, Sutter Health Plan recommends that the 270 transaction set be programmed to a single record. This consists of a one-to-one ratio in a single loop structure: one information receiver, one provider, one subscriber and request service type code(s)
- If the 270 transaction is not rejected, Sutter Health Plan returns the 271 transaction with all of the Inquiry criteria information that was submitted in the 270 transaction

# **8 ACKNOWLEDGEMENTS AND/OR REPORTS**

## **8.1 999 – ACKNOWLEDGEMENT FOR HEALTHCARE INSURANCE**

Sutter Health Plan supports the Acknowledgement for Healthcare Insurance (999). The 999s are sent for real-time submissions of 270 transactions when error or discrepancy found at GS or transaction level. For Batch 270 transactions, Sutter Health Plan always sends a 999.

## **8.2 TA1 - INTERCHANGE ACKNOWLEDGEMENT REQUEST**

Sutter Health Plan supports the Interchange Acknowledgement Request (TA1) when any issues at ISA level.

## **8.3 REJECTION LOGIC/STATUS CODES**

Sutter Health Plan developed its rejection logic using HIPAA standard codes available on the Washington Publishing Company’s website ([wpc-edi.com](http://wpc-edi.com)) to better communicate to providers the reason a transaction was rejected and what action to take to resolve the rejection.

## 9 TRADING PARTNER AGREEMENTS

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

### 9.1 TRADING PARTNERS

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

Sutter Health Plan uses Customer Service to register new partners and agreement/set-up forms to process electronic transactions.

## 10 TRANSACTION SPECIFIC INFORMATION

The following table specifies the segments and suggested use of them in the transmission:

Loop ID	Element	Field Name	No. of Char	Remarks
2100A	NM109	Information Source Identification Code	2/80	Required value in 270
2100C	NM109	Subscriber Identification Code	2/80	Required value in 270
2100C	DMG02	Subscriber Date of Birth	1/35	Required value in 270
2100C	NM103	Subscriber Last Name	1/60	Required value in 270
2110C	EQ01	Service Type Code	1 / 2	Required value in 270

## APPENDICES

### A. Transmission Examples

#### 270 Sample Request

```
ISA*00*      *00*      *ZZ*4137147      *ZZ*SHP      *131001*1545*^*00501*999999999*0*T*:
GS*HS*4137147*PLANA*20141001*1545*999999999*X*005010X279A1
ST*270*0001*005010X279A1
BHT*0022*13*999999999*20141001*1545
HL*1**20*1
NM1*PR*2*Inf Src Org*****PI*00999
HL*2*1*21*1
NM1*1P*2*Inf Rcvr Org*****XX*1447252804
HL*3*2*22*0
NM1*IL*1*ARROJO*ROLANDO****MI*5643296
DMG*D8*19710102
EQ*30
SE*11*0001
GE*1*999999999
IEA*1*999999999
```

#### 271 Sample Response

```
ISA*00*      *00*      *ZZ*SHP      *ZZ*4137147      *060119*1545*!*00501*167260415*0*T*:
GS*HB*PLANA*4137147*20140119*1545*1*X*005010X279A1
ST*271*0001*005010X279A1
BHT*0022*11*999999999*20140119*1545
HL*1**20*1
```

NM1\*PR\*2\*PLANA CERTIFICATION PAYER\*\*\*\*\*PI\*00999  
HL\*2\*1\*21\*1  
NM1\*1P\*1\*ALLISON HOSPITAL\*\*\*\*\*SV\*ABC123DEF  
HL\*3\*2\*22\*0  
NM1\*IL\*1\*ARROJO\*ROLANDO\*A\*\*\*MI\*5643296  
REF\*18\*2614153  
REF\*6P\*19482002  
N3\*1 MAIN ST SUITE 1  
N4\*NASHVILLE\*TN\*37207  
DMG\*D8\*19710102\*M  
DTP\*307\*D8\*20130101  
EB\*1\*FAM\*30\*\*TENNESSEE PCN  
DTP\*346\*D8\*20150101  
EB\*C\*FAM\*30\*\*TENNESSEE PCN\*22\*500\*\*\*\*\*Y  
DTP\*346\*D8\*20150101  
EB\*C\*IND\*30\*\*TENNESSEE PCN\*22\*250\*\*\*\*\*Y  
DTP\*346\*D8\*20150101  
EB\*C\*FAM\*30\*\*TENNESSEE PCN\*29\*300\*\*\*\*\*Y  
EB\*C\*IND\*30\*\*TENNESSEE PCN\*29\*50\*\*\*\*\*Y  
EB\*1\*FAM\*1!33!47!48!50!86!88!98!2!4!5!6!7!8!13!20!45!51!52!53!62!65!68!73!76!78!80!81!82!99!A0!A6!A  
7!A8!AD!AE!AG!AI!BG!BH!UC\*\*TENNESSEE PCN  
EB\*B\*FAM\*33!88!99!A0\*\*TENNESSEE PCN\*\*15\*\*\*\*\*Y  
EB\*A\*FAM\*33!98\*\*TENNESSEE PCN\*\*\*.20\*\*\*\*N  
EB\*B\*FAM\*33\*\*TENNESSEE PCN\*\*20\*\*\*\*N  
EB\*I\*FAM\*35!AL!12!18!40!42!93!A3!AF\*\*TENNESSEE PCN  
EB\*A\*FAM\*48!50!86!52\*\*TENNESSEE PCN\*\*\*.20\*\*\*\*Y  
EB\*C\*IND\*88\*\*TENNESSEE PCN\*22\*25\*\*\*\*\*Y  
DTP\*346\*D8\*20150101  
EB\*C\*FAM\*88\*\*TENNESSEE PCN\*22\*75\*\*\*\*\*Y  
DTP\*346\*D8\*20150101  
EB\*C\*IND\*88\*\*TENNESSEE PCN\*29\*25\*\*\*\*\*Y  
EB\*C\*FAM\*88\*\*TENNESSEE PCN\*29\*50\*\*\*\*\*Y  
EB\*B\*FAM\*98\*\*TENNESSEE PCN\*\*10\*\*\*\*\*Y  
EB\*B\*FAM\*98\*\*TENNESSEE PCN\*\*15\*\*\*\*\*N  
EB\*C\*FAM\*4!5\*\*TENNESSEE PCN\*22\*0\*\*\*\*\*Y  
DTP\*346\*D8\*20150101  
EB\*C\*FAM\*4!5\*\*TENNESSEE PCN\*22\*0\*\*\*\*\*N  
DTP\*346\*D8\*20150101  
EB\*A\*FAM\*4!5!13!53!A7!A8!AI\*\*TENNESSEE PCN\*\*\*.10\*\*\*\*Y  
EB\*A\*FAM\*4!5!13!52!53!99!A0!A7!A8!AI\*\*TENNESSEE PCN\*\*\*.30\*\*\*\*N  
EB\*C\*FAM\*4!5\*\*TENNESSEE PCN\*29\*0\*\*\*\*\*Y  
EB\*C\*IND\*4!5\*\*TENNESSEE PCN\*29\*0\*\*\*\*\*Y  
EB\*B\*FAM\*13!53\*\*TENNESSEE PCN\*\*100\*\*\*\*\*Y  
EB\*I\*FAM\*20\*\*TENNESSEE PCN\*\*\*\*\*N  
EB\*B\*FAM\*52\*\*TENNESSEE PCN\*\*50\*\*\*\*\*Y  
EB\*B\*FAM\*A7!AI\*\*TENNESSEE PCN\*\*250\*\*\*\*\*Y  
EB\*B\*FAM\*A7!AI\*\*TENNESSEE PCN\*\*250\*\*\*\*\*N  
EB\*B\*FAM\*A8\*\*TENNESSEE PCN\*\*30\*\*\*\*\*Y  
EB\*B\*FAM\*A8\*\*TENNESSEE PCN\*\*30\*\*\*\*\*N  
SE\*52\*0001  
GE\*1\*1  
IEA\*1\*167260415

## B. Change Summary

None