HEALTHeNET™

Net Exchange API

HIPAA Transaction Standard Companion Guide
Refers to the Implementation Guides
Based on ASC X12 versions
005010X279A1 & 005010X212
Eligibility & Benefits Inquiry Request / Response (270/271)
Claim Status Inquiry Request / Response (276/277)

Ver. 1.0
Revision Date: 3/15/2022

Disclosure Statement

HEALTHeNET provides the information in this document as guidance for connecting to the Net Exchange API. While HEALTHeNET believes all information in this document to be correct at the time of writing, any ASC X12 v5010 message formatting related questions should be verified with the current message formatting standards available on the X12 website at https://x12.org/. The existence of a link or organizational reference in this document should not be assumed as an affiliation or endorsement by HEALTHeNET or its stakeholder organizations.

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 the HEALTHeNET Net Exchange API and its associated stakeholder organizations that provide the data. 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.

Table of Contents

1.0 Introduction

The HEALTHeNET Administrative Data Exchange (HeN) facilitates the exchange of data with associated health insurance payers by means of the Net Exchange API (NEX). NEX is the unified gateway through which Service Providers, System Vendors, and Trading Partners can submit ASC X12 v5010 compliant Electronic Data Interchange (EDI) messages and have them routed to the designated health insurance payer organization.

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

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

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

1.1 Scope

The NEX API supports transactions as part of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), including Eligibility & Benefits Inquiry Request/Response (270/271) and Claim Status Inquiry Request/Response (276/277). NEX acts as the unified gateway for multiple health insurance data sources, including Highmark NY, Independent Health, Fidelis, Nova, and Univera. In addition to the listed payers and transactions, NEX also provides the ability to submit Eligibility & Benefits Inquires to NY Medicaid (eMedNY).

This document is to be used for the implementation of the HIPAA 5010 270/271 Health Care Eligibility and Benefit Inquiry and Response (referred to as Eligibility and Benefit in the rest of this document) and 276/277 Claim Status Inquiry and Response (referred to as Claim Status in the rest of this document) for the purpose of submitting eligibility and benefit and claim status inquiries electronically. This companion guide is not intended to replace the CAQH CORE Implementation Documentation, but to provide NEX specific requirements for submitting inquiries.

1.2 Overview

This document is intended to provide guidance for implementing the Electronic Data Interchange (EDI) of Eligibility and Benefit and Claim Status transactions that meet HeN's submission standards, by identifying pertinent structural and data related requirements and recommendations.

Updates to this companion guide may occur periodically and the current versions of documentation are always available in the support section of the HeN public website at https://wnyhealthenet.com/support/.

1.3 References

Detailed information regarding the ASC X12 Standards for EDI 270/271 Health Care Eligibility and Benefit Inquiry and Response (005010X279A1), 276/277 Claim Status Inquiry and Response (005010X279A1), and the CAQH CORE Operating Rules for implementation and transmission can be found at their perspective websites.

ASC X12 Messaging Standards
- https://x12.org/products/glass

External Code Lists
- https://x12.org/codes

CAQH CORE Eligibility & Benefits Operating Rules
- https://www.caqh.org/core/eligibility-benefits-operating-rules

CAQH CORE Claim Status Operating Rules
- https://www.caqh.org/core/claim-status-operating-rules

1.5 Additional Information

A Brief History of EDI

Electronic Data Interchange (EDI) has been utilized for facilitating the communication of data for decades. The American National Standards Institute (ANSI) is the designated coordinator for information relating to national and international standards. In 1979 ANSI established the Accredited Standards Committee (ASC) X12 to develop uniform standards for exchanging business transactions electronically, with the goal of eliminating the problems caused by the use of non-standard electronic data formats. The ASC X12 Committee develops the standards used to facilitate electronic interchange of data for all types of business transactions. The ANSI X12 standards are recognized by the United States as the standard for all of North America. While other standards have come into use since the advent of X12, such as Health Level Seven (HL7® *Est.1987*) and by extension Fast Healthcare Interoperability Resources (FHIR® *Est.2012*), X12 is highly prevalent.

Benefits of EDI

Adoption of EDI using the X12 Messaging Standards has been proven to:
- Reduce the administrative burden for both healthcare providers and insurance payers
- Increase speed and efficiency by automating the communication of inquiries and responses
- Improve data accuracy by eliminating errors resulting from manual data entry

Author's Assumptions
- Users submitting transactions to the HEALTHeNET System possess a valid NEX Username and Password to successfully authenticate.
- Users will only submit transactions for providers that have an agreement in place with the designated insurance payer.
- Users will only submit transactions that comply with the CAQH CORE Transmission and X12 Messaging Standards.

2.0 Getting Started

2.1 Working with HEALTHeNET

HEALTHeNET (HeN) provides a single point of entry for EDI submission and support for the affiliated health insurers to facilitate timely and accurate communication. The Net Exchange API (NEX) provides a common gateway for our Trading Partners (healthcare providers, technology vendors, and clearinghouses) to integrate their systems with our health insurers. HeN is committed to supplying our healthcare providers and trading partners with a variety of support options. These options include readily available implementation and help documentation, as well as phone and email-based support though our Help Desk.

- The NEX API is available to accept transactions 24/7, apart from any planned outages. The schedules for maintenance and other planned outages can be found in the support section of the HeN website at https://wnyhealthenet.com/support/.
- Issues with submitting can be reported to our Help Desk via phone at 877-895-4724 and 716-842-6343 or via email to support@wnyhealthelink.com
- New accounts must have transaction submissions verified in our test environment before access to production can be approved.
- TA1 and 999 response messages are valid X12 standard responses and return codes can be referenced in the HIPAA ANSI ASC X12N Implementation Guides
- *It is the sole responsibility of the Trading Partner to generate CAQH CORE compliant ASC X12 formatted request messages and to establish, operate, and maintain the means of communication and transaction submission to the Net Exchange API.*

2.2 Trading Partner Registration

To request access to the Net Exchange API and register as a Trading Partner, navigate to the Sign-Up page of the HEALTHeNET public website at https://wnyhealthenet.com/sign-up/ and complete the forms and agreements under the Net Exchange (Direct Connect) section of the page. Once submitted to HEALTHeLINK, the setup process will begin. *Note: HEALTHeLINK is responsible for the management of HEALTHeNET accounts.*

Channels of Form Submission:
- Email to servicing@wnyhealthelink.com
- Fax to (716) 206-0996 with Attention: HEALTHeNET Account Request
- Mail to HEALTHeNET, 2475 George Urban Blvd., Suite 202, Depew, NY 14043

After all required forms and agreements have been submitted and approved, the Trading Partner will receive test credentials and all implementation documentation from the Interface Analyst that will be assisting with the setup.

2.3 Certification and Testing Overview

The Trading Partner will submit test requests and retrieve the corresponding responses from the test system until they have consistently completed successful transactions. Once self-testing is complete, the Trading Partner will notify their assigned Interface Analyst to validate the submitted transactions. After confirmation in the test environment, the Interface Analyst will provide production credentials and a go live date in production will be scheduled.

3.0 Testing with HEALTHeNET

Testing is the most important part of the setup process for a Trading Partner. Verifying submitted transactions in the test environment ensures that the message format and accompanying data being transmitted by the Trading Partner meet the expected standards defined in the CAQH CORE II Operating Rules.

3.1 Submission Criteria

All transactions submitted to HEALTHeNET through the Net Exchange API are expected to meet CAQH CORE II criteria for message format and transmission standards.

- Inquiries should meet the X12 5010 EDI Message Format Standard https://x12.org/products/glass
- Envelope and transmission criteria should meet the CAQH CORE II messaging requirements
  https://www.caqh.org/core/eligibility-benefits-operating-rules
  https://www.caqh.org/core/claim-status-operating-rules

3.2 Steps in the Testing Process

1. The Interface Analysts at HEALTHeLINK will reach out with test environment connection information, additional implementation guides, and a set of test patients (if needed).
2. The Trading Partner will utilize self-testing against the test environment, until they are able to consistently complete transaction lifecycles resulting in positive responses from the insurance payers.
3. The Trading Partner will notify their assigned Interface Analyst, who will verify that the transactions submitted to test are successful and meet the submission criteria.
4. The Interface Analyst will then supply the Trading Partner with production environment credentials and connection information.
5. The Trading Partner will notify the Interface Analyst of their scheduled go-live date for production, so the analyst can verify the transactions in production.
   Note: When submitting transactions to production, the Trading Partner assumes responsibility for all acknowledgment and response reporting (TA1, 999, 277CA, payer response, etc.).

3.3 Trading Partner Support

During the testing process, the Interface Analysts are available to help with any connection questions. HEALTHeNET adheres to the X12 5010 EDI Message Format Standard and is not authorized to provide support or training on the format of the EDI inquiry or response. All message formatting information, including the external code lists and prescribed segment formatting can be found at https://x12.org/.

4.0 Connectivity / Communications

HEALTHeNET supports the submission of X12 5010 EDI transactions in both RealTime and Batch formats. Transactions may be submitted 24 hours a day, seven days a week. The only exceptions to the around-the-clock availability are brief maintenance windows. The schedule for planned system downtime, along with announcements for any emergency downtime, can be found on the public website at https://wnyhealthenet.com/support.

4.1 Process Flows

To submit transactions to the API, the Trading Partner must have a HeN assigned Submitter ID and credentials for authentication.

Process for Exchanging Transactions
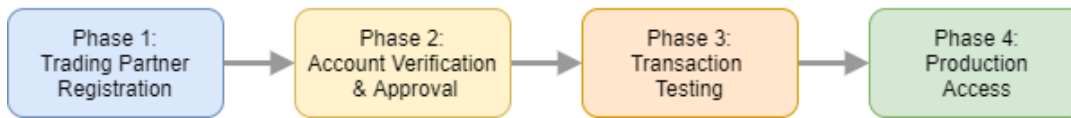
Figure 4.1.1

Phase 1: Trading Partner Registration
The Trading Partner will complete and submit the following forms from the HEALTHeNET Sign-Up page at https://wnyhealthenet.com/sign-up/ to servicing@wnyhealthelink.com
1. Net Exchange Agreement & Business Associate Agreement
2. Net Exchange User Account Form
3. Tax ID Number Attestation Form

Phase 2: Account Verification & Approval
Information in the submitted agreements and forms will be verified and approval or denial for the access request will be granted by the affiliated insurance payers individually.

Phase 3: Transaction Testing
The Trading Partner will user the provided connection information to perform transaction testing against the test environment until all message submissions have been verified and approved.

Phase 4: Production Access
Upon successful completion of testing, access is granted to the production environment. The Trading Partner is then free to submit transactions to the production environment.

4.2 Transmission Administrative Procedures

Section 10 of this Companion Guide covers the specific transmission requirements for X12 transactions as defined by each affiliated payer organization.

4.3 Re-Transmission Procedure

Per the CAQH CORE Operating Rule Guidelines, the AAA data segments included in the response message contains information on whether resubmission of the related inquiry is allowed and/or what data corrections need to be made for a successful response.

4.4 Communication Protocol Specifications

HEALTHeNET adheres to the CAQH CORE Phase II connectivity rules for Realtime and Batch transactions. Submitted transactions must conform to one of the two designated CAQH communication methods.

Supported Methods:
- HTTP MIME Multipart
- SOAP + WSDL

Once the Trading Partner receives their Submitter ID and connection information, they can follow the testing procedures outlined in this Companion Guide to perform their self-testing. For payer specific transaction requirements / limitations, please refer to Section 10 of this guide.

Unsupported Methods
HEALTHeNET does not support the communication of transactions via SFTP.

4.4.1 Requirements for MIME and/or SOAP Transactions

Message Fields and Accepted Values
- **PayloadType**:
  - X12_270_Request_005010X279A1 (RealTime and Batch 270)
  - X12_276_Request_005010X212 (RealTime 276 and Batch 276)
  - X12_005010_Request_Batch_Results_271 (Batch Retrieval 271)
  - X12_005010_Request_Batch_Results_277 (Batch Retrieval 276)
  - X12_999_SubmissionRequest_005010X231A1 (Batch Retrieval 999)
- **ProcessingMode**:
  - RealTime
  - Batch
- **PayloadID**:
  - Unique identifier for the transaction, usually a UUID
    - Ex: 6a983952-6f93-442a-9713-33d5b8e15c3d
- **PayloadLength:**
  - Length of the payload being submitted (Batch Submission Only)
- **TimeStamp**:
  - Date/Time of message transmission, formatted per CAQH guidelines
- **SenderID**:
  - The Submitter ID provided by HEALTHeNET
- **ReceiverID**:
  - Should contain ID for the corresponding payer
  - Payer ID information can be found in Section 10
- **CORERuleVersion**:
  - The version of the CORE Rules used to generate the message.
  - Should always be **2.2.0**
- **CheckSum**:
  - For verifying the integrity of the submitted message (Batch Submission Only)
- **Payload**:
  - This contains the HIPAA ANSI X12 transaction (CDATA Wrapper is optional)

4.4.2 Sample SOAP Requests

HEALTHeNET supports SOAP request submission for messages conforming to the schema defined in the CAQH CORE WSDL & XSD documents.

- XML Schema v2.2.0
- WSDL Schema v2.2.0

Sample SOAP messages for Realtime and Batch submission can be found in Appendix A.

- SOAP Realtime 270 Sample
- SOAP Batch 270 Sample
- SOAP Realtime 276 Sample
- SOAP Batch 276 Sample

4.4.3 Sample MIME Requests

HEALTHeNET supports SOAP request submission for messages conforming to the schema defined in the CAQH CORE WSDL & XSD documents.

- XML Schema v2.2.0
- WSDL Schema v2.2.0

Sample MIME messages for Realtime and Batch submission can be found in Appendix B.

- MIME Realtime 270 Sample
- MIME Batch 270 Sample
- MIME Realtime 276 Sample
- MIME Batch 276 Sample

4.5 Passwords

Test account credentials are provided by an Interface Analyst, after the request for an account has been approved. Upon successful completion of transaction processing in the test environment, production level credentials will be provided, and a go-live implementation date will be scheduled. Any issues with usernames or passwords should be directed to the HEALTHeNET Help Desk at 877-895-4724 or 716-842-6343 or email support@wnyhealthelink.com.

- Submitted passwords must be in plain text format

5.0 Contact Information

5.1 Technical Support & General Questions

For technical support and general questions, please contact the HEALTHeNET Help Desk

Help Desk
Phone: 877-895-4724 or 716-842-6343
Email: support@wnyhealthelink.com

5.2 Account Signup Form Submission

Account signup forms found on the HEALTHeNET website at https://wnyhealthenet.com/sign-up/ and related questions can be submitted to HEALTHeLINK Servicing

Servicing
Email: servicing@wnyhealthelink.com
Fax: 716-206-0996 with Attention: HEALTHeNET Account Request
Mailing Address:
> HEALTHeNET
> 2475 George Urban Blvd.
> Suite 202
> Depew, NY 14043

5.3 Websites

HEALTHeNET: https://wnyhealthenet.com/
Account Signup: https://wnyhealthenet.com/sign-up/
Support: https://wnyhealthenet.com/support/
ASC X12 EDI Standards: https://x12.org/
CAQH Operating Rules: https://www.caqh.org/core/operating-rules

6.0 Control Segments & Envelopes

6.1.0 General Information for All Transactions

It is the sole responsibility of the Trading Partner transacting with HEALTHeNET to correctly format the submitted request and interpret the returned response. HEALTHeNET is not authorized to provide instruction on creating / parsing an X12 EDI 5010 message.

HEALTHeNET adheres to the ANSI X12 5010 Version for EDI messaging and all message segments, including the Interchange Control (ISA/IEA), Functional Group (GS/GE), and Transaction (ST/SE), must conform to the specification laid out in X12N implementation guides.
NOTE: HEALTHeNET only accepts one functional group per Interchange Control envelope (ISA/IEA).

Any feedback on non-conforming syntax, per the HIPAA ANSI ASC X12N Implementation Guide, will be returned via the TA1 / 999 response messaging specifications.

6.1.1 Assumptions / Expectations

- Trading Partners have the ability to submit / receive transactions via an HTTPS connection, per the CAQH CORE Connectivity Rules.
- The Trading Partner is responsible for the timely retrieval of all Realtime and Batch responses.
- A batch request / response file may contain a single or multiple transactions.
- If the insurance payer for a request is unavailable when the transaction is submitted, a AAA response indicating they are unable to respond at the current time will be returned.

6.2 ISA / IEA Segments & Data Elements

Requests submitted to HEALTHeNET as part of a Realtime or Batch transmission are always identified by a starting interchange segment (ISA) and an ending segment (IEA), that make up the unique envelope for the enclosed transaction(s).

Table 1A: Request ISA Interchange Control Header

All data elements within the Interchange Control envelope (ISA/IEA) must follow X12 syntax rules as defined within the X12 Implementation Guides. The included table represents only those fields that require a specific value or need additional guidance on what the value should be. The table does not represent all of the fields necessary for a successful transaction.

Data Element	Name	Code	Notes
ISA01	Authorization Information Qualifier	00	HEALTHeNET relies on the authorization information included in the SOAP envelope.
ISA02	Authorization Information		
ISA03	Security Information Qualifier	00	
ISA04	Security Information		
ISA05	Interchange ID Qualifier	ZZ	
ISA06	Interchange Sender ID		HEALTHeNET assigned Submitter ID
ISA07	Interchange ID Qualifier	ZZ	
ISA08	Interchange Receiver ID		Appropriate Receiving Payer Code (Section 10)

Table 1B: Request IEA Interchange Control Trailer

Data Element	Name	Code	Notes
IEA01	Number of Included Functional Groups		Must be 1 for Realtime transactions
IEA02	Interchange Control Number		Must match ISA13

Table 2A: Response ISA Interchange Control Header

Data Element	Name	Code	Notes
ISA01	Authorization Information Qualifier	00	HEALTHeNET relies on the authorization information included in the SOAP envelope.
ISA02	Authorization Information		
ISA03	Security Information Qualifier	00	
ISA04	Security Information		
ISA05	Interchange ID Qualifier	ZZ	
ISA06	Interchange Sender ID		Sending Payer Code (Section 10)
ISA07	Interchange ID Qualifier	ZZ	
ISA08	Interchange Receiver ID		HEALTHeNET assigned Submitter ID

Table 2B: Response IEA Interchange Control Trailer

Data Element	Name	Code	Notes
IEA01	Number of Included Functional Groups		Must be 1 for Realtime transactions
IEA02	Interchange Control Number		Must match ISA13

6.3 GS / GE Segments & Data Elements

All Realtime and Batch transactions submitted to HEALTHeNET must always include a valid functional group as defined by the X12 implementation guides. The GS / GE Segments comprise the Functional Group Control that acts as the inner envelope for the collection of included transactions.

Table 3A: Request GS Functional Group Header

The included table represents only those fields that require a specific value or need additional guidance on what the value should be. The table does not represent all of the fields necessary for a valid transaction.

Data Element	Name	Code	Notes
GS01	Functional Identifier Code	HS / HR	HS for Eligibility & Benefits Inquiry (270) HR for Claim Status Inquiry (276)
GS02	Application Sender's Code		HEALTHeNET assigned Submitter ID
GS03	Application Receiver's Code		Appropriate Receiving Payer Code (Section 10)
GS07	Responsible Agency Code	X	Accredited Standards Committee X12
GS08	Version / Release / Industry Identifier Code	005010X279A1 005010X212	279A1 for Eligibility & Benefits Inquiry (270) 212 for Claim Status Inquiry (276)

Table 3B: Request GE Functional Group Trailer

Data Element	Name	Code	Notes
GE01	Number of Included Transaction Sets		Must be 1 for Realtime Transactions
GE02	Group Control Number		Must match GS06

Table 4A: Response GS Functional Group Header

Data Element	Name	Code	Notes
GS01	Functional Identifier Code	HB / HN	HB for Eligibility & Benefits Response (271) HN for Claim Status Response (277)
GS02	Application Sender's Code		Sending Payer Code (Section 10)
GS03	Application Receiver's Code		HEALTHeNET assigned Submitter ID
GS07	Responsible Agency Code	X	Accredited Standards Committee X12
GS08	Version / Release / Industry Identifier Code	005010X279A1 005010X212	279A1 for Eligibility & Benefits Response (271) 212 for Claim Status Response (277)

Table 4B: Response GE Functional Group Trailer

Data Element	Name	Code	Notes
GE01	Number of Included Transaction Sets		Must be 1 for Realtime Transactions
GE02	Group Control Number		Must match GS06

6.4 ST / SE Segments & Data Elements

The ST/SE Segments contained inside the GS Functional Group mark the beginning and end of a single transaction set, as defined by the X12 Implementation guides. It should be noted that all submitted Realtime and Batch transmissions must contain at least one of these transaction sets. It should also be noted that Realtime messages must include only one ST Transaction loop, while Batch messages may contain up to 9,999 ST Transaction loops.

Table 5A: Request Transaction Set Header

The included table represents only those fields that require a specific value or need additional guidance on what the value should be. The table does not represent all of the fields necessary for a valid transaction.

Data Element	Name	Code	Notes
ST01	Transaction Set Identifier Code	270 / 276	270 for Eligibility & Benefits Inquiry 276 for Claim Status Inquiry
ST03	Implementation Convention Reference	005010X279A1 005010X212	279A1 for Eligibility & Benefits Inquiry (270) 212 for Claim Status Inquiry (276)

Table 5B: Request Transaction Set Trailer

Data Element	Name	Code	Notes
SE01	Number of Included Segments		Total number of segments in the transaction set, including the ST & SE segments
SE02	Transaction Set Control Number		Must match ST02

Table 6A: Response Transaction Set Header

Data Element	Name	Code	Notes
ST01	Transaction Set Identifier Code	271 / 277	271 for Eligibility & Benefits Response 277 for Claim Status Response
ST03	Implementation Convention Reference	005010X279A1 005010X212	279A1 for Eligibility & Benefits Response (271) 212 for Claim Status Response (277)

Table 6B: Response Transaction Set Trailer

Data Element	Name	Code	Notes
SE01	Number of Included Segments		Total number of segments in the transaction set, including the ST & SE segments
SE02	Transaction Set Control Number		Must match ST02

6.5 Realtime Transaction Control Segment Hierarchy

ISA - Interchange Control Header segment
    GS - Functional Group Header segment
        ST - Transaction Set Header segment
            270 / 276 Transaction
        SE - Transaction Set Trailer segment
    GE - Functional Group Trailer segment
IEA - Interchange Control Trailer segment

6.6 Batch Transaction Control Segment Hierarchy

ISA - Interchange Control Header segment
    GS - Functional Group Header segment
        ST - Transaction Set Header segment
            1st 270 / 276 Transaction
        SE - Transaction Set Trailer segment
        ST - Transaction Set Header segment
            2nd 270 / 276 Transaction
        SE - Transaction Set Trailer segment
        ST - Transaction Set Header segment
            3rd 270 / 276 Transaction
        SE - Transaction Set Trailer segment
        …
    GE - Functional Group Trailer segment
IEA - Interchange Control Trailer segment

7.0 Payer Specific Business Rules & Limitations

1. Only one ISA/IEA interchange control envelope will be accepted per transmission, additional included envelopes will be ignored. Please note that multiple transmissions may be sent at any time.
2. Every transmission received from a Trading Partner must meet the ASC X12 syntax rules detailed in the HIPAA ANSI ASC X12N Implementation Guide.
   - Note: If an X12 syntax rule is violated, the expected rejection Acknowledgment (999) transaction will be returned.
3. The ISA, GS, GE, and IEA segments must be submitted in accordance with the syntactical requirements laid out in the HIPAA ANSI ASC X12N Implementation Guide.
4. Response considerations when formatting the request.
   - Requests containing syntax or semantic errors will always result in the rejection of the submitted transaction via the 999 Acknowledgement response.
   - An error in the ISA or GS envelopes will result in a rejection of all the contained ST Transaction Sets.
5. Recommended File Delimiters

Delimiter	Character	Name
Data Element Separator	*	Asterisk
Sub Element Separator	:	Colon
Segment Terminator	~	Tilde
Repetition Separator	{	Left Bracket

6. It is recommended (but not required) that all Alphanumeric Characters be submitted as Upper Case.
7. HEALTHeNET may reject transactions that are not submitted with a unique Payload ID, Interchange Control ID, Functional Group ID, and Transaction Set Control ID.
8. For general benefit information, it is recommended to submit code 30 Health Benefit Plan Coverage, rather than code 60 General Benefits, in EQ01 for the Service Type Code to return the widest breadth of information.

8.0 Acknowledgements and/or Reports

HEALTHeNET and its affiliated stakeholders utilize the 999 Implementation Acknowledgement, 271 Health Care Eligibility Benefit Response, and 277 Health Care Claim Status Response, as defined in the HIPAA ANSI ASC X12N Implementation Guide to respond to submitted requests.

8.1 TA1 / 999 Implementation Acknowledgements

The TA1 Interchange Acknowledgement returns a positive or negative confirmation of the submitted ISA / IEA Interchange Control Envelope. A positive TA1 will either be returned within the 999 or will be returned as a separate transaction followed by a 999 Acknowledgment, dependent upon the submitted transaction. The 999 Implementation Acknowledgement will also report any implementation errors against a functional group based on the implementation guides.

8.1.1 Negative TA1 Response Summary

- A negative TA1 response indicates the rejection of the ISA due to X12 non-compliance.
- If a negative TA1 is returned, no 999 Acknowledgement is sent and the TA105 will provide the reject reason code.

8.1.2 Sample TA1 Responses

Accepted TA1
```
ISA*00*          *00*          *ZZ*000000000000000*ZZ*000000000000000*220314*1200*^*00501*000000001*0*P*:~
TA1*000000001*220314*1201*A*000~
IEA*0*000000001~
```

Rejected TA1
```
ISA*00*          *00*          *ZZ*000000000000000*ZZ*000000000000000*220314*1200*^*00501*000000002*0*P*:~
TA1*000000002*220314*1201*R*016~
IEA*0*000000002~
```

8.1.3 Negative 999 Response Summary

- A negative **999** response indicates X12 non-compliance within the Functional Group (GS/GE) or the included Transaction Sets (ST/SE).
- X12 compliance errors in the Functional Group will most likely cause the entire group and all the included Transaction Sets to be rejected.
- X12 compliance errors in a Transaction Set will cause that Transaction Set to be rejected.
- In the case of Batch submissions, each Transaction Set is processed individually, so errors with a particular Transaction Set will cause that Transaction Set to be rejected, but will not cause the entire batch of transactions to be rejected.

8.1.4 Sample 999 Responses

Accepted 999
```
ISA*00*          *00*          *ZZ*[PAYER ID]*ZZ*[SUBMITTER ID]*220314*1200*^*00501*000000003*0*P*:~
GS*FA*[PAYER ID]*[SUBMITTER ID]*20220314*1201*100000*X*005010X231A1~
ST*999*0003*005010X231A1~
AK1*HC*3333333*005010X222A1~
AK2*837*3333333*005010X222A1~
IK5*A~
AK9*A*1*1*1~
SE*6*0003~
GE*1*100000~
IEA*1*000000003~
```

Rejected 999
```
ISA*00*          *00*          *ZZ*[PAYER ID]*ZZ*[SUBMITTER ID]*220314*1200*^*00501*000000004*0*P*:~
GS*FA*[PAYER ID]*[SUBMITTER ID]*20220314*1201*4400001*X*005010X231A1~
ST*999*0001*005010X231A1~
AK1*HC*4444444*005010X222A1~
AK2*837*4444444*005010X222A1~
IK3*NM1*8*2010*8~
IK4*8*66*2~
IK3*NM1*8*2010*8~
IK4*9*67*2~
IK5*R*5~
AK9*R*1*1*0~
SE*10*0001~
GE*1*4400001~
IEA*1*000000004~
```

8.1.5 Sample 999 with TA1 Responses

Accepted 999 with TA1

```
ISA*03*          *01*          *ZZ*[PAYER ID]*ZZ*[SUBMITTER ID]*220314*1200*^*00501*000000005*0*T*:~
TA1*000000005*220314*1201*A*000~
GS*FA*[PAYER ID]*[SUBMITTER ID]*20220314*1201*1*X*005010X231A1~
ST*999*0001*005010X231A1~
AK1*HS*30*005010X279A1~
AK2*270*0001*005010X279A1~
IK5*A~
AK9*A*1*1*1~
SE*6*0001~
GE*1*1~
IEA*1*000000005~
```

Rejected 999 with TA1

```
ISA*03*          *01*          *ZZ*[SUBMITTER ID]*ZZ*[PAYER ID]*220314*1200*^*00501*000000006*0*P*:~
TA1*666666666*220314*1201*A*000~
GS*FA*[PAYER ID]*[SUBMITTER ID]*20220314*1201*1*X*005010X231A1~
ST*999*0001*005010X231A1~
AK1*HS*888*005010X279A1~
AK9*R*0*0*0~
SE*1*0001~
GE*0*1~
IEA*1*000000006~
```

8.2 AAA Error Reporting

The response 271 or 277 will contain AAA error segments for any invalid data contained in the original request. The AAA segments will be returned in accordance with the implementation guides to indicate the location of the invalid data and what is incorrect with the submitted value, so that it may be corrected and resubmitted when appropriate.

8.3 271 / 277 Response Messages

The response 271 or 277 message will contain the corresponding Eligibility & Benefits or Claim Status information in accordance with the implementation guides. It is the sole responsibility of the Trading Partner to interpret the data returned in the response.

9.0 Trading Partner Agreements

HEALTHeNET defines an EDI Trading Partner as any participating provider, billing service, clearinghouse or software vendor that exchanges electronic data with HEALTHeNET. Each Trading Partner must complete a Net Exchange Agreement & Business Associate Agreement, Net Exchange User Account Form, and Tax ID Number Attestation Form in order to exchange X12 Transactions with the HEALTHeNET system.

Agreements & Account Forms can be found on the HEALTHeNET Signup Page at https://wnyhealthenet.com/sign-up/

Agreements:
Net Exchange Agreement & Business Associate Agreement
Account Forms:
Net Exchange User Account Form
Tax ID Number Attestation Form

Once completed, the forms may be submitted to:
- Email: servicing@wnyhealthelink.com
- Fax: (716) 206-0996 with Attention: HEALTHeNET Account Request
- Mailing Address:
  HEALTHeNET
  2475 George Urban Blvd.
  Suite 202
  Depew, NY 14043

10.0 Transmission Specific Information

10.1 270/271 Eligibility & Benefits Inquiry and Response Requirements

10.1.1 General Information
- The ANSI X12 5010 Version is required for all 270 Transaction Sets. X12 compliant requests will have responses returned in the ANSI X12 5010 271 Response Transaction Set, per the HIPAA ANSI ASC X12N Implementation Guide. Any X12 compliance errors will be returned via the TA1 and/or 999 responses.
- The Trading Partner is responsible for the timely retrieval of all real-time and batch 271 responses.
- The 271 Batch response file will contain a corresponding response for each submitted 270 Transaction Set.
- If a payer stakeholder is unavailable at the time of submission, a AAA response will be returned.
- Transactions sent to the HEALTHeNET test endpoint must have the test value of "T" in the Interchange Usage Indicator field (ISA15).
- A batch Interchange Control Number may only be submitted once. If the batch needs to be re-submitted, a new Interchange Control Number will need to be entered into ISA13.

10.1.2 Error Processing
Batch 270 Submissions
If ISA14 is populated with a 1 to request an acknowledgement, a TA1 will be returned. If X12 compliance errors are found in the submitted transaction, a negative TA1 or 999 will be returned, per the HIPAA ANSI ASC X12N Implementation Guide and the batch will be rejected.

Real-time 270 Submissions
An X12 compliant 270 Eligibility Inquiry will result in a 271 Eligibility Response, so no positive TA1 or 999 is returned. Any non-compliant 270 Eligibility Inquiries will receive either a negative TA1 or a negative 999, dependent on the location of the X12 syntax error.

Business Requirements
Real-time 270 submissions are limited to one Transaction Set per inquiry.
Batch 270 submissions are limited to 9,999 Transaction Sets per inquiry.

Response Times
- A response (TA1, 999 reject or 277) to real-time inquiries will be provided within the timeframe outlined in the current CAQH CORE guidelines.
- A response to the batch inquiry will be provided within 24 hours of submission.

Transmission & Re-Transmission Guidelines
When a real-time response message is not received within a 60-second period, the Trading Partner's system may send a duplicate transaction no sooner than 90 seconds after the original request was submitted. The Trading Partner's system should limit the number of re-transmissions to no more than 5 attempts within the next 15 minutes.

10.1.3 270/271 Message Requirements

HEALTHeNET adheres to the message specifications outlined in the X12 Implementation Guides. The table below includes message specific requirements not covered in Section 6 of this guide.

Loop ID	Segment	Element	Code	Notes
BHT	Beginning of Hierarchical Transaction			
	BHT	02	13	Request
2100A	Information Source Name			
	NM1	01	PR	
	NM1	02	2	
	NM1	03		Appropriate Receiving Payer Name (Section 10.3)
	NM1	08	PI	
	NM1	09		Appropriate Receiving Payer Code (Section 10.3)
2100B	Information Receiver Name			
	NM1	03		Organization Name / Provider Last Name
	NM1	04		Provider First Name
	NM1	08	XX	Qualifier for Provider NPI
	NM1	09		Provider NPI
2100C	Subscriber Name			
	NM1	03		Subscriber Last Name required when NM109 is not present
	NM1	04		Subscriber First Name required when NM109 is not present
	NM1	08	MI	Value of MI is required when NM109 is present
	NM1	09		Subscriber ID required when NM103 & 04 are not present
2110C	Subscriber Eligibility or Benefit Inquiry			
	EQ	01		Must contain a valid Service Type Code
2100D	Dependent Name			
	NM1	03		Dependent Last Name
	NM1	04		Dependent First Name

10.1.4 270 Eligibility Search Criteria

The included table outlines the supported eligibility search criteria for each HEALTHeNET affiliated payer organization.

Payer	Multiple Service Types Allowed	Subscriber Search	Dependent Search
Fidelis Care	-	X	-
Highmark Blue Cross Blue Shield of WNY	X	X	X
Highmark Blue Cross Blue Shield of WNY FEP and BlueCard	X	X	X
Highmark Blue Shield of NENY	X	X	X
Highmark Blue Shield of NENY FEP and BlueCard	X	X	X
Independent Health	-	X	X
Nova	X	X	X
NY Medicaid	-	X	-
Univera	-	X	-

10.1.5 Sample 270 Eligibility Request

```
ISA*00*         *00*           *ZZ*[SUBMITTER ID]*ZZ*[PAYER ID]*220314*1200*{*00501*000000006*1*T*:~
GS*HS*[SUBMITTER ID]*[PAYER ID]*20220314*1200*6000*X*005010X279A1~
ST*270*0001*005010X279A1~
BHT*0022*13*6666*20220314*1200~
HL*1**20*1~
NM1*PR*2*[PAYER NAME]*****PI*[PAYER CODE]~
HL*2*1*21*1~
NM1*FA*2*[PRACTICE NAME]*****XX*[PRACTICE NPI]~
HL*3*2*22*0~
NM1*IL*1*[SUBSCRIBER LAST NAME]*[SUBSCRIBER FIRST NAME]****MI*[MEMBER ID]~
DMG*D8*[SUBSCRIBER DOB]*[SUBSCRIBER GENDER]~
DTP*291*D8*20220314~
EQ*30~
SE*12*0001~
GE*1*6000~
IEA*1*000000006~
```

10.1.6 Sample 271 Eligibility Response

```
ISA*00*         *00*           *ZZ*[PAYER ID]*ZZ*[SUBMITTER ID]*220314*1200*{*00501*000000007*0*T*:~
GS*HB*[PAYER ID]*[SUBMITTER ID]*20220314*1201*70000*X*005010X279A1~
ST*271*0001*005010X279A1~
BHT*0022*11*1094*20220314*1201~
HL*1**20*1~
NM1*PR*2*[PAYER NAME]*****PI*[PAYER CODE]~
HL*2*1*21*1~
NM1*FA*2*[PROVIDER NAME]*****XX*[PROVIDER NPI]~
HL*3*2*22*0~
NM1*IL*1*[SUBSCRIBER LAST NAME]*[SUBSCRIBER FIRST NAME]****MI*[MEMBER ID]~
REF*EJ*8087240~
N3*2475 GEORGE URBAN~
N4*DEPEW*NY*14043~
DMG*D8*[SUBSCRIBER DOB]~
INS*Y*18~
DTP*291*D8*20220314~
DTP*347*D8*20220314~
EB*6**30~
SE*17*0001~
GE*1*70000~
IEA*1*000000007~
```

10.2 276/277 Claim Status Inquiry and Response Requirements

10.2.1 General Information

- The ANSI X12 5010 Version is required for all 276 Transaction Sets. X12 compliant requests will have responses returned in the ANSI X12 5010 276 Response Transaction Set, per the HIPAA ANSI ASC X12N Implementation Guide. Any X12 compliance errors will be returned via the TA1 and/or 999 responses.
- The Trading Partner is responsible for the timely retrieval of all real-time and batch 277 responses.
- The 277 Batch response file will contain a corresponding response for each submitted 276 Transaction Set.
- If a payer stakeholder is unavailable at the time of submission, a AAA response will be returned.
- Transactions sent to the HEALTHeNET test endpoint must have the test value of "T" in the Interchange Usage Indicator field (ISA15).
- A batch Interchange Control Number may only be submitted once. If the batch needs to be re-submitted, a new Interchange Control Number will need to be entered into ISA13.

10.2.2 Error Processing

Batch 276 Submissions

If ISA14 is populated with a 1 to request an acknowledgement, a TA1 will be returned. If X12 compliance errors are found in the submitted transaction, a negative TA1 or 999 will be returned, per the HIPAA ANSI ASC X12N Implementation Guide and the batch will be rejected.

Real-time 276 Submissions

An X12 compliant 276 Claim Status Inquiry will result in a 277 Claim Status Response, so no positive TA1 or 999 is returned. Any non-compliant 276 Claim Status Inquiries will receive either a negative TA1 or a negative 999, dependent on the location of the X12 syntax error.

Business Requirements

Real-time 276 submissions are limited to one Transaction Set per inquiry.
Batch 276 submissions are limited to 9,999 Transaction Sets per inquiry.

Response Times

- A response (TA1, 999 reject or 277) to real-time inquiries will be provided within the timeframe outlined in the current CAQH CORE guidelines.
- A response to the batch inquiry will be provided within 24 hours of submission.

Transmission & Re-Transmission Guidelines

When a real-time response message is not received within a 60-second period, the Trading Partner's system may send a duplicate transaction no sooner than 90 seconds after the original request was submitted. The Trading Partner's system should limit the number of re-transmissions to no more than 5 attempts within the next 15 minutes.

10.2.3 276/277 Message Requirements

HEALTHeNET adheres to the message specifications outlined in the X12 Implementation Guides. The table below includes message specific requirements not covered in Section 6 of this guide.

Loop ID	Segment	Element	Code	Notes
BHT	Beginning of Hierarchical Transaction			
	BHT	02	13	Request
2100A	Information Source Name			
	NM1	01	PR	
	NM1	02	2	
	NM1	03		Appropriate Receiving Payer Name (Section 10.3)
	NM1	08	PI	
	NM1	09		Appropriate Receiving Payer Code (Section 10.3)
2100B	Information Receiver Name			
	NM1	03		Organization Name / Provider Last Name
2100C	Provider Name			
	NM1	03		
	NM1	08	XX	Qualifier for Provider NPI
	NM1	09		Provider NPI
2100D	Subscriber Name			
	NM1	03		Subscriber Last Name required when NM109 is not present
	NM1	04		Subscriber First Name required when NM109 is not present
	NM1	08	MI	Value of MI is required when NM109 is present
	NM1	09		Subscriber ID required when NM103 & 04 are not present
2200D	Payer Claim Control Number			
	REF	02		If this value is submitted, it must be accurate
2100E	Dependent Name			
	NM1	03		Dependent Last Name
	NM1	04		Dependent First Name

10.2.4 Sample 276 Claim Status Request

```
ISA*00*          *00*          *ZZ*[SUBMITTER ID]*ZZ*[PAYER ID]*220314*1200*{*00501*000000008*0*T*:~
GS*HR*[SUBMITTER ID]*[PAYER ID]*20220314*1200*8000*X*005010X212~
ST*276*1000*005010X212~
BHT*0010*13*88888*20220314*1200~
HL*1**20*1~
NM1*PR*2*[PAYER NAME]*****PI*[PAYER CODE]~
HL*2*1*21*1~
NM1*41*1*[PROVIDER LAST NAME]*[PROVIDER FIRST NAME]*M***46*[PROVIDER ID]~
HL*3*2*19*1~
NM1*1P*1*[PROVIDER LAST NAME]*[PROVIDER FIRST NAME]*M***XX*[PROVIDER NPI]~
HL*4*3*22*1~
NM1*IL*1*[SUBSCRIBER LAST NAME]*[SUBSCRIBER FIRST NAME]****MI*[MEMBER ID]~
TRN*1*SUBTEST~
HL*5*4*23~
DMG*D8*[SUBSCRIBER DOB]*[SUBSCRIBER GENDER]~
NM1*QC*1*[PATIENT LAST NAME]*[PATIENT FIRST NAME]~
TRN*1*PATTEST~
DTP*472*RD8*20220301-20220314~
SE*17*1000~
GE*1*8000~
IEA*1*000000008~
```

10.2.5 Sample 277 Claim Status Response

```
ISA*00*          *00*            *ZZ*[PAYER ID]*ZZ*[SUBMITTER ID]*220314*1200*{*00501*000000009*0*T*:~
GS*HN*[PAYER ID]*[SUBMITTER ID]*20220314*1200*9000*X*005010X212~
ST*277*0001*005010X212~
BHT*0010*08*99999*20220314*1200*DG~
HL*1**20*1~
NM1*PR*2*[PAYER NAME]*****PI*[PAYER CODE]~
HL*2*1*21*1~
NM1*41*1*[PROVIDER LAST NAME]*[PROVIDER FIRST NAME]*M***46*[PROVIDER ID]~
HL*3*2*19*1~
NM1*1P*1*[PROVIDER LAST NAME]*[PROVIDER FIRST NAME]*M***XX*[PROVIDER NPI]~
HL*4*3*22*1~
NM1*IL*1*[SUBSCRIBER LAST NAME]*[SUBSCRIBER FIRST NAME]****MI*[MEMBER ID]~
HL*5*4*23~
NM1*QC*1*[PATIENT LAST NAME]*[PATIENT FIRST NAME]~
TRN*2*DEPTST~
STC*F0:107*20220314**30*11.36*20220314**20220314*2022031410300090~
REF*1K*E01234567000~
REF*EJ*506803~
DTP*472*RD8*20000314-20220314~
SE*18*0001~
GE*1*9000~
IEA*1*000000009~
```

10.3 Receiving Payer Codes

In order to route a transaction to the appropriate payer, the Payer Name and Payer Code must be included in the NM1 segment of the 2100A loop of the request,

The values of the NM103 and NM109 fields are listed below for each payer. Note: To assure routing to the proper payer, enter the Name and Identification Code exactly as they appear in the table. Case is ignored, but spaces between words are important.

Payer	Receiver ID (ISA08 and GS03)	Organization Name (NM103)	Payer Code (NM109)
Fidelis Care	FIDELIS	Fidelis Care	11315
Highmark Blue Cross Blue Shield of WNY	BC BS OF WNY	BlueCross BlueShield of Western New York	00801
Highmark Blue Cross Blue Shield of WNY FEP and BlueCard	BCBS NASCO FEP	BlueCross BlueShield of Western New York NASCO FEP and ITS	00801
Highmark Blue Shield of NENY	BLUESHIELDNENY	BlueShield of Northeastern New York	00800
Highmark Blue Shield of NENY FEP and BlueCard	BS NE NY FEP	BlueShield of Northeastern New York FEP and ITS	00800
Independent Health	INDEPEND HEALTH	Independent Health	95308
Nova	NOVAHEALTHCARE	Nova Healthcare Administrators	16644
NY Medicaid	NYSDOH	EMEDNYREL	141797357
Univera	UNIVERA	Univera	16107

Appendix A – Sample SOAP Messages

RealTime 270 Request

```
<soap:Envelope xmlns:cor="http://www.caqh.org/SOAP/WSDL/CORERule2.2.0.xsd"
    xmlns:soap="http://www.w3.org/2003/05/soap-envelope">
    <soap:Header>
        <wsse:Security soap:mustUnderstand="true"
            xmlns:wsse="http://docs.oasis-open.org/wss/2004/01/oasis-200401-wss-wssecurity-secext-1.0.xsd"
            xmlns:wsu="http://docs.oasis-open.org/wss/2004/01/oasis-200401-wss-wssecurity-utility-1.0.xsd">
            <wsse:UsernameToken wsu:Id="UsernameToken-1">
                <wsse:Username>[HEALTHeNET ASSIGNED USERNAME]</wsse:Username>
                <wsse:Password Type="http://docs.oasis-open.org/wss/2004/01/oasis-200401-wss-username-token-profile-1.0#PasswordText">
                [HEALTHeNET ASSIGNED PASSWORD]</wsse:Password>
            </wsse:UsernameToken>
        </wsse:Security>
    </soap:Header>
    <soap:Body>
        <cor:COREEnvelopeRealTimeRequest>
            <PayloadType>X12_270_Request_005010X279A1</PayloadType>
            <ProcessingMode>RealTime</ProcessingMode>
            <PayloadID>[UNIQUE MESSAGE ID]</PayloadID>
            <TimeStamp>[YYYY-MM-DDTH:m:SSZ]</TimeStamp>
            <SenderID>[HEALTHeNET ASSIGNED SUBMITTER ID]</SenderID>
            <ReceiverID>[RECEIVING PAYER ID]</ReceiverID>
            <CORERuleVersion>2.2.0</CORERuleVersion>
            <Payload>[X12 EDI 270 MESSAGE]</Payload>
        </cor:COREEnvelopeRealTimeRequest>
    </soap:Body>
</soap:Envelope>
```

Batch 270 Request

```
--[UNIQUE MESSAGE ID]
Content-Type: application/xop+xml; charset=UTF-8; type="application/soap+xml; action=\"BatchSubmitTransaction\""
Content-Transfer-Encoding: 8bit
Content-ID:<rootpart@soapui.org>
    <soap:Envelope xmlns:cor="http://www.caqh.org/SOAP/WSDL/CORERule2.2.0.xsd"
        xmlns:soap="http://www.w3.org/2003/05/soap-envelope">
        <soap:Header>
            <wsse:Security soap:mustUnderstand="true"
                xmlns:wsse="http://docs.oasisopen.org/wss/2004/01/oasis-200401-wss-wssecurity-secext-1.0.xsd"
                xmlns:wsu="http://docs.oasisopen.org/wss/2004/01/oasis-200401-wss-wssecurity-utility-1.0.xsd">
                <wsse:UsernameToken wsu:Id="UsernameToken">
                    <wsse:Username>[HEALTHeNET ASSIGNED USERNAME]</wsse:Username>
                    <wsse:Password Type="http://docs.oasis-open.org/wss/2004/01/oasis-200401-wss-username-token-profile-1.0#PasswordText">
                    [HEALTHeNET ASSIGNED PASSWORD]</wsse:Password>
                </wsse:UsernameToken>
            </wsse:Security>
        </soap:Header>
        <soap:Body>
            <cor:COREEnvelopeBatchSubmission>
                <PayloadType>X12_270_Request_005010X279A1</PayloadType>
                <ProcessingMode>Batch</ProcessingMode>
                <PayloadID>[UNIQUE MESSAGE ID]</PayloadID>
                <PayloadLength>[LENGTH OF THE PAYLOAD]</PayloadLength>
                <TimeStamp>[YYYY-MM-DDTH:m:SSZ]</TimeStamp>
                <SenderID>[HEALTHeNET ASSIGNED SUBMITTER ID]</SenderID>
                <ReceiverID>[RECEIVING PAYER ID]</ReceiverID>
                <CORERuleVersion>2.2.0</CORERuleVersion>
                <CheckSum>[MESSAGE CHECKSUM]</CheckSum>
                <Payload>
                    <inc:Include href="cid:[BATCH FILE NAME].txt" xmlns:inc="http://www.w3.org/2004/08/xop/include"/>
                </Payload>
            </cor:COREEnvelopeBatchSubmission>
        </soap:Body>
    </soap:Envelope>
--[UNIQUE MESSAGE ID]
Content-Type: text/plain; charset=Cp1252; name=[BATCH FILE NAME].txt
Content-Transfer-Encoding: quoted-printable
Content-ID: <[BATCH FILE NAME].txt>
Content-Disposition: attachment; name="[BATCH FILE NAME].txt"; filename="[BATCH FILE NAME].txt"
[X12 EDI 270 MESSAGE]
--[UNIQUE MESSAGE ID]--
```

Realtime 276 Request

```
<S:Envelope xmlns:S="http://www.w3.org/2003/05/soap-envelope">
    <S:Header>
        <wsse:Security xmlns:wsse="http://docs.oasis-open.org/wss/2004/01/oasis-200401-wss-wssecurity-secext-1.0.xsd"
S:mustUnderstand="true">
            <wsse:UsernameToken>
                <wsse:Username>[HEALTHeNET ASSIGNED USERNAME]</wsse:Username>
                <wsse:Password Type="http://docs.oasis-open.org/wss/2004/01/oasis-200401-wss-username-token-profile-1.0#PasswordText">
                [HEALTHeNET ASSIGNED PASSWORD]</wsse:Password>
            </wsse:UsernameToken>
        </wsse:Security>
    </S:Header>
    <S:Body>
        <ns2:COREEnvelopeRealTimeRequest xmlns:ns2="http://www.caqh.org/SOAP/WSDL/CORERule2.2.0.xsd">
            <PayloadType>X12_276_Request_005010X212</PayloadType>
            <ProcessingMode>RealTime</ProcessingMode>
            <PayloadID>[UNIQUE MESSAGE ID]</PayloadID>
            <TimeStamp>[YYYY-MM-DDTH:m:SSZ]</TimeStamp>
            <SenderID>[HEALTHeNET ASSIGNED SUBMITTER ID]</SenderID>
            <ReceiverID>[RECEIVING PAYER ID]</ReceiverID>
            <CORERuleVersion>2.2.0</CORERuleVersion>
            <Payload>[X12 EDI 276 MESSAGE]</Payload>
        </ns2:COREEnvelopeRealTimeRequest>
    </S:Body>
</S:Envelope>
```

Batch 276 Request

```
--[UNIQUE MESSAGE ID]
Content-Type: application/xop+xml; charset=UTF-8; type="application/soap+xml; action=\"BatchSubmitTransaction\""
Content-Transfer-Encoding: 8bit
Content-ID:<rootpart@soapui.org>
    <soap:Envelope xmlns:cor="http://www.caqh.org/SOAP/WSDL/CORERule2.2.0.xsd"
        xmlns:soap="http://www.w3.org/2003/05/soap-envelope">
        <soap:Header>
            <wsse:Security soap:mustUnderstand="true"
                xmlns:wsse="http://docs.oasis-open.org/wss/2004/01/oasis-200401-wss-wssecurity-secext-1.0.xsd"
                xmlns:wsu="http://docs.oasis-open.org/wss/2004/01/oasis-200401-wss-wssecurity-utility-1.0.xsd">
                <wsse:UsernameToken wsu:Id="UsernameToken">
                    <wsse:Username>[HEALTHeNET ASSIGNED USERNAME]</wsse:Username>
                    <wsse:Password Type="http://docs.oasis-open.org/wss/2004/01/oasis-200401-wss-username-token-profile-1.0#PasswordText">
                    [HEALTHeNET ASSIGNED PASSWORD]</wsse:Password>
                </wsse:UsernameToken>
            </wsse:Security>
        </soap:Header>
        <soap:Body>
            <cor:COREEnvelopeBatchSubmission>
                <PayloadType>X12_276_Request_005010X212</PayloadType>
                <ProcessingMode>Batch</ProcessingMode>
                <PayloadID>[UNIQUE MESSAGE ID]</PayloadID>
                <PayloadLength>[LENGTH OF THE PAYLOAD]</PayloadLength>
                <TimeStamp>[YYYY-MM-DDTH:m:SSZ]</TimeStamp>
                <SenderID>[HEALTHeNET ASSIGNED SUBMITTER ID]</SenderID>
                <ReceiverID>[RECEIVING PAYER ID]</ReceiverID>
                <CORERuleVersion>2.2.0</CORERuleVersion>
                <CheckSum>[MESSAGE CHECKSUM]</CheckSum>
                <Payload>
                    <inc:Include href="cid:[BATCH FILE NAME].txt" xmlns:inc="http://www.w3.org/2004/08/xop/include"/>
                </Payload>
            </cor:COREEnvelopeBatchSubmission>
        </soap:Body>
    </soap:Envelope>
--[UNIQUE MESSAGE ID]
Content-Type: text/plain; charset=Cp1252; [BATCH FILE NAME].txt
Content-Transfer-Encoding: quoted-printable
Content-ID: <[BATCH FILE NAME].txt>
Content-Disposition: attachment; name="[BATCH FILE NAME].txt"; filename="[BATCH FILE NAME].txt"
[X12 EDI 276 MESSAGE]
--[UNIQUE MESSAGE ID]--
```

Appendix B – Sample MIME Messages
Realtime 270 Request

```
MIME-Version: 1.0

--[UNIQUE BOUNDARY TEXT]
Content-Disposition: form-data; name="PayloadType"

X12_270_Request_005010X279A1
--[UNIQUE BOUNDARY TEXT]
Content-Disposition: form-data; name="ProcessingMode"

RealTime
--[UNIQUE BOUNDARY TEXT]
Content-Disposition: form-data; name="PayloadID"

[UNIQUE MESSAGE ID]
--[UNIQUE BOUNDARY TEXT]
Content-Disposition: form-data; name="TimeStamp"

[YYYY-MM-DDTH:m:SSZ]
--[UNIQUE BOUNDARY TEXT]
Content-Disposition: form-data; name="UserName"

[HEALTHeNET ASSIGNED USERNAME]
--[UNIQUE BOUNDARY TEXT]
Content-Disposition: form-data; name="Password"

[HEALTHeNET ASSIGNED PASSWORD]
--[UNIQUE BOUNDARY TEXT]
Content-Disposition: form-data; name="SenderID"

[HEALTHeNET ASSIGNED SUBMITTER ID]
--[UNIQUE BOUNDARY TEXT]
Content-Disposition: form-data; name="ReceiverID"

[RECEIVING PAYER ID]
--[UNIQUE BOUNDARY TEXT]
Content-Disposition: form-data; name="CORERuleVersion"

2.2.0
--[UNIQUE BOUNDARY TEXT]
Content-Disposition: form-data; name="Checksum"

[MESSAGE CHECKSUM]
--[UNIQUE BOUNDARY TEXT]
Content-Disposition: form-data; name="PayloadLength"

[PAYLOAD LENGTH]
--[UNIQUE BOUNDARY TEXT]
Content-Disposition: form-data; name="Payload"

[X12 EDI 270 MESSAGE]
--[UNIQUE BOUNDARY TEXT]—
```

Batch 270 Request

```
MIME-Version: 1.0

--[UNIQUE BOUNDARY TEXT]
Content-Disposition: form-data; name="PayloadType"

X12_270_Request_005010X279A1
--[UNIQUE BOUNDARY TEXT]
Content-Disposition: form-data; name="ProcessingMode"

Batch
--[UNIQUE BOUNDARY TEXT]
Content-Disposition: form-data; name="PayloadID"

[UNIQUE MESSAGE ID]
--[UNIQUE BOUNDARY TEXT]
Content-Disposition: form-data; name="TimeStamp"

[YYYY-MM-DDTH:m:SSZ]
--[UNIQUE BOUNDARY TEXT]
Content-Disposition: form-data; name="UserName"

[HEALTHeNET ASSIGNED USERNAME]
--[UNIQUE BOUNDARY TEXT]
Content-Disposition: form-data; name="Password"

[HEALTHeNET ASSIGNED PASSWORD]
--[UNIQUE BOUNDARY TEXT]
Content-Disposition: form-data; name="SenderID"

[HEALTHeNET ASSIGNED SUBMITTER ID]
--[UNIQUE BOUNDARY TEXT]
Content-Disposition: form-data; name="ReceiverID"

[RECEIVING PAYER ID]
--[UNIQUE BOUNDARY TEXT]
Content-Disposition: form-data; name="CORERuleVersion"

2.2.0
--[UNIQUE BOUNDARY TEXT]
Content-Disposition: form-data; name="Checksum"

[MESSAGE CHECKSUM]
--[UNIQUE BOUNDARY TEXT]
Content-Disposition: form-data; name="PayloadLength"

[PAYLOAD LENGTH]
--[UNIQUE BOUNDARY TEXT]
Content-Type: text/plain; charset=Cp1252; name=[BATCH FILE NAME].txt
Content-Transfer-Encoding: binary
Content-ID: <[BATCH FILE NAME].txt>
Content-Disposition: attachment; name="Payload"; filename="[BATCH FILE NAME].txt"

[BATCH FILE NAME]
--[UNIQUE BOUNDARY TEXT]–
```

Realtime 276 Request

```
MIME-Version: 1.0

--[UNIQUE BOUNDARY TEXT]
Content-Disposition: form-data; name="PayloadType"

X12_276_Request_005010X212
--[UNIQUE BOUNDARY TEXT]
Content-Disposition: form-data; name="ProcessingMode"

RealTime
--[UNIQUE BOUNDARY TEXT]
Content-Disposition: form-data; name="PayloadID"

[UNIQUE MESSAGE ID]
--[UNIQUE BOUNDARY TEXT]
Content-Disposition: form-data; name="TimeStamp"

[YYYY-MM-DDTH:m:SSZ]
--[UNIQUE BOUNDARY TEXT]
Content-Disposition: form-data; name="UserName"

[HEALTHeNET ASSIGNED USERNAME]
--[UNIQUE BOUNDARY TEXT]
Content-Disposition: form-data; name="Password"

[HEALTHeNET ASSIGNED PASSWORD]
--[UNIQUE BOUNDARY TEXT]
Content-Disposition: form-data; name="SenderID"

[HEALTHeNET ASSIGNED SUBMITTER ID]
--[UNIQUE BOUNDARY TEXT]
Content-Disposition: form-data; name="ReceiverID"

[RECEIVING PAYER ID]
--[UNIQUE BOUNDARY TEXT]
Content-Disposition: form-data; name="CORERuleVersion"

2.2.0
--[UNIQUE BOUNDARY TEXT]
Content-Disposition: form-data; name="Checksum"

[MESSAGE CHECKSUM]
--[UNIQUE BOUNDARY TEXT]
Content-Disposition: form-data; name="PayloadLength"

[PAYLOAD LENGTH]
--[UNIQUE BOUNDARY TEXT]
Content-Disposition: form-data; name="Payload"

[X12 EDI 276 MESSAGE]
--[UNIQUE BOUNDARY TEXT]—
```

Batch 276 Request

```
MIME-Version: 1.0

--[UNIQUE BOUNDARY TEXT]
Content-Disposition: form-data; name="PayloadType"

X12_276_Request_005010X212
--[UNIQUE BOUNDARY TEXT]
Content-Disposition: form-data; name="ProcessingMode"

Batch
--[UNIQUE BOUNDARY TEXT]
Content-Disposition: form-data; name="PayloadID"

[UNIQUE MESSAGE ID]
--[UNIQUE BOUNDARY TEXT]
Content-Disposition: form-data; name="TimeStamp"

[YYYY-MM-DDTH:m:SSZ]
--[UNIQUE BOUNDARY TEXT]
Content-Disposition: form-data; name="UserName"

[HEALTHeNET ASSIGNED USERNAME]
--[UNIQUE BOUNDARY TEXT]
Content-Disposition: form-data; name="Password"

[HEALTHeNET ASSIGNED PASSWORD]
--[UNIQUE BOUNDARY TEXT]
Content-Disposition: form-data; name="SenderID"

[HEALTHeNET ASSIGNED SUBMITTER ID]
--[UNIQUE BOUNDARY TEXT]
Content-Disposition: form-data; name="ReceiverID"

[RECEIVING PAYER ID]
--[UNIQUE BOUNDARY TEXT]
Content-Disposition: form-data; name="CORERuleVersion"

2.2.0
--[UNIQUE BOUNDARY TEXT]
Content-Disposition: form-data; name="Checksum"

[MESSAGE CHECKSUM]
--[UNIQUE BOUNDARY TEXT]
Content-Disposition: form-data; name="PayloadLength"

[PAYLOAD LENGTH]
--[UNIQUE BOUNDARY TEXT]
Content-Type: text/plain; charset=Cp1252; name=[BATCH FILE NAME].txt
Content-Transfer-Encoding: binary
Content-ID: <[BATCH FILE NAME].txt>
Content-Disposition: attachment; name="Payload"; filename="[BATCH FILE NAME].txt"

[BATCH FILE NAME]
--[UNIQUE BOUNDARY TEXT]-
```

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Page **32** of **35**

Appendix C - Implementation Checklist

HEALTHeNET recommends that Trading Partners use the following outline as a checklist for successful integration with the HEALTHeNET Net Exchange API:

- Review the CAQH CORE Operating Rules
    - https://www.caqh.org/core/eligibility-benefits-operating-rules
    - https://www.caqh.org/core/claim-status-operating-rules
- Review this guide for an understanding of the HEALTHeNET specific messaging requirements
- Contact the HEALTHeNET Help Desk with any questions related to the signup process
- Complete and submit the HEALTHeNET Account Setup Forms
    - Net Exchange Agreement & Business Associate Agreement
    - Net Exchange User Account Form
    - Tax ID Number Attestation Form
- Upon receipt of testing credentials, perform self-testing and verify the returned responses
- Once self-testing is complete, notify the HEALTHeLINK Interface Analyst assigned to the implementation and proceed with transaction verification in the testing environment
- Schedule implementation date for production upon receipt of production credentials

Appendix D – Business Scenarios

The included scenarios server as examples of the more typical use cases for the HEALTHeNET Net Exchange API.

Scenario 1: Direct Provider Connection

A provider has an in-house system or EMR with the ability to setup a connection to the HEALTHeNET API. The technical resource for the provider will complete and submit the account setup forms. Upon approval of the agreements, they will proceed with establishing a connection, followed by transaction testing in the HEALTHeNET test environment. Once the transactions are verified by the assigned HEALTHeLINK Interface Analyst, they will schedule a date to deploy in production.

Scenario 2: Clearinghouse Connection

A clearinghouse that provides services to other vendors and practices wishes to establish a connection to the HEALTHeNET API to provide Batch and Realtime transaction submission to it partners. The point of contact for the clearinghouse will complete and submit the account setup forms. Upon approval of the agreements and contracts, the clearinghouse will be issued test credentials. Once they have established a connection and verified submitted transactions in the HEALTHeNET test environment, they will be issued production credentials and a production deployment date will be scheduled.

Scenario 3: Software Vendor Connection

A software vendor providing practice management software for a practice wishes to establish a connection to the HEALTHeNET API for that practice to submit Batch and Realtime transactions. The vendor will work with the practice to complete and submit the account setup forms. Upon approval of the agreements, the vendor will be issued test credentials. Once they have established a connection and verified submitted transactions in the HEALTHeNET test environment, they will be issued production credentials and a production deployment date will be scheduled.

Appendix E – Transmission Examples

Please refer to the following sections of this guide for specific transmission examples.

- Section 10: Transmission Specific Information
- Appendix A: Sample SOAP Messages
- Appendix B: Sample MIME Messages

Appendix F – Frequently Asked Questions

Q: What is the availability of the HEALTHeNET system?

A: The HEALTHeNET system is available 24 / 7 / 367. The only exception to this are the brief monthly maintenance windows and scheduled updates. A schedule for system maintenance and scheduled down times can be found on the support section of the HEALTHeNET website at https://wnyhealthenet.com/support/

Q: How do I update my Tax IDs with HEALTHeNET?

A: Submit an updated Tax ID Attestation Form found on the HEALTHeNET sign-up page https://wnyhealthenet.com/sign-up/ to the Servicing Department at servicing@wnyhealthelink.com

Q: How can I re-submit a request batch that failed previously?

A: To re-submit the batch, just update the Interchange Control Number in the ISA segment. The system uses that to determine if a batch has already been submitted and will reject batches with duplicate Interchange Control Numbers.

Appendix G - Document Revision History

Version	Revision Date	Summary	Revised By
1.0	3/15/2022	Initial Implementation for CORE certification	RI