



Standard Companion Guide

**Refers to the Implementation Guide Based on X12
Version 005010X212
Claim Status Inquiry and Response
(276/277)**

Companion Guide Version Number: 2.0

October 1, 2020



Health Care Claim Status Inquiry and Response

Change Log

<i>Version</i>	<i>Release date</i>	<i>Changes</i>
1.0	10/24/2016	Initial creation
2.0	10/01/2020	Trading Partner change to Smart Data Solutions

Preface

This companion guide (CG) to the Technical Report Type 3 (TR3) adopted under HIPAA clarifies and specifies the data content when exchanging transactions electronically with Government Employees Health Association (GEHA). Transactions based on this companion guide, used in tandem with the TR3, also called 276/277 Health Care Claim Status Request and Response ASC X12N (005010X212), are compliant with both X12 syntax and those guides. This companion guide is intended to convey information that is within the framework of the 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.



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1. INTRODUCTION

This Companion Guide to the v5010 ASC X12N 276 and 277 Implementation Guides and associated errata adopted under HIPAA, clarifies and specifies the data content when exchanging health care claim status data electronically with Government Employee's Health Association (GEHA). 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.

1.1. SCOPE

This document is to be used for the implementation of the Technical Report Type 3 (TR3) HIPAA 5010 276/277 Health Care Claim Status Request and Response (referred to as Claim Status inquiry in the rest of this document) for the purpose of inquiring about claim status electronically with GEHA. This companion guide (CG) is not intended to replace the TR3.

1.2. OVERVIEW

This companion guide will replace, in total, the previous GEHA companion guide versions for claim status inquiry and response and must be used in conjunction with the TR3 instructions. The companion guide is intended to assist you in implementing electronic claim status transactions that meet GEHA processing standards, by identifying pertinent structural and data related requirements and recommendations.

1.3. REFERENCE

For more information regarding the ASC X12 Standards for Electronic Data Interchange 276/277 Claim Status Inquiry and Response (005010X212) and to purchase copies of the TR3 documents, consult the Washington Publishing Company web site at <http://www.wpc-edi.com/>.

1.4. ADDITIONAL INFORMATION

The American National Standards Institute (ANSI) is the coordinator 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.



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2. GETTING STARTED

2.1. WORKING WITH GEHA

There are two methods to connect with GEHA for submitting and receiving EDI transactions; through Smart Data Solutions or through another clearinghouse.

CAQH CORE Connectivity or Other Connection Method with Smart Data Solutions:

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>.

Smart Data Solutions is acting as the CORE connectivity proxy for GEHA. If you wish to connect to GEHA using CORE connectivity or other connection methods that Smart Data Solutions offers please contact your Smart Data Solutions Account Manager. If you do not have a Smart Data Solutions Account Manager, please contact the Smart Data Solutions Sales Team at (855) 297- 4436 for more information.

Clearinghouse Connection:

Physicians and Healthcare professionals should contact their current clearinghouse vendor to discuss their ability to support the Eligibility and Benefit 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 Smart Data Solutions clearinghouse. For more information, please contact your Smart Data Solutions Account Manager. If you do not have a Smart Data Solutions Account Manager, please contact the Smart Data Solutions Sales Team at (855) 297- 4436 for more information.



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2.2. TRADING PARTNER REGISTRATION

CAQH CORE Connectivity or Other Connection Method with Smart Data Solutions:

Smart Data Solutions is acting as a CORE connectivity proxy for GEHA. If you wish to connect to GEHA using CORE Connectivity or another connection method please contact your Smart Data Solutions Account Manager. If you do not have a Smart Data Solutions Account Manager, please contact the Smart Data Solutions Sales Team at (855) 297- 4436 for more information.

Clearinghouse Connection:

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

2.3. CERTIFICATION AND TESTING OVERVIEW

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

Smart Data Solutions is currently CORE Phase I and Phase II certified.

2.4. TESTING WITH GEHA

The Eligibility and Benefit 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. During testing the data being returned must not be acted on as a production response.

CAQH CORE Connectivity or Other Connection Method with Smart Data Solutions:

Smart Data Solutions is acting as a CORE connectivity proxy for GEHA Claim Status Inquiry Transactions for testing connectivity and test transactions. Please work with Smart Data Solutions. Contact information provided in section 2.2.

Clearinghouse Connection:

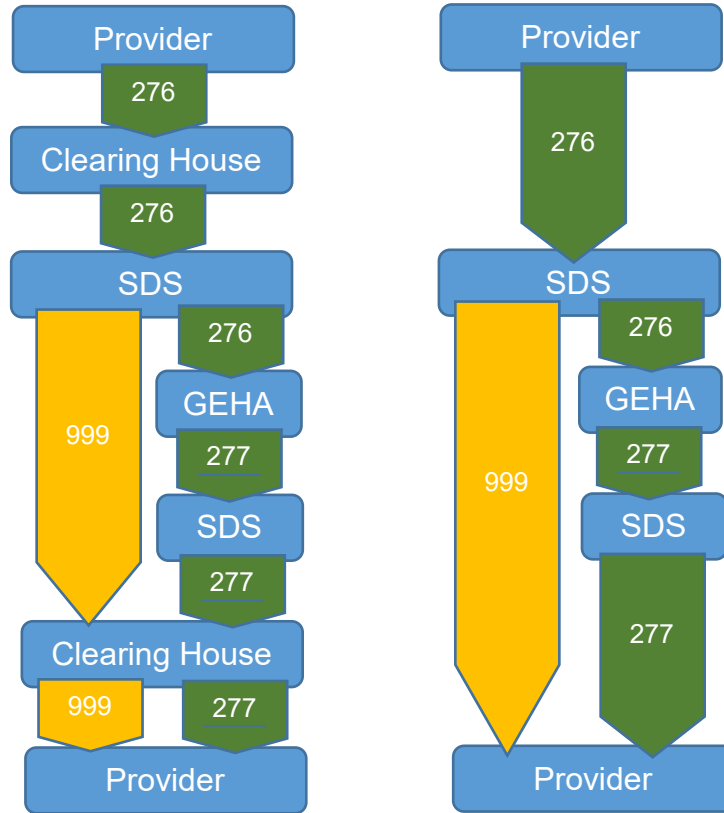
Physicians and Healthcare professionals should contact their current clearinghouse vendor to discuss testing.

3. CONNECTIVITY WITH THE PAYER / COMMUNICATIONS



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3.1. PROCESS FLOWS



Real-time Eligibility Benefit Inquiry and Response:

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

1. First level response – 999 will be generated when errors occur during 276 compliance validation.
2. Second level response - 277 will be generated indicating the claim status response OR indicating AAA errors within the request.

Each transaction is validated to ensure that the 276 complies with the 005010X279A1. Transactions which fail this compliance check will generate a real-time 999 message from Smart Data Solutions 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 no claim found according to the request) will generate a real-time 277 response transaction including an AAA segment indicating the nature of the error. Transactions that pass compliance checks and have do not generate AAA segments will create a 277 using the information in our claims system.

3.2. BATCH TRANSMISSION ADMINISTRATIVE PROCEDURES



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GEHA currently only supports real time transactions for the Claim Status Inquiry transaction.

3.3. SYSTEM AVAILABILITY

GEHA's normal business hours for 276/277 EDI are 24/7 except for Sunday 12 PM – 4 PM CST

Outside these windows, GEHA eligibility systems may be down for general maintenance and upgrades. During these times, our ability to process incoming 276/277 EDI transactions may be impacted. The codes returned in the AAA segment of the 276 acknowledgement will instruct the trading partner if any action is required see Section 3.3 for more information.

In addition, unplanned system outages may also occur occasionally and impact our ability to accept or immediately process incoming 276 transactions. GEHA will send an e-mail communication to Smart Data Solutions for scheduled and unplanned outages.

3.4 COSTS TO CONNECT

CAQH CORE Connectivity or Other Connection Method with Smart Data Solutions:

Smart Data Solutions is acting as a CORE connectivity proxy for GEHA Eligibility & Benefit Transactions for information regarding costs please work with Smart Data Solutions. Contact information provided in section 2.2.

Clearinghouse Connection:

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

4. CONTACT INFORMATION

4.1. EDI CUSTOMER SUPPORT

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

For questions on the format of the 276/277 or invalid data in the 277 response, please e-mail EDI Customer Support at EDITechs@geha.com

4.2. EDI TECHNICAL ASSISTANCE

Clearinghouse

- When receiving the 277 from a clearinghouse please contact the clearinghouse.



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EDI Issue Reporting

- Email - EDITechs@geha.com

4.3. CUSTOMER SERVICE NUMBER

Customer Service should be contacted at 800-821-6136 instead of EDI Customer Support if you have questions regarding the details of a member's claim. Provider Service is available Monday – Friday 7 a.m. to 5:30 p.m. CST.

4.4. APPLICABLE WEBSITES / E-MAIL

CAQH CORE – <http://www.cagh.org>

GEHA EDI Customer Support – EDITechs@geha.com

Smart Data Solutions – sdata.us

Washington Publishing Company – wpc-edi.com



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5. CONTROL SEGMENTS / ENVELOPES

5.1. ISA-IEA

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

The below table represents only those fields that GEHA 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.

TR3 Page#	Loop ID	Reference	NAME	Codes	Notes/ Comments
C.3	None	ISA	ISA Interchange Control Header		
C.5		ISA08	Interchange Receiver ID	44054	GEHA Payer ID -Right pad as needed with spaces to 15 characters.
C10	None	IEA	IEA Interchange Control Trailer		
C10		IEA01	Number of Included Functional Groups	1	Number of Functional Groups (GS-GE Loops) included in the Interchange.



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5.2. 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. GEHA supports only one Functional Group (GS-GE) per transmission.

The below table represents only those fields that GEHA 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.

TR3 Page#	Loop ID	Reference	NAME	Codes	Notes/Comments
C.7	None	GS	Functional Group Header		Required Header
C.7		GS03	Application Receiver's Code	44054	GEHA Payer ID Code
C.8		GS08	Version/Release/Industry Identifier Code	005010X212	Version expected to be received.
C9	None	GE	Functional Group Trailer		
C9		GE01	Number of Transaction Sets Included	1	Number of Transaction Sets (ST-SE Loops) included in the Functional Group.



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5.3. 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 '1' ST and SE combination. A 276 file can only contain 276 transactions.

The below table represents only those fields that Smart Data Solutions 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.

TR3 Page #	Loop ID	Reference	NAME	Codes	Notes/Comments
70	None	ST	Transaction Set Header		Required Header
		ST03	Implementation Convention Reference	005010X212	Version expected to be received by GEHA.

5.4. 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.



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5.5. FILE DELIMITERS

GEHA 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.

Data Segment: The recommended data segment delimiter is a tilde (~).

Data Element: The recommended data element delimiter is an asterisk (*).

Component-Element: ISA16 defines the 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 transactions. The recommended repetition separator is a carrot (^).

6. PAYER SPECIFIC BUSINESS RULES AND LIMITATIONS

6.1. 276 Transaction limits:

GEHA supports the Claim Status Request and Response in real time mode only. Real time 276s should have a single ST/SE loop, one information source, one information receiver, one service provider loop, one subscriber loop and one dependent loop when needed. A single 2200D/2200E claim loop or 2210D/2210E service line loop may be submitted in the 276 request.

Upper case is not required.

GEHA can accept and respond to the following search elements:

Patient/Member ID	Last Name	First Name	Patient DOB	Provider Tax Id	DOS	Claim Amt
x	x	x	x	x	x	x
x			x	x	x	
x	x	x		x	x	

7. ACKNOWLEDGEMENTS AND OR REPORTS

7.1. REPORT INVENTORY

No reports have been identified at this time.



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8. TRANSACTION SPECIFIC INFORMATION

8.1 276 INQUIRY REQUIREMENTS

NM1*PR*2*GEHA****PI*440545275~						
Page No	Loop ID	Reference	Name	Codes	Length	Expected Value
41	2100A	NM1	Information Source Name			Source of the information in the 276.
41	2100A	NM101	Entity Identifier Code			PR
41	2011A	NM102	Entity Type Qualifier			2
41	2011A	NM103	Payer Name			GEHA
42	2000A	NM108	Identification Code Qualifier			PI
42	2100A	NM109	Identification Code			440545275 – GEHA's ID

NM1*41*2*ABC SERVICE****46*11111~						
Page No	Loop ID	Reference	Name	Codes	Length	Expected Value
45	2100B	NM1	Information Receiver Name			
45	2100B	NM102	Entity Type Qualifier	1, 2		1 = person 2 = Non person
46	2100B	NM103	Last Name or Org Name			Receiver's last name or org name
46	2100B	NM104	First Name			Receiver's first name. Required when NM102 = 1.
46	2100B	NM108	Identification qualifier	46		46
46	2011B	NM109	Identification Code			Receivers Electronic Transmitter ID Number (ETIN)



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NM1*1P*2*PROVIDER NAME*****FI*205571111~						
Page No	Loop ID	Reference	Name	Codes	Length	Expected Value
50	2100C	NM1	Provider Name			
50	2100C	NM101	1P			1P
50	2100C	NM102	Entity Type Qualifier	1, 2		1 = person 2 = Non person
50	2100C	NM103	Last name or Org name			Last Name or Org Name
50	2100C	NM104	First name			First Name
51	2100C	NM108	Identification Code Qualifier	XX		XX = NPI
51	2100C	NM109	Identification Code			NPI



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For patient information , there are 3 scenarios:

1. Subscriber is the patient
2. Dependent is the patient, subscriber and dependents share a member ID on the card.
3. Dependent is the patient, dependents have their own individual ID cards.

Example data for subscriber and dependent data under each of these scenarios is as follows:

1. Subscriber is the patient

```
HL*4*3*22*0~
DMG*D8*19540701*M~
NM1*IL*1*DOE*JOHN****MI*22223333~
```

2. A dependent is the patient, subscriber and dependents share a member ID on the card.

```
HL*4*3*22*1~
NM1*IL*1*DOE*JOHN****MI*22223333~
HL*5*4*23~
DMG*D8*19550101*M~
NM1*QC*1*DOE*JANE~
```

3. A dependent is the patient, but is submitted like they are the subscriber.

```
HL*4*3*22*0~
DMG*D8*19550101*M~
NM1*IL*1*DOE*JANE****MI*22223333~
```

GEHA will accept inquiries in any of the above formats.

DMG*D8*19540701*M~ DMG*D8*19550101*M~						
Page No	Loop ID	Reference	Name	Codes	Length	Expected Value
54	2000D 2000E	DMG				
54	2000D 2000E	DMG01	Date/Time Format Qualifier	D8		D8 = date format
55	2000D 2000E	DMG02	Date			Date of Birth
55	2000D 2000E	DMG03	Gender Code	F, M		Gender



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NM1*IL*1*DOE*JOHN****MI*22223333~						
NM1*IL*1*DOE*JANE****MI*22223333~						
NM1*QC*1*DOE*JANE****MI*22223333~						
Page No	Loop ID	Reference	Name	Codes	Length	Expected Value
56	2100D 2011E	NM1	Subscriber Name			
56	2100D 2100E	NM101	Entity Code Identifier	IL		IL = subscriber
56	2100D 2100E	NM102	Entity Type Qualifier	1		1 = Person
57	2100D 2100E	NM103	Last Name			Subscriber's Last Name
57	2100D 2100E	NM104	First Name			Subscriber's First Name
57	2100D 2100E	NM108	Identification Code Qualifier	MI		MI
57	2100D 2100E	NM109	Identification Code			GEHA ID



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TRN*1*1080657E2222~						
Page No	Loop ID	Reference	Name	Codes	Length	Expected Value
58	2200D	TRN	Claim Status Tracking Number			
58	2200D	TRN01	Trace Type Code			1
58	2200D	TRN02	Reference Identification			Claim Status Tracking Number

AMT*T3*56.87~						
Page No	Loop ID	Reference	Name	Codes	Length	Expected Value
59	2200D	AMT	Claim Submitted Amount			
66	2200D	AMT01	Amount Qualifier Code	T3		T3 = claim submitted charges
66	2200D	AMT02	Monetary Amount			

DTP*472*RD8*20170112-20170112~						
Page No	Loop ID	Reference	Name	Codes	Length	Expected Value
67	2200D	DTP	Claim Service Date			
67	2200D	DTP01	Date Time Qualifier	472		472 = Service Date
67	2200D	DTP02	Date Time Format Qualifier	D8, RD8		D8 = Date RD8 = Range of dates
57	2200D	DTP03	Date(s)			Date(s) of Service



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9. EXAMPLES

9.1 276/277 EXAMPLE – Scenario 3

The patient is a dependent but is submitted as a subscriber.

9.1.1. Inquiry

```
ISA*00*      *00*      *ZZ*SDS      *ZZ*440545275      *150128*0924*^*00501*011272334*0*
P*~
GS*HR*SDS*440545275*20150128*0924*1*X*005010X212~
ST*276*000000001*005010X212~
BHT*0010*13*1080657E2222*20140115*1729~
HL*1**20*1~
NM1*PR*2*GEHA*****PI*440545275~
HL*2*1*21*1~
NM1*41*2*ABC SERVICE*****46*11111~
HL*3*2*19*1~
NM1*1P*2*PROVIDER NAME*****FI*205571111~
HL*4*3*22*0~
DMG*D8*19550101*M~
NM1*IL*1*DOE*JANE*****MI*22223333~
TRN*1*1080657E2222~
AMT*T3*56.87~
DTP*472*RD8*20170112-20170112~
SE*15*000000001~
GE*1*1~
IEA*1*011272334~
```



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9.1.2. Response

ISA*00* *00* *ZZ*440545275 *ZZ***SDS** *170209*1234**^*00501*013880465*0*P*~
 GS*HN*440545275***SDS***20170209*1234*1*X*005010X212~
 ST*277*0001*005010X212~
 BHT*0010*08*1080657E1656*20170209*123433*DG~
 HL*1**20*1~
 NM1*PR*2*GEHA****PI*440545275~
 HL*2*1*21*1~
 NM1*41*2*ATHENA****46*ENS~
 HL*3*2*19*1~
 NM1*1P*2*MINUTECLINIC DIAGNOSTIC OF NORTH CAROLINA****FI*205577352~
 HL*4*3*22*0~
 NM1*IL*1*DOE*JANE****MI*22223333~
 TRN*2*1080657E2222~
 STC*F1:65:02*20170120**56.87*0*20170120**20170120*2017012012300632~
 REF*EJ*L 45157A~
 REF*1K*170081295800~
 DTP*472*D8*20170112~
 SE*16*0001~
 GE*1*1~
 IEA*1*013880465~

Loop	Field	Example
2100D & 2100E TRN04	Tracking No	TRN*2* 1080657E2222 ~
2100D & 2100E STC01-1	Claim Status Category Code	STC* F1:65:02 *20170120**56.87*0*20170120**20170120*2017012012300632~
2100D & 2100E STC01-2	Claim Status	STC*F1: 65:02 *20170120**56.87*0*20170120**20170120*2017012012300632~
2100D & 2100E STC01-3	Entity identifier code	STC*F1:65: 02 *20170120**56.87*0*20170120**20170120*2017012012300632~
2100D & 2100E STC03	Status Information Effective Date	STC*F1:65:02* 20170120 **56.87*0*20170120**20170120*2017012012300632~
2100D & 2100E STC04	Claim Total Charges	STC*F1:65:02*20170120** 56.87 *0*20170120**20170120*2017012012300632~
2100D & 2100E STC05	Amount Paid	STC*F1:65:02*20170120**56.87* 0 *20170120**20170120*2017012012300632~
2100D & 2100E STE06	Paid Date	STC*F1:65:02*20170120**56.87*0* 20170120 **20170120*2017012012300632~
2100D & 2100E STE08	Check Issued Date	STC*F1:65:02*20170120**56.87*0*20170120** 20170120 *2017012012300632~
2100D & 2100E STC09	Check Identification Number	STC*F1:65:02*20170120**56.87*0*20170120**20170120* 2017012012300632 ~



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2100D & 2100E REF02	Patient Control Number	REF*EJ*L 45157A~
2100D & 2100E REF02	Payor's Claim Number	REF*1K*170081295800~
2100D & 2100E DTP03	Claim Date of Service	DTP*472*D8*20170112~



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10. FREQUENTLY ASKED QUESTIONS

1. *Does this Companion Guide apply to all GEHA payers?*

Yes. The changes will apply to commercial and government business for GEHA using payer ID 44054.

2. *How does GEHA 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 GEHA section 3.6 of this document. We will send an email communication to Smart Data Solutions for scheduled and unplanned outages.

3. *If a 276 is successfully transmitted to GEHA, are there any situations that would result in no response being sent back?*

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