



# **COMPANION GUIDE**

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Real Time Eligibility (270/271)

## 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 Eligibility verification documents electronically with Office Ally.

Transmissions based on this companion guide, used in tandem with 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 us 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.

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## Introduction

The document describes how ASC X12N Implementation Guides (IGS) adopted under HIPAA will be Implemented and integrated into the services provided by Office Ally. Expectations over and about the information in the IGs will be detailed here.

## Getting Started

Office Ally has three major types of Trading Partners. Insurance Companies (Payers), Health Care Service Providers and Vendors of Health Care related services. Office Ally has Eligibility Verification services suited specifically to each type of Trading Partner.

Customer Service is the place to get started if you don't already have a contact. Customer Service can be reached by calling (360) 975-7000 option 1, or you may send an email to [support@officeally.com](mailto:support@officeally.com).

## Trading Partner Registration and Trading Partner Agreement

All Trading Partners must enter into Trading Partner Business Agreements with Office Ally. These agreements detail the roles, responsibilities and costs associated with doing business with Office Ally. Enrollment (OA Registration) can be initiated [HERE](#). User agreements (for real time activation – completed after registration) can found in Office Ally's Resource Center > Forms & Manuals > Office Ally Core Products – User Agreements. Here, you can also locate a signed copy of our Business Associate Agreement (if required by your organization).

## Certification

Office Ally maintains certifications by EHNAC, CAQH and CCHIT. Evidence of these certifications is available upon request.

All real time transactions are in compliance with these certification standards. The standards can be found at:

EHNAC – <http://www.ehnac.org>

CAQH – <http://www.caqh.org>

CCHIT – <http://www.cchit.org>

Office Ally will work with all Trading Partners to resolve incongruent data issues, with the ultimate goal to make all transactions comply with the above standards. Average turnaround time for a real time transaction, regardless of the service used, is around 4 seconds at Office Ally which is well within all certification standards. In addition, Office Ally can demonstrate an average efficiency rate of well over 90% of real time transaction return 271 documents from the payers.

## Testing

Testing requirements are based upon the services requested by the Vendor or Service Provider. Payer testing is based upon the method of communication between Office Ally and the payer. All testing must be pre-authorized and scheduled. Testing cannot be pre-authorized or scheduled by Customer Service and must be authorized by real time personnel.

You may contact Sheila Odeen at [Sheila.odeen@officeally.com](mailto:Sheila.odeen@officeally.com) to coordinate and schedule testing.

## Connection and Communications

For all real time transactions Office Ally utilizes AS2 communications, primarily Web services, HTTPS MIME and SOAP WSDL.

## Connection Protocols

Office Ally reserves the right to request and receive any or all connection scripts used to connect to Office Ally services. Office Ally reserves the right to authorize or refuse to authorize any or all connection scripts used to connect with Office Ally. Upon request Office Ally may provide connection scripts to Trading Partners. Office Ally reserves the right to refuse to provide access to proprietary connection data.

Office Ally utilizes the CORE Connection envelope for All CORE Certified Transactions.

Office Ally's default Receiver ID is "**OFFALLY**" for inbound real time Eligibility documents. Sender ID's will be assigned during the enrollment process.

## Transmission Procedures

Transmissions may originate as the Vendor or service provider side. Transmissions originating at the Vendor or service provider are required to be ANSI X12 5010 compatible 270 EDI Transactions. Return transaction originate either at the Payer or at Office Ally and will made available to the vendor or service provider through direct transmission of the transaction document back to the vendor or service provider.

All return transactions will be ANSI X12 5010 EDI Documents.

## Re-Transmission Procedures

Office Ally does not re-transmit real time Transactions. All transmission failures are reported as ANSI Functional Acknowledgements or Descriptive text strings.

All Transactions Failures are reported as ANSI 5010 999's.

Transmission failures are reported with a text description of the communication issue generated by Office Ally.

## Passwords

Unique passwords are created through custom password generator to ensure security for each user requesting true real time services.

## Certifications

In order to ensure online security Office Ally may require the use and/or exchange of SSL Certificates. Office Ally will provide a certificate to the trading partner in the event a certificate is necessary.

Office Ally acts as its own CA (Certification Authority) and when required will provide an SSL Certificate to the End User. Office Ally typically provides these certificates in P12 or P7B format unless otherwise requested.

Office Ally may request indentifying information from the end user to be used to create certificates. Certificates cannot be created without this information.

Upon completion and signing of the trading partner agreement Office Ally will provide an SSL Certificate to the trading Partner if a certificate is deemed necessary.

## Identifying Information

Office Ally will provide all vendors with trading partner specific identifiers that are required to access Office Ally Services. Office Ally will provide at a minimum the values for ISA06, ISA08, GS02, GS03 and NM1\*PR (NM109 - Payer ID).

## Site Access and IP Address

Upon completion and signing of the **Real Time Eligibility Request 270/271 User Agreement**, Office Ally will provide a URL and all the appropriate permission information. Use of this URL depends on the end users continued use of required security procedures.

## Contact Information

Question regarding the processes or set up of 270/271 Eligibility Requests, you may contact Sheila Odeen at [Sheila.odeen@officeally.com](mailto:Sheila.odeen@officeally.com). Office Ally maintains regular work hours of 8:00 AM to 5:00 PM PST Monday through Friday. In addition, there are Customer Service Representatives available 7 days a week 24 hours a day. Office Ally is available by phone at (360) 975-7000 option 1.

## Downtime Announcements

Office Ally originated downtime announcements are broadcasted on Office Ally website [www.officeally.com](http://www.officeally.com).

Downtime announcements not originated at Office Ally may be broadcasted on the Office Ally website [www.officeally.com](http://www.officeally.com). Office Ally makes every effort to make these announcements available to Vendors and users.

Downtime announcements include, but not limited to:

- Regularly scheduled downtimes
- Unscheduled/Emergency downtimes
- Non-routine downtimes

## Business Scenarios

Office Ally's eligibility search criteria mirrors that of the ASC X12 Standards 5010 Primary Search Option criteria. Regardless of the Certified Eligibility Verification Service that is in use, the minimum primary search options are:

- Subscriber Member ID
- Patient Last Name
- Patient Date of Birth

Any Eligibility Request that does not meet the listed minimum primary search option will receive an AAA response in the 271 response.

## Automated Requests: Pass Through Services

Office Ally provides Pass through Service to submitters. Submitters that have the ability to create their own 270 Eligibility Requests are able to forward those requests to Office Ally, and receive a 270 response back from the selected payer.

## Transmission Examples

A typical ANSI X12 270 is displayed below:

The highlighted element values are provided by Office Ally and must be in order for transactions to be successful.

```
ISA*00*          *00*   *ZZ*OA-A270  *ZZ*OA-RTE0  *110318*1056*^*00501*000108307*0*P*^~
GS*HS*941156276*OFFALLY*20110318*1056*8307*X*005010X279A1~
ST*270*8307*005010X279A1~
BHT*0022*13*EPIC 965270 265857 PRD*20110318*1056~
HL*1**20*1~
NM1*PR*2*Blue Shield Somewhere*****PI*99999~
HL*2*1*21*1~
NM1*1P*2*SOME COMMUNITY HOSPITAL*****XX*1166606569~
HL*3*2*22*0~ TRN*1*327636*9d20314938~
NM1*IL*1*LAST*FIRST*****MI*UUE12345678U5~
DMG*D8*17560903*F~
DTP*291*D8*20310318~
EQ*30~
SE*13*8307~
GE*1*8307~
IEA*1*000108307~
```

A typical ANSI X12 271 may look similar to the data listed below:

```
ISA*00*          *00*   *ZZ*OA-RTE0  *ZZ*OA-A270  *110318*1056*^*00501*000108307*0*P*^~
GS*HB*940360524*OFFICEALLYRT*20121203*1131300*58486*X*005010X279A1~
ST*271*584863044*005010X279A1~ BHT*0022*11*6B2BA26FF7DF482D8A1D291334ED96*20121203*1131300~
HL*1**20*1~
NM1*PR*2*BLUE SHIELD SOMEWHERE*****24*940360524~
PER*IC*CUSTOMER SERVICE*TE*8006762583~
```

HL\*2\*1\*21\*1~  
NM1\*1P\*2\*SOME COMMUNITY HOSPITAL\*\*\*\*\*XX\*1166606569~  
HL\*3\*2\*22\*1~  
NM1\*IL\*1\*LAST\*FIRST\*\*\*\*\*MI\*UUE12345678U5~  
HL\*4\*3\*23\*0~  
TRN\*2\*6B2BA26FF7DF482D8A1D291334ED96\*9OFFICALLY~  
NM1\*03\*1\*LAST\*DEPENDANT~  
REF\*6P\*000PH0001~  
N3\*801 WILDWOOD DR~  
N4\*LEMOORE\*CA\*93245~  
DMG\*D8\*19770915\*F~  
DTP\*291\*D8\*20121203~  
DTP\*356\*D8\*20070701~  
DTP\*357\*D8\*99991231~  
EB\*1\*\*30\*HM\*CALPERS ACCESS+ HMO(SM)~  
EB\*P~

MSG\*UNLESS OTHERWISE REQUIRED BY STATE LAW, THIS NOTICE IS NOT A GUARANTEE OF PAYMENT. BENEFITS ARE SUBJECT TO ALL CONTRACT LIMITS AND THE MEMBERS STATUS ON THE DATE OF SERVICE. ACCUMULATED AMOUNTS SUCH AS DEDUCTIBLE MAY CHANGE AS ADDITIONAL CLAIMS ARE PROCESSED.~

EB\*U~

MSG\*FOR MORE INFORMATION REGARDING THESE BENEFITS, PLEASE CONTACT BLUE SHIELD OF CALIFORNIA.~

EB\*G\*IND\*30\*\*\*23\*1500\*\*\*\*\*Y~ MSG\*CALPERS HMO NETWORK PROVIDER~

EB\*G\*FAM\*30\*\*\*23\*3000\*\*\*\*\*Y~ MSG\*CALPERS HMO NETWORK PROVIDER~

EB\*C\*IND\*47\*\*\*23\*0\*\*\*\*\*Y~

MSG\*HOSPITAL CARE, INPATIENT EXCLUDES MATERNITY, INPATIENT THIS APPLIES TO ALL SUBSEQUENT OCCURRENCES OF THIS SERVICE TYPE CODE UNTIL A NEW DESCRIPTION IS PROVIDED.~

MSG\*BLUE SHIELD COVERS ACUTE INPATIENT SERVICES PROVIDED BY A HOSPITAL. SERVICES INCLUDE GENERALNURSING CARE, SEMI PRIVATE ROOM AND BOARD, AND INTENSIVE CARE. SERVICES MUST BE MEDICALLY NECESSARY.~

EB\*B\*IND\*47\*\*\*7\*0\*\*\*\*\*Y\*Y~

MSG\*CALPERS HMO NETWORK PROVIDER~

MSG\*PLEASE CONTACT THE PHONE NUMBER LISTED ON THE MEMBER S CARD FOR AUTHORIZATION REQUESTS.~

EB\*C\*IND\*47\*\*\*23\*0\*\*\*\*\*Y~

MSG\*CALPERS HMO NETWORK PROVIDER~

EB\*B\*IND\*47\*\*\*7\*0\*\*\*\*\*Y\*Y~

MSG\*CALPERS HMO NETWORK PROVIDER~

MSG\*PLEASE CONTACT THE PHONE NUMBER LISTED ON THE MEMBER S CARD FOR AUTHORIZATION REQUESTS.~

SE\*66\*584863044~

GE\*1\*58486~

IEA\*1\*584863044~



There are some AAA's that cause more confusion than others, so we will discuss a few of the issues that cause them here.

### **AAA\*Y\*\*42\*Y – Unable to Respond at Current Time**

This AAA or one similar comes from the document receiver and usually indicates some sort of issue with the document receiver. Frequently they are over loaded with incoming documents. If this AAA persists, it may be a good idea to contact Customer Support. Customer Support is available by phone at (360) 975-7000, option 1.

### **AAA\*Y\*\*43\*Y – Invalid/Missing Provider Identification**

The AAA or one similar to this message usually refers to providers whose NPI is not recognized. Most payers require that Service Providers have signed service agreements with them. When a Transaction is sent to a payer and the payer does not find that NPI in its database of approved providers, they may send an AAA response. Office Ally can provide assistance for Service Providers in registering their NPI, but it is ultimately the responsibility of the Service Provider to have their NPI registered with the payer. In the event of a Service Provider wanting to check eligibility with Medicare, the Service Provider will need to be registered on Office Ally's list of approved providers. For more information, please see the Reference section at the bottom of this document.

### **AAA\*Y\*\*56\*Y – Inappropriate Date**

Every Payer has different past and future cutoff dates for Eligibility Verification. A few payers only allow for the current date to be verified. Regardless of the date that is in the transaction, if the date of service is in the future, the payer NEVER Provides any eligibility verification other than what the Patient or Client has right now. There are not exceptions to this. When a user puts in a request for a date of service in the future, the only verification the payer provides is what the patient or clients eligibility is right now and if nothing changes between today and the date of service, then the eligibility will be what it is currently. No Eligibility verification is a guarantee of payment. Office Ally assumes no responsibility for any action taken by the users based on information provided in an Eligibility Verification. Eligibility periods typically end at the end of the month. Any Verification request outside of the current eligibility period will report what the eligibility is currently.

### **Timeout**

Every Eligibility request competes with every other request, regardless of where or how the request originates to the payer at any given time. Some payers limit the number of open connections. As a result, if too many requests are sent to a payer and the payers system becomes overloaded the payer may respond with a Timeout Notification. This is not send in the 271 AAA format, but rather in a text string. Office Ally usually allots 60 seconds per AS2 transmission before we timeout the transactions. We also send the notification in a text string. Office Ally's Certifications requires that the average turnaround time for a transaction be less than 20 seconds. Office Ally's actual average turnaround time is 4 seconds system wide.

Office Ally policy is to charge (in a charging situation) only for transactions that complete the cycle. If a payer send a 271 response (regardless of content) then a charge can be assigned to the transaction.

### How long does it take to get setup?

Depending on the service selected length of testing varies. Testing can start as soon as all relevant information has been exchange and the Users parameters are implemented into the system.

### What are the costs associated with these services?

The costs for these services are outlined in the *Real Time Eligibility Request 270/271 User Agreement*.

### What is Office Ally's Sender and/or Receiver ID?

For Submitters, Office Ally's Receiver ID is "OFFALLY" for its Eligibility Verification and Claim Status Verification services. This should be used in both the ISA and GS segments. Sender ID is assigned by Office Ally per Submitter.

For Payers, Office Ally's Receiver ID is "OFFALLY" for its Eligibility Verification and Claim Status Verification services. This should be used in both the ISA and GS segments.

### What is Office Ally doing to ensure the safety of our client and patients' data?

Office Ally's commitment to security is ongoing and extensive. Every organization that wishes to use our Certified Eligibility Services must meet Office Ally's security requirements.

- Every user must be a registered user of the Office Ally system. In addition, Office Ally may request additional information/enrollment prior to using the pass through system.
- Office Ally at its discretion may require users to use a Certificate to access our services. Office Ally will provide the Certificate to the users in this case. Only the Certificate provided by Office will be an acceptable method of authorization if a Certificate is deemed necessary.
- Office Ally may require each user to establish unique User Names and Passwords for their accounts.
- Office Ally's services that require a URL in order to function correctly are protected by Certificates and /or passwords. Once properly registered and enrolled access will be granted to this URL. The URL will allow the user to send and receive ANSI X12 Transactions.
- Office Ally holds Certifications from EHNAC, CCHIT and CAQH-CORE among others. These certifications require Office ally to maintain high security standards. Therefore, Office Ally requires each user of our services to utilize equally high security standards when communicating with Office Ally. Office Ally reserves the right to limit or curtail services to users that are unwilling or unable to meet our security standards.

### How do I contact Office Ally?

For questions or concerns regarding Real Time Services, you may contact Sheila Odeen at (360) 975-7000 ext.6258. Normal business hours are Monday through Friday 8:00 AM to 5:00 PM PST. In addition, after hours support is available 24 hours a day 7 days a week by calling Customer Service at (360) 975-7000 option 1.

**Real Time** – Real Time is defined as any communication between the user and Office Ally that utilizes the AS2 communication protocol in the online transfer and processing of business data in which the sender sends a request transmission and the response to the request transmission is returned immediately over the same connection. Typically this process is accomplished in a matter of seconds with the entire turnaround averaging less than 10 seconds.

**Real Time Format** – Real Time Format is a format for ANSI X12 Transactions. Primarily it is used to transport the data for one client or patient and can be returned almost immediate upon request. Real Time Format can also be turned in queued process with immediate responses are not required. The key is that is typically is limited to a single request and response.

**Functional Acknowledgement** – Functional acknowledgment is a term unique to the EDI world. It is a term assigned to any EDI transaction that reports on the status of another EDI transaction. Examples of functional Acknowledgments are ANSI EDI transactions 997, 999, TA1, TA3 among others. The 997 and 999 EDI transactions can be used to indicate a failure of a specific transaction and is only send in case of a failure or 997 and 999 transaction can be a response to every transmission. The 997 or 999 transaction can also be used as verification of receipt of an EDI transaction and reports whether the EDI was successfully delivered. This type of Functional Acknowledgement only acknowledges receipt and not the quality of the transaction.

**Transmission Failure** – A transmission failure is an attempt to send or receive a transaction that fails to reach the transaction intended recipient. This type of failure is very difficult to document. Office Ally attempts to define these failures as closely as possible to explain the cause. A text description is sent to the Sender and/or Receiver describing in the most detail possible what caused the failure.

Some transactions are reported as transmission failures when the issue is not transmission related but instead the user is trying to use data that fails the payer's fraud and validity checks. An example of a transaction that was reported as a transmission failure rather than a transaction failure involved the user using date of service in the DTP segment of the 271 of "00010101". In this case the user was stating that the patient's appointment was "00010101". The payer rejected the transaction at its firewall and gave no explanation other than "FAILED".

**Transaction Failure** – Transaction Failure is when the actual transaction itself has a flaw or the receiver of the transaction is unable to process the transaction. In the case of a flaw in the transaction, the receivers of the transaction respond with one of the 3 ANSI X12 responses. The responses can be a 999/997 an error transaction that can detail the flaw in the transaction. A TA1 transaction which can detail a flaw in the header of the transaction sent. A 271 with an AAA response is sent to the sender when some part of the transaction that was send does not contain information that can be processed by the transaction receiver. An AAA can also detail issues that the receiver may be having that are unrelated to the document that was sent.

In all cases, a failure is reported to the sender whenever possible with as much detail as available. In the case of an AAA, if it does not originate at Office Ally and instead originates at the transaction receiver, Office Ally has very little recourse. Although we use the term failure in this document, an AAA is not considered a failure, but considered a valid response. Unfortunately the response is not the response that was expected and usually indicated the data sent in the transaction may need adjustments.

### **NPI Validation for Medicare Eligibility**

Office Ally has contracted with Ability® (formally Vision Share®) to provide connectivity for eligibility inquiry services. There is no additional paperwork required by Ability®; however, a valid, active NPI is required to submit Eligibility requests. Ability® must validate your NPI before you can begin Real Time Eligibility for Medicare requests.

### **How do I get my NPI Validated?**

If Office Ally identifies your NPI as not yet registered with Ability when you attempt to send a 270 request for a Medicare patient, Office Ally will attempt to automatically send an NPI validation request for the provider to Ability (Vision Share).

### **How do you know if my NPI was accepted (validated) or rejected (not validated)?**

If the NPI validation request comes back approved, you will be able to submit eligibility requests for Medicare patients within 2-3 days of the initial attempt. If the validation request comes back denied, when you try and submit a 270 request for a Medicare patient, you will receive an AAA\*51 response (Provider not on file now).

### **What does it mean if my NPI is rejected?**

Rejected NPI's are not valid on the Medicare NPI crosswalk. This can happen for a variety of reasons.

### **What is the main cause for a rejected NPI?**

NPIs are rejected generally when the provider information maintained by NPPES (National Plan and Provider Enumeration System) is missing or does not match the information at the Medicare Contractor.

### **What do I do if my NPI was rejected?**

- Inspect the NPI information in the NPPES registry (<https://nppes.cms.hhs.gov/NPPES>) to ensure your information is correct.
- Contact your Medicare Contractor for assistance in ensuring that the data in NPPES matches the information on the Medicare Crosswalk. You should update the NPPES information to be an exact match to the information your Medicare Contractor has, including any punctuation, such as commas or dashes.

### **Do I have to resubmit my NPI for validation after correcting?**

No, once the initial NPI Validation Request is sent by Office Ally to Ability, the NPI is validated daily to check for current status. After correcting your information with Medicare/NPPES, you can attempt to send a 270 request for a Medicare patient within a day or 2, and if the status of your NPI has since changed to Approved, the eligibility request will go through. If the correction has not yet gone through or has not resolved the problem, you will continue to receive the notice that the NPI was denied/reject.

### **NPPES Helpdesk information**

If you have questions about applying for and NPI or updating your information with NPPES, you may contact the NPPES Help Desk at (800) 465-3203 or via email to [customerservice@npienumerator.com](mailto:customerservice@npienumerator.com).