

**Etactics Business to Business (B2B)  
&  
Electronic Data Interchange (EDI)  
Companion Guide**

*Etactics, Inc.*

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# Revision History

<b>Doc. version</b>	<b>Version date</b>	<b>Description</b>
1.0	6/6/19	Initial version
1.1	6/13/19	Amended 270 GS requirements
1.2	12/3/19	Corrected 5010 270/271 guidelines from Loop 2000A to Loop 2100A as the payer loop
1.3	12/23/19	Added POST270 API call instructions and corrected email addresses to new emails
1.4	01/20/20	Combined existing guide Etactics EDI Guide; Updated Purpose section; Re-ordered guide to flow by transaction methods followed by specific transaction details
1.5	6/30/20	Added Unsolicited Claim Status Report 277 (X214) section

# Purpose

The purpose of the Etactics B2B Companion Guide is to educate interested parties on ways to exchange insurance related information to and from Etactics.

When appropriate, this guide includes information about how to structure ANSI requests specifically for Etactics. These descriptions are intended to supplement, and not replace, the standard ASC X12 Standards for Electronic Data Interchange Technical Reports, i.e. X12 TR3 Guides. This companion guide will specify supported and non-supported loops, segments, elements, and sub-elements of ANSI transactions, but does not introduce new or invalid codes or structures as identified by the X12 TR3 Guides.

B2B Partners should independently purchase the X12 TR3 Guides for use along with this guide and adhere to all rules and specifications within. Purchase any version of the X12 TR3 Guides here:

<http://store.x12.org/store/>

For further information regarding Etactics clearinghouse services and information not listed in this guide, please contact [edisupport@etactics.com](mailto:edisupport@etactics.com).

# Submission & Retrieval Methods

Etactics offers several methods for submitting and retrieving EDI transactions. These are described below and described in depth within the following sections.

The following table lists the American National Standards Institute (ANSI) Accredited Standards Committee (ASC) X12 transactions supported by Etactics as mandated by the Health Insurance Portability Act (HIPAA):

<b>Transaction</b>	<b>Format</b>	<b>Version</b>	<b>Submission Method(s)</b>
Health Care Benefit Inquiry/Response	ASC X12N 270/271	005010X279A1	API, Web Portal
Health Care Claim Status Request/Response	ASC X12N 276/277	005010X212A1	API, Web Portal
Health Care Claim Payment/Advice	ASC X12N 835	005010X221A1	API, FTPS/SFTP, Web Portal
Health Care Claim: Professional	ASC X12N 837	005010X222A1	API, FTPS/SFTP, Web Portal
Health Care Claim: Institutional	ASC X12N 837	005010X223A2	API, FTPS/SFTP, Web Portal
Health Care Claim: Dental	ASC X12N 837	005010X224A1	API, FTPS/SFTP, Web Portal
Health Care Claim Status (unsolicited)	ASC X12N 277	005010X214A1	API, FTPS/SFTP, Web Portal

## Web Portal

Business partners and their clients may upload claims and eligibility requests through our Customer Area Web Portal, IntelliClaim. Through the same interface, claim acknowledgments, reports, 835s, and 271s may be downloaded. You must have internet access and Etactics credentials to access your account and view transaction history.

## SFTP/FTPS

Securely send and receive files via a file transfer protocol client of your choice without logging into the Etactics web portal.

- If you would like to push files to Etactics and pull files for clearinghouse responses at regularly scheduled intervals, access to an interchange mailbox can be provided on an Etactics-managed SFTP server or FTPS Server.
- If you would like to host your own file server and allow Etactics to pull submissions and push responses as soon as they become available, Etactics' managed file transfer solution can administer connections to an SFTP or FTPS trading partner-managed server.

**Note:** Etactics does not support insecure connections via plain FTP under any circumstances.

For additional security, we offer the ability to encrypt the contents of your responses while awaiting retrieval and decrypt file submissions before processing using one of the following ciphers:

- Advanced Encryption Standard (AES) -- 128 or 256-bit key length -- Electronic Code Book (ECB), Cipher Block Chaining (CBC), and Galois Counter Mode (GCM) support -- PKCS5 or PKCS7 padding (CBC/GCM only)
- Pretty Good Privacy (PGP)

**Note:** Encryption key exchange must be provided over a secure channel, either via the Etactics web portal or by secure email.

## REST API

Etactics provides seamless platform integration via our suite of REST APIs to submit claim files (batch), retrieve unsolicited 277 Reports, and check patient eligibility and claim status in real-time. View each transaction type section for more detail on utilizing these calls.



# Transaction Type Specific Information

## Sending Claims

### Etactics ANSI Standards for 5010 837P, 837I, and 837D

When sending a 5010 837 transaction to Etactics via any delivery method, it must conform to the following rules.

#### Header Info

Segment	Element	Expected Data
ISA	ISA01	00
	ISA02	10 Blank Char
	ISA03	00
	ISA04	10 Blank Char
	ISA05	ZZ
	ISA06	Sender's EIN (must be length 15)
	ISA07	ZZ
	ISA08	ETACTICSINC (must be length 15)

Segment	Element	Expected Data
GS	GS02	Sender's EIN (Same as ISA06)
	GS03	ETACTICSINC (Same as ISA08)

Loop	Element	Expected Data
1000A - Submitter	NM101	41
	NM102	Sender's Organization Name
	NM108	46
	NM109	Sender's EIN (Same as ISA06)

Loop	Element	Expected Data
1000B - Receiver	NM101	40
	NM102	ETACTICSINC
	NM108	46
	NM109	ETACTICSINC

#### Delimiters – Suggested Values

Segment	Element	Component Separator	Repetition Separator
~	*	>	^

# Sending Eligibility Requests and Receiving Responses

## Etactics ANSI Standards for 5010 270/271 Eligibility & Benefit Transactions

When sending a 5010 270 transaction to Etactics via any delivery method, it must conform to the following rules.

### Header Specifications for Sending a 270 to Etactics

#### ISA

The ISA segment must be the specified 106 characters with each element its proper size. There are several requirements on the values within the ISA segment.

Segment	Element	Element Length	Required Value
ISA	01	Exactly 2	00
ISA	02	Exactly 10	Any
ISA	03	Exactly 2	00
ISA	04	Exactly 10	Any
ISA	05	Exactly 2	ZZ
ISA	06	Exactly 15	Any
ISA	07	Exactly 2	ZZ
ISA	08	Exactly 15	Any
ISA	09	Exactly 6	Date of request
ISA	10	Exactly 4	Time of request
ISA	11	Exactly 1	^ is preferred
ISA	12	Exactly 5	00501
ISA	13	Exactly 9	Any
ISA	14	Exactly 1	0
ISA	15	Exactly 1	P
ISA	16	Exactly 1	: is preferred

**GS**

This header segment as well as all required segments and elements as specified by the TR3 Guides are required.

Specific to Etactics, the following rules apply:

<b>Segment</b>	<b>Element</b>	<b>Element Length</b>	<b>Required Value</b>
GS	01	Exactly 2	HS
GS	08	Exactly 12	005010X279A1

**ST**

<b>Segment</b>	<b>Element</b>	<b>Element Length</b>	<b>Required Value</b>
ST	01	Exactly 3	270
ST	02	Exactly 4	0001
ST	03	From 1 to 35	Same as GS*08

## Loop & Segment Information for Sending a 270 to Etactics

### 2100A Payer Loop

This loop and all required segments and elements as specified by the TR3 Guides are required. Specific to Etactics, the following rules apply:

Segment	Element	Element Length	Required Value
NM1	01	Exactly 2	PR
NM1	02	Exactly 1	2
NM1	08	Exactly 2	PI
NM1	09	From 2 to 15	Etactics 270 Payer ID*

\*Utilize any 270 payer ID from the Etactics website here: <https://www.etactics.com/payer-list>

### 2100B Payee Loop

This loop and all required segments and elements as specified by the TR3 Guides are required. Specific to Etactics, the following rules apply:

Segment	Element	Element Length	Required Value
NM1	01	Exactly 2	1P
NM1	08	Exactly 2	XX
NM1	09	Exactly 10	Individual or Group NPI
REF	01	Exactly 2	TJ
REF	02	Exactly 9	End client tax-ID

### 2000C & 2000D Patient Loops (Subscriber or Dependent)

This loop and all required segments and elements as specified by the TR3 Guides are required.

Reminder: While both loops are supported by Etactics, only the 2000C loop should be used if the patient is the subscriber. If the patient is the dependent, the 2000D loop should also be utilized.

At least the 2000C loop is required.

If the 2000D loop is present, a TRN segment is required to be within this loop. If the 2000D loop is not present, the TRN segment is required to be within the 2000C loop.

### 2100C & 2100D Patient Detail Loops (Subscriber or Dependent)

This loop and all required segments and elements as specified by the TR3 Guides are required.

Reminder: While both loops are supported by Etactics, only the 2000C loop should be used if the patient is the subscriber. If the patient is the dependent, the 2000D loop should also be utilized.

At least the 2000C loop is required.

The following segments are not supported within the 2100C and/or 2100D loops and will be ignored if sent:

- PRV
- HI

Within some segments and elements, only certain values are supported. Any value other than these values will be ignored:

Loop	Segment	Element	Possible Values
2100C	NM1	08	MI
2100C	REF	02	6P, SY
2100D	REF	02	6P
2100C or 2100D	DTP	01	291

If a DTP segment without a DTP\*01 = 291 value is included or no DTP segment is included at all, Etactics will add a DTP segment where DTP\*01 = 291, DTP\*02 = D8, and DTP\*03 is the current date.

**2110C & 2110D Patient Eligibility or Benefit Loops (Subscriber or Dependent)**

This loop and all required segments and elements as specified by the TR3 Guides are required.

Within the EQ segment, only EQ\*01 is supported. If values are sent in EQ\*02 or EQ\*05, the transaction will fail.

The following segments in the 2110C and 2110D loops are not supported:

- AMT
- III
- REF
- DTP

## **Payer Specific Considerations for 270 Submission**

### **Required Patient Demographic Information**

The required subscriber and dependent demographic elements are determined by each payer. In general, payers require some combination of the following demographic fields:

- Subscriber Policy Number / Member ID - 2100C NM1\*09 where NM1\*08 = MI
- Subscriber First Name - 2100C NM1\*04
- Subscriber Last Name - 2100C NM1\*03
- Subscriber Date of Birth - 2100C DMG\*02 in format CCYYMMDD
- Subscriber Social Security Number - 2100C REF\*02 where REF\*01 = SY
- Dependent First Name - 2100D NM1\*04
- Dependent Last Name - 2100D NM1\*03
- Dependent Date of Birth - 2100D DMG\*02 in format CCYYMMDD

However, business partners are encouraged to submit as much patient demographic information in the 2100C and 2100D loops as possible so that payer search options are able to be met as often as possible.

If submission of all demographic information results in payer rejection, Etactics will automatically cycle through each payer search option in a function referred to as “cascading.” Etactics will stop sending requests when a good response is received (eligible, ineligible, patient not found) or the payer search options are exhausted.

### **Sending Dependents as Subscribers**

Some payers incorrectly accept dependent information only in the subscriber loop. For these payers, Etactics automatically removes subscriber information (aside from member ID) and replaces it with dependent information. No action is needed on behalf of the business partner.

### **Payers Who Accept Only One Service Type Code**

Some payers, such as Blue Cross Blue Shield and Anthem payers, only accept a single service type code (EQ\*01). When more than one service type code is sent, the payer responds as if you have sent only the service type code of Health Benefit Plan Coverage (EQ\*01 = 30).

For these payers, Etactics will remove all but the first service type code so that the business partner can maintain some specificity in their request.

### **Received Service Type Codes on a 271**

Payers in general will provide the accompanying service type back on a 271 (EB segment) as was requested in the 270 with one or more service type codes (EB\*01).

However, payers are not required to send back a service type code for each service type code that is sent to them. Similarly, payers may provide additional service types than what was requested by the business partner.

These rules differ from payer to payer and within payer plans. While Etactics passes along service type codes, it does not guarantee that the payer will respond in kind.

### **Date of Service Discrepancies in the 270 versus 271**

Payers have different limits on both if past or future dates can be checked *and* how far into the past or future that eligibility can be checked. While Etactics will pass along properly formatted dates of service (DTP segment where DTP\*01 = 291), the payer may alter the time frame reported in the response. As a result, the business partner is encouraged to verify the dates of service or coverage reported back by the payer.

### **Payers Requiring Enrollment**

Few eligibility payers require that an end-client go through an enrollment process. To view which payers require enrollment, please visit the Etactics payer list at <https://www.etactics.com/payer-list>

If you receive the following AAA rejection codes, it is likely because a payer requires enrollment:

- 41 (Authorization/Access Restrictions)
- 43 (Invalid/Missing Provider Identification)
- 44 (Invalid/Missing Provider Name)
- 50 (Provider ineligible for inquiries)

To obtain enrollment paperwork, contact [EDISUPPORT@ETACTICS.COM](mailto:EDISUPPORT@ETACTICS.COM)

## **Eligibility Submission Methods**

### **POST270 Real Time API Call**

Business partners should utilize this call when they desire to send a full formatted 5010 270 through via API.

### **Credentials**

Etactics will provide the business partner with the following credentials in a secure format as agreed upon between the Etactics Implementation employee and business partner:

- API Username
- API Password
- Client Key AKA Client Token

The API Username identifies the business partner or end-client.

The API Password authenticates the business partner.

The Client Key determines if the API call will be processed by the production system or the test system. If the production Client Key is utilized, the business partner or end-client will be charged for the

transaction. If the test Client Key is utilized, the business partner or end-client will not be charged for the transaction.

As the test system is utilized by Etactics development as well as for partner testing, a business partner should use our test system only to validate that the API call and formatted ANSI is able to be processed and returned correctly. Up-time of the test system should not be used as a measure of up-time in the production system.

After the client has successfully tested their transaction and validated it against the Etactics production system, the test Client Key will be disabled.

### **Interactive Documentation & API Call Instructions**

Business partners can view documentation and try out transactions using our interactive documentation found here:

<https://etacticsinc.readme.io/>

### **API Call GETSERVICES**

The GETSERVICES call will provide you with available "services." Think of these as giving you a unique ID for each of your end clients.

Business partners are encouraged to try this call within the interactive documentation (see the above section).

After performing the GETSERVICES call, you will receive results similar to these (this screenshot is taken of results being viewed through a JSON viewer):



```

{
  "response": "OK",
  "services": [
    {
      "permitted": [
        {
          "product": "Claims",
          "name": "STOW MEDICAL",
          "serviceid": "123ABC456abc="
        }
      ],
      "productline": "claims"
    },
    {
      "permitted": [
        {
          "product": "Statements",
          "name": "STOW MEDICAL",
          "serviceid": "456efg789="
        }
      ],
      "productline": "statements"
    }
  ],
  "resptime": 2067
}

```

#### **API Call POST270**

All previously described credentials, the found service ID, and the actual 270 are the parameters within the POST270 call.

Parameter Name	Mandatory	Description
wsUserid	true	Password
wsPassword	true	User ID
wsRequest	true	Eligibility request in ANSI 270 format
service_id	true	Service ID
token	true	Token issued to client API caller by Eta

#### HTML Code example

```
<form class="docform" method=POST action="https://auth.etacticsinc.com/cgi-bin/api/post270.jcm">
User ID.....:<INPUT id=wsUserid name=wsUserid size="20">
Password.....:<INPUT type=password id=wsPassword name=wsPassword size="20">
Token.....:<INPUT type=text id="token" name=token size="30" value="
Service ID...:<INPUT id=service_id name=service_id size="20">
```

The following field must contain ANSI 270 formatted message:

```
<TEXTAREA id=wsRequest style='width:90%' rows=3 name=wsRequest>
ISA*00*          *00*          *ZZ*341931116 ...
</TEXTAREA>
<INPUT type=submit>
```

```
</form>
```

Try It

## API Error Responses

In the event that Etactics does not respond with a 271 request, several error messages may be received.

In all cases, review the error meaning below and then contact [EDISUPPORT@ETACTICS.COM](mailto:EDISUPPORT@ETACTICS.COM)

Error Message	Meaning	Client Action
ERROR [C01-1] - POST IS THE ONLY ALLOWED HTTP REQUEST METHOD FOR THIS SERVLET	A method other than HTTP POST was used to send the POST270 API call to Etactics	Review code and correct it to send the POST270 call using the POST method with all parameters in the body of the request
ERROR - WRONG USERID/PASSWORD	Invalid user credentials	Verify your API username, API password, and API-key/token. If all are correct, contact support
ERROR - YOU DO NOT HAVE ACCESS TO THIS API	The API-Key does not have permission to perform a POST270 request or the API username does not have eligibility API permissions	Contact support
ERROR [C01-2] - MISSING REQUEST DATA	The 270 ANSI data was not part of the POST270 request	Verify the POST270 call you are making and try again. If this does not work, contact support
ERROR [C01-3] - ERROR PARSING ANSI	The ANSI of the request data/270 was not able to be parsed by Etactics	Review your 270 ANSI for errors, correct them, and try again. If no errors are found, contact support

ERROR - UNDETERMINED CUSTOMER SERVICE	The request was matched to multiple end-client services. This is common when an end-client changes business partners, a set-up was done incorrectly, or when an end-client is serviced by multiple business partners	Verify that NPI and tax ID are included in the 270 ANSI to assist in identifying the correct client. If this does not fix the problem, contact support
ERROR - INVALID CUSTOMER SERVICE	The request was not matched to any end-client services. This is common when an incorrect service ID has been sent by a business partner	Verify the service ID being sent using the GET SERVICES API call. If the service ID is correct, contact support.
ERROR [C01-X] - AN ERROR HAS OCCURRED	An unknown error occurred	Contact support
[empty]	An error occurred for which there is no coded error message. This is common when a payer sends a proprietary, non-ANSI error message.	Contact support

## Claim Status Transaction Methods & Details

### Claim Status Submission Methods

#### 276Simple Real Time API Call

##### Credentials

Etactics will provide the business partner with the following credentials in a secure format as agreed upon between the Etactics Implementation employee and business partner:

- API Username
- API Password
- Client Key AKA Client Token

The API Username identifies the business partner or end-client.

The API Password authenticates the business partner.

The Client Key determines if the API call will be processed by the production system or the test system. If the production Client Key is utilized, the business partner or end-client will be charged for the transaction. If the test Client Key is utilized, the business partner or end-client will not be charged for the transaction.

As the test system is utilized by Etactics development as well as for partner testing, a business partner should use our test system only to validate that the API call and formatted ANSI is able to be processed

and returned correctly. Up-time of the test system should not be used as a measure of up-time in the production system.

After the client has successfully tested their transaction and validated it against the Etactics production system, the test Client Key will be disabled.

There are several special considerations and caveats when utilizing the GETSERVICES call. There will be available service IDs for both claim status and claims. Because claim status belongs to the "Claims" family of services at Etactics, the service ID for either will work when later performing the POST270 API call.

Each time the business partner adds a new client, utilize this call to find their service ID. The service ID is not changed after it is assigned, so you will need to use this call sparingly.

### **API Call 276Simple**

All previously described credentials and the found service ID will be used in this call. The final parameter is an Etactics proprietary called claimkey. The claimkey is our unique identifier to locate the claim on which you wish to perform claim status.

The claimkey is provided to you via an unsolicited 277 response from Etactics after a claim has been submitted (please see the 277 section of this guide). Therefore, the claimkey from Etactics must be stored by the business partner's system and be linked to the original claim. Only clients who submit claims to Etactics may submit claim status requests using the 276Simple API call.

## **277 & Report Equivalent Transaction Methods & Details**

### **Use Cases**

The Report will be used to pass individual claim status information from Etactics to Client. Following are the type of statuses we will pass

- Clearinghouse Accepted
- Clearinghouse Reject
- Payer Accept
- Payer Reject
- Optional - Clearinghouse Sent To Payer
- Optional - Claim Note for our AppealsPlus product

### **Frequency**

Clearinghouse Report (837 File Submission): One 277 Report will be created for every 837 File received by Etactics. In most cases, the report will be created within a few minutes after we receive the 837.

Payer Report: Etactics will create the Report once a day or once an hour. The report will contain claim payer acceptance/reject information.

AppealsPlus Notes: Etactics can create the Report daily to transfer notes that originated in AppealsPlus (denial management system) into the appropriate account within the PM or HIS system.

## Unsolicited Claim Status Report 277 (X214)

### Etactics ANSI Standards for 5010 277 Claim Status report (005010X214)

Two optional Unsolicited claim status reports (277) can be requested from Etactics: (1) Clearinghouse and (2) Payer. The Clearinghouse report will be created for each 837 file submitted. The Payer report will be delivered once a day. Both reports contain detailed claim status information and are formatted in exactly the same way. The difference between the reports can be told by evaluating the 2100A loop as shown below.

#### 2100A - Information Source Name

This loop describes the source accepting or rejecting the claim

Loop	Segment	Element	Name	Note
2100A	NM1	01	Entity ID	AY - Etactics PR - Payer

#### 2000D - Patient Detail

Etactics only accepts and rejects claims at the claim level (2000D)

Specific to Etactics, the following rules apply:

Loop	Segment	Element	Name	Note
2200D	STC	01-01	Health Care Claim Status Category Code	
2200D	STC	01-02	Health Care Claim Status Code	
2200D	STC	01-03	Entity ID	
2200D	STC	02	Status Information Effective Date	
2200D	STC	03	Status Information Action Code	WQ - Claim Accept U =Claim Rejected
2200D	STC	04	Total Claim Charge Amount	
2200D	STC	12	Message Text	Free Text detailing the reason why a claim rejected. Sometimes it

				will detail why a claim accepted
--	--	--	--	----------------------------------

2100A Example: Clearinghouse House Report

NM1\*AY\*2\*ETACTICS INC\*\*\*\*\*ZZ\*341931116

TRN\*1\*000000001

DTP\*050\*D8\*20200617

DTP\*009\*D8\*20200617

2100A Example: PayerReport

NM1\*PR\*2\*ODJFS PRIMARY\*\*\*\*\*PI\*MCDOH

TRN\*1\*12345

DTP\*050\*D8\*20200507

DTP\*009\*D8\*20200507