
Wellmark Blue Cross and Blue Shield

HIPAA Transaction Standard
Companion Guide
Section 2, 270-271 Eligibility Benefit
Inquiry and Response

Refers to the X12N Implementation Guide ANSI Version
4010A1

Version Number: 2.0

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September 17, 2010

Introduction

Real-Time transaction allows you to submit a HIPAA 270 transaction to Wellmark Blue Cross Blue Shield for processing and returning the HIPAA 271 result in real time. Responses are typically returned within 8 seconds. However we suggest you wait at least 100 seconds before closing the request. Only a single transaction can be sent via this method at a time. Thus a single Eligibility Request will get a single Eligibility Response.

Real Time Eligibility is availability 24x7 except for sporadic outages that may occur due to maintenance. The EC Solutions Assistance Center is available to assist you with your Real Time Eligibility inquires and is available Monday through Friday: 7:00 am to 5:30 pm. You may contact the EC Solutions Assistance Center by calling (800) 407-0267 or via email at ECsolutionsDSM@hp.com

Registration

If you are new to submitting electronic transactions to Wellmark and have not registered for a submitter number, you will need to complete the EC Solutions Registration forms. You may download the registration forms located on the provider tab on www.Wellmark.com or call EC Solutions at 800-407-0267. EC Solutions will set up the user's profile in the system and assign a submitter number.

Once there is a submitter number assigned to you, a representative from Wellmark will contact you. Both parties will begin working on the technical requirements to send and receive Real Time transactions.

Requirements

Access to the Real Time Eligibility web service for Wellmark Blue Cross Blue Shield will need to be set up to allow your organization to begin sending transactions. Wellmark will need a contact name, phone number and email address from the organization to have a user ID and password created. Wellmark will contact the organization with the newly created user ID and password.

Once the user ID and password are set up, the user may begin their testing. The web service can be found in a Test region and a Production region. The addresses are as follows:

Test:

<https://svcprep.wellmark.com:60902/PublicRealtimeEligibilityService/PublicRealtimeEligibilityService.asmx>

Production:

<https://svc.wellmark.com:60902/PublicRealtimeEligibilityService/PublicRealtimeEligibilityService.asmx>

The Web Service has the following two methods:

String Result ProcessRequest(String Message, Boolean SendAcknowledgement)

Input parameters

- a. Message = The HIPAA 270 transaction.
- b. SendAcknowledgement = True / False.

Return parameters

- a. "Your request timed out. Please resubmit".
- b. Transaction ID – an ID to use in the LookupResponse method for a polling transaction. This is sent when SendAcknowledgement = True.
- c. HIPAA 271 transaction. This is sent when SendAcknowledgement = False.

String Result LookupResponse(String TransactionID)

Input parameters

- c. TransactionID = The ID returned from the ProcessRequest method with SendAcknowledgement = True.

Return parameters

- d. "There is no record matching your ID".
- e. HIPAA 271 transaction.

The following are examples of valid Real Time Transactions Request and Response with properly formatted SOAP envelopes:

Process Request

The **placeholders** shown need to be replaced with actual values.

```
<s:Envelope xmlns:s="http://schemas.xmlsoap.org/soap/envelope/">
  = <s:Header>
  = <h:AuthHeader xmlns:h="http://svc.wellmark.com/"
    xmlns="http://svc.wellmark.com/"
    xmlns:xsi="http://www.w3.org/2001/XMLSchema-instance"
    xmlns:xsd="http://www.w3.org/2001/XMLSchema">
    <UserName>MyUserName</UserName>
    <Password>MyPassword</Password>
  </h:AuthHeader>
  </s:Header>
  = <s:Body xmlns:xsi="http://www.w3.org/2001/XMLSchema-instance"
    xmlns:xsd="http://www.w3.org/2001/XMLSchema">
  = <ProcessRequest xmlns="http://svc.wellmark.com/">
    <request>ISA*00* *00* *ZZ*.....~IEA*1*295833071~</request>
    <sendAcknowledgement>false</sendAcknowledgement>
  </ProcessRequest>
  </s:Body>
</s:Envelope
```

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Matrix for the 270/271 Inquiry and Response

LEGEND

SHADED rows represent “segments”; **NON-SHADED** rows represent “data elements.”

“Loop – specific” comments are found in the first segment of the loop.

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
44	2100A	NM1	Information Source Name			
46		NM108	Identification Code Qualifier	PI		
46		NM109	Identification Code	88848		Wellmark Blue Cross and Blue Shield
50	2100B	NM1	Information Receiver Name			
52		NM108	Identification Code Qualifier	FI (Fed. Taxpayer's ID number) or SV (Service Provider Code)		Must use one of these code values
52		NM109	Identification Code		9 5 7	Fed. Tax ID Number Iowa providers use 5-digit provider number. South Dakota providers use 7-digit provider number.
71	2100C	NM	Subscriber Name			
72		NM103	Name Last or Organization Name		35	Be sure to use the policyholder's name as it appears on the Wellmark ID card.
72		NM104	Name First		25	
73		NM108	Identification Code Qualifier	MI	2	
73		NM109	Identification Code		4-17	The policyholder identification on the member's card, <i>including the prefix</i> , is required to determine which Blue Plan will respond to the inquiry.
83	2100C	DMG	Subscriber Demographic Information			
84		DMG01	Date Time Period Qualifier	D8	2	
84		DMG02	Date Time Period	CCYYMMDD	8	Use when the subscriber is the patient.

89	2110C	EQ	Subscriber Eligibility or Benefit Inquiry Information			
90		EQ01	Service Type Code	30	2	Wellmark does not support the remaining codes. However, the remaining EQ codes may be used in transactions for patients in other Blue Plan areas.
114	2100D	NM	Dependent Name			
115		NM103	Name Last or Organization Name		35	Used for the dependent's name when the dependent is the patient.
115		NM104	Name First		25	Used for the dependent's name when the dependent is the patient.
116		NM108	Identification Code Qualifier	MI	2	
116		NM109	Identification Code		15	The policyholder identification on the member's card, <i>including the prefix</i> , is required for all transactions.
124	2100D	DMG	Dependent Demographic Information			
125		DMG01	Date Time Period Qualifier	D8	3	
125		DMG02	Date Time Period for the policyholder's date of birth.	CCYYMMDD	8	Use when the dependent is the patient.
131	2110D	EQ	Dependent Eligibility or Benefit Inquiry Information			
132		EQ01	Service Type Code	30	2	Wellmark does not support the remaining codes. However, the remaining EQ codes may be used with transactions for patients in other Blue Plan areas.