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Wellmark Blue Cross and Blue Shield

**HIPAA-AS Transaction
Standard Companion Guide
CORE v5010 Master Companion Guide
Batch 27x Transactions**
Refers to the Implementation Guides
Based on ASC X12 version 5010

[Introduction](#)

[Getting Started](#)

[Testing with Wellmark](#)

[Connectivity and Communications with Wellmark](#)

[Contact Information](#)

[Control Segments and Envelopes](#)

[Wellmark Specific Business Rules and Limitations](#)

[Acknowledgement and/or Reports](#)

[Trading partner Agreements](#)

[Transactions Specific Information](#)

[Appendices](#)

Disclosure Statement

This document is for use by electronic submitters doing business with Wellmark Blue Cross and Blue Shield of Iowa, Wellmark Health Plan of Iowa, Inc., and Wellmark Blue Cross and Blue Shield of South Dakota, herein referred to as **Wellmark**.

The format of this document is based on the national template designed by participants of the Council for Affordable Quality Healthcare (CAQH) and the Workgroup for Electronic Data Interchange (WEDI) and is used here with their permissions.

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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 Wellmark. 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 is in any way exceeds the requirements or usages of data expressed in the Implementation Guides.

Editor's Note:

This *Companion Guide* is a work in progress. Information found here may change over time. Wellmark reserves the rights to make changes to this *Companion Guide* at any time without notices.

The Change Summary in the Appendix identifies those changes and gives the data and reason for the change. Changes will appear in blue ink in the text on the web and are accompanied by a yellow note in the margin.

The information that appears in the Wellmark Companion Guide is based on current data as is known at the time of its publication. Wellmark will manage this document through updates on the Web at www.wellmark.com. Please check the Change Summary for each document often. Changes to the information that may affect your transmissions are not the responsibility of Wellmark or any of its subsidiaries.

Table of Content

1 Introduction	6
Scope	6
Overview	6
References	6
Additional Information	7
2 Getting Started	8
Working with Wellmark	8
Submitter Registration Process	8
Requesting Electronic Registration	8
Complete the Appropriate Registration	8
EC Solutions Verifies your Registration	9
Certification and Testing Overview	9
Certification	9
Third Party Testing	9
Wellmark's Maintenance Schedule	9
3 Testing with Wellmark	10
Items You Need TO KNOW Before Starting ANSI Testing	10
Items You Need TO DO Before Starting ANSI Testing	10
4 Connectivity and Communications with Wellmark	11
Process Flows	11
Step One Security and File Format Verification	11
Step Two HIPAA Compliance	11
Transmission Administrative Procedures	11
Re-Transmission Procedures	11
Communication Protocols Specifications	12
Passwords	12
5 Contact Information	13
EDI Customer and Technical Service	13
Provider Service Number	13
Applicable Websites and emails	13
6 Control Segments and Envelopes	14
ISA-IEA	14
GS-GE	14
ST-SE	14
7 Wellmark Specific Business Rules and Limitations	15
8 Acknowledgements and/or Reports	16
9 Trading Partner Agreements	17
10 Transactions Specific Information	18
Appendices	23
Implementation Checklist	23
Frequently Asked Questions	23

1 Introduction

Scope

Wellmark places high priority on making it easy for you to do business with us. Electronic submission is one way we can do this. Electronic transactions facilitate the transfer of information from your organization to ours in a standard data format. This *Wellmark Companion Guide* provides information about the American National Standards Institute (ANSI) 270/271 Eligibility and 276/277 Claim Status transaction, Version 5010. This transaction is the accepted standard of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

The *Wellmark Companion Guide* is to be used alongside the *HIPAA Technical Report Type 3 (TR3)*, which provides comprehensive information needed to create an ANSI compliant transaction. The *Wellmark Companion Guide* does not change the specifications of the *HIPAA TR3*; rather, it is intended to clarify the areas where the technical report document provides options or choices to be made. The *HIPAA TR3* can be downloaded from the internet address; <http://www.wpc-edi.com/>

The purpose of HIPAA-AS is to standardize transactions as much as possible. However, transactions may have some data elements that are treated differently by different payers. There maybe some instances where the submitter is required to transmit data to us that we do require to conduct business. In these instances, we may store the data sent to us, but we may not use the data for our business purposes.

Overview

This guide explains how to send HIPAA-AS compliant transactions to Wellmark.

Getting Started with Wellmark explains what you need to prepare your environment before transactions can be sent to Wellmark.

Testing with Wellmark explains the overview process for sending test transactions such as an eligibility or claim status request. Testing electronic transactions will ensure your success in sending transactions to Wellmark. Testing maybe required before submission of production transactions.

Connectivity with Wellmark and Communications gives directions on how to set up your computer and communications system to allow the physical movement of transactions between your organization and Wellmark.

Control Segment and Envelopes describes what actually goes into a transaction. This information will be the same for every transaction you send or receive from Wellmark.

Wellmark Specific Business Rules and Limitations is where to look for Wellmark's business requirements. *Acknowledgements and/or Reports* explains what kind of reports are returned for each transmission. *Trading Partner Agreements* contain general information about Wellmark's trading partner agreement.

References

To obtain a copy of the ASC X12 Standards Version 5010, contact Washington Publishing Company at 301-949-9740 or at <http://www.wpc-edi.com/>

Another site you may reference is:

www.wedi.org – Workgroup for Electronic Interchange.

Additional Information

Wellmark has a long history of conducting business with electronic submitters who have realized the advantages of submitting information electronically. Those advantages include:

- Faster delivery and receipt of data

- More efficient delivery and receipt of data

- More accurate data based on system edits for correct data formats and required information

Wellmark has contracted with HP for clearinghouse batch services. Business Exchange Services (BES) accepts and forwards electronic transmissions to Wellmark. To learn how this is done, please see "Getting Started" on the next page.

2 Getting Started

Working with Wellmark

This chapter describes how to interact with Wellmark for processing HIPAA-AS compliant transactions. Wellmark receives eligibility or claim status electronic transactions through either the real time web service (RTE) or batch files through HP clearinghouse – Business Exchange Services (BES)

Before you conduct business with us, your organization must first be recognized by Wellmark via a National Provider ID (NPI) for healthcare providers or a group number for employer groups. If your organization acts as both an employer group and a provider, you must use the appropriate number for the business being conducted.

Submitter Registration Process

A Submitter is any covered entity s defined by HIPAA-AS wishing to do business with Wellmark electronically. A submitter maybe acting on the part of a group of covered entities, such as a service bureau or clearinghouse, or maybe submitting inquiries or data for a covered employer group. When you register, you are acting as a “submitter”.

Requesting Electronic Enrollment

To transmit electronic interchanges with Wellmark you will need to register your NPI with Wellmark. If you are going to submit real time or batch eligibility or claims status transactions only to Wellmark you must request a submitter number to conduct electronic transactions. To obtain a submitter number you can download the required forms from the Wellmark website, www.wellmark.com or you can contact EC Solutions and they will email or fax a registration packet to you. If you are using a clearinghouse, the clearinghouse will supply registration information.

Complete the Appropriate Registration Forms

When you receive the registration packet, you must complete at least the first two forms below. The third form must be completed if you are going to submit batch to BES, through another clearinghouse or third party.

Electronic Transaction Registration Form. The submitter will need to determine if they need a new submitter number or if they can use an existing one.

Signature and Audit Agreement.

Provider Authorization for Electronic Transactions via Third-Party. Use this form if the submitter is going through a clearinghouse or other third-party.

Fill out and send at least the first two forms to:

EC Solutions
PO Box 9232 Mail Station 4W278
Des Moines, Iowa 50306-9232

Or

Email: ecsolutionsregistration@hp.com

OR

Fax to: 800-691-1038

EC Solutions Verifies your Registration

Once EC Solutions receives your registration packet, the forms will be processed and you will be set up to submit electronically.

EC Solutions will contact you either by email to let you know your electronic registration is complete. In the email, EC Solutions will let you know your submitter identification number and password for both model office and production.

Third Party Certification and Testing

In this portion of the *Companion Guide*, we will discuss the differences between third party certification and third party testing.

Certification

Certification is a service that allows you to send a test transaction file to a third party for review for HIPAA compliance. If the test file passes the edits of that third party, that third party will issue you a certificate that verifies that at that point in time you have successfully generated HIPAA-AS compliant transactions. This certificate implies that other transactions you may send to other parties will also pass applicable edits.

Wellmark does not require anyone sending HIPAA-AS transactions to be certified by a third party. However, we strongly recommend third party certification. The process of becoming certified will assist you in determining whether your system is producing compliant transactions.

Third Party Testing

In lieu of certification, you can contract with a third party to test your transactions. Third party testing allows you to assess how your transactions meet the X12 and HIPAA-AS Implementation Guides standards prior to conducting testing with each of your trading partners.

There are several organizations that offer this service. Three organizations providing this service are:

Claredi – www.claredi.com

Edifecs – www.hipaadesk.com

Wellmark's Maintenance Schedule

Wellmark has scheduled down time every Sunday for routine maintenance. Wellmark's scheduled down time starts at 12:00 a.m. and will end by 1:00 p.m.

Unscheduled down times for emergency maintenance can sometimes occur. When this occurs, Wellmark will post a MOTD (Message of the Day) on the Web BBS.

3 Testing with Wellmark

To ensure an accurate start-up of the electronic process, it is recommended that testing occur between your organization and Wellmark. Testing will reduce the possibility of interruptions in your business processes. If you are already submitting HIPAA compliant transactions to other entities you maybe able to forgo testing bearing in mind that processing requirements may vary from payer to payer. However, if you are not currently submitting HIPAA compliant transactions, testing should be considered mandatory.

EC Solutions will test with your organization to ensure the format of your file is correct for submissions to Wellmark. The same test files maybe used for ANSI format and business content testing.

Items You Need TO KNOW Before Starting ANSI Testing

Know your model office ID and password. If you have a model office ID and password and have not used it recently, the password may need to be reset. To obtain a model office ID, have your password reset or if you don't remember your model office ID, please contact EC Solutions.

Task You Will Need TO DO Before Starting ANSI Testing

Create an ANSI test file that includes at least 25 live transactions. Use production data, do not use dummy data. Also, the test file should include sample transactions that accurately reflect your business needs. Wellmark will attempt to process the transactions in our test system to most accurately reflect production outcomes.

For assistance analyzing your **ANSI test results**, please contact EC Solutions.

4 Connectivity and Communication with Wellmark

Process Flows

When you send a transaction to Wellmark, it processes through the Business Exchange Services (BES) facility first before being passed onto Wellmark. The transactions will go through each of the following steps and reports may be produced within each step indicating if all or part of the transaction data was accepted or rejected. Please watch for these reports so if needed you can correct and retransmit in a timely manner.

Wellmark and its contracted clearinghouse, BES, will respond to the submission of a transaction file. These responses will be in the form of an electronic transmission posted to your BES mailbox for you to retrieve or if you send through a clearinghouse, they will forward the reports to you. Acknowledgements will let you know whether or not the file reached the Wellmark's clearinghouse intact in the proper format.

Step One-Security and File Format Verification

BES will check the transaction file to ensure:

- It is the correct format
- That the sender and receiver are valid (security check)
- The file is not a duplicate file

If there are problems with the format (not a valid ANSI format), or if a duplicate file or security issues are found, a .999 Functional Acknowledgement is created and sent back to the submitter's mailbox.

To understand the .999 report, please refer to the *ANSI Submitters Report Manual*. This manual can be downloaded from the Account Library and reviewed. Instructions on how to access the Account Library will be included in the package sent to you after registration.

Step Two – HIPAA Compliance

If the transaction passes the security, duplicate file and format check, then BES will edit the transaction to ensure all required data is present and that the file structure is correct as specified by the *Implementation Guide*. This process creates a report called the Transaction Summary Report that details the individual transactions within a transmission that were accepted and rejected. For an understanding of this report, please refer to the *ANSI Submitters Report Manual*. This manual can be downloaded from the Account Library.

Transmission Administrative Procedures

Business Exchange Services (BES) is available to receive transmissions 7 days a week, 24 hours a day.

Re-Transmission Procedures

The EC Solutions' Assistance Center can assist you with your electronic transmission to Wellmark. When you receive a .999 Functional Acknowledgement (file rejection), you will need to correct the error or errors in the file and re-transmit the entire file. To avoid the re-transmitted file from being rejected as a duplicate, you must make sure the create date of the file is different than the original rejected file.

When you see rejections for individual transactions on the Transaction Summary Report, you will need to correct these transactions as described in the Transaction Summary Report. You will then need to submit these corrected transactions in another file transmission.

If you receive notice of Wellmark specific transaction issues, please work with EC Solutions or your Wellmark representative to identify the best course of action of resolve and resubmit this data.

Communication Protocol Specifications

After completing an Electronic Transactions Registration form, you will be provided with the URL for the Business Exchange Services (BES) website.

Passwords

The EC Solutions Registration Department will provide a confidential password you will use to gain access to your files on the Business Exchange Services (BES) website. Your password automatically expires every 30 days and you will need to enter a new password in order to gain access to BES.

Password must be a minimum of six (6) characters and/or numbers in length. It should contain at least one (1) numeric character and cannot contain special characters or spaces.

This is your password and should not be shared. If you have reason to believe your security has been compromised, contact EC Solutions.

The number of consecutive attempts to enter an incorrect password is limited, which at that time your password will be disabled. Contact the EC Solutions Assistance Center to regain access. If you lose your password, call the EC Solutions Assistance Center to reset it.

5 Contact Information

EDI Customer and Technical Services

The EC Solutions Assistance Center is available to assist you with our electronic transaction submissions and technical questions. The EC Solutions Assistance Center is available Monday through Friday from 7:00 a.m. to 5:30 p.m.

You may contact EC Solutions by calling **1-800-407-0267**, by sending a fax to **1-800-691-1038** or by sending an email to ECsolutionsDSM@HP.com (Please do not send PHI in your email unless you are using the secure email system).

Provider Service Number

For questions concerning billing, benefits or enrollment, or employer groups should contact their designated Network Engagement Contact. You may email us by using the Contact Us feature in the Group Corner of Wellmark.com or call the Provider Service Center at **1-800-362-2218**.

Communication and Resources

Information about forms, training and information on everyday tasks can be found by clicking Provider then Communication and Resources on the Wellmark.com site.

6 Control Segments and Envelopes

ISA-IEA

The ISA segment is the Interchange Header Segment. This segment identifies the sender and receiver for each transaction. This segment also identifies the delimiters used throughout the file. The IEA segment is the Interchange Control Trailer. This segment identifies the end of an interchange of zero or more functional groups and interchange-related segments and is the last segment within the transaction set.

Please use these values when building the ISA segment for transactions submitted to Business Exchange Services (BES):

ISA01 – “00”

ISA02 – Fill with 10 spaces

ISA03 – “00”

ISA04 – Fill with 10 spaces

ISA05 – “ZZ”

ISA06 – Use your 9-digit Submitter ID assigned by EC Solutions

ISA07 – “ZZ”

ISA08 – 88848

For all other ISA and IEA elements, please refer to the HIPAA-AS *Implementation Guides* for specific instructions.

GS-GE

The GS segment indicates the beginning of a functional group and provider control information. The GE segment indicates the end of a functional group and provides control information.

Please use these values when building the GS segment for transactions submitted to BES.

GS02 – Use your 9-digit Submitter ID assigned by EC Solutions. This will match the value entered in ISA06

GS03 – Use the payer ID 88848. This will match the value entered in ISA08.

For all other GS and GE elements, please refer to the HIPAA-AS *Implementation Guide* for specific instructions.

ST-SE

The ST segment indicates the start of a transaction set and assigns a control number. The SE segment indicates the end of a transaction set and provides the count of transmitted segments.

For all ST and SE elements please refer to the HIPAA-AS *Implementation Guide* for specific instructions.

7 Wellmark Specific Business Rules and Limitations

This purpose of HIPAA-AS is to standardize transactions as much as possible. However, each transaction has data elements that are treated differently by each payer. Wellmark has worked to keep these to a minimum.

There maybe some instances where the submitter is required to transmit data to Wellmark which Wellmark does not require to conduct business. In these instances, we may store the data sent to us, but we may not use the data for our business purposes.

Wellmark has created billing guides to explain how to bill for specific services. These guides maybe found on the Wellmark.com website,
<http://www.wellmark.com/Provider/CommunicationAndResources/BillingGuides.aspx>

8 Acknowledgements and/or Reports

When a batch transaction is transmitted to the Web BBS, the batch is evaluated for formatting errors. If an entire batch errors due to formatting issues, a File Rejection Report (999) is created and the entire transmission of the batch will need to be resubmitted. When the batch is correct, the Web BBS continues to evaluate each transaction within the batch. A single, TXN report is generated for each valid batch transmission. Wellmark will create a response transaction and send back to the Web BBS for submitters to download.

Reports Inventory

The following reports will be returned via the Web BBS and will be available for 14 days.

.TXN – Accept and/or reject with the transmission file

.999 – Total file rejection report

271 – Eligibility Response

277 – Claim Status Response

278-11 – Health Care Services Review

9 Trading Partner Agreements

A Trading Partner Agreement is not required for batch 27x transactions. For information regarding registering as a submitter to use the Web BBS to submit electronic transactions, contact EC Solutions.

10 Transaction Specific Information

Listed below are specific requirements that Wellmark requires in addition to the ASC X12N 270/271 (005010X279), health care Eligibility and Response and the 276/277 (005010X212 and Health Care Claim Status Request and Response

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
69	2100A	NM1	Information Source Name			
71		NM108	Identification Code Qualifier	PI	1/2	
71		NM109	Identification Code	88848	2/80	Wellmark Blue Cross and Blue Shield
92	2100C	NM	Subscriber Name			
93		NM103	Name Last or Organization Name		1/60	Be sure to use the policyholder’s name as it appears on the Wellmark ID card.
93		NM104	Name First		1/35	
95		NM108	Identification Code Qualifier	MI	1/2	
96		NM109	Identification Code		2/80	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.
107	2100C	DMG	Subscriber Demographic Information			
108		DMG01	Date Time Period Qualifier	D8	2/3	
108		DMG02	Date Time Period	CCYYMMDD	1/35	Use when the subscriber is the patient.
124	2110C	EQ	Subscriber Eligibility or Benefit Inquiry Information			
125		EQ01	Service Type Code	30	1/2	Wellmark does not support the remaining codes. However, the remaining EQ codes may be used in transactions for patients in other Blue Plan areas.
151	2100D	NM	Dependent Name			
152		NM103	Name Last or Organization Name		1/60	Used for the dependent’s name when the dependent is the patient.
152		NM104	Name First		1/35	Used for the dependent’s name when the dependent is the patient.

164	2100D	DMG	Dependent Demographic Information			
165		DMG01	Date Time Period Qualifier	D8	2/3	
165		DMG02	Date Time Period for the policyholder's date of birth.	CCYYMMDD	1/35	Use when the dependent is the patient.
181	2110D	EQ	Dependent Eligibility or Benefit Inquiry Information			
182		EQ01	Service Type Code	30	1/2	Wellmark does not support the remaining codes. However, the remaining EQ codes may be used with transactions for patients in other Blue Plan areas.

Matrix for the 276/277 Health Care Claim Status Request 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	Segment	Segment Name	Codes	Length	Notes/Comments
41	2100A	NM1	Payer Name			
41		NM103	Last Name/Organization Name		1/60	Wellmark Blue Cross Blue Shield
42		NM108	Identification Code Qualifier	PI	2	
42		NM109	Identification Code	88848	2/80	Wellmark Blue Cross and Blue Shield Payer Identifier
45	2100B	NM1	Information Receiver Name			
46		NM108	Identification Code Qualifier	46	2	Electronic TIN
46		NM109	Identification Code (Information Receiver Identification Number)		2/80	Your electronic submitter number from EC Solutions
49	2100C	NM1	Provider Name			
51		NM108	Identification Code Qualifier	XX	1/2	
51		NM109	Identification Code (Provider Identifier)		2/80	National Provider Identifier (NPI) as assigned by NPPES
54	2000D	DMG	Subscriber Demographic Information			Segment information is required if the policy holder is the patient.
54		DMG01	Date Qualifier	D8	2/3	Use CCYYMMDD format.
55		DMG02	Subscriber Birth Date		1/35	Policyholder's birth date.
55		DMG03	Subscriber Gender Code	F M	1	Policyholder's gender.
56	2100D	NM1	Subscriber Name			
57		NM103	Name Last or Organization Name		1/60	Policyholder's last name.
57		NM104	Name First		1/35	Policyholder's first name.
57		NM108	Identification Code Qualifier	MI	1/2	
57		NM109	Identification Code		2/80	The policyholder's identification number as shown on the member's card including the prefix. In some cases, your request will be forwarded

						to another Blue Plan to supply the information for a response. The level of information you receive back may vary by Plan.
59	2200D	REF	Payer Claim Identification Number			May send this segment, if Claim Number (ICN) is known.
59		REF01	Reference Identification Qualifier	1K	2/3	The claim number used by the payer.
59		REF02	Reference Identification (Payer Claim Control Number)		1/50	For Wellmark claims, this would be the 14 number ICN (internal claim number).
66	2200D	AMT	Claim Submitter Trace Number			Required when the subscriber is the patient.
66		AMT01	Amount Qualifier Code	T3	1/3	Total claim charge amount.
66		AMT02	Monetary Amount		1/18	Wellmark does not accept a zero amount.
67	2200D	DTP	Claim Service Date			Used when the policyholder is the patient.
67		DTP01	Date Time Period Qualifier	472	3/3	Code to identify that the dates given express beginning and ending dates of service
67		DTP02	Date Time Period Format Qualifier	D8 RD8	2/3	Range of dates expressed in format CCYYMMDD or CCYYMMDD - CCYYMMDD.
68		DTP03	Date Time Period (Claim Service Period)		1/35	Wellmark supports up to a 31-day date span.
69	2210D	SVC	Service Line Information			Note: Wellmark does not support requests for claim status at the service line level.

Metric for the 278 Health Care Services Review

LEGEND for 278

SHADED rows represent “segments.” **NON-SHADED** rows represent “data elements.”
 “Loop – specific” comments should be indicated in the first segment of the loop.

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
71	2010A	NM1	Individual or Organization Name			
73		NM108	Identification Code Qualifier	PI	1/2	Electronic Transmitter Identification Number
73		NM109	Identification Code	88848	2/80	Wellmark Blue Cross Blue Shield
76	2010B	NM1	Requester Name			
77		NM108	Identification Code Qualifier	XX		Electronic Transmitter Identification Number
78		NM109	Identification Code		2/80	National Provider Identifier (NPI) as assigned by NPPES
91	2010C	NM1	Subscriber Name			
93		NM108	Identification Code Qualifier	MI	1/2	Member Identification Number
93		NM109	Identification Code		2/80	Must include any alpha-prefix that appears on the ID card.
114	2010D	INS	Dependent Relationship			
115		INS02	Individual Relationship Code	G8	2/2	Spouse Child Other

Appendices

Implementation Checklist

Wellmark suggests submitters use the following information as a checklist of steps to become a Wellmark submitter:

- Read and review this guide
- Register for a Submitter ID
- Contact EC Solutions with any questions regarding testing
- Send at least one batch of test transactions
- Begin submitting production batch transactions

Frequently Asked Questions

For Frequently Asked Questions, visit the *Electronic Transactions* and *HIPAA-AS Guides* on the Wellmark website. The *Electronic Transactions* and *HIPAA Guides* can be found under the Provider link.