



# Dean

H E A L T H P L A N

## Companion Document



*For use with the*  
*X12N 270/271 (004010A)*  
**Health Care Eligibility Benefit Inquiry and Response**  
*Implementation Guide and Addenda*

## *Table of Contents*

Introduction.....	2
General Transaction Information.....	2
DHP Specifications/Requirements .....	4
Connecting with DHP .....	4
Contact Information.....	8
Business Description of Terms .....	9
Appendix A – Interface with FTP Server .....	11
Revision Listing.....	16

## **Introduction**

This guide serves as a Dean Health Plan (DHP) specific companion document to the Health Care Eligibility Benefit Inquiry and Response (ASC X12N 270/271) *Transaction Set Implementation Guide*. This document provides information related to specific requirements of ANSI ASC X12N 270/271 transactions, but does not change the definition, data condition, or use of a data element or segment in a standard, add data elements or segments to the maximum defined data set, use any code or data elements that are either marked “not used” in the standard’s implementation specification or are not in the standard’s implementation specification(s), or change the meaning or intent of the HIPAA standards implementation specification.<sup>1</sup>

For a valid transaction, submitters should program according to the National Electronic Data Interchange Transaction Set Implementation Guide & Addenda: Health Care Benefit Inquiry and Response (270/271). This transaction guide is available from the Washington Publishing Company’s website (<http://wpc-edi.com>).

All instructions in this document were written using information known at the time of publication and are subject to change. DHP is not responsible for software used by the submitter to complete these transactions.

For questions related to the DHP Health Care Eligibility Benefit Inquiry and Response (270/271), please contact the DHP EDI Team at 1-800-356-7344 or email your question to [dhpedi@deancare.com](mailto:dhpedi@deancare.com).

## **General Transaction Information**

DHP will accept the 270 transaction using all business functionality levels of an inbound request as defined by the *ASC X12N ANSI 270/271 Health Care Eligibility Inquiry and Response Transaction Set Implementation Guides*. However, DHP only supports a General Request, an eligibility outbound 271 transaction response using a generic “30” Health Benefit Plan Coverage (EB03 in Loop 2110C) and provides the response of “Active” or “Inactive” with additional member information.

DHP does not use the Dependent Loop of the 270/271 transactions as DHP is capable of uniquely identifying its dependent members based on the member’s identification number, without first identifying their associated subscriber. When information is

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<sup>1</sup> Standards for Electronic Transactions, Federal Register, Vol. 65, No. 160, August 17, 2000 pg. 50368

sent in the Dependent Loop of the 270 transaction, DHP will only respond back referencing the eligibility of the member identified in the Subscriber Loop.

### Search Options

DHP bases its requirements for identifying members upon the *Implementation Guide* required search criteria alternatives. To uniquely identify a member, a 270 transaction must include the member's Date of Birth (DOB). Additionally, it must include either the member's DHP identification number or the member's name. The name should include first, last, and middle initial, if it exists.

Search Option	Loop/Segment ID/Name
Member Date of Birth Member ID Qualifier	2100C DMG02 Subscriber Birth Date 2100C NM108 Identification Code Qualifier (DHP will accept "MI" or "ZZ".)
Member ID	2100C NM109 Subscriber Primary Identifier (DHP will expect the member's ID.)
Member Date of Birth Member Last Name Member First Name Member Middle Initial (if one exists)	2100C DMG02 Subscriber Birth Date 2100C NM103 Subscriber Last Name 2100C NM104 Subscriber First Name 2100C NM105 Subscriber Middle Name

If the transaction is not rejected, DHP will provide back in the 271 transaction both the member's name and ID.

### Date of Service (DOS)

The 270 transaction allows a submitter to request eligibility information on a member for a past, present, or future Date of Service (DOS). The DOS may be provided in either the 2100C or 2110C Loop. DHP applies the following criteria to determine a member's eligibility for the DOS in the response.

- **DTP01 Date/Time Qualifier** – DHP will process all acceptable values as 307 "eligibility" date requests.
- **Future DOS Inquiries** – DHP will reject transactions with an AAA segment for any request DOS more than 7 days in the future.
- **Date Range Inquiries** - DHP will accept inquiries that request information on both a single date ("D8" qualifier) and a range of dates ("RD8" qualifier). However, DHP will use only the first date provided in a range of dates to determine the member's eligibility.
- **DOS Location in Transaction** – DHP will accept dates in both the 2100C and the 2110C Loops. In accordance with the *Implementation Guide*, the dates provided in the 2110C Loop will override those in the 2100C Loop. If multiple iterations DTC segments occur, DHP will process using the earliest date.
- **No DOS Provided in 270 Transaction** – DHP will use the transaction date as a default date if no DOS is provided.

## **DHP Specifications/Requirements**

This section covers the information that DHP requests to process your files efficiently. Please see the matrix for any detailed information that we may need to process your data.

Processing time requirements for *Health Care Eligibility Benefit Inquiry and Response (ASC X12N 270/271)* will be determined on a submitter-by-submitter basis.

### **General Specifications**

- The incoming 270 transactions must utilize delimiters from the following list: >, \*, ~, ^, |, and : . Submitting delimiters not supported within this list may cause an interchange (transmission) to be rejected. Members of the Base Control Set and the Extended Control Set will not be accepted as delimiters.
- The incoming 270 must use the basic character set as defined in Appendix A of the 270/271 Implementation Guides. In addition to the basic character set, you may choose to submit lower case characters and the “@” symbol from the extended character set. Any other characters submitted from the extended character set may cause the interchange (transmission) to be rejected at the carrier translator.
- Only loops, segments, and data elements valid for the HIPAA Health Care Eligibility Benefit Inquiry and Response Implementation Guide will be translated. Submitting data not valid based on the Implementation Guide may cause files to be rejected. Non-implementation guide data may not be sent for processing consideration.

### **Data Element Clarification - 270 – Health Care Eligibility Benefit Inquiry**

Element	Usage	Data Element	Comments
BHT 02		Beginning of Hierarchical Transaction	DHP expects "13"
BHT03		Transaction Identifier	DHP will accept any value and return it in the 271.
Loop 2100A		Information Source	
NM101	R	Entity Identifier code	DHP expects "PR"
NM102	R	Entity type qualifier.	DHP expects "2"
NM103	S	Organization name	DHP expects "DEAN HEALTH PLAN"
NM108	R	Identification code Qualifier	DHP expects "FI"
NM109	R	Payer identifier Code	DHP expects "391535024"
Loop 2100B	R	Information Receiver	
All			TBD on a Receiver-by-receiver basis.
Loop 2100C		Subscriber Name	

Element	Usage	Data Element	Comments
NM108	R	ID Code qualifier	DHP accepts both "MI" and "ZZ", but will treat both as "MI" until "HIPAA Individual Identifier is adopted.
DMG02	S	Birth Date	Must be valued. If empty, an AAA with code 58 will be returned.
Loop 2110C		Inquiry Information	
EQ01	S	Service Type Code	All values are treated as "30".

### Data Element Clarification - 271 – Health Care Eligibility Benefit Response

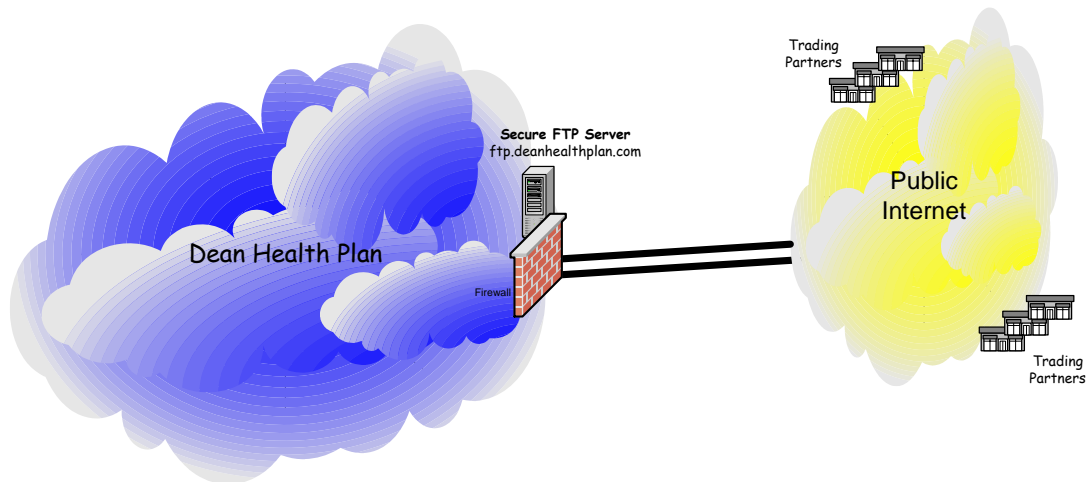
Element	Usage	Data Element	Comments
BHT03		Transaction Identifier	Value from 270 is returned.
Loop 2100A		Information Source Name	Values from 270 are returned
PER01-08	S	Information Source Contact	Segment will contain DHP's Customer Service phone number.
AAA01-03	S	Request Validation	DHP will reject the transaction and return this segment if any of the values specified in 270 Data Element Clarification above is invalid or missing.
Loop 2100B		Information Receiver Name	Values from 270 are returned
Loop 2000C		Subscriber Level	The 2000C Loop will be used for all members, whether subscribers or dependents.
TRN01	R	Trace Type Code	DHP will return a 2.
TRN02-03		Identifiers	DHP will return 270 values.
Loop 2100C		Subscriber Name	
NM103	S	Subscriber Last Name	DHP will use 270 value for member search if NM109 is not provided. DHP will return if either: a) the member is found in DHP's system b) the member is not found but the segment is valued on the 270
NM104	S	Subscriber First Name	DHP will use 270 value for member search if NM109 is not provided. DHP will return if either: a) the member is found in DHP's system b) the member is not found but the segment is valued on the 270
NM105	S	Subscriber Middle Name	DHP will use the first character of 270 value for member search if NM109 is not provided. DHP will return if either: a) the member is found in DHP's system b) the member is not found but the segment is valued on the 270

Element	Usage	Data Element	Comments
NM106-07	S	Name Prefix and Suffix	DHP will return 270 values on 271, but will not use for searching.
NM108	S	Identification Code Qualifier	DHP will return 270 value.
NM109	S	Identification Code	DHP will use 270 value for member search if provided. DHP will return if either: a) the member is found in DHP's system b) the member is not found but the segment is valued on the 270.
REF	S	Reference Identification	DHP will return values from 270, but will not use those values for searching. If member eligibility is found, DHP will also supply the member's group number in a REF segment.
N3	S	Address Information	DHP will return values from its system if the member is found.
N4	S	Geographic Location	DHP will return values from its system if the member is found.
AAA	S	Request Validation	DHP will reject the transaction and return AAA segments at this level under the following conditions. a) No birth date is supplied on the DMG segment (code 58) b) The DTP date value is more than 7 days in the future (code 62) c) The member is not found (code 75)
DMG01-02	S	Subscriber Birth Date	This value is required and returned from the 270.
DMG03	S	Gender Code	DHP will return from its system if the member is found.
DTP01	S	Date/Time Qualifier	DHP always returns 307 if the 270 contained a DTP at this level.
DTP02	S	Date/Time Period Format Qualifier	DHP always returns D8 if the 270 contained a DTP at this level.
DTP03	S	Date/Time Period	DHP always returns the earliest date if the 270 contained DTP segments at this level.
Loop 2110C	S	Inquiry Information	
EB01	R	Eligibility or Benefit Information	DHP will return Active Coverage (1), Active – Pending Investigation (5), Inactive (6), or Cannot Process (V). The Cannot Process code will be used when the 2110C level DTP date value is later than 7 days in the future.
EB03	S	Service Type Code	DHP will return Health Plan Coverage (30).
DTP01	S	Date/Time Qualifier	DHP always returns 307 if the 270 contained a DTP at this level.
DTP02	S	Date/Time Period Format Qualifier	DHP always returns D8 if the 270 contained a DTP at this level.
DTP03	S	Date/Time Period	DHP will return the 270 date or the transaction date, if the 270 contains no DTP at any level.

Element	Usage	Data Element	Comments
AAA	S	Request Validation	DHP will return an AAA segment at this level if the 2110C loop contains a DTP date value that is more than 7 days in the future (code 62).

### *Connecting with DHP*

DHP will be utilizing a FTP server to exchange transactions with trading partners. Trading partners will be set up on the FTP server upon their request. Please see [Appendix A – Interface with FTP](#) server for detailed instructions on how to put and pick up files on the FTP server.



### **Set Up Process**

Trading partners interested in submitting the Health Care Eligibility Benefit Inquiry and Response (ASC X12N 270/271) to DHP should contact the [EDI team](#) via e-mail or telephone with a completed set up request. Please see Appendix B for the Set Up Request Form.

## **Testing**

**Please note that any files sent to a test area will never be run in production. To avoid any processing issues, it is critical that you do not change the manner in which you currently submit your data until you receive notification from DHP stating that production files can be sent electronically.**

Once a trading partner is set up with access to the FTP server, DHP will test trading partner transactions. DHP will complete the following tasks within the testing process:

1. Create test folder on FTP server for the trading partner.
2. For inbound transactions, DHP will test trading partner files with Claredi to ensure that transactions are valid using the following testing categories.
  - Integrity Testing
  - Requirement Testing
  - Balancing Testing
  - Situation Testing
  - Code Set Testing
  - Product Types/Types of Service Testing
3. Work with trading partner to eliminate all identified errors.
4. Process transaction in test environment to ensure accurate results.
5. Notify trading partner that transaction testing is complete and schedule a mutually agreed upon date to move the transaction to production.
6. Set up production folder for trading partner on FTP Server. Send trading partner a User ID and password to be used for logging into the FTP server.

## ***Contact Information***

Contact the appropriate department to resolve any questions or issues:

### **Electronic Transaction Questions**

EDI Team – IS Department  
Phone: (866) 481-3421  
Fax: (608) 836-6335  
Email: [dhpedi@deancare.com](mailto:dhpedi@deancare.com).

Dean Health Plan  
Attention: EDI Team  
1277 Deming Way  
Madison, WI 53717

### **Specific Transaction Information**

DHP Customer Service  
(800) 279-1301  
(608) 828-1301  
or Fax: (608) 827-4212

## ***Business Description of Terms***

This section defines a few basic terms that are widely used in the transmittal and processing of electronic data at Dean Health Plan. Please see [http://www.wedi.org/public/articles/hipaa\\_glossary.pdf](http://www.wedi.org/public/articles/hipaa_glossary.pdf) for a complete listing of terms and their definitions.

**Companion Guide:** Data clarifications that supplement the specifications in the Implementation Guide should be placed in a separate addendum. Companion Guides can include data elements where the Implementation Guide explicitly defers to other sources such as a contract or state law requirements. It can also include identifiers or codes where a national standard source is not recognized (such as the provider identifier prior to the National Provider Identifier standard being passed).

**Covered Entity (CE):** Under HIPAA, this is a *healthplan*, a *health care clearinghouse*, or a *health care provider* who transmits any health information in electronic form in connection with a HIPAA transaction. Also see Part II, 45 CFR 160.103.

**Data Mapping:** The process of matching one set of *data elements* or individual code values to their closest equivalents in another set of them. This is sometimes called a *cross-walk*.

**FAQ(s):** Frequently Asked Question(s).

**Format:** Under HIPAA, format refers to those *data elements* that provide or control the enveloping or hierarchical structure, or assist in identifying data content of, a transaction.

**Health Care Clearinghouse:** Under HIPAA, this is an entity that processes or facilitates the processing of information received from another entity in a nonstandard format or containing nonstandard *data content* into standard *data elements* or a standard transaction, or that receives a standard transaction from another entity and processes or facilitates the processing of that information into nonstandard format or nonstandard *data content* for a receiving entity. Also see Part II, 45 CFR 160.103

**Health care provider:** means a provider of services (as defined in section 1861(u) of the Act, 42 U.S.C. 1395x(u)), a provider of medical or health services

(as defined in section 1861(s) of the Act, 42 U.S.C. 1395x(s)), and any other person or organization who furnishes, bills, or is paid for health care in the normal course of business.

**Transaction:** means the transmission of information between two parties to carry out financial or administrative activities related to health care. It includes the following types of information transmissions:

- 1) Health care claims or equivalent encounter information – 837  
(Institutional, Professional, and Dental)
- 2) Health care payment and remittance advice – 835
- 3) Coordination of benefits -837
- 4) Health care claim status – 276/277
- 5) Benefit Enrollment and Maintenance – 834
- 6) Eligibility for a health plan – 270/271
- 7) Health plan premium payments – 820
- 8) Referral certification and authorization – 278

## ***Appendix A – Interface with FTP***

### **General Information**

This documentation is written to give you information on the connection, transmittal, and exchange of information between you and Dean Health Plan (DHP) using the FTP Server.

### **Connectivity Instructions**

The FTP server can be accessed via Internet. If you should have any questions or problems, please contact the EDI team at **dhpedi@deancare.com**. DHP reserves the right to change the process time due to holidays, system upgrades, or etc. Please check the log window for any informational messages.

### **Software Interface**

Trading partners will be required to use FTP client software that will support 128 SSL Data encryption to exchange transactions with DHP.

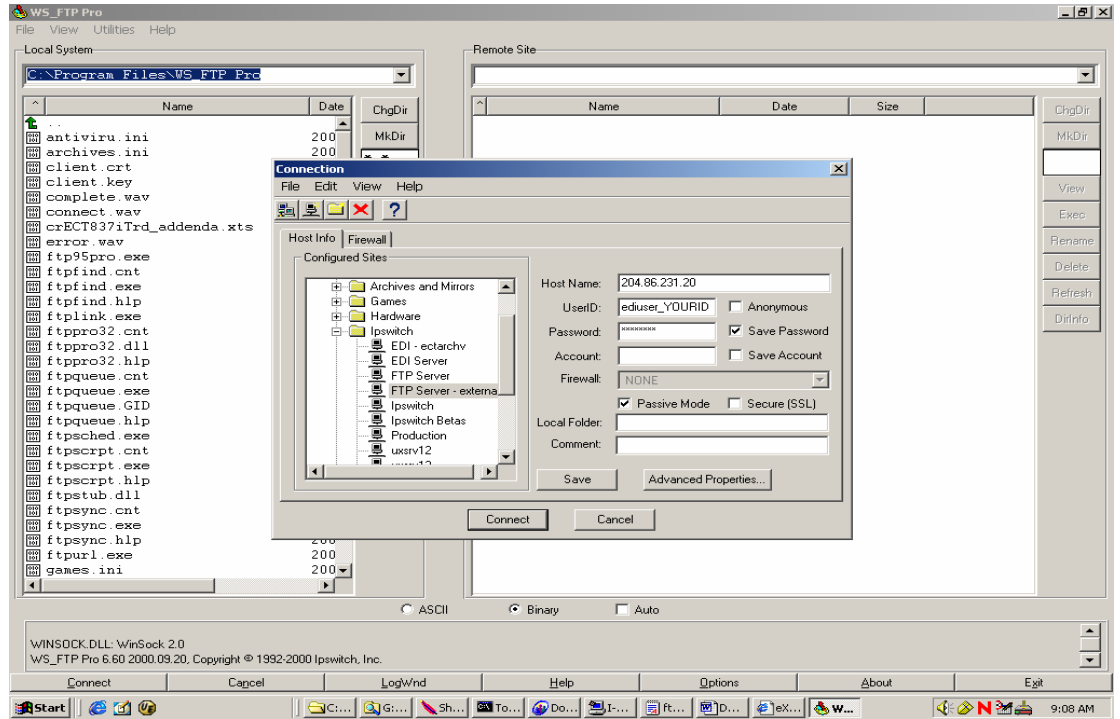
WS-FTP Pro is the software that DHP has tested. The following instructions outline how to access the DHP FTP server using WS-FTP Pro.

For more information on WS-FTP Pro please access their website [http://www.ipswitch.com/Products/WS\\_FTP/features.html](http://www.ipswitch.com/Products/WS_FTP/features.html)

Any questions related to FTP connect should be directed to software provider or internal technical staff.

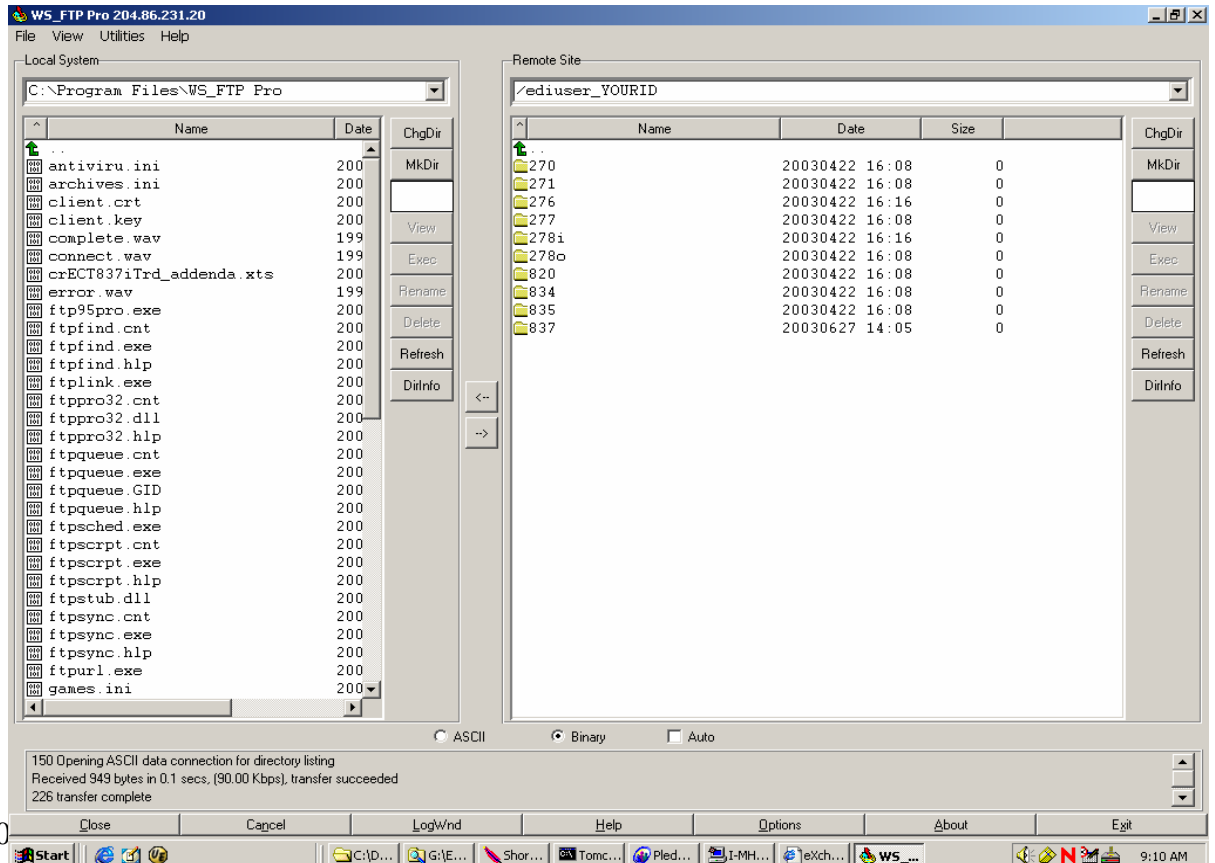
### **Uploading Files:**

1. The first screen that appears asks you for the User-ID you received from Dean Health Plan:

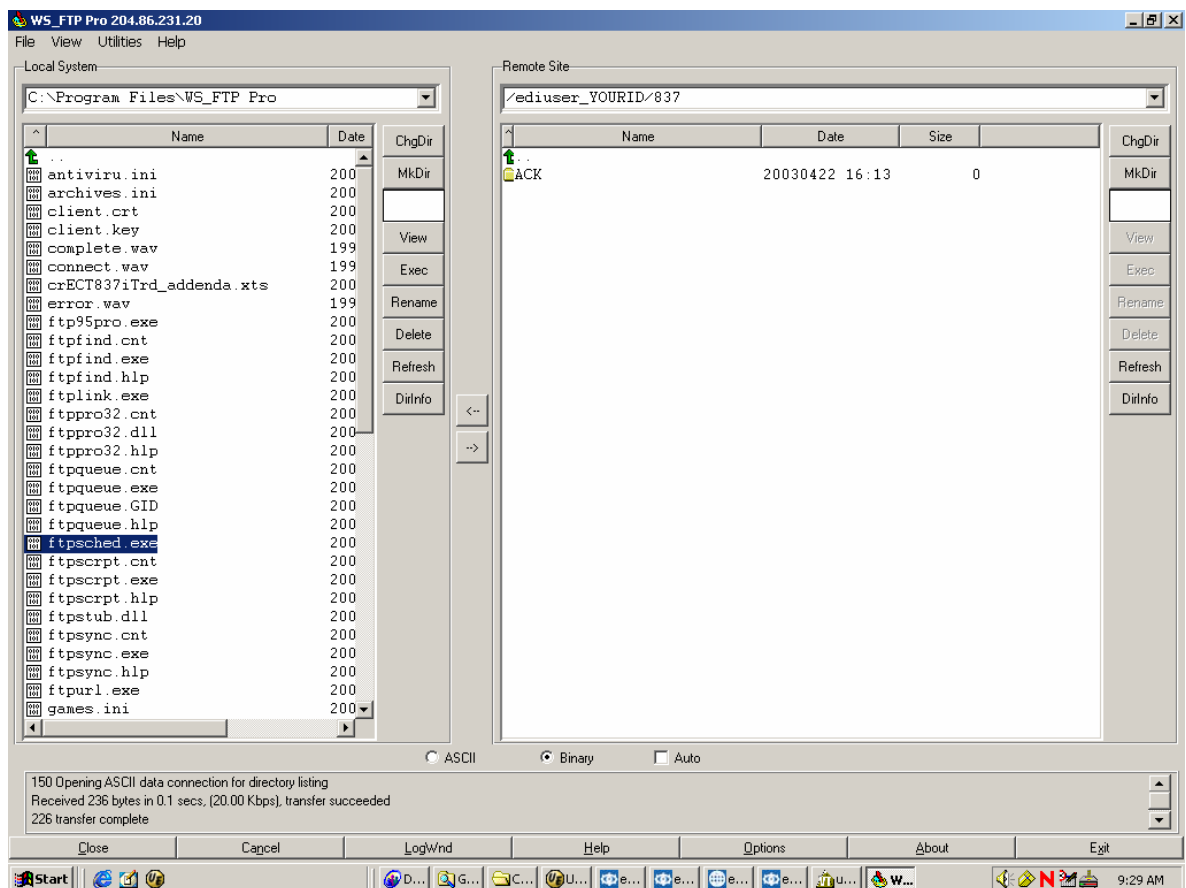


- Verify Host Name, UserID, and a check on Passive Mode, and a check on Secure (SSL).
- Type your password and press **Connect**. (Your password will appear as a series of asterisks.)

2. The next screen will be a selection screen:



- The left side of the screen is the directories on your local system. This is where you will send your file from.
  - The right side of the screen is the directory on the FTP server at DHP. This is where you will be sending your file to or retrieving your file from. This will also show all of the transaction folders currently in your directory on the server.
3. Double click on a folder on the right side for the transaction that you wish to send to or receive from. This will open up the folder and show what is inside.
  4. Find the folder in which you plan on submitting from/to.
  5. Click on the file that you want to send or receive. Then click on the arrow key in the middle of the screen. If you are sending a file, use the arrow key pointing to the right (Remote Site). If you are receiving a file, use the arrow key pointing to the left (Local System).



- To select more than one file, use the Ctrl key for random files and the Shift key for files that are adjacent.
  - To resend a file, highlight the file and click on the arrow keys to upload the file again. This will overlay the file that is currently on the remote site.
  - If you sent the wrong file, you can remove the file from the remote directory by clicking on the file and then click the delete button on the remote directory side. **NOTE: If you delete a file from the local side, you are removing the file from your system and we cannot recover that file.**
6. To exit out of the system, go to File then Exit. This will close your session.



## Appendix B - EDI Set-Up Form

<b>Type of Practice/Group:</b>	Solo <input type="checkbox"/>	Group <input type="checkbox"/>	Hospital/Facility <input type="checkbox"/>	Billing Service <input type="checkbox"/>
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<b>Type of Account:</b>	New <input type="checkbox"/>	Existing (indicate changes below) <input type="checkbox"/>
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<b>Transaction Type:</b>	837 Institutional claim <input type="checkbox"/>	837 Professional claim <input type="checkbox"/>	837 Dental claim <input type="checkbox"/>
	835 Remittance <input type="checkbox"/>	834 Enrollment <input type="checkbox"/>	270/271 Eligibility <input type="checkbox"/>
	278 Referral Request and Response <input type="checkbox"/>		820 Premium Payment <input type="checkbox"/>

### Contact Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Office Manager Contact: \_\_\_\_\_ Practice/Group Tax ID: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

E-Mail Address \_\_\_\_\_

If sending an 837 transaction, please fill out the next section

Confirmation Report Contact: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

Mailing address (if different than above) to mail Confirmation Report/Rejected Claims report:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Provider/Group Information:

Name of Provider/Group	Dean Health Plan number

### Payment Information (if different that above):

Name of Payee: \_\_\_\_\_ DHP Payee Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Payee Tax ID: \_\_\_\_\_

**If you are using a Clearing House to submit your files, please fill out the next section**

Clearing House Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

## ***Revision Listing***

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<b>Revision</b>	<b>Revision Date</b>
1	8/13/02