HIPAA TRANSACTION STANDARD COMPANION GUIDE

Refers to the Implementation Guides Based on ASC X12 version 005010
Real-Time Eligibility and Claim Status Transactions

March 30, 2016 V2.0
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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 Change Healthcare. 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

SCOPE
This companion guide is intended for Trading Partners trading ASC/X12N 005010 transactions with Change Healthcare.

The purpose of this guide is to convey the information needed to commence and maintain communication exchange with Change Healthcare’s Real-Time Dental Services, for the purpose of conducting real-time X12N/005010 Eligibility/Benefit Inquiry and Response, Claim Status Request and Response, and Health Care Services Request for Review and Response transactions.

This guide does not contain individual payer specifications.

This guide is intended to supplement information from the ASC X12 Technical Reports Type 3 (TR3s).

OVERVIEW
This guide is composed of the following sections:

- Section 1: Introduction: Scope, overview, and related references.
- Section 2: Getting Started: How to interact with Change Healthcare’s implementation team, how to register as a trading partner and complete payer enrollment, and an overview of testing and certification.
- Section 3: Testing with Change Healthcare: details about the testing and certifying process.
- Section 4: Connectivity with Change Healthcare/Communications: process flows, transmission administrative procedures, communication protocols, security protocols, and passwords.
- Section 5: Contact Information: How to get help.
- Section 6: Control Segments/Envelopes: ISA/ISE, GS/GE, and ST/SE values specific to Change Healthcare.
- Section 8: Acknowledgements and Reports: Information about Change Healthcare’s use of acknowledgements and reports.
- Section 9: Trading Partner Agreements: needed instructions regarding agreements that must be made between trading partners.
- Section 10: Transaction Specific Information: general supplemental instructions for each of the HIPAA-adopted transaction types.
- Section 11: Appendices
REFERENCES

ASC X12 Technical Reports Type 3 (TR3s)
ASC X12 publishes implementation guides, known as Technical Reports Type 3 (TR3s), which define the data contents and compliance requirements for the health care implementation of the ASC X12N/005010 transaction sets. Following are the TR3s referenced in this guide:

- ASC X12N/005010X279 Health Care Eligibility Benefit Inquiry and Response (270/271) and Errata 1, hereinafter 005010X279A1 TR3s.
- ASC X12N/005010X212 Health Care Claim Status Request and Response (276/277), Errata 1, and Errata 2, hereinafter 005010X212 TR3s.

You are expected to comply with the requirements set forth in the TR3s. You can purchase these guides from the ASC X12 store at http://store.x12.org/ or from Washington Publishing Company (http://www.wpc-edi.com). The TR3s are copyrighted.

Web Resources

- Payer List: The payer list at www.emdeon.com/payerlists/ provides information about the payers Change Healthcare supports, including the payer ID and the payer's enrollment requirements. From the Payer List link given above, select Medical/Hospital/Dental Payers, then the Eligibility, Claim Status, & Referrals tab.
- Enrollment/Registration Information: For enrollment forms and instructions, see www.emdeon.com/enrollment.
- Resources and guidance: visit www.hipaasimplified.com/.

ADDITIONAL INFORMATION

A Trading Partner has one of the following business relationships with Change Healthcare:

- **Business Partner.** The Business Partner sells its own front-end products, such as POS terminals or practice management software, and contracts with Change Healthcare for connectivity to payers. The Business Partner’s individual product installations can send requests directly to Change Healthcare.

- **Host-to-Host Partner:** The Host-to-Host Partner is typically a facility, such as a hospital, with a large-scale computer system that communicates directly with Change Healthcare. The Host-to-Host Trading Partner does not sell products or data access. Instead, the Host-to-Host Trading Partner is enhancing its own internal systems.

This Companion Guide assumes that you, the reader, are a representative of the Trading Partner, and that as such, you understand basic X12 structure, looping, and standard data requirements as set forth in the TR3 for each transaction set you wish to exchange.

This Companion Guide also assumes that:

- You have a real-time EDI interface that supports the transaction sets the Trading Partner wishes to exchange.
- You have resources to develop a connection between your interface and Change Healthcare.
2 GETTING STARTED

WORKING WITH CHANGE HEALTHCARE

Sales Contract
Change Healthcare will enter into a written agreement with your organization as a part of the sales contract. Change Healthcare will provide you with appropriate information about fee schedules, the various billing options, invoicing procedures, and wholesale vs. commission arrangements.

Non-Disclosure Agreement
A signed Non-Disclosure Agreement (NDA) is required before any exchange of Change Healthcare proprietary information can occur (e.g., database specifications, layouts, formats).

Implementation
Once the contract and non-disclosure agreement have been signed by your organization and Change Healthcare, implementation can begin. Change Healthcare will set up your organizations account in the real-time system customer database, which will trigger an initial conference call between you and the Implementation Coordinator at Change Healthcare. The Implementation Coordinator will facilitate the implementation process and will be your primary contact during this process.

The Implementation Coordinator and the Trading Partner will establish a schedule of conference calls. Ongoing calls are scheduled as needed until implementation of your payer connections is complete. After implementation is complete, conference calls may proceed on an as-needed.

The Implementation Coordinator will provide you with the following:

- X12 Submitter companion guides (this guide)
- Certification and testing procedures.
- Response format options
- Enrollment forms as needed.
- Test and Production interchange sender IDs and passwords, once assigned.

Connectivity
Connectivity will be addressed during the implementation conference call. Your organization will provide technical resources who will work directly with the communications specialists at Change Healthcare to establish the physical connection.

Change Healthcare recommends that trading partners submit transactions via a Hypertext Transfer Protocol Secure (HTTPS) POST over the public Internet. By utilizing this standard, your options are flexible for programming and operating environments.
Transaction Development and Testing
Your organization is responsible for programming and coding per the format specifications provided in the ASC/X12N 005010 Request Companion Guide (Appendices). Implementation analysts will be assigned to your organization and will be available to answer any questions during your development.

Develop test cases for Change Healthcare to review prior to installation of test transactions at your site. We will analyze your transactions for format/syntax issues and provide feedback as appropriate.

Ensure ample time is scheduled for testing during the implementation period.

TRADING PARTNER REGISTRATION
Trading Partner registration is required to set up the Trading Partner’s systems(s) with access to payers and transactions. Registration consists of two distinct processes:

- Registration with Change Healthcare.
- Payer enrollment, when required by the payer.

Registration with Change Healthcare
Change Healthcare will work with your organization to create an account within the Dental Connect Vendor (DC-V) system. The DC-V is used to create a vendor account and register for real time transactions and other services.

The following account registration options are available.

- Register using a single submitter ID.
- Register using multiple submitter ID’s based on provider/customer sites.

Single Submitter ID
You can opt to register with a single submitter ID; your Implementation Coordinator will assist you in the process to establish a submitter ID for your organization.

Multiple Submitter IDs
You can opt register each of your sites under an individual submitter ID; your Implementation Coordinator will assist you in the process to establish a submitter ID for each site/customer.

Once implementation is complete, a vendor may continue to add new sites/customers via the DC-V as needed.
Payer Enrollment

Some payers require provider enrollment in addition to registration with Change Healthcare. To determine whether a payer requires enrollment, refer to the Change Healthcare payer list available at [https://access.emdeon.com/PayerLists/](https://access.emdeon.com/PayerLists/). From the Payer List link given above, select the Eligibility, Claim Status, Referrals tab, and then “Dental” as “Line of Business.”

During implementation, your Implementation Coordinator will assist you in completing the forms required for payer enrollment. Payer enrollment forms are located at [http://www.emdeon.com/resourcelibrary/#6#251](http://www.emdeon.com/resourcelibrary/#6#251).

Once implementation is complete, follow the procedures described in Change Healthcare Registration above. In addition to DC-V account registration, complete the payer-specific enrollment form for the payer to whom you wish to submit.

CERTIFICATION AND TESTING OVERVIEW

The testing and certifying process involves the following activities:

- Establishing communication with Change Healthcare.
- Building properly-formatted and compliant transactions and verifying with a compliance checker, such as Edifecs®.
- Certifying individual transactions using Change Healthcare’s Certification process.
- Implement individual payer transactions. It is recommended that submitters test payer transactions in pre-production prior to full deployment.
3 TESTING WITH CHANGE HEALTHCARE

Before you can test with Change Healthcare, the following must first be accomplished:

- You must have established connectivity with Change Healthcare’s Real-Time Dental Services. The Implementation Coordinator will work with you to facilitate the setup and testing of connectivity and communications.

- You are responsible for developing HIPAA and ASC/X12-compliant transaction sets. You can begin to develop transaction sets before connectivity with Change Healthcare is established.

It is strongly recommended that you check your transactions for compliance to 005010 standards using a compliance checker. Change Healthcare has partnered with Edifecs for this purpose and will activate an Edifecs account for your use. If you need assistance with your Edifecs account, your Implementation Coordinator can assist you; send questions to dental-real-time@changehealthcare.com. If you do not wish to use Edifecs, you can use your preferred compliance checker.

CERTIFICATION & TESTING WITH CHANGE HEALTHCARE

Once you have verified the transaction formats using Edifecs or your preferred compliance checker and have established connectivity, you are ready to certify with Change Healthcare. To certify, you will exchange transactions using a certification URL provided by your Implementation Coordinator. In addition, you will be provided a submitter User ID and Password that you can place into the ISA segment of your transaction for authentication purposes. This User ID and password will be used for certification and pre-production testing.

You will be required to create a set of certification transactions that exercise the different scenarios as it relates to 27X requests. Refer to Appendices for certification example scenarios. You will send these transactions to the certification server and supply Change Healthcare with the transaction numbers for each certification case you have submitted. The Implementation coordinator will review the requests and work with you to correct any issues.

Once your X12N requests have been certified, you will be provided with a URL for testing against actual real-time capable payers (Actual test cases with real data will be required for this step). You are now ready to submit pre-production transactions. Completing pre-production testing eliminates the need for you to test with each Change Healthcare real-time payer. Upon successful completion of pre-production testing, your Implementation Coordinator will discuss a “Go Live” target date and provide you with the production URL.

IMPLEMENTING PAYER TRANSACTIONS

To implement payer transactions, use the individual Payer Instruction Tables provided in the X12 Submitter 005010 Transaction Instruction Portfolio.

It is recommended that you test transactions in production prior to full deployment. Your Change Healthcare Implementation Coordinator can assist you with this process.

Note: Change Healthcare does not have access to payer test data.
4  CONNECTIVITY WITH CHANGE HEALTHCARE / COMMUNICATIONS

PROCESS FLOWS

TRANSMISSION ADMINISTRATIVE PROCEDURES

The Real-Time Dental Services at Change Healthcare are available 24/7.

Availability of individual payers is determined by the payers’ maintenance schedules. For a schedule of payer downtimes, see the Payer Maintenance Schedule at www.emdeon.com/resourcelibrary/#84#247.

Payers may alter their maintenance windows at any time without notifying Change Healthcare. Payers with no downtime information have not provided Change Healthcare with this information. The Payer Maintenance Schedule is provided for guidance when researching the possible cause of a payer’s inability to respond at a given time.
RETRANSMISSION PROCEDURES
Change Healthcare’s Real-Time Dental Services do not perform re-transmissions. It is the Trading Partner’s responsibility to resubmit.

COMMUNICATION PROTOCOL SPECIFICATIONS
Change Healthcare has provided connectivity that complies with the CORE Safe Harbor principle (§5 Safe Harbor) according to the CORE Connectivity Phase II Rule 270 version 2.2.0 and Phase II Rule 250 version 2.1.0. Information receivers can submit eligibility (270), claim status (276), and Review/Review Inquiry (278) transactions in Real time via Safe Harbor. Submitters must submit Payer IDs to the respective payers. Change Healthcare’s security protocol is Username/Password. Change Healthcare does not use X.509.

The currently supported protocol for CORE is HTTP/S. The following is a list of standards and their versions that this Rule is based on:

- HTTP Version 1.1
- SSL Version 3.0
- MIME Version 1.0
- The MIME Multipart/Form-Data (IETF RFC 2388)
- SOAP Version 1.2
- WSDL Version 1.1
- Web Services-Security 1.1
- Change Healthcare utilizes SOAP, MIME/Multipart, and WSDL.
- For more information on the required protocols and envelopes, see CORE 270: Phase II Connectivity Rule, version 2.2.0 section 4.

PASSWORDS
Change Healthcare requires each interchange submitter ID to be accompanied with a unique password for security reasons. The interchange submitter ID and password are authenticated against a database.
Operating Rule “Safe Harbor” Passwords

SOAP

The WS-Security Username and Password token (shown here in the Header portion of the SOAP request) is added to the SOAP Header by the platform on which SOAP is run. The SOAP platform’s Web-Services Security Extensions may be configured to insert these tokens. Please see Appendices for full request.

```xml
<soap:Header>
    <wsse:Security xmlns:wsse="http://docs.oasis-open.org/wss/2004/01/oasis-200401-wss-wssecurity-secext-1.0.xsd" soap:mustUnderstand="true">
        <wsse:UsernameToken xmlns:wsu="http://docs.oasis-open.org/wss/2004/01/oasis-200401-wss-wssecurity-utility-1.0.xsd" wsu:Id="UsernameToken-21621663">
            <wsse:Username>[Insert user name here]</wsse:Username>
            <wsse:Password Type="http://docs.oasis-open.org/wss/2004/01/oasis-200401-wss-wssecurity-username-token-profile-1.0#PasswordText">[Insert password here]</wsse:Password>
        </wsse:UsernameToken>
    </wsse:Security>
</soap:Header>
```

MIME/Multipart

The below snippet shows the parts of the MIME/Multipart request that are required for username/password authentication. Please see Appendices for full request.

```text
3) MIME request

----------------------------------------8cf9c8258a99367
Content-Disposition: form-data; name="Password";

[Insert password here]
----------------------------------------8cf9c8258a99367
Content-Disposition: form-data; name="Username";

[Insert user name here]
----------------------------------------8cf9c8258a99367
```
5 CONTACT INFORMATION

EDI CUSTOMER SERVICE

*Note:* Issues encountered during the implementation and hand-holding process will be addressed by your Implementation Coordinator. Please utilize your Implementation Coordinator as your resource until you have passed through the implementation and hand-holding and have been released to full production status.

PHONE SUPPORT

Customer assistance is also available via phone at 888.255.7293 or by sending an email to dentalsupport@changehealthcare.com. Customer support representatives are available Monday – Friday from 8:00 AM to 7:00 PM Eastern Time.

ENROLLMENT ISSUES

For issues relating to enrollment, call 888.255.7293 and press option 2 from the main menu. Alternately, you may send an email to dentalenrollment@changehealthcare.com. Enrollment representatives are available from 8:00 AM through 7:00 PM Eastern Time.

EDI TECHNICAL ASSISTANCE

dental-real-time@changehealthcare.com can also be used for technical support issues.

APPLICABLE WEBSITES/E-MAIL

Change Healthcare’s Dental website address is https://dental.changehealthcare.com/. Change Healthcare’s website address is www.changehealthcare.com. Information on 5010 transactions can be found at www.hipaasimplified.com/
# 6 CONTROL SEGMENTS/ENVELOPES

## ISA/IEA

<table>
<thead>
<tr>
<th>Element</th>
<th>Value</th>
<th>Additional Notes and Conditions</th>
</tr>
</thead>
<tbody>
<tr>
<td>ISA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ISA01</td>
<td>00</td>
<td></td>
</tr>
<tr>
<td>ISA02</td>
<td></td>
<td>Fill with 10 spaces</td>
</tr>
<tr>
<td>ISA03</td>
<td>01</td>
<td>Left justify, space fill to 10.</td>
</tr>
<tr>
<td>ISA04</td>
<td>Password</td>
<td>Left justify, space fill to 10.</td>
</tr>
<tr>
<td>ISA05</td>
<td>ZZ</td>
<td></td>
</tr>
</tbody>
</table>
| ISA06   | Login Id | Format: “###:User Id”  
### = Assigned Vendor Id.  
“.:” = Constant colon to separate Vendor Id and User Id  
“User Id” = Assigned User Id.  
Left justify spaces fill to 15. |
| ISA07   | ZZ    |                                 |
| ISA08   | EMDEONDENTAL | Left justify, space fill to 15. |
| ISA09   | YYMMDD | Date as defined by ASC X12     |
| ISA10   | HHMM  | Time as defined by ASC X12     |
| ISA11   | ^     |                                 |
| ISA12   | 00501 |                                 |
| ISA13   | Interchange Control # | Control # defined by sender  
Numeric, right justified, nine digits |
| ISA14   | 0,1   | Can submit either 0 or 1.      |
| ISA15   | P, T  |                                 |
| ISA16   | :     |                                 |

## IEA

<table>
<thead>
<tr>
<th>IEA</th>
<th></th>
<th></th>
</tr>
</thead>
</table>
| IEA01   | 1     | Change Healthcare allows only one  
Functional Group per interchange. |
| IEA02   | Interchange Control # | Numeric, right justified, nine digits |
**GS/GE**

Change Healthcare’s Real-Time Exchange Services support only one functional group per request and response.

<table>
<thead>
<tr>
<th>Element</th>
<th>Value</th>
<th>Additional Notes and Conditions</th>
</tr>
</thead>
<tbody>
<tr>
<td>GS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>GS01</td>
<td>HR, HS</td>
<td>HR = Claim Status</td>
</tr>
<tr>
<td></td>
<td></td>
<td>HS = Eligibility and Benefits</td>
</tr>
<tr>
<td>GS02</td>
<td>Login Id</td>
<td>Format: “###:User Id”</td>
</tr>
<tr>
<td></td>
<td></td>
<td>“###” = Assigned Vendor Id.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>“:” = Constant colon to separate Vendor Id and User Id</td>
</tr>
<tr>
<td></td>
<td></td>
<td>“User Id” = Assigned User Id.</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Do not</strong> include trailing spaces.</td>
</tr>
<tr>
<td>GS03</td>
<td>EMDEONDENTAL</td>
<td></td>
</tr>
<tr>
<td>GS04</td>
<td>CCYYMMDD</td>
<td>Date as defined by ASC X12</td>
</tr>
<tr>
<td>GS05</td>
<td>HHMM</td>
<td>Time as defined by ASC X12</td>
</tr>
<tr>
<td>GS06</td>
<td>Group Control #</td>
<td>Control # defined by sender</td>
</tr>
<tr>
<td>GS07</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>GS08</td>
<td>005010X212</td>
<td>005010X212 = Claim Status</td>
</tr>
<tr>
<td></td>
<td>005010X279A1</td>
<td>005010X279A1 = Eligibility</td>
</tr>
<tr>
<td>GE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>GE01</td>
<td>1</td>
<td>Change Healthcare allows only one transaction set per Functional Group and one patient per transaction set.</td>
</tr>
</tbody>
</table>
ST/SE

Change Healthcare’s Real-Time Exchange Services support only one transaction set per functional group.

<table>
<thead>
<tr>
<th>Element</th>
<th>Value</th>
<th>Additional Notes and Conditions</th>
</tr>
</thead>
<tbody>
<tr>
<td>ST</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ST01</td>
<td>270 = Eligibility/Benefit 276 = Claim Status</td>
<td></td>
</tr>
<tr>
<td>ST02</td>
<td>Assigned by originator.</td>
<td></td>
</tr>
<tr>
<td>ST03</td>
<td>Must match GS08 005010X212 = Claim Status 005010X279A1 = Eligibility</td>
<td></td>
</tr>
<tr>
<td>SE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SE01</td>
<td>Number of included segments ST to SE</td>
<td></td>
</tr>
<tr>
<td>SE02</td>
<td>Must match ST02</td>
<td></td>
</tr>
</tbody>
</table>

7  PAYER SPECIFIC BUSINESS RULES AND LIMITATIONS

Change Healthcare imposes very few global business rules and limitations. Rather, Change Healthcare has contracted with numerous payers to provide real-time healthcare transaction processing services to healthcare providers, including eligibility/benefit verification, claim status, health care services review, and health care services inquiry transactions. Therefore, most of the business rules and limitations for submitting transactions to Change Healthcare are based upon individual payer requirements. Individual payer requirements can be found in the Appendices of this document. Globally, Change Healthcare’s Trading Partners must adhere to the following business rules and limitations for submitting transactions in real time:

- Only one patient per transaction.
- Only one transaction per functional group.
- Only one functional group per interchange.
- If no date of service is received, the current date (based on Eastern time) will be considered as the date of service.
8 ACKNOWLEDGEMENTS

ASC X12 ACKNOWLEDGEMENTS
Change Healthcare supports the 999 implementation acknowledgement.

9 TRADING PARTNER AGREEMENTS
Trading partner agreements are established at the time of contract.
10 TRANSACTION SPECIFIC INFORMATION

These tables contain one or more rows for each segment for which a supplemental instruction is needed.

Legend: Gold rows contain main column headings.

SHADED rows represent “segments” in the X12N implementation guide.

NON-SHADED rows represent “data elements” in the X12N implementation guide.

Notes:
- General supplemental instructions are presented for each of the HIPAA-adopted transaction types here.
- Change Healthcare will return the response information sent by the payer.
- Change Healthcare Dental requires the submission of a non-standard dental qualifier (X1) to identify the submitting providers Rendering NPI for billing purposes.

005010X279A1 HEALTH CARE ELIGIBILITY BENEFIT INQUIRY

<table>
<thead>
<tr>
<th>Page #</th>
<th>Loop ID</th>
<th>Reference ID</th>
<th>Name</th>
<th>Codes</th>
<th>Length</th>
<th>Notes/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>71</td>
<td>2100A</td>
<td>NM1</td>
<td>Information Source Name</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>71</td>
<td>2100A</td>
<td>NM101</td>
<td>Entity Identifier Code</td>
<td>PR</td>
<td></td>
<td></td>
</tr>
<tr>
<td>72</td>
<td>2100A</td>
<td>NM103</td>
<td>Organization Name</td>
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**005010X212 HEALTH CARE CLAIM STATUS REQUEST**

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## 11 APPENDICES

### 1 IMPLEMENTATION CHECKLIST

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<td><strong>Phase 1: Pre-Implementation</strong></td>
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<td>1.1 Sign sales contract and sales ticket entered</td>
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<td>1.2 Identify Trading Partner’s Primary Contact</td>
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<td>1.3 Identify Change Healthcare’s Implementation Coordinator</td>
<td>Change Healthcare Implementation Coordinator</td>
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<td>1.4 Set Up Initial Conference Call</td>
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<td>2.1 Schedule conference calls</td>
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<td>2.3 Identify desired production date</td>
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<td>2.4 Identify Change Healthcare’s technical (communications) contact</td>
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<td>2.5 Identify Trading Partner’s technical (communications) contact</td>
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<td>2.6 Schedule Communications call</td>
<td>Implementation Coordinator/Change Healthcare and Trading Partner Communications Contacts</td>
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<td>2.7 Identify special issues or concerns</td>
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<td>2.8 Distribute Companion Guides</td>
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<td>3.2 Identify hardware and communications network requirements</td>
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<td>3.3 Order equipment and network installation, if necessary</td>
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<td>Establish communications testing process</td>
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<td>Test communications</td>
<td>Change Healthcare and Trading Partner Communications Contacts</td>
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<td>3.7</td>
<td>Resolve issues</td>
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<td>Communications sign-off</td>
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### Phase 4: Transaction Structure Development And Certification (done concurrently with Phase 5)

| 4.1 | Transactions developed | Trading Partner |
| 4.2 | Transaction structures validated through Edifecs. | Trading Partner/Implementation Coordinator |
| 4.3 | Correct any identified problems | Trading Partner |
| 4.4 | Repeat 4.2 and 4.3 until structure passes certification | Trading Partner/Implementation Coordinator |
| 4.5 | Correct any identified problems | Trading Partner |
| 4.6 | Repeat 4.4 through 4.5 until response display passes certification | Trading Partner/Implementation Coordinator |

### Phase 5: Registration (done concurrently with Phase 4)

| 5.1 | Provide Provider Enrollment forms as required | Implementation Coordinator |
| 5.2 | Submit Provider Enrollment forms | Trading Partner |

### Phase 6: Payer Development

| 6.1 | Develop payer-specific test transactions | Trading Partner |
| 6.2 | Submit payer test cases in pre-production | Trading Partner |
| 6.3 | Resolve development issues | Trading Partner/Implementation Coordinator |

### Phase 7: Production

| 7.1 | Assign production submitter ID(s) and password(s) | Trading Partner |
| 7.2 | Test transactions in production | Trading Partner |
| 7.3 | Resolve production issues | Trading Partner/Implementation Coordinator |

### Phase 8: Sign-Off

| 8 | | Trading Partner/Implementation Coordinator |
### 2 CERTIFICATION SCENARIOS

- Subscriber query for provider with NPI and tax id
- Dependent query for provider with NPI and tax id
- California Medicaid (Denti-Cal) query with payer-assigned provider password
- New York Medicaid query with Subscriber Recipient ID
- New York Medicaid query with Subscriber Social Security Number
- Pennsylvania Medicaid query with Subscriber ID

### 3 27X TRANSMISSION EXAMPLES

#### Example 1: Sample 270/276 Requests

#### 270 Request:

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<td>NM1<em>PR</em>2<em>ABC INSURANCE*****PI</em>60054~</td>
<td><strong>Information Source Name:</strong>&lt;br&gt;Entity Identifier Code (Payer)&lt;br&gt;Entity Type Qualifier = (Non-Person)&lt;br&gt;Organization Name&lt;br&gt;Identification Code Qualifier (Payer Identification)&lt;br&gt;Identification Code</td>
</tr>
<tr>
<td>HL<em>2</em>1<em>21</em>1~</td>
<td><strong>Hierarchical Level:</strong>&lt;br&gt;Hierarchical ID Number&lt;br&gt;Hierarchical Parent ID Number&lt;br&gt;Hierarchical Level Code&lt;br&gt;Hierarchical Child Code</td>
</tr>
<tr>
<td>NM1<em>1P</em>1<em>SMITH</em>ROBERT***<em>XX</em>1234567893~</td>
<td><strong>Information Receiver Name:</strong>&lt;br&gt;Entity Identifier Code (Provider)&lt;br&gt;Entity Type Qualifier (Person)&lt;br&gt;Last Name&lt;br&gt;First Name&lt;br&gt;Identification Code Qualifier (XX)&lt;br&gt;Identification Code (NPI)</td>
</tr>
<tr>
<td>REF<em>TJ</em>999999999~</td>
<td><strong>Information Receiver Additional Identification:</strong>&lt;br&gt;Reference Identification Qualifier (TJ)&lt;br&gt;Reference Identification = TIN</td>
</tr>
</tbody>
</table>
### Information Receiver Additional Identification:
- **Reference Identification Qualifier**: X1
- **Reference Identification**: Rendering NPI (Required Segment)

### Information Receiver Additional Identification:
- **Reference Identification Qualifier**: X2
- **Reference Identification**: Billing NPI (Optional Segment)

### Hierarchical Level:
- **Hierarchical ID Number**
- **Hierarchical Parent ID Number**
- **Hierarchical Level Code**
- **Hierarchical Child Code**

### Subscriber Trace Number:
- **Trace Type Code** (Current transaction)
- **Trace Number**
- **Trace Number Assigning Entity Identifier**
- **Trace Number Assigning Entity Additional Identifier** (not used)

### Subscriber Name:
- **Entity Identifier Code** (Insured or subscriber)
- **Entity Type** (Person)
- **Last Name**
- **First Name**
- **Middle Name**
- **Name Suffix**
- **Identification Code Qualifier** (Member ID)
- **Identification Code**

### Subscriber Demographic Information:
- **Date Time Period Format Qualifier**
- **Date Time Period (e.g. Birth Date)**
- **Gender Code**

### Subscriber Date:
- **Date/Time Qualifier** (Plan)
- **Date Time Period Format Qualifier**
- **Date Time Period**

### Subscriber Eligibility or Benefit Inquiry Information:
- **Service Type Code**

### Transaction Set Trailer:
- **Number of included segments**
- **Transaction Set Control Number**

## 276 Request:

<table>
<thead>
<tr>
<th>Data Elements</th>
<th>X12-276</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Transaction Set Header</strong></td>
<td>ST<em>276</em>1234*005010X212~</td>
</tr>
<tr>
<td><strong>Beginning of Hierarchical Transaction</strong></td>
<td>BHT<em>0010</em>13<em>1234</em>20160121*1601~</td>
</tr>
<tr>
<td><strong>Hierarchical Level</strong></td>
<td>HL<em>1</em>2*01~</td>
</tr>
<tr>
<td><strong>Information Source Name</strong></td>
<td>NM1<em>PR</em>2<em>ABC INSURANCE*****PI</em>60054~</td>
</tr>
<tr>
<td>Code</td>
<td>Information</td>
</tr>
<tr>
<td>------</td>
<td>-------------</td>
</tr>
</tbody>
</table>
| HL*2*1*21*1~ | **Hierarchical Level:**  
Entity Identifier Code (Payer)  
Entity Type Qualifier = (Non-Person)  
Organization Name  
Identification Code Qualifier (Payer Identification)  
Identification Code |
| NM1*41*1*SMITH*ROBERT****46*123456789~ | **Information Receiver Name:**  
Entity Identifier Code (Submitter)  
Entity Type Qualifier (Person)  
Last Name  
First Name  
Identification Code Qualifier (46)  
Identification Code (ETIN) |
| HL*3*2*19*1~ | **Hierarchical Level:**  
 Entity Identifier Code (Submitter)  
Entity Type Qualifier (Person)  
Last Name  
First Name  
Identification Code Qualifier (FI)  
Identification Code (Tax ID) |
| NM1*1P*1*SMITH*ROBERT****FI*123456789~ | **Service Provider Name:**  
Entity Identifier Code (Provider)  
Entity Type Qualifier (Person)  
Last Name  
First Name  
Identification Code Qualifier (FI)  
Identification Code (Tax ID) |
| HL*4*3*22*0~ | **Hierarchical Level:**  
Entity Identifier Code (Provider)  
Entity Type Qualifier (Person)  
Last Name  
First Name  
Identification Code Qualifier (Member ID)  
Identification Code |
| DMG*D8*19550910*M~ | **Subscriber Demographic Information:**  
Date Time Period Format Qualifier  
Date Time Period (e.g. Birth Date)  
Gender Code |
| NM1*IL*1*PATIENT*JAMES*M**JR*MI*1112233301~ | **Subscriber Name:**  
Entity Identifier Code (Insured or subscriber)  
Entity Type (Person)  
Last Name  
First Name  
Middle Name  
Name Suffix  
Identification Code Qualifier (Member ID)  
Identification Code |
| TRN*1*123400123456777~ | **Subscriber Trace Number:**  
Trace Type Code (Current transaction)  
Trace Number (Site Id + Control Number) |
| AMT*T3*156~ | **Claim Submitted Charges:**  
Amount Qualifier Code  
Monetary Amount |
| DTP*472*RD8*20120103-20120103~ | **Claim Service Date:**  
Date/Time Qualifier (Service)  
Date Time Period Format Qualifier  
Date Time Period |
| SE*15*1234~ | **Transaction Set Trailer:**  
Number of included segments  
Transaction Set Control Number |
Example 2: Sample 271/277 Responses

271 Response – X12:

```
ISA*00* 00* *Z2*123456789 *Z2*987654321
*120121*1601*^*0501*00000001*0*F*:~
GS*HB*123456789*987654321*20120121*1601*1*X*05010X279A1~
ST*271*1234*005010X279A1~
BHT*022*06*1234*20120121*1601~
HL*1*20*1~
NM*PR*2*ABC INSURANCE*****PI*60054~
PER*IC*BOB INFOPERSON*TE*8005554636~
HL*2*121*1~
NM*IL*1*MYDENTAL CENTER*****XX*1234567894~
HL*3*221*1~
REF*6P*XXD35~
HL*4*3*230~
TRN*2*55443–212345*1212121212~
TRN*1*133140450*EMDEON CT *DENTAL~
NM*03*1*PATIENT*JANE~
DMG*D8*19581126*F~
INS*N*01~
EB*1*FAM**PR~
DTP*346*D8*2011001~
EB*C*IND*****50****Y~
EB*C*IND*****29*15****Y~
EB*C*FAM*****150****Y~
EB*C*IND*****29*115****Y~
EB*C*IND*****150****N~
EB*C*IND*****29*115****N~
EB*C*FAM*****450****N~
EB*C*FAM*****29*415****N~
EB*C**23****0****Y~
EB*C**23****0****N~
EB*C**0****0****Y**AD:D1110~
EB*F****23*1500****Y~
EB*F****29*900****Y~
EB*F****23*1200****N~
EB*F****29*600****N~
EB*F****24*23*1000****Y~
EB*F****24*29*500****Y~
EB*F****24*23*800****N~
EB*F****24*29*300****N~
EB*F****32*3000****Y~
EB*F****33*1000****Y~
EB*F****32*2500****N~
EB*F****38*33*500****N~
EB*A**23****1****Y~
EB*A**24****.8****Y~
EB*A**25****.8****Y~
EB*A**26****.8****Y~
EB*A**27****.5****Y~
EB*A**28****.8****Y~
EB*A**36****.5****Y~
EB*A**38****.5****Y~
```
271 Response – HTML:

**Payer**

<table>
<thead>
<tr>
<th>Payer Name</th>
<th>Transaction ID</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABC INSURANCE</td>
<td>133140450</td>
</tr>
<tr>
<td>BOB INFOPERSON</td>
<td>(800) 555-4636</td>
</tr>
</tbody>
</table>

**Provider**

<table>
<thead>
<tr>
<th>Provider</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>MYDENTAL CENTER</td>
<td></td>
</tr>
</tbody>
</table>

**Subscriber**

<table>
<thead>
<tr>
<th>Insured Name</th>
<th>Member ID</th>
<th>Group Number</th>
<th>Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td>JAMES M PATIENT JR</td>
<td>11122333301</td>
<td>XXD35</td>
<td></td>
</tr>
</tbody>
</table>
Dependent

Patient Name: JANE PATIENT
Relationship: SPOUSE
SSN
Group Number: Group Name
Date of Birth: 11/26/1958
Gender: FEMALE

Coverage Type
Family, Active Coverage, PPO

Coverage Dates
Dependent Coverage Dates
Eligibility Begin 10/01/2011

Deductibles & Maximums

<table>
<thead>
<tr>
<th>Deductible</th>
<th>In Network</th>
<th>Out of Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annual</td>
<td>$50.00</td>
<td>$150.00</td>
</tr>
<tr>
<td>Amount Met</td>
<td>$35.00</td>
<td>$35.00</td>
</tr>
<tr>
<td>Amount Remaining</td>
<td>$15.00</td>
<td>$115.00</td>
</tr>
<tr>
<td>Individual, Diagnostic Dental</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Family</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annual</td>
<td>$150.00</td>
<td>$450.00</td>
</tr>
<tr>
<td>Amount Met</td>
<td>$35.00</td>
<td>$35.00</td>
</tr>
<tr>
<td>Amount Remaining</td>
<td>$115.00</td>
<td>$415.00</td>
</tr>
<tr>
<td>Maximum</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annual</td>
<td>$1,000.00</td>
<td>$800.00</td>
</tr>
<tr>
<td>Amount Used</td>
<td>$600.00</td>
<td>$600.00</td>
</tr>
<tr>
<td>Amount Remaining</td>
<td>$400.00</td>
<td>$200.00</td>
</tr>
<tr>
<td>Individual, Periodontics</td>
<td>Lifetime</td>
<td></td>
</tr>
<tr>
<td>Amount Used</td>
<td>$1,000.00</td>
<td>$1,000.00</td>
</tr>
<tr>
<td>Amount Remaining</td>
<td>$500.00</td>
<td>$200.00</td>
</tr>
<tr>
<td>Individual, Orthodontics</td>
<td>Lifetime</td>
<td></td>
</tr>
<tr>
<td>Amount Used</td>
<td>$3,000.00</td>
<td>$2,500.00</td>
</tr>
<tr>
<td>Amount Remaining</td>
<td>$2,000.00</td>
<td>$2,000.00</td>
</tr>
</tbody>
</table>

Coverage

<table>
<thead>
<tr>
<th>Description</th>
<th>In Network</th>
<th>Out of Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>D6980 (Fixed Partial Denture Repair, by Report)</td>
<td>60%</td>
<td>40%</td>
</tr>
<tr>
<td>Diagnostic Dental</td>
<td>100%</td>
<td>80%</td>
</tr>
<tr>
<td>Routine(Preventive) Dental</td>
<td>100%</td>
<td>80%</td>
</tr>
<tr>
<td>Routine(Preventive) Dental</td>
<td>100%</td>
<td>80%</td>
</tr>
<tr>
<td>Procedure</td>
<td>Restriction</td>
<td>Last Visit</td>
</tr>
<tr>
<td>----------------------------------</td>
<td>---------------------------</td>
<td>-------------</td>
</tr>
<tr>
<td>D1110 (Prophylaxis - Adult)</td>
<td>2 times per 1 Calendar Year</td>
<td>12/01/2011</td>
</tr>
<tr>
<td>D0210 (Intraoral X-Rays - Complete Series)</td>
<td>1 time per 3 Years</td>
<td></td>
</tr>
</tbody>
</table>

**Age Limitations**

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Restriction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Orthodontics</td>
<td>to Age 21</td>
</tr>
<tr>
<td>D1351 (Sealant - Per Tooth)</td>
<td>To Age 14</td>
</tr>
<tr>
<td></td>
<td>Children Only to Age 20</td>
</tr>
</tbody>
</table>

**Waiting Periods**

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Restriction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Orthodontics</td>
<td>8 Months</td>
</tr>
<tr>
<td>Maxillofacial Prosthetics</td>
<td>1 Year</td>
</tr>
</tbody>
</table>

Disclaimer: This Change Healthcare Dental eligibility report is for informational purposes only. The information is derived directly from the payer indicated on the report and is not to be construed as a guarantee of payment.

**Note:** The HTML response can also be returned as DIV sections so that you can apply your own formatting. In addition, the HTML and text responses can be wrapped in XML if desired.
**277 Response – X12:**

```
ISA*00*          *00*          *ZZ*EMDEONDENTAL          *ZZ*123:54321ABCDEF
*120121*1601*^*00501*000000001*0*P*:~
GS*HN*EMDEONDENTAL*024:TEST001*20160121*1601*1*X*005010X212~
ST*277*0001*005010X212~
BHT*0010*08*1234*20160121*1601*DG~
HL*1**20*1~
NM1*PR*2*ABC INSURANCE*****PI*60054~
PER*IC*PAYER CUSTOMER SUPPORT*TE*8005552222~
HL*2*1*21*1~
NM1*41*2*MYDENTAL CENTER*****46*123456789~
HL*3*2*19*1~
NM1*1P*2*MYDENTAL CENTER*****FI*123456789~
HL*4*3*22*1~
DMG*D8*19550910*M~
NM1*IL*1*PATIENT*JAMES*M**JR*MI*11122333301~
TRN*2*123400123456789~
STC*F0:1*20160121**156*156***20160120*01234-012345678***FINAL/PAYMENT-PAYMENT
REFLECTS PLAN PROVISIONS~
REP*1K*1234567890~
DTP*472*RD8*20160103-20160103~
SE*19*0001~
GE*1*1~
IEA*1*000000001~
```

**Important Note:** The return 277 is a standard 277 with the exception of data element STC12 (bolded above). This free-form message text contains specific information as to the disposition of the claim. If Change Healthcare is able to obtain this detailed information, we will include it on the 277 response. If the free-form text is not available, then STC12 will not be included in the 277 response.
277 Response – HTML:

Transaction ID: 12435986
Payer: ABC INSURANCE
Phone: 8005552222

Insured Name: JAMES M PATIENT JR
Patient Name: JAMES M PATIENT JR
Patient DOB: 09/10/1955
Rendering Provider: MYDENTAL CENTER
Change Healthcare Claim ID: 123456789

Payer Control No.: 123456789
Phone: 8005552222
Fax

Insured ID: 1112233301
Relationship: Self
Patient Gender: M
Charge Amount: $156.00
Service Date: 01/03/2016

Finalized Claim Status
Charge Amount: $156.00
Paid Amount: $156.00
Adjudication or Pay Date: 01/20/2016
Payment Method
Check Date: 01/20/2016
Check Number: 01234-012345678

Claim Tracking
<table>
<thead>
<tr>
<th>Status Source</th>
<th>Status Date</th>
<th>Status</th>
<th>Status Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Change Healthcare CT</td>
<td>01/04/2016</td>
<td>Accepted</td>
<td>CLAIM FORWARDED ELECTRONICALLY.</td>
</tr>
<tr>
<td>Change Healthcare TN</td>
<td>01/04/2016</td>
<td>Accepted</td>
<td>CLAIM SENT TO CARRIER</td>
</tr>
<tr>
<td>Payer</td>
<td>01/04/2016</td>
<td>Accepted</td>
<td>ACK/ACCEPT-ENTITY ACKNOWLEDGES RECEIPT OF CLAIM/ENCOUNTER.-INSURER</td>
</tr>
<tr>
<td>Payer Real Time Status</td>
<td>01/21/2016</td>
<td>Complete</td>
<td>PROCESSED ACCORDING TO CONTRACT/PLAN PROVISIONS. CHARGES APPLIED TO DEDUCTIBLE. MAXIMUM COVERAGE AMOUNT MET OR EXCEEDED FOR BENEFIT PERIOD.</td>
</tr>
</tbody>
</table>

Note: The HTML response can also be returned as DIV sections so that you can apply your own formatting. In addition, the HTML and text responses can be wrapped in XML if desired.
MIME/Multipart and SOAP Requests:

<table>
<thead>
<tr>
<th>Transaction Name</th>
<th>HIPAA Mandated</th>
<th>Request Value</th>
<th>Response Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Care Eligibility Benefit Inquiry and Response</td>
<td>Y</td>
<td>X12_270_Request_005010X279A1</td>
<td>X12_271_Response_005010X279A1</td>
</tr>
<tr>
<td>Health Care Claim Status Request and Response</td>
<td>Y</td>
<td>X12_276_Request_005010X212</td>
<td>X12_277_Response_005010X212</td>
</tr>
</tbody>
</table>

The request values provided in the above table should substitute the text and square brackets [Insert Payload Type value here] in the following examples.

Example 1: Sample MIME/Multipart Requests and SOAP Requests

**MIME/Multipart Request**

```
POST /core/eligibility HTTP/1.1
Host: server_host:server_port
Content-Length: 2408
Content-Type: multipart/form-data; boundary=XbCY

-----------------------------8cf9c8258a99367
Content-Disposition: form-data; name="Password";
[Insert Serial Number here]
-----------------------------8cf9c8258a99367
Content-Disposition: form-data; name="Username";
[Insert TPG Number here]
-----------------------------8cf9c8258a99367
Content-Disposition: form-data; name="CORERuleVersion";
2.2.0
-----------------------------8cf9c8258a99367
Content-Disposition: form-data; name="PayloadType";
[Insert Payload Type value here]
-----------------------------8cf9c8258a99367
Content-Disposition: form-data; name="ProcessingMode";
RealTime
-----------------------------8cf9c8258a99367
Content-Disposition: form-data; name="PayloadID";
[Insert Payload ID value here]
-----------------------------8cf9c8258a99367
Content-Disposition: form-data; name="TimeStamp";
[Insert UTC time here]
-----------------------------8cf9c8258a99367
```
HTTP Request Using SOAP + WSDL Request

POST /core/eligibility HTTP/1.1
Host: server_host:server_port
Content-Type: application/soap+xml; charset=UTF-8; action="RealTimeTransaction"

<soap:Envelope xmlns:soap="http://www.w3.org/2003/05/soap-envelope"
xmlns:cor="http://www.caqh.org/SOAP/WSDL/CORERule2.2.0.xsd">
  <soap:Header>
    <wsse:Security xmlns:wsse="http://docs.oasis-open.org/wss/2004/01/oasis-200401-wss-wssecurity-secext-1.0.xsd" soap:mustUnderstand="true">
      <wsse:UsernameToken xmlns:wsu="http://docs.oasis-open.org/wss/2004/01/oasis-200401-wss-wssecurity-utility-1.0.xsd"
wsu:Id="UsernameToken-21621663">
        <wsse:Username>[Insert Username here]</wsse:Username>
        <wsse:Password Type="http://docs.oasis-open.org/wss/2004/01/oasis-200401-wss-wssecurity-utility-1.0#PasswordText">[Insert Password here]</wsse:Password>
      </wsse:UsernameToken>
    </wsse:Security>
  </soap:Header>
  <soap:Body>
    <cor:COREEnvelopeRealTimeRequest>
      <PayloadType>[Insert Payload Type value here]</PayloadType>
      <ProcessingMode>RealTime</ProcessingMode>
      <PayloadID>[Insert Payload ID value here]</PayloadID>
      <TimeStamp>[Insert UTC time here]</TimeStamp>
      <SenderID>[Insert Sender ID here]</SenderID>
      <ReceiverID>[Insert Receiver ID here]</ReceiverID>
    </cor:COREEnvelopeRealTimeRequest>
  </soap:Body>
</soap:Envelope>
Example 2: Sample MIME/Multipart Requests and SOAP Responses

**MIME/Multipart Response**

```
POST /core/eligibility HTTP/1.1
HTTP/1.1 200 OK
Content-Length: 2408
Content-Type: multipart/form-data; boundary=XbCY

-------------------------------8cf9c8258a99367
Content-Disposition: form-data; name="PayloadType"

[Payload Type returned here]
-------------------------------8cf9c8258a99367
Content-Disposition: form-data; name="ProcessingMode"

RealTime
-------------------------------8cf9c8258a99367
Content-Disposition: form-data; name="PayloadID"

[Payload ID returned here]
-------------------------------8cf9c8258a99367
Content-Disposition: form-data; name="TimeStamp"

[Response UTC Time Stamp returned here]
-------------------------------8cf9c8258a99367
Content-Disposition: form-data; name="SenderId"

[Sender ID returned here]
-------------------------------8cf9c8258a99367
Content-Disposition: form-data; name="ReceiverID"

[Receiver ID returned here]
-------------------------------8cf9c8258a99367
Content-Disposition: form-data; name="CORERuleVersion"

2.2.0
-------------------------------8cf9c8258a99367
Content-Disposition: form-data; name="ErrorCode"

Success
-------------------------------8cf9c8258a99367
Content-Disposition: form-data; name="ErrorMessage"

-------------------------------8cf9c8258a99367
```

```xml
<CORERuleVersion>2.2.0</CORERuleVersion>
<Payload><![Insert X12 request here]]></Payload>
</cor:COREEnvelopeRealTimeRequest>
</soap:Body>
</soap:Envelope>
```
Content-Disposition: form-data; name="Payload"

[X12 response returned here]
----------------------------------8cf9c8258a99367

**SOAP + WSDL Response**

HTTP/1.1 200 OK
Content-Type: application/soap+xml;
action="http://www.caqh.org/SOAP/WSDL/CORETransactions/RealTimeTransactionResponse";charset=UTF-8

```xml
<?xml version="1.0" encoding="UTF-8"?>
<SOAP-ENV:Envelope xmlns:SOAP-ENV="http://www.w3.org/2003/05/soap-envelope"
xmlns:SOAP-ENC="http://www.w3.org/2003/05/soap-encoding"
xmlns:xsi="http://www.w3.org/2001/XMLSchema-instance"
xmlns:xsd="http://www.w3.org/2001/XMLSchema"
xmlns:c14n="http://www.w3.org/2001/10/xml-exc-c14n#
xmlns:wsu="http://docs.oasis-open.org/wss/2004/01/oasis-200401-wss-wssecurity-utility-1.0.xsd"
xmlns:xenc="http://www.w3.org/2001/04/xmlenc#"
xmlns:wsc="http://schemas.xmlsoap.org/ws/2005/02/sc"
xmlns:ds="http://www.w3.org/2000/09/xmldsig#
xmlns:wsse="http://docs.oasis-open.org/wss/2004/01/oasis-200401-wss-wssecurity-secext-1.0.xsd"
xmlns:CORE220="http://www.caqh.org/SOAP/WSDL/CORERule2.2.0.xsd"
xmlns:CORE="http://www.caqh.org/SOAP/WSDL/"

<SOAP-ENV:Body>
  <CORE220:COREEnvelopeRealTimeResponse SOAP-ENV:encodingStyle="http://www.w3.org/2003/05/soap-encoding">
    <PayloadType>[Payload Type returned here]</PayloadType>
    <ProcessingMode>RealTime</ProcessingMode>
    <PayloadID>[Payload ID returned here]</PayloadID>
    <TimeStamp>[Response UTC Time Stamp returned here]</TimeStamp>
    <SenderID>[Sender ID returned here]</SenderID>
    <ReceiverID>[Receiver ID returned here]</ReceiverID>
    <CORERuleVersion>2.2.0</CORERuleVersion>
    <Payload>[Insert X12 response here]</Payload>
    <ErrorCode>Success</ErrorCode>
    <ErrorMessage></ErrorMessage>
  </CORE220:COREEnvelopeRealTimeResponse>
</SOAP-ENV:Body>
</SOAP-ENV:Envelope>
```
4 ERROR CODE SAMPLES

Structure of SOAP Error Code

Given the following SOAP request, we refer to the parts having the same color (see legend on the following page).

```xml
<soap:Envelope xmlns:soap="http://www.w3.org/2003/05/soap-envelope"
xmlns:cor="http://www.caqh.org/SOAP/WSDL/CORERule2.2.0.xsd">
  <soap:Header>
    <wsse:Security xmlns:wsse="http://docs.oasis-open.org/wss/2004/01/oasis-200401-wss-wssecurity-secext-1.0.xsd"
      soap:mustUnderstand="true">
      <wsse:UsernameToken xmlns:wsu="http://docs.oasis-open.org/wss/2004/01/oasis-200401-wss-wssecurity-utility-1.0.xsd" wsu:Id="UsernameToken-21621663">
        <wsse:Username>Q0000000</wsse:Username>
        <wsse:Password Type="http://docs.oasis-open.org/wss/2004/01/oasis-200401-wss-wssecurity-username-token-profile-1.0#PasswordText">033019950</wsse:Password>
      </wsse:UsernameToken>
    </wsse:Security>
  </soap:Header>
  <soap:Body>
    <cor:COREEnvelopeRealTimeRequest>
      <PayloadType>[Insert Payload Type value here]</PayloadType>
      <ProcessingMode>RealTime</ProcessingMode>
      <PayloadID>e51d4fae-7dec-11d0-a765-00a0c91e6da6</PayloadID>
      <TimeStamp>2007-08-30T10:20:30-05:00</TimeStamp>
      <SenderID>EDIFECS TSK0334</SenderID>
      <ReceiverID>EDIFECSTEST</ReceiverID>
      <CORERuleVersion>2.2.0</CORERuleVersion>
      <Payload>[X12 Transaction]</Payload>
    </cor:COREEnvelopeRealTimeRequest>
  </soap:Body>
</soap:Envelope>
```
Below is the list of expected behaviors:

<table>
<thead>
<tr>
<th>Case#</th>
<th>Condition</th>
<th>Expected Behavior</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Missing color Begin tags.</td>
<td>SOAP Fault – Validation constraint violation: tag name or namespace mismatch in element</td>
</tr>
<tr>
<td>2</td>
<td>Missing color Begin tags.</td>
<td>SOAP Fault – No tag: no XML root element or missing SOAP message body element</td>
</tr>
<tr>
<td>3</td>
<td>Missing color End tags.</td>
<td>CoreEnvelopeError – Unauthorized</td>
</tr>
<tr>
<td>4</td>
<td>Missing color Begin tags.</td>
<td>SOAP Fault – Method not implemented: method name or namespace not recognized.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>The first tag in the Body should be the method name COREEnvelopeRealTimeRequest,</td>
</tr>
<tr>
<td></td>
<td></td>
<td>so if the app sees anything else, the tag will not be recognized and generate a</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SOAP Fault.</td>
</tr>
<tr>
<td>5</td>
<td>Missing color Begin tags.</td>
<td>If the tag is missing, the parser will fail to obtain the rest of the values and</td>
</tr>
<tr>
<td></td>
<td></td>
<td>they will be set to blank. For example, if &lt;PayloadType&gt; is missing, ProcessingMode,</td>
</tr>
<tr>
<td></td>
<td></td>
<td>PayloadID, TimeStamp, etc. will all be set to blanks; thus, if the missing</td>
</tr>
<tr>
<td></td>
<td></td>
<td>&lt;PayloadType&gt; is the last field in the request, all the fields’ values above it</td>
</tr>
<tr>
<td></td>
<td></td>
<td>would have been set and the response will not have blanks in them. TimeStamp is</td>
</tr>
<tr>
<td></td>
<td></td>
<td>the first field that is being verified, therefore the error will be</td>
</tr>
<tr>
<td></td>
<td></td>
<td>CoreEnvelopeError with TimeStampRequired. The fields are verified in the following</td>
</tr>
<tr>
<td></td>
<td></td>
<td>order: TimeStamp, ProcessingMode, Version, SenderID, ReceiverID, PayloadType,</td>
</tr>
<tr>
<td></td>
<td></td>
<td>PayloadID, Payload.</td>
</tr>
<tr>
<td>6</td>
<td>Missing color End tags.</td>
<td>SOAP Fault - End of file or no input: Operation interrupted or timed out</td>
</tr>
<tr>
<td>7</td>
<td>Misspelled color Begin tags.</td>
<td>SOAP Fault – Validation constraint violation: tag name or namespace mismatch in element</td>
</tr>
<tr>
<td></td>
<td></td>
<td>– The data element must be understood but cannot be handled” only if the attribute</td>
</tr>
<tr>
<td></td>
<td></td>
<td>mustUnderStand is present and set to true.</td>
</tr>
<tr>
<td>9</td>
<td>Misspelled color End tags.</td>
<td>The misspelling is ignored and the parser will continue processing.</td>
</tr>
<tr>
<td>10</td>
<td>Misspelled color Begin tags.</td>
<td>SOAP Fault – Method not implemented: method name or namespace not recognized.</td>
</tr>
<tr>
<td>11</td>
<td>Misspelled color Begin tags.</td>
<td>CoreEnvelopeError - &lt;Tag&gt;Required.</td>
</tr>
<tr>
<td>12</td>
<td>Misspelled color End tags.</td>
<td>The misspelling is ignored and the parser will continue processing.</td>
</tr>
<tr>
<td>13</td>
<td>In envelope header, spelling</td>
<td>SOAP Fault – Well-formedness violation</td>
</tr>
<tr>
<td></td>
<td>“&lt;sodap:Envelope”</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>In envelope header, spelling</td>
<td>SOAP Fault – Validation constraint violation: tag name or namespace mismatch in</td>
</tr>
<tr>
<td></td>
<td>“&lt;soap:Envelope”</td>
<td>element</td>
</tr>
<tr>
<td>15</td>
<td>In envelope header, missing “&lt;”</td>
<td>SOAP Fault – HTTP Error: 414 Request – URI Too Large</td>
</tr>
<tr>
<td>16</td>
<td>Missing the whole header.</td>
<td>SOAP Fault – Validation constraint violation: tag name or namespace mismatch in</td>
</tr>
<tr>
<td></td>
<td></td>
<td>element</td>
</tr>
</tbody>
</table>
Authentication Failure

**MIME/Multipart Error Response**

```
8cfa663bc2437a5
Content-Disposition: form-data; name="PayloadType"

[Payload Type returned here]
8cfa663bc2437a5
Content-Disposition: form-data; name="ProcessingMode"

RealTime
8cfa663bc2437a5
Content-Disposition: form-data; name="PayloadID"

[Payload ID returned here]
8cfa663bc2437a5
Content-Disposition: form-data; name="TimeStamp"

[Response UTC Time Stamp returned here]
8cfa663bc2437a5
Content-Disposition: form-data; name="SenderID"

[Sender ID returned here]
8cfa663bc2437a5
Content-Disposition: form-data; name="ReceiverID"

[Receiver ID returned here]
8cfa663bc2437a5
Content-Disposition: form-data; name="CORERuleVersion"

2.2.0
8cfa663bc2437a5
Content-Disposition: form-data; name="ErrorCode"

Unauthorized
8cfa663bc2437a5
Content-Disposition: form-data; name="ErrorMessage"

Invalid Username/Password.
8cfa663bc2437a5
Content-Disposition: form-data; name="Payload"

[X12 response returned here]
8cfa663bc2437a5
```
SOAP Error Response

```xml
<SOAP-ENV:Envelope xmlns:SOAP-ENV="http://www.w3.org/2003/05/soap-envelope"
 xmlns:SOAP-ENC="http://www.w3.org/2003/05/soap-encoding"
 xmlns:xsi="http://www.w3.org/2001/XMLSchema-instance"
 xmlns:xsd="http://www.w3.org/2001/XMLSchema"
 xmlns:c14n="http://www.w3.org/2001/10/xml-c14n#"
 xmlns:wsu="http://docs.oasis-open.org/wss/2004/01/oasis-200401-wss-wssecurity-utility-1.0.xsd"
 xmlns:xenc="http://www.w3.org/2001/04/xmlenc#"
 xmlns:wsc="http://schemas.xmlsoap.org/ws/2005/02/sc"
 xmlns:ds="http://www.w3.org/2000/09/xmldsig#"
 xmlns:wsse="http://docs.oasis-open.org/wss/2004/01/oasis-200401-wss-wssecurity-secext-1.0.xsd"
 xmlns:CORE220="http://www.caqh.org/SOAP/WSDL/CORERule2.2.0.xsd"
 xmlns:CORE="http://www.caqh.org/SOAP/WSDL/">
  <SOAP-ENV:Header>
    <wsse:Security SOAP-ENV:mustUnderstand="true">
      <wsse:UsernameToken wsu:Id="UsernameToken-21621663">
        <wsse:Username>L1000000</wsse:Username>
        <wsse:Password Type="http://docs.oasis-open.org/wss/2004/01/oasis-200401-wss-wssecurity-username-token-profile-1.0#PasswordText">033019950</wsse:Password>
      </wsse:UsernameToken>
    </wsse:Security>
  </SOAP-ENV:Header>
  <SOAP-ENV:Body>
    <CORE220:COREEnvelopeRealTimeResponse>
      <PayloadType>[Payload Type returned here]</PayloadType>
      <ProcessingMode>RealTime</ProcessingMode>
      <PayloadID>[Payload ID returned here]</PayloadID>
      <TimeStamp>[Response UTC Time Stamp returned here]</TimeStamp>
      <SenderID>[Sender ID returned here]</SenderID>
      <ReceiverID>[Receiver ID returned here]</ReceiverID>
      <CORERuleVersion>2.2.0</CORERuleVersion>
      <Payload>[X12 response returned here]</Payload>
      <ErrorCode>UnAuthorized</ErrorCode>
      <ErrorMessage>Invalid Username/Password.</ErrorMessage>
    </CORE220:COREEnvelopeRealTimeResponse>
  </SOAP-ENV:Body>
</SOAP-ENV:Envelope>
```
Version Mismatch

MIME/Multipart Error Response

Content-Disposition: form-data; name="PayloadType"

[Payload Type returned here]

Content-Disposition: form-data; name="ProcessingMode"

RealTime

Content-Disposition: form-data; name="PayloadID"

[Payload ID returned here]

Content-Disposition: form-data; name="TimeStamp"

[Response UTC Time Stamp returned here]

Content-Disposition: form-data; name="SenderId"

[Sender ID returned here]

Content-Disposition: form-data; name="ReceiverID"

[Receiver ID returned here]

Content-Disposition: form-data; name="CORERuleVersion"

2.1.0

Content-Disposition: form-data; name="ErrorCode"

VersionMismatch

Content-Disposition: form-data; name="ErrorMessage"

Expecting CORERuleVersion=2.2.0

Content-Disposition: form-data; name="Payload"

[X12 response returned here]
SOAP Error Response

```
<SOAP-ENV:Envelope xmlns:SOAP-ENV="http://www.w3.org/2003/05/soap-envelope"
xmlns:SOAP-ENC="http://www.w3.org/2003/05/soap-encoding"
xmlns:xsi="http://www.w3.org/2001/XMLSchema-instance"
xmlns:xsd="http://www.w3.org/2001/XMLSchema"
xmlns:cl4n="http://www.w3.org/2001/10/xml-exc-c14n#"
xmlns:wsu="http://docs.oasis-open.org/wss/2004/01/oasis-200401-wss-wssecurity-utility-1.0.xsd"
xmlns:xenc="http://www.w3.org/2001/04/xmlenc#"
xmlns:wsc="http://schemas.xmlsoap.org/ws/2005/02/sc"
xmlns:ds="http://www.w3.org/2000/09/xmldsig#"
xmlns:wsse="http://docs.oasis-open.org/wss/2004/01/oasis-200401-wss-wssecurity-secext-1.0.xsd"
xmlns:CORE220="http://www.caqh.org/SOAP/WSDL/CORERule2.2.0.xsd"
xmlns:CORE="http://www.caqh.org/SOAP/WSDL/"

  <SOAP-ENV:Header>
    <wsse:Security SOAP-ENV:mustUnderstand="true">
      <wsse:UsernameToken wsu:Id="UsernameToken-21621663">
        <wsse:Username>L0000000</wsse:Username>
        <wsse:Password Type="http://docs.oasis-open.org/wss/2004/01/oasis-200401-wss-wssecurity-username-token-profile-1.0#PasswordText">033019950</wsse:Password>
      </wsse:UsernameToken>
    </wsse:Security>
  </SOAP-ENV:Header>

  <SOAP-ENV:Body>
    <CORE220:COREEnvelopeRealTimeResponse>
      <PayloadType>[Payload Type returned here]</PayloadType>
      <ProcessingMode>RealTime</ProcessingMode>
      <PayloadID>[Payload ID returned here]</PayloadID>
      <TimeStamp>[Response UTC Time Stamp returned here]</TimeStamp>
      <SenderID>[Sender ID returned here]</SenderID>
      <ReceiverID>[Receiver ID returned here]</ReceiverID>
      <CORERuleVersion>2.2.0</CORERuleVersion>
      <Payload>[X12 response returned here]</Payload>
      <ErrorCode>VersionMismatch</ErrorCode>
      <ErrorMessage>Expecting CORERuleVersion=2.2.0</ErrorMessage>
    </CORE220:COREEnvelopeRealTimeResponse>
  </SOAP-ENV:Body>
</SOAP-ENV:Envelope>
```
Processing Mode Mismatch

**MIME/Multipart Error Response**

```
--8cfa664119ef98b
Content-Disposition: form-data; name="PayloadType"

[Payload Type returned here]
--8cfa664119ef98b
Content-Disposition: form-data; name="ProcessingMode"

RealTime
--8cfa664119ef98b
Content-Disposition: form-data; name="PayloadID"

[Payload ID returned here]
--8cfa664119ef98b
Content-Disposition: form-data; name="TimeStamp"

[Response UTC Time Stamp returned here]
--8cfa664119ef98b
Content-Disposition: form-data; name="SenderId"

[Sender ID returned here]
--8cfa664119ef98b
Content-Disposition: form-data; name="ReceiverID"

[Receiver ID returned here]
--8cfa664119ef98b
Content-Disposition: form-data; name="CORERuleVersion"

2.2.0
--8cfa664119ef98b
Content-Disposition: form-data; name="ErrorCode"

ProcessingModeIllegal
--8cfa664119ef98b
Content-Disposition: form-data; name="ErrorMessage"

Expecting ProcessingMode=RealTime
--8cfa664119ef98b
Content-Disposition: form-data; name="Payload"

[X12 response returned here]
--8cfa664119ef98b
```
SOAP Error Response

```xml
<SOAP-ENV:Envelope xmlns:SOAP-ENV="http://www.w3.org/2003/05/soap-envelope"
      xmlns:SOAP-ENC="http://www.w3.org/2003/05/soap-encoding"
      xmlns:xsi="http://www.w3.org/2001/XMLSchema-instance"
      xmlns:xsd="http://www.w3.org/2001/XMLSchema"
      xmlns:c14n="http://www.w3.org/2001/10/xml-exc-c14n#"
      xmlns:wsu="http://docs.oasis-open.org/wss/2004/01/oasis-200401-wss-wssecurity-utility-1.0.xsd"
      xmlns:xenc="http://www.w3.org/2001/04/xmlenc#"
      xmlns:wsse="http://docs.oasis-open.org/wss/2004/01/oasis-200401-wss-wssecurity-secext-1.0.xsd"
      xmlns:CORE220="http://www.caqh.org/SOAP/WSDL/CORERule2.2.0.xsd"
      xmlns:CORE="http://www.caqh.org/SOAP/WSDL/"
      xmlns:wsc="http://schemas.xmlsoap.org/ws/2005/02/sc"
      xmlns:ds="http://www.w3.org/2000/09/xmldsig#"
      xmlns:wssec="http://docs.oasis-open.org/wss/2004/01/oasis-200401-wss-wssecurity-secext-1.0.xsd"
      xmlns:core="http://www.caqh.org/SOAP/WSDL/">
  
  <SOAP-ENV:Header>
    <wsse:Security SOAP-ENV:mustUnderstand="true">
      <wsse:UsernameToken wsu:Id="UsernameToken-21621663">
        <wsse:Username>L0000000</wsse:Username>
        <wsse:Password Type="http://docs.oasis-open.org/wss/2004/01/oasis-200401-wss-wssecurity-username-token-profile-1.0#PasswordText">033019950</wsse:Password>
      </wsse:UsernameToken>
    </wsse:Security>
  </SOAP-ENV:Header>

  <SOAP-ENV:Body>
    <CORE220:COREEnvelopeRealTimeResponse>
      <PayloadType>[Payload Type returned here]</PayloadType>
      <ProcessingMode>RealTime1</ProcessingMode>
      <PayloadID>[Payload ID returned here]</PayloadID>
      <TimeStamp>[Response UTC Time Stamp returned here]</TimeStamp>
      <SenderID>[Sender ID returned here]</SenderID>
      <ReceiverID>[Receiver ID returned here]</ReceiverID>
      <CORERuleVersion>2.2.0</CORERuleVersion>
      <Payload>[X12 response returned here]</Payload>
      <ErrorCode>ProcessingModeIllegal</ErrorCode>
      <ErrorMessage>Expecting ProcessingMode=RealTime</ErrorMessage>
    </CORE220:COREEnvelopeRealTimeResponse>
  </SOAP-ENV:Body>

</SOAP-ENV:Envelope>
```
Incorrect PayloadID

**MIME/Multipart Error Response**

```
---------------------------------8cfa6647a0db49e
Content-Disposition: form-data; name="PayloadType"

[Payload Type returned here]

---------------------------------8cfa6647a0db49e
Content-Disposition: form-data; name="ProcessingMode"

RealTime

---------------------------------8cfa6647a0db49e
Content-Disposition: form-data; name="PayloadID"

[Payload ID returned here]

---------------------------------8cfa6647a0db49e
Content-Disposition: form-data; name="TimeStamp"

[Response UTC Time Stamp returned here]

---------------------------------8cfa6647a0db49e
Content-Disposition: form-data; name="SenderID"

[Sender ID returned here]

---------------------------------8cfa6647a0db49e
Content-Disposition: form-data; name="ReceiverID"

[Receiver ID returned here]

---------------------------------8cfa6647a0db49e
Content-Disposition: form-data; name="CORERuleVersion"

2.2.0

---------------------------------8cfa6647a0db49e
Content-Disposition: form-data; name="ErrorCode"

PayloadIDIllegal

---------------------------------8cfa6647a0db49e
Content-Disposition: form-data; name="ErrorMessage"

PayloadID must conform to ISO UUID standards.

---------------------------------8cfa6647a0db49e
Content-Disposition: form-data; name="Payload"

[X12 response returned here]

---------------------------------8cfa6647a0db49e
```
SOAP Error Response

```xml
<SOAP-ENV:Envelope xmlns:SOAP-ENV="http://www.w3.org/2003/05/soap-envelope"
xmlns:SOAP-ENC="http://www.w3.org/2003/05/soap-encoding"
xmlns:xsi="http://www.w3.org/2001/XMLSchema-instance"
xmlns:xsd="http://www.w3.org/2001/XMLSchema"
xmlns:c14n="http://www.w3.org/2001/10/xml-exc-c14n#
xmlns:wsu="http://docs.oasis-open.org/wss/2004/01/oasis-200401-wss-wssecurity-utility-1.0.xsd"
xmlns:xenc="http://www.w3.org/2001/04/xmlenc#"
xmlns:wsc="http://schemas.xmlsoap.org/ws/2005/02/sc"
xmlns:ds="http://www.w3.org/2000/09/xmldsig#"
xmlns:wsse="http://docs.oasis-open.org/wss/2004/01/oasis-200401-wss-wssecurity-secext-1.0.xsd"
xmlns:CORE220="http://www.caqh.org/SOAP/WSDL/CORERule2.2.0.xsd"
xmlns:CORE="http://www.caqh.org/SOAP/WSDL/">
  <SOAP-ENV:Header>
    <wsse:Security SOAP-ENV:mustUnderstand="true">
      <wsse:UsernameToken wsu:Id="UsernameToken-21621663">
        <wsse:Username>L0000000</wsse:Username>
        <wsse:Password Type="http://docs.oasis-open.org/wss/2004/01/oasis-200401-wss-username-token-profile-1.0#PasswordText">033019950</wsse:Password>
      </wsse:UsernameToken>
    </wsse:Security>
  </SOAP-ENV:Header>
  <SOAP-ENV:Body>
    <CORE220:COREEnvelopeRealTimeResponse>
      <PayloadType>[Payload Type returned here]</PayloadType>
      <ProcessingMode>RealTime</ProcessingMode>
      <PayloadID>[Payload ID returned here]</PayloadID>
      <TimeStamp>[Response UTC Time Stamp returned here]</TimeStamp>
      <SenderID>[Sender ID returned here]</SenderID>
      <ReceiverID>[Receiver ID returned here]</ReceiverID>
      <CORERuleVersion>2.2.0</CORERuleVersion>
      <Payload>[X12 response returned here]</Payload>
      <ErrorCode>PayloadIDIllegal</ErrorCode>
      <ErrorMessage>PayloadID must conform to ISO UUID standards.</ErrorMessage>
    </CORE220:COREEnvelopeRealTimeResponse>
  </SOAP-ENV:Body>
</SOAP-ENV:Envelope>
```
5 PAYER SPECIFIC REQUIREMENTS

California Medicaid (Denti-Cal)

Overview

California Medicaid requires that providers sign up and obtain a special password that must be included on Eligibility requests.

The California Medicaid Password must be supplied in addition to the normal identification. This information is supplied in an additional REF segments.

Formatting Details

The Information Receiver Loop is constructed as specified for normal Change Healthcare transactions. In addition to the NM1 and one or two standard REF segments, you need to include an additional REF segment in the 2100B loop to specify the California Medicaid Password:

REF*4A*[password]~

“password” must be replaced with the actual value.

Dental Connect for Vendors support

It is strongly recommended that you code your client application to allow the doctor to enter the CAMED Password or store it locally. Your application would then create the necessary REF segment in the 270 request to supply this information.

In the situation where you are not able to modify your client application to collect and supply this information, and are willing to take on the ongoing task of entering and maintaining this information on behalf of your customers, the Dental Connect allows the vendor support staff to make entries in a lookup table which the Eligibility Server uses to retrieve and insert the payer-assigned Password before sending the transaction to California Medicaid.

Entries in the lookup table are keyed by the Change Healthcare User Name and the California Medicaid Provider ID, as used on claims.

Dental Connect provides the ability to create new entries, update entries and to view the information.

Change Healthcare recommends against using this feature, due to the ongoing support work that it creates, but it exists, if you have to make use of it. If you feel you must use this feature, please discuss it with your Change Healthcare Implementation Coordinator.
Delta Dental Insurance Company (DDIC)

Overview

Delta Dental Insurance Company handles Delta plans for ten states. Batch Claims are submitted using a single payer ID 94276 and DDIC is able to route the claims as necessary. DDIC requires that the Information Source NM109 element contain a state-specific payer ID for Eligibility, however.

There is no easy way to know definitively which state plan covers a patient, as the information is not shown on the DDIC insurance card. The state plan covering a given patient is based on the state in which the corporate headquarters of the employer is located.

In order to make things easier, we have decided to support the original 94276 payer ID. When we receive an X12-270 for payer 94276, we will send the transaction to DDIC, who then submits it to each plan until one reports the coverage information.

We have created state-specific payer IDs that can be used, if you wish. The Batch Claim System will convert these payer IDs to 94276, if they are used on claims. If we receive an Eligibility transaction for one of the state-specific payer IDs, we will send the transaction to DDIC, who then submits it to each plan until one reports the coverage information.

The recommended process is for you to send all DDIC transactions to the 94276 payer ID since this will cause the least disruption to the existing processes.

The following are the DDIC payer IDs:

- 94276 Delta Dental Ins. Co. – All Plans
- DDAL1 Delta Dental Ins. Co. - Alabama
- DDFL1 Delta Dental Ins. Co. - Florida
- DDGA1 Delta Dental Ins. Co. - Georgia
- DDLA1 Delta Dental Ins. Co. - Louisiana
- DDTX1 Delta Dental Ins. Co. - Texas
- DDMS1 Delta Dental Ins. Co. - Mississippi
- DDAK1 Delta Dental Ins. Co. – Alaska (Processed by Delta MS)
- DDUT1 Delta Dental Ins. Co. – Utah
- DDMT1 Delta Dental Ins. Co. – Montana (Processed by Delta Utah)
- DDNV1 Delta Dental Ins. Co. – Nevada (Processed by Delta Utah)
New York Medicaid

Overview

New York Medicaid allows searching by three types of Member ID or by Social Security Number.

If you use the eight character Medicaid Recipient ID, you must supply a REF*GH segment with the Card Sequence Number. The other two types of Member ID do not require additional information.

The following search information applies to the Subscriber loop.

**Medicaid Recipient ID Search**

NM108 = “MI”

NM109 = [8 character Medicaid Recipient ID]

REF01 = “GH”

REF02 = [Card Sequence Number]

Note: The card sequence number should be two characters (e.g. “01”).

**Medicaid Access Number Search**

NM108 = “MI”

NM109 = [13 character Medicaid Access Number]

**Common Benefit ID Number Search**

NM108 = “MI”

NM109 = [19 character Common Benefit ID Number]

**Social Security Number Search**

NM103 = [subscriber last name]

NM104 = [subscriber first name]

NM108 = “SY”

NM109 = [9 character SSN]

DMG01 = “D8”

DMG02 = [subscriber birth date CCYYMMDD]

DMG03 = [subscriber gender M, F]
Pennsylvania Medicaid

Overview

Pennsylvania Medicaid requires that if you use the 10 character Medicaid Recipient ID, you must also supply the 2 digit Access Card Number.

The following search information applies to the Subscriber loop.

**Medicaid Recipient ID Search**

NM108 = “MI”

NM109 = [10 character Medicaid Recipient ID + 2 character Access Card Number]

Note: The access card number should be two characters (e.g. “01”).
## CHANGE LOG

<table>
<thead>
<tr>
<th>Date</th>
<th>Version</th>
<th>Change Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>December 21, 2012</td>
<td>1.0</td>
<td>Published.</td>
</tr>
<tr>
<td>February 03, 2014</td>
<td>1.1</td>
<td>Added REF*TJ requirement to 270 Transmission Request examples #s 1 and 2.</td>
</tr>
<tr>
<td>March 30, 2016</td>
<td>2.0</td>
<td>Rebranded</td>
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