**HIPAA Transaction
Standard Companion Guide**

**Refers to the Implementation Guide Based on X12
Version 5010 Health Care Eligibility Benefit Inquiry and
Response
(270/271)**

June 2013

Disclosure Statement

This document provides information required to send HIPAA Eligibility Benefit Inquiry to AvMed Health Plans. Eligibility Benefit Inquiry request transactions will be submitted to AvMed in Real-Time mode using Web services.

The information in this document is subject to change. Changes will be posted via the AvMed Health Plans website located at www.avmed.org .

THE 271 RESPONSE RETURNED BY AvMed SHOULD NOT BE INTERPRETED AS A GUARANTEE OF PAYMENT. PAYMENT OF BENEFITS REMAINS SUBJECT TO ALL HEALTH BENEFIT PLAN TERMS, LIMITS, CONDITIONS, EXCLUSIONS AND THE MEMBER'S ELIGIBILITY AT THE TIME SERVICES ARE RENDERED.

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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 AvMed Health Plans. 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.

EDITOR'S NOTE:

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1.   INTRODUCTION

The Health Insurance Portability and Accountability Act (HIPAA) requires that health Insurance payers and all other covered entities in the United States comply with the Electronic Data Interchange (EDI) standards for health care as established by the Secretary of Health and Human Services. This application for real-time 270/271 follows the CAQH CORE Phase II guidelines.

1.1   Scope

This Companion Guide provides specific requirements for sending Eligibility Benefit Inquiry to AvMed Health Plans. It supplements but does not contradict the ASC X12N 270/271 (005010X279A1) Health Care Implementation Guide and should be used solely for the purpose of clarification.

This document also provides information about the Eligibility Benefit Response using CAQH CORE compliance rules

For more information about CAQH CORE rules, go to http://www.caqh.org .

1.2   Overview

This AvMed Health Plans Eligibility Benefit Inquiry/Response Companion Guide has been written to assist you in designing and implementing real-time Eligibility Benefit transactions to meet AvMed Health Plans processing standards and CAQH CORE certified solution. This Companion Guide must be used in conjunction with the Eligibility Benefit Inquiry/Response (270/271) instructions as set forth by the ASC X12 Standards for Electronic Data Interchange (Version 005010X279A1), referred to hereafter as the Implementation Guide or IG.

1.2.1 What is CAQH?

CAQH stands for the Council for Affordable and Quality Healthcare. It is a not-for-profit alliance of health plans, provider networks, and associations with a goal to provide a variety of solutions to simplify health care administration.

1.2.2 What is CORE?

The Committee on Operating Rules for Information Exchange (CORE) is a multi-stakeholder initiative created, organized and facilitated by CAQH. CORE's Phase II goal is to create, disseminate, and maintain operating rules that enable health care providers to quickly and securely obtain reliable health care eligibility and benefits information. CORE operating rules will decrease the amount of time and resources providers spend verifying patient eligibility, benefits and other administrative information at the point of care. CORE operating rules, envisioned to be introduced in multiple phases, have support from health plans, medical professional societies, providers, vendors, associations, regional entities, standard setting organizations, government agencies and other health care constituencies.

1.2.3 What is CAQH/CORE certification?

Any entity that creates transmits, or uses eligibility or claim status data is eligible to become CORE-certified. CORE-certification indicates an entity has signed the CORE Pledge and successfully completed certification testing, both of which are designed to demonstrate an entity's compliance with all the CORE Phase II rules. Any entity that agrees to follow the CORE operating rules will be expected to exchange eligibility and benefits information per the requirements of the CORE Phase II rules and policies, with all its trading partners. Given the requirements of the CORE Phase II rules, use of these rules by the industry will enhance the usability and content of the eligibility and claim status transaction as well as decrease administrative costs and resources. See http://www.caqh.org.

1.3   References

1.3.1 ASC X12 Version 5010A1 Implementation Guides: http://www.wpc-edi.com

1.3.2 CAQH/CORE: http://www.caqh.org/benefits.php

1.3.3 WSDL: http://www.w3.org/TR/wsdl

1.3.4 SOAP: http://www.w3.org/TR/soap/

1.3.5 MIME Multipart: http://www.w3.org/Protocols/rfc1341/7_2_Multipart.html

1.3.6 CORE XML Schema: http://www.caqh.org/SOAP/WSDL/CORERule2.2.0.xsd

1.4   Additional Information

The terms 'Submitter' and 'Trading Partner' are used interchangeably throughout this document.

Submitters must have Internet (HTTPS) connection capability to submit a CORE 270 request and receive 271 responses.

Real-time 270 inquiries only are supported.

This system supports inquiries for AvMed Health Plans members only.

2.   GETTING STARTED

2.1 Working with AvMed Health Plans

AvMed Health Plans Values:

1. Collaborative -Through team work, we achieve positive results.
2. Accountable - We take responsibility and strive for excellence
3. Respectable - Our decisions are guided by respect and fairness
4. Ethical - We are honest and reliable in our business practices.
5. Service Driven - We aim to provide world-class service.

We work hard to make every business experience a success.

2.2 Trading Partner Registration

To register as a partner with AvMed Health Plans, please visit www.avmed.org or call the EDI Operation Support Center at **305-671-4789** or email your inquires to edi_support@avmed.org . Our registration process is quick and hassle-free. AvMed evaluates and prioritizes each request.

2.3 Certification and Testing Overview

All trading partners who wish to submit Eligibility Benefit Inquiry transactions to AvMed Health Plans via the ASC X12 270 (Version 005010X279A1) must complete testing to ensure that their systems and connectivity are working correctly before any production transactions can be processed.

One successful test cycle must be achieved before production transactions will be implemented.

3.   TESTING WITH AvMed Health Plans

Listed below are steps to follow when testing:
- Register for user ID and password (only if user does not already have a valid user ID) via email to edi_support@avmed.org
- AvMed will add the IP addresses to the firewall (if not already an existing trading partner)
- Create test transaction based on this Companion Guide and Implementation Guide specifications
- Submit via the testing link in Real-Time mode

- Retrieve appropriate response (999, 271)
- Review response to determine production readiness

3.1 WSDL URL

https://12.8.181.53:18004/prjEligibilityPassThruP2EligibilityPassThru__u002F_DeploydpEl_149619234/CoreTransactionsBndPort

3.2 Login Credentials:

User Name: unique_sent_separately
Password: unique_sent_separately

4. CONNECTIVITY WITH AvMed Health Plans

There are two methods to connect with AvMed Health Plans for submitting and receiving EDI transactions; directly or through a clearinghouse.

4.1 Connecting through a Clearinghouse

Providers should contact their clearinghouse vendor to discuss the ability to support the 270/271 005010X279A1 Health Care Eligibility Benefit Inquiry and Response transaction.

4.2 Direct Connection with AvMed Health Plans

Direct connection to AvMed Health Plans for the purpose of 270/271 005010X279A1 Health Care Eligibility Benefit Inquiry and Response transaction submission will be available as a secure Web Service. This connection type currently supports real-time submissions and responses.

4.3 AvMed System Availability

4.3.1 Scheduled Maintenance

Routine maintenance is performed weekly on Sunday between 8:00 PM and 9:00 PM. During this maintenance window electronic transactions will not be processed. Once the system becomes available processing will continue with any unprocessed transactions.

4.3.2 Unscheduled and Emergency Maintenance

An email will be sent to all the partners in case of an emergency or unscheduled maintenance.

Please refer to the AvMed page
http://www.avmed.org/providers/Tools/EDI%20(Electronic%20Claims%20Submission)/index.aspx for the most up-to-date information on system availability.   All scheduled downtimes will be posted and emergency downtimes will be reflected.

For any questions or concerns please contact the EDI Operation Support @ 305-671-4789 or email at edi_support@avmed.org

4.4 Process Flow

4.4.1 Real-time Response and Error Procedures

- The user application submits an HTTPS request.
- The user application submits a SOAP request.
- The AvMed system authenticates the user and ensures the user is authorized.
- If the user is successfully authorized the following files will be returned:
    o **999** Reject (If an error is found during the validation of the Functional Group or Transaction Set then a 999 Functional Acknowledgement is returned.
    o **271 Eligibility Response** (If there are no errors in the incoming request, then the 271 is returned.)
- If the 270 passes ISA/IEA editing, but an error is found during the validation of the Functional Group or Transaction Set within a Functional Group, then a 999 Functional Acknowledgement is returned to indicate that the Functional Group is rejected.
- If there are no errors in the incoming request, then a 999 is not returned.
- Transactions that pass the validation but failed to process (due to internal system error, for example) will generate a real-time 271 response transaction including an AAA segment indicating the nature of the error.

4.4.2 Below is an example of a real-time transmission:

```
     ┌─────────────────────────────────────────┐
     │   CORE COMPATIBLE TRADING PARTNER        │
     │            APPLICATION                   │
     └─────────────────────────────────────────┘

                  SEND REQUEST TO

     ┌─────────────────────────────────────────┐
     │ https://12.8.181.53:18004/               │
     │ prjEligibilityPassThruP2EligibilityPass  │
     │ Thru__u002F_DeploydpEl                   │
     │ _149619234/CoreTransactionsBndPort       │
     └─────────────────────────────────────────┘

              AUTHORIZATION ──Invalid──► HTTP 401

                   Valid

              AvMed PROCESSING

         HTTP 200 & 999 Reject or 271
```
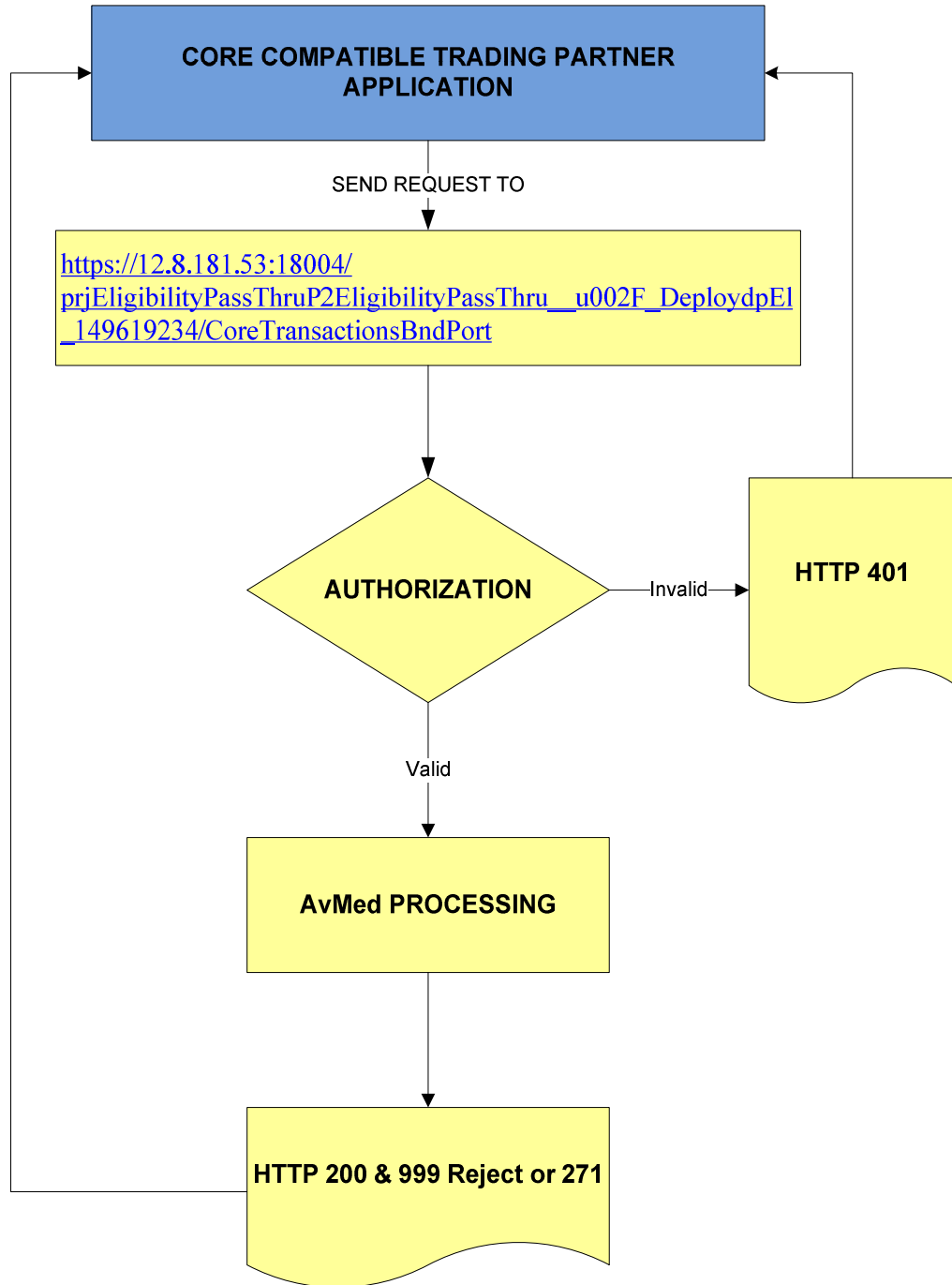
4.4.3 Response Times

A response (999 reject or 271) to real-time inquiries will be provided within 20 seconds.

4.5 Communication Protocols

4.5.1 HTTP MIME Multipart

AvMed supports standard HTTP MIME messages. The MIME format used must be that of *multipart/form-data*. Responses to transactions sent in this manner will also be returned as *multipart/form-data*.

4.5.2 SOAP

AvMed also supports transactions formatted according to the *Simple Object Access Protocol* (SOAP) conforming to standards set forth by the *Web Services Description Language* (WSDL) for XML envelope formatting, submission, and retrieval. This is the preferred method for exchanging data with AvMed.

5. CONTACT INFORMATION

5.1 EDI Customer Service

For all EDI related enquiries, please contact **Operations Support (EDI).**
   Phone: 305-671-4789
   Email: edi_support@avmed.org

5.2 EDI Technical Assistance

Name	Email	Phone
Operations Support	edi_support@avmed.org	305-671-4789

5.3 Website

For more information, please visit www.avmed.org

6. CONTROL SEGMENTS / ENVELOPES

6.1   ISA-IEA

Transactions transmitted during a session are identified by interchange header segment (ISA) and trailer segment (IEA) which form the envelope enclosing the transmission. Each ISA marks the beginning of the transmission (batch) and provides sender and receiver identification.

6.2 GS-GE

EDI transactions of a similar nature and destined for one trading partner may be gathered into a functional group, identified by a functional group header segment (GS) and a functional group trailer segment (GE). Each GS segment marks the beginning of a functional group. There can be many functional groups within an interchange envelope.

6.3 ST-SE

The beginning of each individual transaction is identified using a transaction set header segment (ST) and the end of every transaction is marked by a transaction set trailer segment (SE).

7. BUSINESS RULES AND LIMITATIONS

AvMed is CORE Phase I certified. CAQH CORE Phase II certification is being implemented as described in this guide.

8. ACKNOWLEDGEMENTS AND/OR REPORTS

REPORT INVENTORY

See section 4.4.1 for all Acknowledgements.

9. TRADING PARTNER AGREEMENTS

An EDI Trading Partner is defined as any AvMed Health Plans customer (provider, billing service, software vendor, employer group, financial institution, etc.) that transmits to, or receives electronic data from AvMed Health Plans.

AvMed Health Plans requires EDI Trading Partner Agreements (TPA). The Trading Partner Agreement specifies the roles and responsibilities of each party to the agreement in conducting standard transactions. Upon registering and being accepted as a new Trading Partner, the EDI Support Team will send the TPA for review and signature. You may contact edi_support@avmed.org for a sample TPA.

10. TRANSACTION SPECIFIC INFORMATION

This section describes how 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 AvMed Health Plans 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, and Composite or simple data element pertinent to trading electronically with AvMed Health Plans

In addition to the row for each segment, one or more additional rows are used to describe AvMed Health Plans usage for Composite and simple data elements and for any other information. Notes and comments should be placed at the deepest level of detail. For example, a note about a code value should be placed on a row specifically for that code value, not in a general note about the segment.

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

10.1 270 specific Information

Following segments details are for transaction 270. Loops 2000D and 2100D (Dependent) are not used. Each member is treated uniquely when requesting Member Eligibility/Benefit information.

SEG ID	DATA ELEMENTS	USAGE	COMMENTS
Header Loop **ST**	**Transaction Set Header**	**R**	
ST01	Transaction Set Identifier Code	R	Value 270
ST02	Transaction Set Control Number	R	Must = SE02

ST03	Implementation Convention Reference	O	Value 005010X279A1
Header Loop BHT	**Beginning of Hierarchical Transaction**	**R**	
BHT01	Hierarchical Structure Code	R	Value 0022
BHT02	Transaction Set Purpose Code	R	Value 13
BHT03	Reference Identification	S	Submitter Transaction ID
BHT04	Transaction Set Creation Date	R	Format CCYYMMDD
BHT05	Time	R	Format HHMM
BHT06	Transaction Type Code	S	Do Not Use
2000A Loop HL	**Information Source Level**	**R**	
HL01	Hierarchical ID Number	R	
HL02	Hierarchical Parent ID Number	N	Do Not Use
HL03	Hierarchical Level Code	R	Value 0020
HL04	Hierarchical Child Code	R	Value 1
2100A Loop NM1	**Information Source Name**	**R**	
NM101	Entity Identifier Code	R	Value PR
NM102	Entity Type Qualifier	R	Value

			2
NM103	Name Last or Organization Name	R	Value AVMED HEALTH PLANS
NM104	Name First	S	Do Not Use
NM105	Name Middle	S	Do Not Use
NM106	Name Prefix	N	Do Not Use
NM107	Name Suffix	S	Do Not Use
NM108	Identification Code Qualifier	R	Value PI
NM109	Payer Identifier	R	Value 592742907
NM110	Entity Relationship Code	N	Do Not Use
NM111	Entity Identifier Code	N	Do Not Use
NM112	Name Last or Organization Name	N	Do Not Use
2000B Loop HL	**Information Receiver Level**	**R**	
HL01	Hierarchical ID Number	R	
HL02	Hierarchical Parent ID Number	R	
HL03	Hierarchical Level Code	R	Value 0021
HL04	Hierarchical Child Code	R	Value 1
2100B Loop NM1	**Information Receiver Name**	**R**	
NM101	Entity Identifier Code	R	

NM102	Entity Type Qualifier	R	Value 1 or 2
NM103	Name Last or Organization Name	R	Information Receiver Last Name
NM104	Name First	S	Information Receiver First Name
NM105	Name Middle	S	Information Receiver Middle Name
NM106	Name Prefix	N	Do Not Use
NM107	Name Suffix	S	Information Receiver Name Suffix
NM108	Identification Code Qualifier	R	Identification Receiver Code Qualifier
NM109	Identification Code	R	Identification Receiver ID Number
NM110	Entity Relationship Code	N	Do Not Use
NM111	Entity Identifier Code	N	Do Not Use
NM112	Name Last or Organization Name	N	Do Not Use
2100B Loop N3	**Information Receiver Address**	**S**	
N301	Address Information	R	Information Receiver Address
N302	Address Information	S	Information Receiver Address
2100B Loop N4	**Information Receiver City State Zip Code**	**S**	
N401	City Name	R	Information Receiver City Name
N402	State or Province code	R	Information Receiver State Name
N403	Postal code	R	Information Receiver

			Zip Code
N404	Country code	S	Do Not Use
N405	Location qualifier	N	Do Not Use
N406	Location qualifier	N	Do Not Use
N407	Country Subdivision Code	S	Do Not Use
2100B Loop **PRV**	**Information Receiver** **Provider Information**	**S**	
PRV01	Provider Code	R	See TR3 for Values
PRV02	Reference Identification Qualifier	S	Value PXC
PRV03	Reference Identification	S	Taxonomy Code
PRV04	State or Province code	N	Do Not Use
PRV05	Provider Specialty Information	N	Do Not Use
PRV06	Provider Organization code	N	Do Not Use
2000C Loop **HL**	**Subscriber Level**	**R**	
HL01	Hierarchical ID Number	R	
HL02	Hierarchical Parent ID Number	R	
HL03	Hierarchical Level Code	R	Value 0022
HL04	Hierarchical Child Code	R	Value 0 or 1

2000C Loop TRN	Subscriber Trace Number	S	
TRN01	Trace Type Code	R	Value 1
TRN02	Reference Identification	R	Trace Number
TRN03	Orgination Company Identifier	R	Trace Assigning Entity
TRN04	Reference Identification	S	Do Not Use

2100C Loop NM1	Subscriber Name	R	
NM101	Entity Identifier Code	R	Value IL
NM102	Entity Type Qualifier	R	Value 1 or 2
NM103	Name Last or Organization Name	R	Subscriber Last Name
NM104	Name First	S	Subscriber First Name
NM105	Name Middle	S	Subscriber Middle Name
NM106	Name Prefix	N	Do Not Use
NM107	Name Suffix	S	Subscriber Name Suffix
NM108	Identification Code Qualifier	R	Value MI
NM109	Identification Code	S	Subscriber Primary Identifier
NM110	Entity Relationship Code	N	Do Not Use
NM111	Entity Identifier Code	N	Do Not Use
NM112	Name Last or Organization Name	N	Do Not Use

2100C Loop **REF**	**Subscriber Additional Information**	S	
REF01	Reference Identification Qualifier	R	See TR3 for Values
REF02	Reference Identification	R	Subscriber Additional ID
REF03	Description	N	Do Not Use
REF04	Reference Identifier	N	Do Not Use
2100C Loop **N3**	**Subscriber Address**	S	
N301	Address Information	R	Subscriber Address
N302	Address Information	S	Subscriber Address
2100C Loop **N4**	**Subscriber City State Zip code**	S	
N401	City Name	R	Subscriber Receiver City Name
N402	State or Province code	R	Subscriber Receiver State Name
N403	Postal code	R	Subscriber Receiver Zip Code
N404	Country code	S	Do Not Use
N405	Location qualifier	N	Do Not Use
N406	Location qualifier	N	Do Not Use
N407	Country Subdivision Code	S	Do Not Use
2100C Loop **PRV**	**Provider Information**	S	

PRV01	Provider Code	R	See TR3 for Values
PRV02	Reference Identification Qualifier	S	See TR3 for Values
PRV03	Reference Identification	S	Provider ID
PRV04	State or Province code	N/A	Do Not Use
PRV05	Provider Speciality Information	N/A	Do Not Use
PRV06	Provider Organization code	N/A	Do Not Use
2100C Loop DMG	**Subscriber Demographic Information**	**S**	
DMG01	Date Time Period Format Qualifier	S	Value D8
DMG02	Date Time Period	S	Subscriber Birthdate Format CCYYMMDD
DMG03	Gender code	S	Valid F or M
DMG04	Marital Status code	N	Do Not Use
DMG05	Race or Ethnicity code	N	Do Not Use
DMG06	Citizenship Status code	N	Do Not Use
DMG07	Country code	N	Do Not Use
DMG08	Basis of Verification code	N	Do Not Use
DMG09	Quantity	N	Do Not Use
2100C Loop INS	**Multiple Birth Sequence Number**	**S**	
INS01	Yes/No condition or Response code	R	Value Y

INS02	Individual Relationship code	R	Value 18
INS03	Maintenance type code	N	Do Not Use
INS04	Maintenance reason code	N	Do Not Use
INS05	Benefit status code	N	Do Not Use
INS06	Medicare Plan code	N	Do Not Use
INS07	COBRA qualifying	N	Do Not Use
INS08	Employment status code	N	Do Not Use
INS09	Student status code	N	Do Not Use
INS10	Yes/No condition or Response code	N	Do Not Use
INS11	Date Time Period Format Qualifier	N	Do Not Use
INS12	Date Time Period	N	Do Not Use
INS13	Confidentiality code	N	Do Not Use
INS14	City Name	N	Do Not Use
INS15	State or Province Code	N	Do Not Use
INS16	Country code	N	Do Not Use
INS17	Number	R	Do Not Use
2100C Loop **HI**	**Subscriber** **Health Care Diagnosis Code**	**S**	**DO NOT USE THE HI SEGMENTS**
2100C Loop **DTP**	**Subscriber Date**	**S**	

DTP01	Date Time Qualifier	R	Value 102 or 291
DTP02	Date Time Period Format Qualifier	R	Value D8 or RD8
DTP03	Date Time Period	R	Subscriber Date
2110C Loop **EQ**	**Subscriber Eligibility** **or Benefit Inquiry**	**S**	
EQ01	Service Type Code	S	See TR3 for Values
EQ02	Composite Medical Procedure Identifier	S	Do Not Use
EQ03	Coverage Level Code	S	See TR3 for Values
EQ04	Insurance Type Code	N	Do Not Use
EQ05	Composite Diagnosis Code Pointer	S	Do Not Use
2110C Loop **III**	**Subscriber Eligibility or Benefit** **Additional Inquiry Information**	**S**	
III01	Code List Qualifier code	R	Value ZZ
III02	Industry code	R	See TR3 for Values
III03	Code category	N	Do Not Use
III04	Free-form Message Text	N	Do Not Use
III05	Quantity	N	Do Not Use
III06	Composite Unit of Measure	N	Do Not Use
III07	Surface/Layer/Position Code	N	Do Not Use
III08	Surface/Layer/Position Code	N	Do Not Use

III09	Surface/Layer/Position Code	N	Do Not Use
2110C Loop REF	**Subscriber Additional Information**	**S**	
REF01	Reference Identification Qualifier	R	Value 9F or G1
REF02	Reference Identification	R	Prior Authorization or Referral Number
REF03	Description	N	Do Not Use
REF04	Reference Identifier	N	Do Not Use
2110C Loop DTP	**Subscriber Eligibility/Benefit Date**	**S**	
DTP01	Date Time Qualifier	R	Value 291
DTP02	Date Time Period Format Qualifier	R	Value D8 or RD8
DTP03	Date Time Period	R	Subscriber Date
2000D and 2100D Loops	**Dependent Level**	**S**	DO NOT USE DEPENDENT LOOP
Trailier SE	**Transaction Set Trailer**	**R**	
SE01	Number of Included Segments	R	
SE02	Transaction Set Control Number	R	Must = ST02

10.2 271 Specific Information

The following segment details are for the 271 transaction. When responding with the 271, the claim status code along with all the data that we received on the 276 is returned.

SEG ID	DATA ELEMENTS	USAGE	COMMENTS
Header Loop **ST**	**Transaction Set Header**	**R**	
ST01	Transaction Set Identifier Code	R	Value 270
ST02	Transaction Set Control Number	R	
ST03	Implementation Convention Reference	O	Value 005010X279A1
Header Loop **BHT**	**Beginning of Hierarchical Transaction**	**R**	
BHT01	Hierarchical Structure Code	R	Value 0022
BHT02	Transaction Set Purpose Code	R	Value 11
BHT03	Reference Identification	S	Submitter Transaction ID
BHT04	Transaction Set Creation Date	R	Format CCYYMMDD
BHT05	Time	R	Format HHMM
BHT06	Transaction Type Code	S	Do Not Use
2000A Loop **HL**	**Information Source Level**	**R**	
HL01	Hierarchical ID Number	R	
HL02	Hierarchical Parent ID Number	N	Do Not Use
HL03	Hierarchical Level Code	R	Value 20

HL04	Hierarchical Child Code	R	Value 1
2000A Loop AAA	**Request Validation**	**S**	
AAA01	Yes/No condition or Response code	R	Value N or Y
AAA02	Agency Qual Code	N	Do Not Use
AAA03	Reject Reason Code	R	See TR3 for Values
AAA04	Follow-up Action Code	R	See TR3 for Values
2100A Loop NM1	**Information Source Name**	**R**	
NM101	Entity Identifier Code	R	Value PR
NM102	Entity Type Qualifier	R	Value 2
NM103	Name Last or Organization Name	R	Value AVMED HEALTH PLANS
NM104	Name First	S	Do Not Use
NM105	Name Middle	S	Do Not Use
NM106	Name Prefix	N	Do Not Use
NM107	Name Suffix	S	Do Not Use
NM108	Identification Code Qualifier	R	Value PI
NM109	Payer Identifier	R	Value 592742907
NM110	Entity Relationship Code	N	Do Not Use
NM111	Entity Identifier Code	N	Do Not Use
NM112	Name Last or Organization Name	N	Do Not Use

2100A Loop **AAA**	**Request Validation**	S	
AAA01	Yes/No condition or Response code	R	Value N or Y
AAA02	Agency Qual Code	N	Do Not Use
AAA03	Reject Reason Code	R	See TR3 for Values
AAA04	Follow-up Action Code	R	See TR3 for Values

2000B Loop **HL**	**Information Receiver Level**	R	
HL01	Hierarchical ID Number	R	
HL02	Hierarchical Parent ID Number	R	
HL03	Hierarchical Level Code	R	Value 21
HL04	Hierarchical Child Code	R	Value 1

2100B Loop **NM1**	**Information Receiver Name**	R	
NM101	Entity Identifier Code	R	See TR3 for Values
NM102	Entity Type Qualifier	R	Value 1 or 2
NM103	Name Last or Organization Name	R	Information Receiver Last Name
NM104	Name First	S	Information Receiver First Name
NM105	Name Middle	S	Information Receiver Middle Name
NM106	Name Prefix	N	Do Not Use
NM107	Name Suffix	S	Information Receiver Name Suffix
NM108	Identification Code Qualifier	R	Identification Receiver Code Qualifier

NM109	Identification Code	R	Identification Receiver ID Number
NM110	Entity Relationship Code	N	Do Not Use
NM111	Entity Identifier Code	N	Do Not Use
NM112	Name Last or Organization Name	N	Do Not Use
2100B Loop AAA	**Request Validation**	**S**	
AAA01	Yes/No condition or Response code	R	Value N or Y
AAA02	Agency Qual Code	N	Do Not Use
AAA03	Reject Reason Code	R	See TR3 for Values
AAA04	Follow-up Action Code	R	See TR3 for Values
2100B Loop PRV	**Information Receiver Provider Information**	**S**	
PRV01	Provider Code	R	See TR3 for Values
PRV02	Reference Identification Qualifier	S	Value PXC
PRV03	Reference Identification	S	Taxonomy Code
PRV04	State or Province code	N/A	Do Not Use
PRV05	Provider Speciality Information	N/A	Do Not Use
PRV06	Provider Organization code	N/A	Do Not Use
2000C Loop HL	**Subscriber Level**	**R**	
HL01	Hierarchical ID Number	R	
HL02	Hierarchical Parent ID Number	R	

HL03	Hierarchical Level Code	R	Value 22
HL04	Hierarchical Child Code	R	Value 0 or 1
2000C Loop TRN	**Subscriber Trace Number**	**S**	
TRN01	Trace Type Code	R	Value 1
TRN02	Reference Identification	R	Trace Number
TRN03	Orgination Company Identifier	R	Trace Assigning Entity
TRN04	Reference Identification	S	Do Not Use
2100C Loop NM1	**Subscriber Name**	**R**	
NM101	Entity Identifier Code	R	Value IL
NM102	Entity Type Qualifier	R	Value 1 or 2
NM103	Name Last or Organization Name	R	Subscriber Last Name
NM104	Name First	S	Subscriber First Name
NM105	Name Middle	S	Subscriber Middle Name
NM106	Name Prefix	N	Do Not Use
NM107	Name Suffix	S	Subscriber Name Suffix
NM108	Identification Code Qualifier	R	Value MI
NM109	Identification Code	S	Subscriber Primary Identifier
NM110	Entity Relationship Code	N	Do Not Use
NM111	Entity Identifier Code	N	Do Not Use

NM112	Name Last or Organization Name	N	Do Not Use
2100C Loop REF	**Subscriber Additional Information**	**S**	
REF01	Reference Identification Qualifier	R	See TR3 for Values
REF02	Reference Identification	R	Subscriber Additional ID
REF03	Description	N	Do Not Use
REF04	Reference Identifier	N	Do Not Use
2100C Loop N3	**Subscriber Address**	**S**	
N301	Address Information	R	Subscriber Address
N302	Address Information	S	Subscriber Address
2100C Loop N4	**Subscriber City State Zip code**	**S**	
N401	City Name	R	Subscriber Receiver City Name
N402	State or Province code	R	Subscriber Receiver State Name
N403	Postal code	R	Subscriber Receiver Zip Code
N404	Country code	S	Do Not Use
N405	Location qualifier	N	Do Not Use
N406	Location qualifier	N	Do Not Use
N407	Country Subdivision Code	S	Do Not Use
2100C Loop AAA	**Request Validation**	**S**	

AAA01	Yes/No condition or Response code	R	Value N or Y
AAA02	Agency Qual Code	N	Do Not Use
AAA03	Reject Reason Code	R	See TR3 for Values
AAA04	Follow-up Action Code	R	See TR3 for Values
2100C Loop PRV	**Provider Information**	**S**	
PRV01	Provider Code	R	See TR3 for Values
PRV02	Reference Identification Qualifier	S	See TR3 for Values
PRV03	Reference Identification	S	Provider ID
PRV04	State or Province code	N/A	Do Not Use
PRV05	Provider Speciality Information	N/A	Do Not Use
PRV06	Provider Organization code	N/A	Do Not Use
2100C Loop DMG	**Subscriber Demographic Information**	**S**	
DMG01	Date Time Period Format Qualifier	S	Value D8
DMG02	Date Time Period	S	Subscriber Birthdate Format CCYYMMDD
DMG03	Gender code	S	Valid F or M
DMG04	Marital Status code	N	Do Not Use
DMG05	Race or Ethnicity code	N	Do Not Use
DMG06	Citizenship Status code	N	Do Not Use
DMG07	Country code	N	Do Not Use

DMG08	Basis of Verification code	N	Do Not Use
DMG09	Quantity	N	Do Not Use
DMG10	Code List Qualifier Code	N	Do Not Use
DMG11	Industry Code	N	Do Not Use
2100C Loop **INS**	**Multiple Birth** **Sequence Number**	**S**	
INS01	Yes/No condition or Response code	R	Value Y
INS02	Individual Relationship code	R	Value 18
INS03	Maintenance type code	N	Value 001
INS04	Maintenance reason code	N	Value 25
INS05	Benefit status code	N	Do Not Use
INS06	Medicare Plan code	N	Do Not Use
INS07	COBRA qualifying	N	Do Not Use
INS08	Employment status code	N	Do Not Use
INS09	Student status code	N	Do Not Use
INS10	Yes/No condition or Response code	N	Do Not Use
INS11	Date Time Period Format Qualifier	N	Do Not Use
INS12	Date Time Period	N	Do Not Use
2100C Loop **INS**	**Multiple Birth** **Sequence Number (continue)**	**S**	
INS13	Confidentiality code	N	Do Not Use

INS14	City Name	N	Do Not Use
INS15	State or Province Code	N	Do Not Use
INS16	Country code	N	Do Not Use
INS17	Number	R	Do Not Use
2100C Loop **HI**	**Subscriber** **Health Care Diagnosis Code**	**S**	**DO NOT USE**
2100C Loop **DTP**	**Subscriber Date**	**S**	
DTP01	Date Time Qualifier	R	Value 102 or 291
DTP02	Date Time Period Format Qualifier	R	Value D8 or RD8
DTP03	Date Time Period	R	Subscriber Date
2110C Loop **EB**	**Eligibility or Benefit Information**	**S**	
EB01	Eligibility or Benefit Information Code	R	See TR3 for Values
EB02	Coverage Level Code	S	See TR3 for Values
EB03	Service Type Code	S	See TR3 for Values
EB04	Insurance Type Code	S	See TR3 for Values
EB05	Plan Coverage Description	S	
EB06	Time Period Qualifer	S	See TR3 for Values
EB07	Monetary Amount	S	Benefit Amount
EB08	Percent	S	Benefit Percent
EB09	Quanity Qualifier	S	See TR3 for Values

EB10	Quanity	S	Benefit Quanity
EB11	Yes/No Condition or Resonse Code	S	Value N or U or Y
EB12	Yes/No Condition or Resonse Code	S	Value N or U or W or Y

2110C Loop **EB**	**Eligibility or Benefit Information** **(Continue)**	**S**	
EB13	Composite Medical Procedure Identifier	S	NOT USED
EB14	Composite Diagnosis Code Pointer	S	NOT USED

2110C Loop **REF**	**Subscriber** **Additional Identification**	**S**	
REF01	Reference Identification Qualifier	R	See TR3 for Values
REF02	Reference Identification	R	Subscriber Eligilibity
REF03	Description	S	Plan Name
REF04	Reference Identifier	N	Do Not Use

2110C Loop **DTP**	**Subscriber** **Eligibility/Benefit Date**	**S**	
DTP01	Date Time Qualifier	R	See TR3 for Values
DTP02	Date Time Period Format Qualifier	R	Value D8 or RD8
DTP03	Date Time Period	R	Subscriber Date

2110C Loop **AAA**	**Request Validation**	**S**	
AAA01	Yes/No condition or Response code	R	Value N or Y
AAA02	Agency Qual Code	N	Do Not Use

AAA03	Reject Reason Code	R	See TR3 for Values
AAA04	Follow-up Action Code	R	See TR3 for Values

2110C Loop **MSG**	**Message Text**	**S**	
MSG01	Free Form Message Text	R	
MSG02	Printer Carriage Control Code	N	
MSG03	Number	N	

2115C Loop **LS**	**Loop Header**	**S**	
LS01	Loop Identifier Code	R	Value 2120

2120C Loop **NM1**	**Subscriber Benefit Related Entity Name**	**R**	
NM101	Entity Identifier Code	R	See TR3 for Values
NM102	Entity Type Qualifier	R	Value 1 or 2
NM103	Name Last or Organization Name	S	Subscriber Benefit Related Entity Last Name
NM104	Name First	S	Subscriber Benefit Related Entity First Name
NM105	Name Middle	S	Subscriber Benefit Related Entity Middle Name
NM106	Name Prefix	N	Do Not Use
NM107	Name Suffix	S	Subscriber Benefit Related Entity Name Suffix
NM108	Identification Code Qualifier	R	See TR3 for Values
NM109	Identification Code	S	Subscriber Benefit Related Primary Identifier
NM110	Entity Relationship Code	N	Do Not Use

NM111	Entity Identifier Code	N	Do Not Use
NM112	Name Last or Organization Name	N	Do Not Use
2120C Loop N3	**Subscriber Benefit Related Entity Address**	**S**	
N301	Address Information	R	Subscriber Benefit Related Entity Address
N302	Address Information	S	Subscriber Benefit Related Entity Address
2120C Loop N4	**Subscriber Benefit Related Entity City, State, Zip Code**	**S**	
N401	City Name	R	Subscriber Benefit Related Entity City Name
N402	State or Province code	R	Subscriber Benefit Related Entity State Name
N403	Postal code	R	Subscriber Benefit Related Entity Zip Code
N404	Country code	S	Do Not Use
N405	Location qualifier	N	Do Not Use
N406	Location qualifier	N	Do Not Use
N407	Country Subdivision Code	S	Do Not Use
2120C Loop LE	**Loop Trailer**	**S**	
LE01	Loop Identifier Code	R	Type must be: 2120
2000D Loop HL	**Dependent Level**	**R**	DO NOT USE DEPENDENT LOOP
Trailier SE	**Transaction Set Trailer**	**R**	
SE01	Number of Included Segments	R	

SE02	Transaction Set Control Number	R	Must = ST02

11. APPENDICES

11.1 Implementation Checklist

AvMed suggests entities use the following information as a checklist of steps to become an AvMed submitter:

- Read and review this guide.
- Contact: **AvMed Operations Support (EDI)** if you have questions**.**
  Phone: 305-671-4789
  Email: edi_support@avmed.org
- Register for a user ID. AvMed Health Plans will provide you with the information required for transacting, like the FTP address and login credentials.
- Send at least one test transaction.
- Begin submitting transactions.

11.2 Business Scenarios

This appendix contains free format text descriptions of typical business scenarios. The transmission examples for these scenarios are included in Appendix C.

The following scenarios are intended to serve as examples of a typical relationship between entities and AvMed Health Plans in regards to the AvMed EDI system.

- *Clearinghouse A submits transactions for Provider A. Clearinghouse A wishes to provide real-time services for Provider A, so they register with their current payers to do real-time transactions via their respective implementations. In order to complete registration and successfully submit transactions on behalf of Provider A, Clearinghouse A must register with AvMed. Once this has occurred, Clearinghouse A can send transactions for Provider A as well as any other clients it has a relationship with that are currently contracted with AvMed Health Plans.*

- *Software Vendor A provides practice management systems to Provider A. The system has the capability to build SOAP-based ANSI transactions for submission to various payers or clearinghouses. Provider A expresses an interest in being able to process real-time ANSI data so Software Vendor A instructs the provider on how to set up this feature. Provider A can register with AvMed to send and receive transactions.*

11.3 Transmission Examples

SAMPLE SOAP REQUEST:

<soapenv:Envelope xmlns:soapenv="http://schemas.xmlsoap.org/soap/envelope/"
xmlns:real="http://www.avmed.org/EDI/RealTimeRequest.xsd">

  <soapenv:Header/>

 <soapenv:Body>

  <real:RealTimeRequest>

   <PayloadType>X12_270_Request_005010X279A1</PayloadType>

   <ProcessingMode>RealTime</ProcessingMode>

   <PayloadID>abcd-efgh-ijkl-mnop-qrst</PayloadID>

   <TimeStamp>20130208140506</TimeStamp>

   <SenderID>TPNAME</SenderID>

   <ReceiverID>AVMED</ReceiverID>

   <CORERuleVersion>**2.2.0**</CORERuleVersion>

   <Payload>ISA*00*   *00*   *ZZ*TPNAME   *ZZ*AVMED
*120217*1428*^*00501*022751469*1*T*:~GS*HS*AVMED*TPNAME*20120217*142844*1*X*005010
X279A1~ST*270*0001*005010X279A1~BHT*0022*13*1022751469*20120217*1428~HL*1**20*1~NM
1*PR*2*AVMED HEALTH PLANS*****PI*592742907~HL*2*1*21*1~NM1*1P*2*AVMED HEALTH
PLANS*****XX*1346287166~HL*3*2*22*0~TRN*1*022751469*3030240928~NM1*IL*1*BACCHAN*A
MITABH****MI*A1234567890~DMG*D8*19310603*F~DTP*291*D8*20130101~EQ*30~SE*13*0001~G
E*1*1~IEA*1*022751469~</Payload>

  </real:RealTimeRequest>

 </soapenv:Body>

</soapenv:Envelope>

11.4 Frequently Asked Questions

This appendix contains a compilation of questions and answers relative to AvMed Health Plans and its providers.

Is there a charge for a provider to submit 276 requests and receive 271 responses back?
This is a free service offered by AvMed Health Plans to providers, clearinghouses and billing services and there are no fees associated with the use of this service.

Once a request is submitted when will a response be received back from AvMed Health Plans?
A single real-time request will receive a response back within 20 seconds.

Who do I call for support if a problem arises? What are the hours?

Contact:
AvMed Operations Support (EDI)
> **Phone: 305-671-4789**
> **Email: edi_support@avmed.org**

Hours:
Monday through Friday, 9:00 AM – 5:00 PM Eastern Time

12. Change Log

Version	Description of Change	Author	Date
1.0	Initial Draft	Ramesh Thota	8/30/12
2.0	CORE Content Revisions	Peggy Smith	3/28/12
Final	Correct typos	Peggy Smith	5/7/13
Final Rev	Update maintenance schedule	Peggy Smith	6/27/13