Washington State Medicaid

Health Care Eligibility Benefit Inquiry and Response 270/271
HIPAA Transaction Standard Companion Guide

Refers to the ASC X12N 270/271Technical Report Type 3 Guide (Version 005010X279A1)

CORE v5010 Companion Guide: Version 1.0

August 2014
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 Washington State Medicaid. 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.
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1 INTRODUCTION

The Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA, Title II) includes requirements that national standards be established for electronic health care transactions, and national identifiers for providers, health plans, and employers. This requires Washington State Health Care Authority (HCA) to adopt standards to support the electronic exchange of administrative and financial health care transactions between covered entities (health care providers, health plans, and healthcare clearinghouses).

The intent of these standards is to improve the efficiency and effectiveness of the nation's health care system by encouraging widespread use of electronic data interchange standards in health care. The intent of the law is that all electronic transactions for which standards are specified must be conducted according to the standards. These standards were developed by processes that included significant public and private sector input.

1.1 SCOPE

Companion Guides are used to clarify the exchange of information on HIPAA transactions between the HCA ProviderOne system and its trading partners. HCA defines trading partners as covered entities that either submit or retrieve HIPAA batch transactions to and from ProviderOne.

This Companion Guide provides information about the 270/271 eligibility inquiry and response file that is specific to HCA and HCA trading partners. This Companion Guide is intended for trading partner use in conjunction with the ASC X12 TR3 270/271 Eligibility Inquiry and Response 005010X279A1. The ASC X12 TR3s that detail the full requirements for all HIPAA mandated transactions are available at http://store.x12.org/store/.

1.2 OVERVIEW

The purpose of this document is to introduce and provide information about Washington State Medicaid solution for submitting real-time and batch 270/271 transactions. This document covers how Washington State Medicaid will work with submitters, testing, connectivity, contact information, transaction envelopes/segments, payer specific business rules and limitations, acknowledgements, and trading partner agreements.

1.3 REFERENCES

The ASC X12 TR3s that detail the full requirements for all HIPAA mandated transactions are available at http://store.x12.org/store/.
Washington State Medicaid’s companion guides and documentation on transactions for Trading Partners is available for download via the web at http://www.hca.wa.gov/medicaid/hipaa/Pages/index.aspx

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. http://www.caqh.org/

1.4 ADDITIONAL INFORMATION

1.4.1 Intended Users
Companion Guides are to be used by members/technical staff of trading partners who are responsible for electronic transaction/file exchanges.

1.4.2 Relationship to HIPAA Implementation Guides
Companion Guides are intended to supplement the ASC X12 TR3 HIPAA transactions. Rules for format, content, and field values can be found in the Implementation Guides. This Companion Guide describes the technical interface environment with HCA, including connectivity requirements and protocols, and electronic interchange procedures. This guide also provides specific information on data elements and the values required for transactions sent to or received from HCA.

Companion Guides are intended to supplement rather than replace the ASC X12 TR3 for each transaction set. The information in these documents is not intended to:

- Modify the definition, data condition, or use of any data element or segment in the standard Implementation Guides.
- Add any additional data elements or segments to the defined data set.
- Utilize any code or data values that are not valid in the standard Implementation Guides.
- Change the meaning or intent of any implementation specifications in the standard Implementation Guides.

2 GETTING STARTED

2.1 Working With Washington State Medicaid

Email: hipaa-help@hca.wa.gov
- All emails result in the assignment of a Ticket Number for problem tracking

Information required for initial email:
- Name
- Phone Number
- Email Address
- 7 digit Provider One ID Number
- NPI
- HIPAA File Name
- Detailed Description of Issue
- HIPAA Transaction

Information required for follow up call(s):
- Assigned Ticket Number

## 2.2 TRADING PARTNER REGISTRATION

### 2.2.1 Provider One companion guides and trading partner enrollment package are available for download via the web at [http://www.hca.wa.gov/medicaid/hipaa/Pages/index.aspx](http://www.hca.wa.gov/medicaid/hipaa/Pages/index.aspx)

### 2.2.2 The Trading Partner completes the Trading Partner Agreement (TPA) and submits the signed agreement to HCA.

HCA HIPAA EDI Department
PO Box 45562
Olympia, WA 98504-5562

**For Questions call 1-800-562-3022 **

### 2.2.3 The trading partner is assigned a Submitter ID, Domain, Logon User ID and password.

## 2.3 CERTIFICATION AND TESTING OVERVIEW

All trading partners need to complete a TPA and successfully test the submission of their HIPAA transactions before they are allowed to submit HIPAA production transactions. Washington State Medicaid considers a trading partner ready to submit HIPAA production transactions when they have received a positive TA1 and 999 for their submitted HIPAA test transaction.

Trading partners should notify HCA using the contact information referenced in section 5 regarding their successful testing. HCA will then update the trading partners profile to production ready. Once this is completed, trading partners can begin submitting HIPAA production files.
3 TESTING WITH THE PAYER

The trading partner can submit all HIPPA test and production files through the following methods.

- **Provider One Web Portal**
  Test URL: [https://www.waproviderone.org/edi](https://www.waproviderone.org/edi)
  Production URL: [https://www.waproviderone.org](https://www.waproviderone.org)

- **Secure File Transfer Protocol (SFTP)**

- **Hypertext Transfer protocol (HTTP MIME Multipart )**
  REALTIME (Test URL):
  [https://www.waproviderone.org/edi/realtime-httpmultipart](https://www.waproviderone.org/edi/realtime-httpmultipart)
  REALTIME (Production URL):
  [https://www.waproviderone.org/realtime-httpmultipart](https://www.waproviderone.org/realtime-httpmultipart)
  BATCH (Test URL):
  [https://www.waproviderone.org/edi/batch-httpmultipart](https://www.waproviderone.org/edi/batch-httpmultipart)
  BATCH (Production URL):
  [https://www.waproviderone.org/batch-httpmultipart](https://www.waproviderone.org/batch-httpmultipart)

- **Simple Object Access Protocol (SOAP + WSDL)**
  REALTIME (Test URL):
  [https://www.waproviderone.org/edi/realtime-soap](https://www.waproviderone.org/edi/realtime-soap)
  REALTIME (Production URL):
  [https://www.waproviderone.org/realtime-soap](https://www.waproviderone.org/realtime-soap)
  BATCH (Test URL):
  [https://www.waproviderone.org/edi/batch-soap](https://www.waproviderone.org/edi/batch-soap)
  BATCH (Production URL):
  [https://www.waproviderone.org/batch-soap](https://www.waproviderone.org/batch-soap)

These methods will be discussed in more detail in section 4.
4 CONNECTIVITY WITH THE PAYER/COMMUNICATIONS

4.1 Process Flows

When the trading partner submits the 270 request by any one of the specified methods the 270 request will be validated using EDI validator (up to levels HIPAA validation level 1 & 2), translated and will be processed. The positive outcome will be the 271 response. Negative outcomes will result in negative TA1 and/or 999 transactions.

4.1.1 Provider One Web Portal

Log into the Provider One Portal, select the appropriate security profile and the following options will be viewable to the user:

![Provider One Web Portal](image)

Scroll down to the HIPAA heading to manage the submission and retrieval of HIPAA transactions.
Select Submit HIPAA Batch Transaction

Click on the Upload link

On the file upload page click on the Browse button to attach HIPAA file from the local file directory. After selecting the file, press OK to start the upload.
Once the Ok button is selected, a confirmation message is displayed on the screen along with transmission details. This message only means the file was submitted.

To determine if the file was successfully validated and processed go back to the ProviderOne main page, select Retrieve HIPAA Batch Response, and follow these steps:

- Select 270 from the Transaction Type drop down menu
- There are 3 filter boxes available that contain the following filter criteria that you can use to search for the submitted HIPAA file
  - File Name
  - ProviderOne ID
  - Response Date
  - Upload/Sent Date
- An example of a search would be %Your ProviderOne ID%
  - The % are considered wildcard searches
- Example: %123456700%

- Click on Go once you’ve entered all the necessary filters. Keep in mind you can enter up to 3 filters to refine the search of your submitted HIPAA 270 transaction

- All the HIPAA transactions that match your search criteria will return on the page

- Click on the down arrow in the Upload/Sent Date column to sort for the most current files to least current files

- Now look for Accepted or Rejected in the Acknowledgement Status Column.
  - Accepted means the 270 file will be processed and the 271 will be generated
  - Rejected means the file will not be processed due to errors.
  - Partial means some of the file was processed but not all of it due to errors

The Custom Report is a user friendly report that lets you know what caused the file to reject
Be sure to scroll to the right side of the screen to see all of the transactions available

4.1.2 Secure File Transfer Protocol (SFTP)

Trading partners can email hipaa-help@hca.wa.gov for information on establishing connections to the ProviderOne SFTP server.

There are two categories of folders within a Trading Partner’s SFTP folders:

- **TEST** – Trading Partners should submit and receive their test files under this root folder
- **PROD** – Trading Partners should submit and receive their production files under this root folder

The following folders are available under the TEST/PROD folders within the SFTP root:

- ‘HIPAA_Inbound’ - This folder should be used to drop the HIPAA Inbound files that needs to be submitted to HCA
- ‘HIPAA_Ack’ - Trading partner should look for acknowledgements to the files submitted in this folder. TA1, 999 and Custom Reports will be available for all the files submitted by the trading partner
‘HIPAA_Outbound’ – HIPAA outbound transactions generated by HCA will be available in this folder

‘HIPAA_Error’ – Any inbound file that is not processed, HIPAA compliant, or is not recognized by ProviderOne will be moved to this folder

‘HIPAA Working’ – There is no functional use for this folder at this time.

‘HIPAA ReadMe’ – Important messages regarding password updates, outage information and general SFTP messages will be available within this folder.

Folder structure will appear as:

```plaintext
PROD

- HIPAA_Ack
- HIPAA_Error
- HIPAA_Inbound
- HIPAA_Outbound
- HIPAA_Working

'est

- HIPAA_Ack
- HIPAA_Error
- HIPAA_Inbound
- HIPAA_Outbound
- HIPAA_Working
```

File Naming Convention

HIPAA inbound files need to follow the below file naming convention:

**For Inbound transactions:**

HIPAA.<TPId>.<datetimestamp>.<originalfilename>.<dat>

Example of file name: HIPAA.123456700.080120142100.270.dat

- <TPId> is the Trading Partner Id
- <datetimestamp> is the date timestamp
- <originalfilename> is the original file name which is submitted by the trading partner.

All HIPAA submitted files MUST BE .dat files or they will not be processed
4.1.3 Hypertext Transfer protocol (HTTP MIME Multipart)

Trading partners can send the 270 request [both Real Time and Batch] using HTTP MIME Multipart. Refer to the example provided in Appendices 3: Transmission Examples.

4.1.4 Simple Object Access Protocol (SOAP + WSDL)

Trading partners can send the 270 request [both Real Time and Batch] using SOAP+WSDL. Refer to the example provided in Appendices 3: Transmission Examples.

4.2 TRANSMISSION ADMINISTRATIVE PROCEDURES

Trading partners can send 270/271 transactions to HCA using four methods:

- **Provider One Web Portal**
  Test URL: https://www.waproviderone.org/edi
  Production URL: https://www.waproviderone.org

- **Secure File Transfer Protocol (SFTP)**
  URL: sftp://ftp.waproviderone.org/

- **Hypertext Transfer protocol (HTTP MIME Multipart)**
  REALTIME (Test URL):
  https://www.waproviderone.org/edi/realtime-httpmultipart
  REALTIME (Production URL):
  https://www.waproviderone.org/realtime-httpmultipart
  BATCH (Test URL):
  https://www.waproviderone.org/edi/batch-httpmultipart
  BATCH (Production URL):
  https://www.waproviderone.org/batch-httpmultipart

- **Simple Object Access Protocol (SOAP + WSDL)**
  REALTIME (Test URL):
  https://www.waproviderone.org/edi/realtime-soap
  REALTIME (Production URL):
  https://www.waproviderone.org/realtime-soap
  BATCH (Test URL):
4.3 RE-TRANSMISSION PROCEDURE

If the test file generates a negative TA1 or negative 999 acknowledgments, then the submission is unsuccessful and the file is rejected. The trading partner needs to resolve all the errors that are reported on the negative TA1 or negative 999 and resubmit the file for test. Trading partners will continue to test in the testing environment until they receive a positive TA1 and positive 999. Receipt of a positive TA1 and 999 transaction is considered successful testing. Trading partners are allowed to submit production files once they successfully completed testing.

4.4 COMMUNICATION PROTOCOL SPECIFICATIONS

Trading partners can submit HIPAA transactions to HCA using the following four methods:

- Secure File Transfer Protocol (SFTP)
- ProviderOne Web Portal
- Hypertext Transfer protocol (HTTP MIME Multipart)
- Simple Object Access Protocol (SOAP + WSDL)

4.5 PASSWORDS

Washington State Medicaid requires every trading partner to have a valid login credentials to submit 270/271 transaction through all four submission methods available.

If you have forgotten your login credentials (login id and password) please use the email below to have this information reset.

- SFTP – hipaa-help@hca.wa.gov
- ProviderOne Web Portal – provideronesecurity@hca.wa.gov
- Hypertext Transfer Protocol (HTTP MIME Multipart) – provideronesecurity@hca.wa.gov
- Simple Object Access Protocol (SOAP + WSDL) – provideronesecurity@hca.wa.gov
5 CONTACT INFORMATION

5.1 EDI CUSTOMER SERVICE AND TECHNICAL ASSISTANCE

Email: hipaa-help@hca.wa.gov

- All emails result in the assignment of a Ticket Number for problem tracking
- Information required for initial email:
  - Name
  - Phone Number
  - Email Address
  - 7 digit ProviderOne ID Number
  - NPI
  - HIPAA File Name
  - Detailed Description of Issue
  - HIPAA Transaction
- Information required for follow up call(s):
  - Assigned Ticket Number

5.2 PROVIDER SERVICE NUMBER

1-800-562-3022

5.3 APPLICABLE WEBSITES/E-MAIL

HIPAA website: http://www.hca.wa.gov/medicaid/hipaa/Pages/index.aspx
6 CONTROL SEGMENTS/ENVELOPES

6.1 Interchange Control Structure(ISA-IEA)

Washington State Medicaid uses the below custom values for the ISA header of the 270 transaction request. The IEA segment does not require any custom values. In addition, refer to the ASC X12 270/271 technical report type 3 guide.

<table>
<thead>
<tr>
<th>Page</th>
<th>Loop</th>
<th>Segment</th>
<th>Data Element</th>
<th>Element Name</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>App.C</td>
<td>Envelope</td>
<td>ISA 01</td>
<td>Authorization Information Qualifier</td>
<td>Please use '00'</td>
<td></td>
</tr>
<tr>
<td>App.C</td>
<td>Envelope</td>
<td>ISA 03</td>
<td>Security Information Qualifier</td>
<td>Please use '00'</td>
<td></td>
</tr>
<tr>
<td>App.C</td>
<td>Envelope</td>
<td>ISA 05</td>
<td>Interchange ID Qualifier</td>
<td>Please use 'ZZ'</td>
<td></td>
</tr>
<tr>
<td>App.C</td>
<td>Envelope</td>
<td>ISA 06</td>
<td>Interchange Sender ID</td>
<td>Please use the 9-digit ProviderOne Trading Partner ID followed by spaces</td>
<td></td>
</tr>
<tr>
<td>App.C</td>
<td>Envelope</td>
<td>ISA 07</td>
<td>Interchange ID Qualifier</td>
<td>Please use 'ZZ'</td>
<td></td>
</tr>
<tr>
<td>App.C</td>
<td>Envelope</td>
<td>ISA 08</td>
<td>Interchange Receiver ID</td>
<td>Please use '77045' followed by spaces</td>
<td></td>
</tr>
<tr>
<td>App.C</td>
<td>Envelope</td>
<td>ISA 11</td>
<td>Interchange Control Standards Identifier</td>
<td>Please use '^'</td>
<td></td>
</tr>
</tbody>
</table>
6.2 Functional Group Structure (GS-GE)

Washington State Medicaid 270/271 transaction uses the below custom values of GS segment of the 270 transaction request. GE segment does not require any custom values. In addition, refer to the ASC X12 270/271 technical report type 3 guide.

<table>
<thead>
<tr>
<th>App.C</th>
<th>Envelope</th>
<th>ISA</th>
<th>Component Element Separator</th>
<th>Please use '1:'</th>
</tr>
</thead>
</table>

### Functional Group Header

<table>
<thead>
<tr>
<th>App.C</th>
<th>Envelope</th>
<th>GS</th>
<th>02</th>
<th>Application Sender's Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>App.C</td>
<td>Envelope</td>
<td>GS</td>
<td>03</td>
<td>Application Receiver's Code</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Please use the 9-digit ProviderOne Trading Partner ID</th>
</tr>
</thead>
<tbody>
<tr>
<td>Please use '77045'</td>
</tr>
</tbody>
</table>

6.3 Transaction Set Header/Trailer (ST-SE)

Washington State Medicaid 270/271 transaction does not expect any custom values for ST-SE segment of 270 Request. In addition to this, refer to the ASC X12 270/271 technical report type 3 guide.

7 PAYER SPECIFIC BUSINESS RULES AND LIMITATIONS

7.1 General Information

HIPAA standards are specified in the Implementation Guide for each mandated transaction and modified by authorized Addenda. Currently, the 270/271 transaction has one Addendum. This Addendum has been adopted as final and is incorporated into HCA requirements.

An overview of requirements specific to the transaction can be found in the 270/271 Implementation Guide. Implementation Guides contain information related to:

- Format and content of interchanges and functional groups
• Format and content of the header, detailer and trailer segments specific to the transaction

• Code sets and values authorized for use in the transaction

• Allowed exceptions to specific transaction requirements

Transmission sizes are limited based on two factors:

• Number of Segments/Records allowed by HCA

• HCA file size limitations

HCA limits the size of the transaction (ST-SE envelope) to a maximum of 5,000 repeats of Loop 2000C in the 270 transaction.

**Batch Daily Maximum**

HCA will limit the number of batch eligibility inquiries to a maximum of 100,000 subscribers per day per trading partner. HCA will also monitor validity of transaction submissions, and assess if inquiries are resulting in an appropriate number of corresponding Medicaid claims submissions. HCA reserves the right to terminate the Trading Partner Agreement with the Submitter if HCA determines that these stipulations have been violated by the Submitter.
**Real-Time Daily Maximum**

HCA limits the number of real-time eligibility inquiries to a maximum of 25,000 per day per trading partner. HCA will also monitor validity of transaction submissions, and assess if inquiries are resulting in an appropriate number of corresponding Medicaid claims submissions. HCA reserves the right to terminate the Trading Partner Agreement with the Submitter if HCA determines that these stipulations have been violated by the Submitter.

HCA will continually examine the performance of the system in regards to real-time eligibility inquiries and will consider increasing the daily maximum on a monthly basis.

### 7.2 Data Format

**Delimiters**

The ProviderOne will use the following delimiters on outbound transactions:

- Data element separator - Asterisk ( * )
- Sub-element Separator - colon ( : )
- Segment Terminator - Tilde ( ~ )

### 7.3 Data Interchange Conventions

HCA accepts 270 transaction files with single ISA/IEA and GS/GE envelopes. 270 transactions (with their limit of 5,000 repeats of Loop 2000C within an ST/SE envelop), can have multiple ST/SE envelops within the same GS/GE envelope.
7.4 Pre-Query and Post-Query validation

7.4.1 Pre-Query validation

Washington State Medicaid’s 270/271 transaction will perform a pre-query validation to make sure the required Subscribe data elements are preset prior to routing the information to Eligibility and Benefit system.

For Subscriber request below data elements can be submitted:

2100C/NM109 Subscriber ID (Client ID) and
2100C/NM103 Subscriber Last Name and
2100C/NM104 Subscriber First Name and
2100C/DMG Subscriber Date of Birth (DOB)
2100C/REF Social Security Number (SSN)

Below are the applicable client eligibility search options

1. Client ID
2. Full Name, DOB
3. Full Name, SSN
4. SSN, DOB
5. Client ID, Full Name, DOB
6. Client ID, Last Name, DOB
7. Client ID, Last Name

AAA error codes will be sent out as defined in the CORE guidelines. Multiple AAA segments can be returned based on invalid or missing data elements.

7.4.2 Post-Query validation

Once the Pre-Query validation is completed a Post Query validation will be performed.

During Post Query validation, the system will match the below mentioned Subscriber elements against the Washington State Medicaid’s Eligibility and Benefit’s System

2100C/NM109 Subscriber ID (Client ID) and
2100C/NM103 Subscriber Last Name and
2100C/NM104 Subscriber First Name and
2100C/DMG Subscriber DOB and
2100C/REF SSN

If a proper match is found the system will return an Eligibility Response otherwise AAA error codes will be sent out as defined in the CORE guidelines. Multiple AAA segments can be returned based on the missing or invalid data elements.

7.5 Last Name Normalization

Washington State Medicaid will use the below rules to normalize the submitted last name on the 270 request.

Character Strings to be removed during Name Normalization

JR, SR, I, II, III, IV, V, RN, MD, MR, MS, DR, MRS, PHD, REV, ESQ

Punctuation Values Used as Delimiters in Last Name

Space, comma, forward slash, and apostrophe

All special characters within the basic character set are ignored:

"!","",","","","","","","","","","","","","","","","","","","","" and space – Consider removing the " in this list.

If the un-normalized stored last name does not match the un-normalized submitted last name then INS segment will be returned with an appropriate code along with the corrected last name.

7.6 HIPAA Service Types and Financial Information

Washington State Medicaid will support both Generic and Explicit inquiries. Washington State Medicaid does not support patient financial responsibilities for co-insurance, co-payment, deductible, and will return zero financial responsibility information.

7.7 Rejected Transmissions and Transactions

270 transactions will be rejected if the file does not meet HIPAA standards for syntax, data integrity and structure (Strategic National Implementation Process (SNIP) type 1 and 2). Additionally, the transactions will be validated against HCA defined custom rules (SNIP type 7) as specified in the Transaction Specification section. Non-compliance of the custom rules will result in rejection of the transaction.

8 ACKNOWLEDGEMENTS AND/OR REPORTS
8.1 Acknowledgement Procedures

Once the file is submitted by the trading partner and is successfully received by the ProviderOne system, a response in the form of TA1 and 999 acknowledgment transactions will be returned to the trading partner. The ProviderOne system generates positive TA1 and positive 999 acknowledgements, if the submitted HIPAA file meets HIPAA standards related to syntax and data integrity. For files, which do not meet the HIPAA standards a negative TA1 and/or negative 999 are generated and sent to the trading partner.

- **Custom Report**
  
  The Custom Report is a user friendly report that lets submitters know what caused the file to reject. It is the equivalent of a user friendly 999 report.

- **999**
  
  999 will be generated to indicate the status of a functional group and transaction set.

- **TA1**
  
  TA1 will be generated to indicate the status of Interchange Control Group.

In case of SOAP + WSDL or HTTP MIME Multipart (real time) 999 or TA1 acknowledgements will only be returned if errors exist within the file. If there are no errors then the 999 and TA1 will not be generated.

9 TRADING PARTNER AGREEMENTS

Trading partner agreements are used to establish and document the relationship between HCA and covered entities.

1. ProviderOne trading partner enrollment package is available for download via the web at http://www.hca.wa.gov/medicaid/hipaa/Pages/index.aspx

2. The Trading Partner completes the Trading Partner Agreement and submits the signed agreement to HCA. Submit to:

   HCA HIPAA EDI Department  
   PO Box 45562  
   Olympia, WA 98504-5562

   For Questions call 1-800-562-3022

3. Once the agreement is processed the trading partner is assigned a Submitter ID, Domain, Logon User ID and password.
10 TRANSACTION SPECIFIC INFORMATION

This section describes how ASC X12N Implementation Guides (IGs) adopted under HIPAA will be detailed with the use of a table. The tables contain a row for each segment that Washington State Medicaid has something additional, over and above, the information in the IGs. That information can:

1. Limit the repeat of loops, or segments
2. Limit the length of a simple data element
3. Specify a sub-set of the IGs internal code listings
4. Clarify the use of loops, segments, composite and simple data elements
5. Any other information tied directly to a loop, segment, composite or simple data element pertinent to trading electronically with Washington State Medicaid Health Plan

The following table specifies the columns and suggested use of the rows for the detailed description of the transaction set companion guides.

270 Eligibility Inquiry

<table>
<thead>
<tr>
<th>Page</th>
<th>Loop</th>
<th>Segment</th>
<th>Data Element</th>
<th>Element Name</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Interchange Control Header</td>
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</tr>
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<td>03</td>
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<tr>
<td>App.C</td>
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<td>05</td>
<td>Interchange ID Qualifier</td>
<td>Please use 'ZZ'</td>
</tr>
<tr>
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<td>06</td>
<td>Interchange Sender ID</td>
<td>Please use the 9-digit ProviderOne Trading Partner ID followed by spaces</td>
</tr>
<tr>
<td>App.C</td>
<td>Envelope</td>
<td>ISA</td>
<td>07</td>
<td>Interchange ID Qualifier</td>
<td>Please use 'ZZ'</td>
</tr>
<tr>
<td>App.C</td>
<td>Envelope</td>
<td>ISA</td>
<td>08</td>
<td>Interchange Receiver ID</td>
<td>Please use '77045' followed by spaces</td>
</tr>
<tr>
<td>-------</td>
<td>----------</td>
<td>------</td>
<td>-----</td>
<td>------------------------</td>
<td>-------------------------------------</td>
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<tr>
<td>App.C</td>
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<td>16</td>
<td>Component Element Separator</td>
<td>Please use ':'</td>
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</table>

**Functional Group Header**

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<thead>
<tr>
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<th>Envelope</th>
<th>GS</th>
<th>02</th>
<th>Application Sender’s Code</th>
<th>Please use the 9-digit ProviderOne Trading Partner ID</th>
</tr>
</thead>
<tbody>
<tr>
<td>App.C</td>
<td>Envelope</td>
<td>GS</td>
<td>03</td>
<td>Application Receiver’s Code</td>
<td>Please use '77045'</td>
</tr>
</tbody>
</table>

**Information Source Name**

<table>
<thead>
<tr>
<th>70</th>
<th>2100A</th>
<th>NM1</th>
<th>03</th>
<th>Name Last or Organization Name</th>
<th>Please use 'WA State DSHS'</th>
</tr>
</thead>
<tbody>
<tr>
<td>71</td>
<td>2100A</td>
<td>NM1</td>
<td>09</td>
<td>Identification Code</td>
<td>Please use '77045'</td>
</tr>
</tbody>
</table>

**Information Receiver Name**

<table>
<thead>
<tr>
<th>77</th>
<th>2100B</th>
<th>NM1</th>
<th>08</th>
<th>Identification Code Qualifier</th>
<th>Please use 'SV' for non healthcare providers/submitters</th>
</tr>
</thead>
<tbody>
<tr>
<td>79</td>
<td>2100B</td>
<td>NM1</td>
<td>09</td>
<td>Identification Code</td>
<td>Please enter 9 digit ProviderOne ID if NM108 = 'SV'</td>
</tr>
</tbody>
</table>

Please use 'XX' for healthcare providers.
Please enter NPI if NM108 = 'XX'

<table>
<thead>
<tr>
<th>Subscriber Level</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>NOTE: A maximum of 5,000 subscriber loops per ST-SE segment can be processed in batch mode</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Subscriber Name</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name Last or Organization Name</td>
<td>Please enter Last Name of Subscriber Will be used in search options 2, 3, 5, 6, 7</td>
</tr>
<tr>
<td>93 2100C NM1 03</td>
<td></td>
</tr>
</tbody>
</table>

|  |
| Name First | Please enter First Name of Subscriber Will be used in search options 2, 3, 5 |
| 93 2100C NM1 04 |  |

<table>
<thead>
<tr>
<th>Subscriber Additional Identification</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Identification Code</td>
<td>Please enter ProviderOne Client ID Will be used in search options 1, 5, 6, 7</td>
</tr>
<tr>
<td>96 2100C NM1 09</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>98</td>
<td>2100C</td>
</tr>
<tr>
<td>99</td>
<td>2100C</td>
</tr>
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<td></td>
<td></td>
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**Subscriber Demographic Information**

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<thead>
<tr>
<th></th>
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<th></th>
<th>Date Time Period</th>
<th></th>
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<tbody>
<tr>
<td>108</td>
<td>2100C</td>
<td>DMG</td>
<td>02</td>
<td>Please enter Date of Birth of subscriber</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Will be used in search option 2, 4, 5, 6</td>
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**Subscriber Date**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th>Date Time Period</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>123</td>
<td>2100C</td>
<td>DTP</td>
<td>03</td>
<td>Note:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1. The date of service may not specify a date more than 4 years prior to the date of inquiry</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2. If a range of dates is specified, the range may not be for a period greater than two years</td>
</tr>
<tr>
<td>Service Type Code</td>
<td>Subscriber Eligibility Or Benefit Inquiry Information</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-------------------</td>
<td>-------------------------------------------------------</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>125 2110C EQ 01</td>
<td>HCA supports all of the mandated CORE service type codes listed below.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1, 2, 4, 5, 6, 7, 8, 12, 13, 18, 20, 30, 33, 35, 40, 42, 45, 47, 48, 50, 51, 52, 53, 62, 65, 68, 73, 76, 78, 80, 81, 82, 86, 88, 93, 98, 99, A0, A3, A6, A7, A8, AD, AE, AF, AG, AI, AL, BG, BH, MH, UC</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>An inquiry submitted with a service type code other than those listed above (excluding 30) will be treated as a generic inquiry</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## 271 Eligibility Inquiry Response

<table>
<thead>
<tr>
<th>Page</th>
<th>Loop</th>
<th>Segment</th>
<th>Data Element</th>
<th>Element Name</th>
<th>Comments</th>
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<tbody>
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<td></td>
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<td><strong>Interchange Control Header</strong></td>
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</tr>
<tr>
<td>App.C</td>
<td>Envelope</td>
<td>ISA</td>
<td>01</td>
<td>Authorization Information Qualifier</td>
<td>Receive '00'</td>
</tr>
<tr>
<td>App.C</td>
<td>Envelope</td>
<td>ISA</td>
<td>03</td>
<td>Security Information Qualifier</td>
<td>Receive '00'</td>
</tr>
<tr>
<td>App.C</td>
<td>Envelope</td>
<td>ISA</td>
<td>05</td>
<td>Interchange ID Qualifier</td>
<td>Receive 'ZZ'</td>
</tr>
<tr>
<td>App.C</td>
<td>Envelope</td>
<td>ISA</td>
<td>06</td>
<td>Interchange Sender ID</td>
<td>Receive '77045' followed by spaces</td>
</tr>
<tr>
<td>App.C</td>
<td>Envelope</td>
<td>ISA</td>
<td>07</td>
<td>Interchange ID Qualifier</td>
<td>Receive 'ZZ'</td>
</tr>
<tr>
<td>App.C</td>
<td>Envelope</td>
<td>ISA</td>
<td>08</td>
<td>Interchange Receiver ID</td>
<td>Receive ProviderOne ID followed by spaces</td>
</tr>
<tr>
<td>App.C</td>
<td>Envelope</td>
<td>ISA</td>
<td>11</td>
<td>Interchange Control Standards Identifier</td>
<td>Receive '^'</td>
</tr>
<tr>
<td></td>
<td></td>
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<td></td>
<td><strong>Functional Group Header</strong></td>
<td></td>
</tr>
<tr>
<td>App.C</td>
<td>Envelope</td>
<td>GS</td>
<td>02</td>
<td>Application Sender’s Code</td>
<td>Receive '77045'</td>
</tr>
<tr>
<td>App.C</td>
<td>Envelope</td>
<td>GS</td>
<td>03</td>
<td>Application Receiver’s Code</td>
<td>Receive ProviderOne ID</td>
</tr>
<tr>
<td>-------</td>
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<td>----------------------------</td>
<td>------------------------</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Information Source Name</td>
<td></td>
</tr>
<tr>
<td>219</td>
<td>2100A</td>
<td>NM1</td>
<td>03</td>
<td>Name Last or Organization Name</td>
<td>Receive 'WA State DSHS'</td>
</tr>
<tr>
<td>220</td>
<td>2100A</td>
<td>NM1</td>
<td>09</td>
<td>Identification Code</td>
<td>Receive '77045'</td>
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<tr>
<td></td>
<td></td>
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<td></td>
<td>Information Source Contact Information</td>
<td></td>
</tr>
<tr>
<td>222</td>
<td>2100A</td>
<td>PER</td>
<td>02</td>
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<td>Receive 'WA State DSHS Provider Relations'</td>
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<tr>
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<td>2100A</td>
<td>PER</td>
<td>04</td>
<td>Communication Number</td>
<td>Receive '8005623022'</td>
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<td></td>
<td>Information Receiver Name</td>
<td></td>
</tr>
<tr>
<td>234</td>
<td>2100B</td>
<td>NM1</td>
<td>08</td>
<td>Identification Code Qualifier</td>
<td>Receive 'XX' for healthcare providers otherwise Receive 'SV' for non-healthcare providers/submitters</td>
</tr>
<tr>
<td>235</td>
<td>2100B</td>
<td>NM1</td>
<td>09</td>
<td>Identification Code</td>
<td>Receive NPI of healthcare providers if NM108 = XX otherwise Receive ProviderOne ID of non-healthcare providers/submitters if NM108 = SV</td>
</tr>
<tr>
<td>Subscriber Name</td>
<td></td>
<td></td>
<td>Identification Code</td>
<td>Receive ProviderOne Client ID</td>
<td></td>
</tr>
<tr>
<td>-----------------</td>
<td>---</td>
<td>---</td>
<td>---------------------</td>
<td>-----------------------------</td>
<td></td>
</tr>
<tr>
<td>252</td>
<td>2100C</td>
<td>NM1</td>
<td>09</td>
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<table>
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<tr>
<th>Subscriber Address</th>
<th></th>
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<th>Address Information</th>
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<table>
<thead>
<tr>
<th>Subscriber Date</th>
<th></th>
<th></th>
<th>Date Time Period Format Qualifier</th>
<th>Receive Qualifier from 270</th>
</tr>
</thead>
<tbody>
<tr>
<td>284</td>
<td>2100C</td>
<td>DTP</td>
<td>02</td>
<td></td>
</tr>
<tr>
<td>284</td>
<td>2100C</td>
<td>DTP</td>
<td>03</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Subscriber Eligibility Or Benefit Inquiry Information</th>
<th></th>
<th></th>
<th>Service Type Code</th>
<th>For generic inquiries HCA will return the 12 mandated service type codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>293</td>
<td>2110C</td>
<td>EB</td>
<td>03</td>
<td>For specific inquiries HCA will return the service type code from the 270</td>
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<table>
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<tr>
<th>299</th>
<th>2110C</th>
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<th>05</th>
<th>HCA may return the following information in this data element:</th>
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<td>Plan Coverage Description</td>
<td>- Benefit Service Package (BSP) Description</td>
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<td>---</td>
</tr>
<tr>
<td>300</td>
<td>2110C</td>
<td>EB</td>
<td>07</td>
<td>Monetary Amount</td>
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<tr>
<td>23</td>
<td>2110C</td>
<td>MSG</td>
<td>01</td>
<td>Free-Form Message Text</td>
</tr>
</tbody>
</table>

- **Recipient Aid Category (RAC) Description**
- **Development Disability Information**
- **Children with Special Health Care Needs Information**
- **Assignment Type**

Assignment Type is in relation to restricted client information

- If EB01=Y, then receive Total Spend down
- If EB01 = A, B, C, then receive zero ‘0’

**Message Text**

HCA may return the following information in this data element:

- Retro Eligibility
- EMER Liability
- Remaining EMER
- Spend Down Status
- Remaining Spend
down
-Delayed Certification

- Receive Message
"This is the client's eligibility as of this date, based on information available at this time" for Medicaid

- Receive Message”
We believe this information to be correct, but you must verify eligibility and coverage with the specified payor” for TPL and Medicare

APPENDICES

This section contains one or more appendices.

1 Implementation Checklist

This appendix contains all necessary steps for going live.
2 Business Scenarios

- Generic Inquiry
- Explicit Inquiry
- Patient Financial Information
- Patient Last Name Normalization
- AAA Error Codes
- Real Time Mode
- Batch Mode
- HIPPA Validation

3 Transmission Examples

The following is an example of a Real time request message using the HTTP MIME Multipart envelope method. The HTTP Header is shown in blue. The remainder of the request is the body of the MIME Multipart message.

Sample HTTP Real-Time Request:

POST http://gdwaedi01.cns-inc.com:10817/ecams/multipart HTTP/1.1
Content-Type: multipart/form-data; boundary==1375899894585==
Cache-Control: no-cache
Pragma: no-cache
User-Agent: Java/1.6.0_45
Host: gdwaedi01.cns-inc.com:10817
Accept: text/html, image/gif, image/jpeg, *; q=.2, */*; q=.2
Connection: keep-alive
Content-Length: 1879

---1375899894585
Content-Disposition: form-data; name="PayloadType"
Content-Type: text/plain; charset=UTF-8
X12_270_Request_005010X279A1
---1375899894585
Content-Disposition: form-data; name="ProcessingMode"
Content-Type: text/plain; charset=UTF-8
RealTime
---1375899894585
Content-Disposition: form-data; name="PayloadID"
Content-Type: text/plain; charset=UTF-8
0536799f-c69c-4ad3-a1e2-a0bf6a1d6c10
---1375899894585
Content-Disposition: form-data; name="TimeStamp"
Content-Type: text/plain; charset=UTF-8
2013-08-07T14:24:54Z
---1375899894585
Content-Disposition: form-data; name="UserName"
Content-Type: text/plain; charset=UTF-8
supuser
---1375899894585
Content-Disposition: form-data; name="Password"
Content-Type: text/plain; charset=UTF-8
dshs123$
---1375899894585
Content-Disposition: form-data; name="SenderID"
The following is an example of a Real time response message using the HTTP MIME Multipart envelope method. The portion of the response below that is colored in blue is the HTTP Header. The remainder of the response is the body of the MIME Multipart message.

Sample HTTP Real-Time Response

HTTP/1.1 200 OK
Date: Wed, 07 Aug 2013 18:24:54 GMT
Content-Type: multipart/form-data; boundary=rpDEKCWmhFZTYtMdJDxrTVXSjCoJSLCT7Z3Eq
Transfer-Encoding: chunked
Server: Jetty(7.5.4.v20111024)

CA
--rpDEKCWmhFZTYtMdJDxrTVXSjCoJSLCT7Z3Eq
Content-Disposition: form-data; name="PayloadType"
Content-Type: text/plain; charset=US-ASCII
Content-Transfer-Encoding: 8bit

X12_271_Response_005010X279A1

BA
--rpDEKCWmhFZTYtMdJDxrTVXSjCoJSLCT7Z3Eq
Content-Disposition: form-data; name="ProcessingMode"
Content-Type: text/plain; charset=US-ASCII
Content-Transfer-Encoding: 8bit

RealTime
D1
--rpDEKCWmhFZTYtMdJDxrTVXSjCoJSLCT7Z3Eq
Content-Disposition: form-data; name="PayloadID"
Content-Type: text/plain; charset=US-ASCII
Content-Transfer-Encoding: 8bit

0536799f-c69c-4ad3-a1e2-a0bf6a1d6c10
C6
--rpDEKCWmhFZTYtMdJDxrTVXSjCoJSLCT7Z3Eq
Content-Disposition: form-data; name="TimeStamp"
Sample SOAP Real-Time Request
Sample SOAP Real-Time Response

<env:Envelope xmlns:env="http://www.w3.org/2003/05/soap-envelope">
  <env:Header/>
  <env:Body>
    <core:COREEnvelopeRealTimeResponse xmlns:core="http://www.caqh.org/SOAP/WSDL/CORERule2.2.0.xsd">
      <PayloadType>X12_271_Response_005010X279A1</PayloadType>
      <ProcessingMode>RealTime</ProcessingMode>
      <PayloadID>0a26f896-2949-4c8d-ae61-394037c59cd7</PayloadID>
      <TimeStamp>2013-08-07T11:43:33-07:00</TimeStamp>
      <SenderID>77045</SenderID>
      <ReceiverID>201007700</ReceiverID>
      <CORERuleVersion>2.2.0</CORERuleVersion>
      <Payload>
        ISA*00* +00* +ZZ*ProviderID *ZZ*77045
        *130807*1421**00501*130721027*0*P*:~GS*HB*77045*ProviderID*20130807*1421*130721027*X*005010X279A1~ST*271*
        001*005010X279A1-BHT*002*13*123456*20130807*142141-~HL*1**21*1~NM1*1P*2*DEACONESS MEDICAL
        CENTER*****XX*1356528696-~HL*3*220-TRN*1*EDMS-
        KitSAP~DMG***~DTP*307*D8*20120601~EQ*30*SE*14*0001~GE*1*130721027~
        <Payload>
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          *130807*1421**00501*130721027*0*P*:~GS*HB*77045*ProviderID*20130807*1421*130721027*X*005010X279A1~ST*271*
          001*005010X279A1-BHT*002*13*123456*20130807*142141-~HL*1**21*1~NM1*1P*2*DEACONESS MEDICAL
          CENTER*****XX*1356528696-~HL*3*220-TRN*1*EDMS-
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    </core:COREEnvelopeRealTimeResponse>
  </env:Body>
</env:Envelope>
4 Frequently Asked Questions

Refer CAQH CORE FAQ:

http://www.caqh.org/pdf/COREFAQsPartC.pdf

5 Change Summary

<table>
<thead>
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<th>Date</th>
<th>Description of Changes</th>
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<tbody>
<tr>
<td>1.0</td>
<td>August 25, 2014</td>
<td>Initial Draft</td>
</tr>
</tbody>
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