



UnitedHealthcare®

UnitedHealthcare West

HIPAA Transaction
Standard Companion Guide

Refers to the Technical Report Type 3 (TR3)
Implementation Guides
Based on ASC X12 Version 005010X212
Health Care Claim Status Request and Response (276/277)

Companion Guide Version Number: 1.1

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Preface

This companion guide (CG) to the v5010 ASC X12N Technical Report Type 3 (TR3) adopted under HIPAA clarifies and specifies the data content when exchanging electronically with UnitedHealthcare West. Transmissions based on this companion guide, used in tandem with the TR3, also called Health Care Claim Status Request and Response (276/277) ASC X12N/005010X212, 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 TR3 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 TR3.

EDITOR'S NOTE:

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1. INTRODUCTION

1.1. SCOPE

This document is to be used for the implementation of the HIPAA 5010 Claims Status Request and Response (276/277) (referred to as Claim Status in the rest of this document) for the purpose of submitting claim status requests electronically. This companion guide (CG) is not intended to replace the TR3.

1.2. OVERVIEW

This CG will replace, in total, the previous UnitedHealthcare West CG versions for Health Care Claim Status Request and Response and must be used in conjunction with the TR3 instructions. The CG is intended to assist you in implementing electronic Claim Status transactions that meet UnitedHealthcare West processing standards, by identifying pertinent structural and data related requirements and recommendations.

Updates to Companion Guides will occur periodically and new documents will be posted on <http://www.uhctest.com/commonPortal/link?navnode=Library.BLOT&product=Commercial&audience=Provider-Before-Logon®ion=CA&cid=600626311> with reasonable notice, or a minimum of 30 days, prior to required implementation.

In addition, all trading partners will receive an email with a summary of the updates and a link to the new documents posted online.

1.3. REFERENCE

For more information regarding the ASC X12 Standards for Electronic Data Interchange (005010X212) Health Care Claim Status Request and Response (276/277) and to purchase copies of these documents, consult the ASC X12 guide store - <http://store.x12.org/store/>

1.4. ADDITIONAL INFORMATION

The American National Standards Institute (ANSI) is the coordinator and clearinghouse for information on national and international standards. In 1979 ANSI chartered the Accredited Standards Committee (ASC) X12 to develop uniform standards for electronic interchange of business transactions and eliminate the problem of non-standard electronic data communication. The objective of the ASC X12 Committee is to develop standards to facilitate electronic interchange relating to all types of business transactions. The ANSI X12 standards is recognized by the United States as the standard for North America. Electronic Data Interchange (EDI) adoption has been proved to reduce the administrative burden on providers.

2. GETTING STARTED

2.1. CONNECTIVITY WITH UNITEDHEALTHCARE WEST

The methods to connect with UnitedHealthcare West for submitting and receiving EDI transactions are; direct using Connectivity Director, direct using CORE connectivity methods, or Clearinghouse.

Clearinghouse Connection:

Physicians and Healthcare professionals should contact their current clearinghouse vendor to discuss their ability to support the Claim Status transaction, as well as associated timeframe, costs, etc.

Physicians and Healthcare professionals also have an opportunity to submit and receive a suite of EDI transactions via the OptumInsight clearinghouse. For more information, please contact your OptumInsight Account Manager. If you do not have an OptumInsight Account Manager, please contact the OptumInsight Sales Team at (800) 341- 6141 option 3 for more information.

Connectivity Director:

Direct connection to UnitedHealthcare West for Claim Status transactions is available via Connectivity Director. This connection type will support batch and real-time submissions and responses. Trading partners are able to get more information and register for Connectivity Director via <http://www.unitedhealthcarecd.com>.

CAQH CORE Connectivity:

Council for Affordable Health Care (CAQH) is seeking to simplify healthcare administration. CAQH through CORE, (Committee on Operating Rules for Information Exchange) a voluntary organization comprised of providers, health plans, vendors and clearinghouses, has developed industry rules. These rules seek to increase interoperability between health plans and providers to reduce administrative costs. The rules are being release in phases. CORE has defined methods for connecting to a health plan, details of the connectivity methods can be found on CAQH's website <http://www.CAQH.org>.

OptumInsight is acting as the CORE connectivity proxy for UnitedHealthcare West. If you wish to connect to UnitedHealthcare West using CORE connectivity please contact your OptumInsight account manager. If you do not have an OptumInsight Account Manager, please contact OptumInsight Sales Team at (800) 341- 6141 option 3 for more information. OptumInsight currently supports Phase I and Phase II CORE connectivity methods.

2.2. TRADING PARTNER REGISTRATION

Clearinghouse Connection:

Physicians and Healthcare professionals should contact their current clearinghouse vendor to discuss their ability to support the Claim Status transaction.

Connectivity Director:

Register for Connectivity Director via <http://www.unitedhealthcarecd.com>.

CAQH CORE Connectivity:

OptumInsight is acting as a CORE connectivity proxy for UnitedHealthcare West. If you wish to connect to UnitedHealthcare West using CORE Connectivity please contact your OptumInsight account manager. If you do not have an OptumInsight Account Manager, please contact OptumInsight Sales Team at (800) 341-6141 option 3 for more information.

2.3. CERTIFICATION AND TESTING OVERVIEW

UnitedHealthcare West is currently seeking CORE Phase I and Phase II certification. UnitedHealth Group signed the CORE Phase I and Phase II pledge on Oct. 1st 2010.

OptumInsight is currently seeking CORE Phase I and Phase II certification.

3. TESTING WITH UNITEDHEALTHCARE WEST

The Claim Status Request and Response transaction is an inquiry and response transaction and does not result in any data changing upon completion therefore test transactions (ISA15 value of "T") with production data can be sent to our production environment without any negative impact.

Clearinghouse Connection:

Physicians and Healthcare professionals should contact their current clearinghouse vendor to discuss testing.

CAQH CORE Connectivity:

OptumInsight is acting as a CORE connectivity proxy for UnitedHealthcare West Claim Status Transactions for testing connectivity and test transactions please work with OptumInsight.

Connectivity Director:

All trading partners who wish to submit Health Care Claim Status Request and Response transactions to UnitedHealthcare West via the ASC X12 276 (Version 005010X212) and receive corresponding EDI responses (277) must complete testing to ensure that their systems and connectivity are working correctly before any production transactions can be processed. Connectivity Director will assist in this process. Trading partners are able to get more information and register for Connectivity Director via this link <http://www.unitedhealthcarecd.com>.

4. CONNECTIVITY/COMMUNICATIONS WITH UNITEDHEALTHCARE WEST

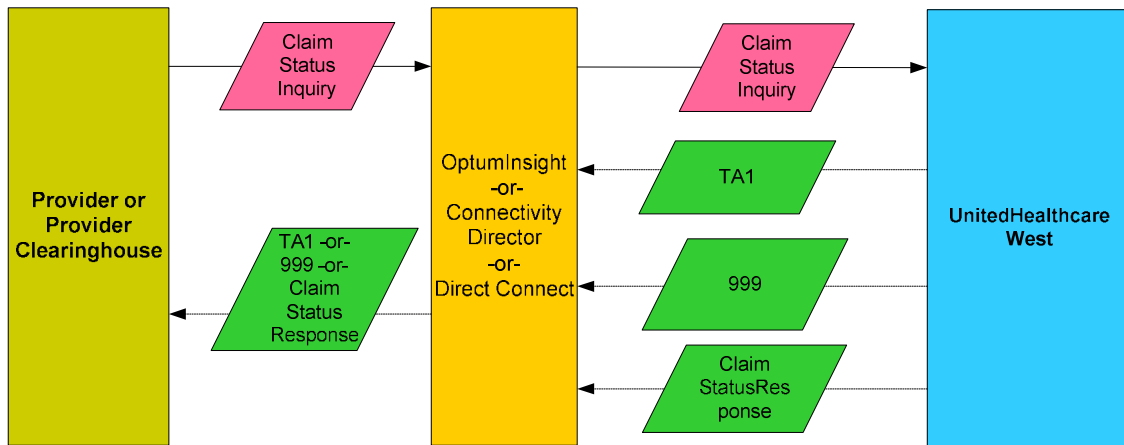
4.1. PROCESS FLOWS

Real-time Claim Status Request and Response:

The response to a real-time claim status transaction will consist of:

1. First level response - TA1 will be generated when errors occur within the envelope.
2. Second level response - 999 if the submitted 276 failed compliance checks.

3. Third level response - 277 response indicating the claim status in an STC segment OR STC segment indicating the nature of the error.



Each transaction is validated to ensure that the 276 complies with 005010X212. Transactions which fail this compliance check will generate a real-time 999 message back to the sender with an error message indicating that there was a compliance error. Transactions that pass compliance checks, but failed to process (e.g. due to member not being found) will generate a real-time 277 response transaction including an STC segment indicating the nature of the error. Transactions which pass compliance checks and do not have errors in STC segments will have a 277 with STC indicating the status of the claim.

4.2. TRANSMISSION ADMINISTRATIVE PROCEDURES

Connectivity Director can be used in either batch or real-time modes. Connectivity Director supports manual transactions via the website (batch only) or programmatically via several different communication protocols.

4.3. RE-TRANSMISSION PROCEDURE

Please follow the instructions within the 277 STC data segment for information on whether resubmission is allowed or what data corrections need to be made in order for a successful response.

4.4. COMMUNICATION PROTOCOL SPECIFICATIONS

Clearinghouse Connection:

Physicians and Healthcare professionals should contact their current clearinghouse vendor to discuss communication protocol specifications.

CAQH CORE Connectivity:

OptumInsight is acting as a CORE connectivity proxy for UnitedHealthcare West Claim Status Request and Response transactions for specific questions regarding the CORE connectivity communication protocols please contact OptumInsight.

Connectivity Director:

Connectivity Director currently supports the following communications methods:

- HTTPS Real-Time
- FTP + PGP Batch
- FTP over SSL Batch

4.5. PASSWORDS

Clearinghouse Connection:

Physicians and Healthcare professionals should contact their current clearinghouse vendor to discuss testing.

CAQH CORE Connectivity:

OptumInsight is acting as a CORE connectivity proxy for UnitedHealthcare West Claim Status Request and Response Transactions for information regarding passwords please work with OptumInsight.

Connectivity Director:

To create a new connectivity director account please follow the instructions online at <https://www.UnitedHealthcareCD.com>.

4.6. SYSTEM AVAILABILITY

UnitedHealthcare West will accept 276 transaction submissions at any time, 24 hours per day/7 days a week.

UnitedHealthcare West will send an e-mail communication for scheduled and unplanned outages.

4.7. COSTS TO CONNECT

Clearinghouse Connection:

Physicians and Healthcare professionals should contact their current clearinghouse vendor to discuss costs.

CAQH CORE Connectivity:

OptumInsight is acting as a CORE connectivity proxy for UnitedHealthcare West Claim Status Request and Response Transactions for information regarding costs please work with OptumInsight.

Connectivity Director:

There is no cost imposed on the trading partners by UnitedHealthcare West to set-up or use Connectivity Director.

5. CONTACT INFORMATION

5.1. EDI CUSTOMER SERVICE

Most questions can be answered by referencing the materials posted at the EDI Resource Center at:

<https://www.uhcwest.com/commonPortal/link?navnode=Library.BLOT&product=Commercial&audience=Provider-Before-Logon®ion=CA&cid=600711338>.

If you have questions related to transactions submitted through a clearinghouse please contact your clearinghouse vendor.

For connectivity options contact UnitedHealthcare West EDI Support at:

- Email: EDIsupport@uhc.com
- Telephone: (800) 842-1109

5.2. EDI TECHNICAL ASSISTANCE

Clearinghouse

- Hospital and Healthcare facilities should contact their current clearinghouse vendor for technical assistance.

Connectivity Director

- Email - Unitedhelpdesk@ediconnect.com
- Connectivity Director Customer Support line: (800) 445-8174

UnitedHealthcare West EDI Issue Reporting

- Email: EDIsupport@uhc.com
- Telephone: (800) 842-1109

5.3. PROVIDER SERVICE NUMBER

Providers should call the contact numbers listed in the “Contact Us” page of the Provider Portal located here:

<http://www.pacificare.com/commonPortal/link?product=Commercial&audience=Provider-Before-Logon®ion=CA&navnode=ProviderContactUs.0> Please select the correct state from the pull-down menu as they may be different based on product line. Provider Services is available Monday – Friday 8 a.m. to 5 p.m. in provider’s time zone.

5.4. APPLICABLE WEBSITES / E-MAIL

CAQH CORE – <http://www.caqh.org>

Connectivity Director – <http://www.unitedhealthcarecd.com>

Companion Guides - www.uhcwest.com- > Provider>Library>Resource Center>Electronic Data Interchange>Companion Guides

UnitedHealthcare West EDI help desk – EDIsupport@uhc.com

OptumInsight - www.optuminsight.com

ASC X12 guides - <http://store.x12.org/store/>

6. CONTROL SEGMENTS / ENVELOPES

6.1. ISA-IEA

Transactions are identified by an interchange header segment (ISA) and trailer segment (IEA) which forms the envelope enclosing the transmission. Each ISA marks the beginning of the transmission and provides sender and receiver identification.

The tables below represent only those fields that UnitedHealthcare West requires a specific value in or has additional guidance on what the value should be. The tables do not represent all of the fields necessary for a successful transaction the TR3 should be reviewed for that information.

276: The table below contains information that will need to be included in the Interchange Control Header of the submitted 276.

Loop ID	Reference	Name	Values	Notes/Comments
None	ISA	ISA Interchange Control Header		
	ISA08	Interchange Receiver ID	87726	UnitedHealthcare West Payer ID -Right pad as needed with spaces to 15 characters.

277: The table below contains information that will be included in the Interchange Control Header of the 277 response.

Loop ID	Reference	Name	Values	Notes/Comments
None	ISA	ISA Interchange Control Header		
	ISA06	Interchange Sender ID	87726	UnitedHealthcare West Payer ID -Right padded with spaces to 15 characters.

6.2. GS-GE

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

The below table represents only those fields that UnitedHealthcare West requires a specific value in or has additional guidance on what the value should be. The table does not represent all of the fields necessary for a successful transaction the TR3 should be reviewed for that information.

276: The table below contains information that will need to be included in the Functional Group Header of the submitted 276.

Loop ID	Reference	Name	Values	Notes/Comments
None	GS	Functional Group Header		Required Header
	GS03	Application Receiver's Code	87726	UnitedHealthcare West Payer ID Code
	GS08	Version / Release / Industry Identifier Code	005010X212	Version expected to be received by UnitedHealthcare West.

277: The table below contains information that will be included in the Functional Group Header of the 277 response.

Loop ID	Reference	Name	Values	Notes/Comments
None	GS	Functional Group Header		Required Header

Loop ID	Reference	Name	Values	Notes/Comments
	GS02	Application Receiver Code	87726	UnitedHealthcare West Payer ID
	GS08	Version / Release / Industry Identifier Code	005010X212	Version sent by UnitedHealthcare West

6.3. ST-SE

The beginning of each individual transaction is identified using a transaction set header segment (ST). The end of every transaction is marked by a transaction set trailer segment (SE). For real time transactions, there will always be one ST and SE combination. A 276 file can only contain 276 transactions.

The below table represents only those fields that UnitedHealthcare West requires a specific value in or has additional guidance on what the value should be. The table does not represent all of the fields necessary for a successful transaction the TR3 should be reviewed for that information.

276: The table below contains information that will need to be included in the Transaction Set Header of the submitted 276.

Loop ID	Reference	Name	Values	Notes/Comments
None	ST	Transaction Set Header		Required Header
	ST03	Implementation Convention Reference	005010X212	Version expected to be received by UnitedHealthcare West

277: The table below contains information that will be included in the Transaction Set Header of the 277 response.

Loop ID	Reference	Name	Values	Notes/Comments
None	ST	Transaction Set Header		Required Header
	ST03	Implementation Convention Reference	005010X212	Version sent by UnitedHealthcare West

6.4. CONTROL SEGMENT HIERARCHY

ISA - Interchange Control Header segment
GS - Functional Group Header segment
 ST - Transaction Set Header segment
 First 276 Transaction
 SE - Transaction Set Trailer segment
 ST - Transaction Set Header segment
 Second 276 Transaction
 SE - Transaction Set Trailer segment
 ST - Transaction Set Header segment
 Third 276 Transaction
 SE - Transaction Set Trailer segment
GE - Functional Group Trailer segment
IEA - Interchange Control Trailer segment

6.5. CONTROL SEGMENT NOTES

The ISA data segment is a fixed length record and all fields must be supplied. Fields that are not populated with actual data must be filled with space.

- The first element separator (byte 4) in the ISA segment defines the element separator to be used through the entire interchange. □
- The ISA segment terminator (byte 106) defines the segment terminator used throughout the entire interchange.
- ISA16 defines the component element

6.6. FILE DELIMITERS

UnitedHealthcare West requests that you use the following delimiters on your 276 file. If used as delimiters, these characters (* : ~ ^) must not be submitted within the data content of the transaction sets. Please contact UnitedHealthcare West if there is a need to use a delimiter other than the following:

Data Element: The first element separator following the ISA will define what Data Element Delimiter is used throughout the entire transaction. **The recommended Data Element Delimiter is an asterisk (*).**

Segment: The last position in the ISA will define what Segment Element Delimiter is used throughout the entire transaction. **The recommended Segment Delimiter is a tilde (~).**

Component-Element: Element ISA16 will define what Component-Element Delimiter is to be used throughout the entire transaction. **The recommended Component-Element Delimiter is a colon (:).**

Repetition Separator: ISA11 defines the repetition separator to be used throughout the entire transaction. **The recommended repetition separator is a caret (^).**

7. PAYER SPECIFIC BUSINESS RULES AND LIMITATIONS

7.1. 276 REQUEST

Real Time Request

For real time 276 requests submit:

- Only one claim inquiry within each ST/SE, Transaction Set Request.
- Only one occurrence of the 2000A, 2000B, 2000C, 2100C, 2000D, 2200D, 2000E and 2200E Loops per each ST/SE Transaction Set Request.

Member Search Criteria

Member search criteria used by UnitedHealthcare West uses a combination of the following data elements: Member ID, Last Name, First Name and Patient Date of Birth (DOB). It is recommended that the maximum search data elements are used this will result in the best chance of finding a member; however, all data elements aren't required. Cascading search logic will go through the criteria supplied and attempt to find a match. If a match is not found or multiple matches are found, a 277 response will be sent indicating to the user if possible what criteria needs to be supplied to find a match.

Loop	Element	Name	Required/Recommended
2000D/E	DMG02	Patient Date of Birth*	Required per TR3
2100D	NM103	Subscriber Last Name	Required per TR3
2100D	NM104	Subscriber First Name	Requested by UHCWest
2100D	NM109	Member ID	Required per TR3
2200D	REF02	Payer Group Number	Requested by UHCWest
2100E	NM103	Dependent Last Name	Required per TR3
2100E	NM104	Dependent First Name	Requested by UHCWest

*In Subscriber Loop 2000D the Date of birth is required if the patient is the subscriber or is a dependent with a unique member ID. The DMG segment may only appear once in the 276 (in either the subscriber loop or the dependent loop). Date of Birth Requirements:

- The **subscriber** date of birth is situational in the 276 request. If dependant data is not submitted then the 276 request must have the subscriber date of birth in order for the transaction to process. If the 276 request does not have the subscriber date of birth the transaction will reject for entity's date of birth. The 277 response will have STC*E0*158*IL. The 276 request will need to be resubmitted with the subscriber's date of birth in order for the transaction to process.
- The **dependent** date of birth is required in the 276 request if the dependent loop is submitted. If the date of birth for the dependant is not submitted in the 276 request the transaction will reject for entity's date of birth. The 277 response will have STC*E0*158*IL. The 276 request will need to be resubmitted with the dependant's date of birth in order for the transaction to process.

Claim Submitted Charges

The Claim Submitted Charges are not required in the 276 request. If the Claim Submitted Charges are received in the 276 request and the system can not find a claim for the Claim Submitted Charges from the 276 the 276 transaction will reject for claim not found. The 277 will have STC*A4. The 276 will need to be corrected and resubmitted for processing.

Date Derivation Logic

If Claim Level 'From' and 'To' date(s) are submitted in the 276 request these are the date(s) that will be used when searching for claims.

If the Claim Level 'From' and 'To' date(s) are not submitted in the 276 request, the date or range of dates used when searching for claims will be derived from the service line information received in the 276 request using the following logic:

- The dates of service on each service line will be reviewed. The earliest date of service will be used for the 'From' date and the latest date of service will be used for the 'To' date of service.

276 Request Date Range Greater than 31 days

If the difference between the 'From' date and 'To' date submitted on the 276 request is greater than 31 days, the system will reduce the range to 31 days by reducing the 'To' date.

276 Submitted dates that will result in rejections

No Dates in the 276 Request - If dates are not submitted in the 276 request at the Claim Service Date (2200D/E) and/or Service Line Date (2210D/E), the 276 transaction will reject for Dates of Service. The 277 will have STC*E0*187. The 276 will need to be resubmitted with date(s) at the claim or service line level.

Future Date in the 276 Request

If the 276 request submitted has a 'From' or 'To' date at the Claim Service Date (2200D/E) or Service Line Date (2210D/E) that is a future date, the 276 transaction will reject for Dates of Service. The 277 will have STC*D0*187. The 276 will need to be corrected and resubmitted for processing.

276 Request for Claim Date older than 18 months

If the 'From' date in the Claim Service Date (2200D/E) or Service Line Date (2210D/E) is equal to or exceeds 18 months in the past, the 276 request will reject for Dates of Service. The 277 response will have STC*D0*187 and will need to be corrected and resubmitted for processing.

Recommended Elements

The table in Section 10 *Transaction Specific Information* is meant to illustrate the data requested by UnitedHealthcare West to help successfully process a Claim Status Request. Refer to the TR3 for a complete listing of data element requirements that are above, beyond or different than those noted in this companion guide.

7.2. 277 RESPONSE

STC Error Code "E3"

If the 277 response transaction has an STC*E3 please contact EDI Support for assistance. For research purposes and quality customer service our team will require the 276 submitted with the corresponding 277 received. This information will assist us in resolving the issue more expediently.

8. ACKNOWLEDGEMENTS AND REPORTS

8.1. ACKNOWLEDGEMENTS

TA1 - Transaction Acknowledgement

This file informs the submitter that the transaction arrived and provides information about the syntactical quality of the Envelope of the submitted X12 file. United Healthcare West Real-Time transactions will only respond with a TA1 when the X12 contains Envelope errors. If a TA1 is produced then neither a 999 nor 277 response will be sent. The submitted 276 will need to be corrected and resubmitted.

999 - Functional Acknowledgement

This file informs the submitter that the transaction arrived and provides information about the syntactical quality of the Functional Groups in a submitted X12 file. United Healthcare West Real-Time transactions will only respond with a 999 when the X12 contains Functional errors. If a 999 is produced then the 277 response will not be sent. The submitted 276 will need to be corrected and resubmitted.

8.2. REPORT INVENTORY

None identified at this time.

9. TRADING PARTNER AGREEMENTS

9.1. TRADING PARTNERS

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

Payers have EDI Trading Partner Agreements that accompany the standard implementation guide to ensure the integrity of the electronic transaction process. The Trading Partner Agreement is related to the electronic exchange of information, whether the agreement is an entity or a part of a larger agreement, between each party to the agreement.

For example, a Trading Partner Agreement may specify among other things, the roles and responsibilities of each party to the agreement in conducting standard transactions.

10. TRANSACTION SPECIFIC INFORMATION

10.1. CLAIM STATUS REQUEST 276 (005010X212)

The below table represents only those fields that UnitedHealthcare West requires a specific value in or has additional guidance on what the value sent in the response means. The table does not represent all of the fields that will be returned in a successful transaction. The TR3 should be reviewed for that information.

Loop ID	Reference	Name	Values	Notes/Comments
2100A	NM1	Payer Name		
	NM108	Identification Code Qualifier	PI	Used to specify: "PI" for Payer ID established by trading partner agreement.
	NM109		87726	Payer ID for UnitedHealthcare West
2100B	NM1	Information Receiver Name		
	NM108	Code Qualifier	46	46 = Electronic Transmitter ID (ETIN)
	NM109	Identification Code		ETIN is established with Trading Partner Agreement
2100C	NM1	Provider Name		
	NM103	Provider Last Name or Organization Name		Requested by UnitedHealthcare West
	NM104	Provider First Name		Requested by UnitedHealthcare West
2200D/E	REF	Group Number		
	REF02	Payer Group Number		Requested by UnitedHealthcare West
	AMT	Claim Submitted Charges		
	AMT02	Monetary Amount		Requested by UnitedHealthcare West
	DTP	Claim Service Date		
	DTP03	Claim Service Period		Requested by UnitedHealthcare West (if not supplied in Loop 2210)
2210D/E	DTP	Service Line Date		
	DTP03	Service Line Date		Requested by UnitedHealthcare West (if not supplied in Loop 2200)

10.2. CLAIM STATUS RESPONSE 277 (005010X212)

The below table represents only those fields that UnitedHealthcare West requires a specific value in or has additional guidance on what the value sent in the response means. The table does not represent all of the fields that will be returned in a successful transaction. The TR3 should be reviewed for that information.

Loop ID	Reference	Name	Values	Notes/Comments
2100A	NM1	Payer Name		
	NM103	Payer Name	UNITEDHEALTHCARE	Used to identify information source name. "UNITED HEALTHCARE" will be sent in NM103.
	NM109	Payer ID	87726	Used to specify primary source information identifier. 87726 = UnitedHealthcare West

11. APPENDECIES

This section contains one or more appendices.

11.1. IMPLEMENTATION CHECKLIST

The implementation check list will vary depending on your choice of connection; Direct Connect, Connectivity Director, CAQH CORE Connectivity or Clearinghouse. However, a basic check list would be to:

1. Register with Trading Partner
2. Create and sign contract with trading partner
3. Establish connectivity
4. Send test transactions
5. If testing succeeds, proceed to send production transactions

11.2. BUSINESS SCENARIOS

Please refer to Section 4.4 above, which points to the appropriate website for Washington Publishing where the reader can view the Implementation Guide, which contains various business scenario examples.

11.3. TRANSMISSION EXAMPLES

Please refer to Section 4.4 above, which points to the appropriate website for Washington Publishing where the reader can view the Implementation Guide, which contains various transmission examples.

11.4. FREQUENTLY ASKED QUESTIONS

1. How does UnitedHealthcare West support, monitor, and communicate expected and unexpected connectivity outages?

Our systems do have planned outages. For the most part, transactions will be queued during those outages. We have identified the planned maintenance windows in the UnitedHealthcare West section 3.6 of this document. We will send an email communication for scheduled and unplanned outages.

2. If a 276 is successfully transmitted to UnitedHealthcare West, are there any situations that would result in no response being sent back?

No. UnitedHealthcare West will always send a response. Even if UnitedHealthcare West's systems are down and the transaction cannot be processed at the time of receipt, a response detailing the situation will be returned.

11.5. CHANGE SUMMARY

Version	Release date	Changes
1.0	September 2011	Initial External Release
1.1	December 2011	Updated "System Availability" in section 4.6.