



**Health Care Eligibility Benefit Inquiry and
Response (270/271)**

Version 1.5

October 16, 2016

Document Information

Document Title:	Health Care Eligibility Benefit Inquiry and Response (270/271)
Document ID:	Ohio 270-271 CG.docx
Version:	1.5
Owner:	Ohio MITS Team
Author:	Ohio Department of Medicaid & Hewlett Packard Enterprise EDI Team

Amendment History

Version	Date	Modified By	Modifications
1.0	11/25/2013	Lorenzo Bridgewater	Initial Creation
1.1	01/17/2014	Lorenzo Bridgewater	Removed 2110C:DTP references from the 270 and fixed broken URLs.
1.2	04/29/2014	ODM & HP EDI Team	Updated URL for the Ohio Administrative Code.
1.3	12/02/2015	ODM & HPE EDI Team	Added 2110C:MSG01, 2120C:NM110 and updated 2100C:AAA03 & 2110C:EB07.
1.4	06/27/2016	ODM & HPE EDI Team	Updated 2100C:AAA03 to include 61.
1.5	10/16/2016	ODM & HPE EDI Team	Updated Appendix B to indicate the use of inquiry dates to identify the member.

Disclosure Statement

This companion guide is based on the CORE v5010 Master Companion Guide Template. All rights reserved. It may be freely redistributed in its entirety provided that this copyright notice is not removed. It may not be sold for profit or used in commercial documents without the written permission of the copyright holder. This document is provided “as is” without any express or implied warranty. Note that the copyright on the underlying ASC X12 Standards is held by DISA on behalf of ASC X12.

The ODM Companion Guides do not:

- Replace the HIPAA ANSI ASC X12N Implementation Guide.
- Contain any actions that would result in a Non-Compliant Transaction.

The ODM Companion Guides are subject to change without prior notice.

Providers and Trading Partners are responsible for periodically checking for Companion Guide updates on the ODM Trading Partner website - <http://medicaid.ohio.gov/PROVIDERS/Billing/TradingPartners.aspx>.

Each Medicaid Provider and/or Trading Partner has the ultimate responsibility to adhere to the HIPAA Federal Requirements as well as any Ohio State laws that are applicable including the Ohio Administrative Code (<http://codes.ohio.gov/oac/5160-1-20>).

Preface

This Companion Guide to the 5010 ASC X12N Technical Report Type 3 Implementation Guides and associated errata and addenda adopted under Health Insurance Portability and Accountability Act (HIPAA) clarifies and specifies the data content when exchanging electronically with ODM. Transmissions based on this companion guide, used in tandem with 005010 ASC X12 TR3 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 TR3 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 TR3 Implementation Guides.

Table of Contents

1	INTRODUCTION.....	1
1.1	Scope.....	2
1.2	Overview.....	2
1.3	References.....	2
1.3.1	EDI Basics.....	2
1.3.2	Government and Other Associations.....	2
1.3.3	ASC X12 Standards.....	3
1.4	Additional Information.....	3
2	GETTING STARTED.....	4
3	TESTING WITH THE PAYER.....	5
4	CONNECTIVITY WITH THE PAYER/COMMUNICATIONS.....	6
5	CONTACT INFORMATION.....	7
5.1	EDI Customer Service.....	7
5.2	EDI Technical Assistance.....	7
5.3	Provider Service Number.....	7
5.4	Applicable Websites/Email.....	7
6	CONTROL SEGMENTS/ENVELOPES.....	8
6.1	ISA-IEA.....	8
6.1.1	270 (Inbound).....	8
6.1.2	271 (Outbound).....	8
6.2	GS-GE.....	9
6.2.1	270 (Inbound).....	9
6.2.2	271 (Outbound).....	10
6.3	ST-SE.....	11
6.3.1	270 (Inbound).....	11
6.3.2	271 (Outbound).....	11
7	PAYER SPECIFIC BUSINESS RULES AND LIMITATIONS.....	12
8	ACKNOWLEDGEMENTS AND/OR REPORTS.....	13
8.1	The TA3 Interchange Acknowledgement.....	13
8.2	The 999 Implementation Acknowledgement.....	13

8.3	Report Inventory.....	13
9	TRADING PARTNER AGREEMENTS.....	14
10	TRANSACTION SPECIFIC INFORMATION.....	15
10.1	270 (Inbound).....	15
10.2	271 (Outbound).....	18
	APPENDICES.....	25
A.	Implementation Checklist.....	25
B.	Business Scenarios.....	25
C.	Frequently Asked Questions.....	25

This page intentionally left blank

1 INTRODUCTION

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 the Ohio Department of Medicaid 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 the Ohio Department of Medicaid.

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

The following table specifies the columns and suggested use of the rows for the detailed description of the transaction set companion guides.

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
193	2100C	NM1	Subscriber Name			This type of row always exists to indicate that a new segment has begun. It is always shaded at 10% and notes or comment about the segment itself goes in this cell.
195	2100C	NM109	Subscriber Primary Identifier		15	This type of row exists to limit the length of the specified data element.
196	2100C	REF	Subscriber Additional Identification			
197	2100C	REF01	Reference Identification Qualifier	18, 49, 6P, HJ, N6		These are the only codes transmitted by ODM.
			Plan Network Identification Number	N6		This type of row exists when a note for a particular code value is required. For example, this note may say that value N6 is the default. Not populating the first 3 columns makes it clear that the code value belongs to the row immediately above it.
218	2110C	EB	Subscriber Eligibility or Benefit Information			
231	2110C	EB13-1	Product/Service ID Qualifier	AD		This row illustrates how to indicate a component data element in the Reference column and also how to specify that only one code value is applicable.

1.1 Scope

ODM developed 5010 Companion Guides to supplement each 5010 Transaction Implementation Guide, based on Version 5, Release 1, with regards to:

- Specific Codes and/or Values that ODM will default on Outbound Transactions
- Specific Codes and/or Values that are unique to ODM to accept an Inbound Transaction

ODM Companion Guides will not create a Non-Compliant Transaction

This companion guide is intended to be used in conjunction with the ASC X12N/005010X279A1 Implementation Guide (IG). It provides supplementation instructions not included in the IG that must be followed for implementation and conducting the transaction with ODM. It does not change the requirements of the IG in any way.

1.2 Overview

The Health Insurance Portability and Accountability Act (HIPAA) require all Providers, Trading Partners and Payers in the United States to comply with the Electronic Data Interchange (EDI) Standards for Health Care.

This Companion document contains the format and establishes the data contents of the 270/271 Health Care Claim Eligibility Transaction Set for use within the context of an EDI environment. This transaction set can be used to communicate information about or changes to eligibility, coverage or benefits from information sources (such as - insurers, sponsors, payers) to information receivers (such as - physicians, hospitals, repair facilities, third party administrators, governmental agencies). This information includes but is not limited to: benefit status, explanation of benefits, coverage, dependent coverage level, effective dates, amounts for co-insurance, co-pays, deductibles, exclusions and limitations.

The 270 Health Care Claim Eligibility Benefit Inquiry and 271 Health Care Claim Eligibility Benefit Response are paired transactions. The 270 is used to transmit request(s) for patient eligibility; the inquiry response is reported in the 271.

1.3 References

In addition to the resources available on the ODM Trading Partner Website (<http://medicaid.ohio.gov/PROVIDERS/Billing/TradingPartners.aspx>), there are other websites that contain helpful information to assist in the implementation of the electronic data interchange process. Links to these websites are listed below and are separated by category for easy reference.

1.3.1 EDI Basics

For information about EDI software and services, visit: 1EDI Source, Inc (<http://www.1edisource.com>).

1.3.2 Government and Other Associations

- Center for Medicare and Medicaid Services (CMS): <http://www.cms.hhs.gov>
- Answers to Frequently Asked Questions: <https://questions.cms.gov>
- HHS Office for Civil Rights (Privacy): <http://www.hhs.gov/ocr/hipaa>
- WEDI - Workgroup for Electronic Data Interchange: <http://www.wedi.org>
- CMS website for NPI: <http://www.cms.hhs.gov/NationalProvIdentStand>

1.3.3 ASC X12 Standards

- Washington Publishing Company: <http://www.wpc-edi.com>
- Data Interchange Standards Association: <http://disa.org>
- American National Standards Institute: <http://ansi.org>
- Accredited Standards Committee: <http://www.x12.org>

1.4 Additional Information

For additional information, the Trading Partner Information Guide can be found here:
<http://medicaid.ohio.gov/PROVIDERS/Billing/TradingPartners.aspx>

2 GETTING STARTED

To get started, the Trading Partner Information Guide can be found here:

<http://medicaid.ohio.gov/PROVIDERS/Billing/TradingPartners.aspx>

3 TESTING WITH THE PAYER

Details related to testing are in the Trading Partner Information Guide which can be found here:

<http://medicaid.ohio.gov/PROVIDERS/Billing/TradingPartners.aspx>

4 CONNECTIVITY WITH THE PAYER/COMMUNICATIONS

Connectivity information is in the Trading Partner Information Guide which can be found here:

<http://medicaid.ohio.gov/PROVIDERS/Billing/TradingPartners.aspx>

5 CONTACT INFORMATION

5.1 EDI Customer Service

Days Available: Monday through Friday

Time Zone: Eastern Time (ET)

Time Available: 8:00 am to 5:00 pm

Phone: (614) 387-1212

Email: DAS-EDI-Support@das.ohio.gov

5.2 EDI Technical Assistance

Days Available: Monday through Friday

Time Zone: Eastern Time (ET)

Time Available: 8:00 am to 5:00 pm

Phone: (614) 387-1212

Email: DAS-EDI-Support@das.ohio.gov

5.3 Provider Service Number

Provider Assistance Unit 1-800-686-1516. Please listen to the entire message before making your selection.

Web URL: <http://medicaid.ohio.gov/PROVIDERS.aspx>

5.4 Applicable Websites/Email

Ohio Medicaid Website: <http://medicaid.ohio.gov>

The Trading Partner web page can be found by following: Providers > Billing > Trading Partners
(<http://medicaid.ohio.gov/PROVIDERS/Billing/TradingPartners.aspx>)

To contact Ohio Medicaid for assistance, use the link - <http://medicaid.ohio.gov/CONTACT.aspx>

6 CONTROL SEGMENTS/ENVELOPES

6.1 ISA-IEA

This section describes ODM's use of the interchange control segments. It includes a description of expected sender and receiver codes, authorization information, and delimiters.

6.1.1 270 (Inbound)

TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
C.3		ISA	Interchange Control Header			
C.4		ISA01	Authorization Information Qualifier	00		No Authorization Information Present (No Meaningful Information in ISA02)
C.4		ISA03	Security Information Qualifier	00		No Security Information Present (No Meaningful Information in ISA04)
C.4		ISA05	Interchange ID Qualifier	ZZ		Mutually Defined
C.4		ISA06	Interchange Sender ID			7 digit Trading Partner ID assigned by ODM. This is a fixed-length field and should be left justified and filled with spaces to meet the minimum length requirement of 15.
C.4		ISA07	Interchange ID Qualifier	ZZ		Mutually Defined
C.4		ISA08	Interchange Receiver ID	MMISODJFS		This is a fixed-length field and should be left justified and filled with spaces to meet the minimum length requirement of 15.
C.5		ISA13	InterChange Control Number			Must be identical to the associated interchange control trailer IEA02
C.6		ISA14	Acknowledgment Requested	0		No Interchange Acknowledgment Requested

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
C.10		IEA	Interchange Control Trailer			
C.10		IEA01	Number of Included Functional Groups			Number of included functional groups.
C.10		IEA02	Interchange Control Number			The control number assigned by the interchange sender. Must be identical to the value in ISA13.

6.1.2 271 (Outbound)

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
C.3		ISA	Interchange Control Header			
C.4		ISA01	Authorization Information Qualifier	00		No Authorization Information Present (No Meaningful Information in ISA02)
C.4		ISA03	Security Information Qualifier	00		No Security Information Present (No Meaningful Information in ISA04)
C.4		ISA05	Interchange ID Qualifier	ZZ		Mutually Defined
C.4		ISA06	Interchange Sender ID	MMISODJFS		This is a fixed-length field and should be left justified and filled with spaces to meet the minimum length requirement of 15.
C.4		ISA07	Interchange ID Qualifier	ZZ		Mutually Defined
C.4		ISA08	Interchange Receiver ID			7 digit Trading Partner ID assigned by ODM. This is a fixed-length field and should be left justified and filled with spaces to meet the minimum length requirement of 15.
C.5		ISA13	InterChange Control Number			Must be identical to the associated interchange control trailer IEA02
C.6		ISA14	Acknowledgment Requested	0		No Interchange Acknowledgment Requested

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
C.10		IEA	Interchange Control Trailer			
C.10		IEA01	Number of Included Functional Groups			Number of included functional groups.
C.10		IEA02	Interchange Control Number			The control number assigned by the interchange sender. Must be identical to the value in ISA13.

6.2 GS-GE

This section describes ODM's use of the functional group control segments. It includes a description of expected application sender and receiver codes. Also included in this section is a description concerning how ODM expects functional groups to be sent and how ODM will send functional groups. These discussions will describe how similar transaction sets will be packaged and ODM use of functional group control numbers.

6.2.1 270 (Inbound)

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
--------	---------	-----------	------	-------	--------	----------------

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
C.7		GS	Functional Group Header			
C.7		GS02	Application Sender's Code			7 digit Trading Partner ID assigned by ODM
C.7		GS03	Application Receiver's Code	MMISODJFS		
C.8		GS06	Group Control Number			Must be identical to the value in GE02.

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
C.9		GE	Functional Group Trailer			
C.9		GE01	Number of Transaction Sets Included			Number of included transaction sets.
C.9		GE02	Group Control Number			The functional group control number. Must be the same value as GS06.

6.2.2 271 (Outbound)

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
C.7		GS	Functional Group Header			
C.7		GS02	Application Sender's Code	MMISODJFS		
C.7		GS03	Application Receiver's Code			7 digit Trading Partner ID assigned by ODM
C.8		GS06	Group Control Number			Must be identical to the value in GE02.

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
C.9		GE	Functional Group Trailer			
C.9		GE01	Number of Transaction Sets Included			Number of included transaction sets.
C.9		GE02	Group Control Number			The functional group control number. Must be the same value as GS06.

6.3 ST-SE

This section describes how ODM uses transaction set control numbers.

6.3.1 270 (Inbound)

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
61		ST	Transaction Set Header			
61		ST02	Transaction Set Control Number			Identical to the value in SE02

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
200		SE	Transaction Set Trailer			
200		SE01	Number of Included Segments			Total number of segments included in a transaction set including ST and SE segments
200		SE02	Transaction Set Control Number			Transaction set control number. Identical to the value in ST02.

6.3.2 271 (Outbound)

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
209		ST	Transaction Set Header			
209		ST02	Transaction Set Control Number			Identical to the value in SE02

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
450		SE	Transaction Set Trailer			
450		SE01	Number of Included Segments			Total number of segments included in a transaction set including ST and SE segments
450		SE02	Transaction Set Control Number			Transaction set control number. Identical to the value in ST02.

7 PAYER SPECIFIC BUSINESS RULES AND LIMITATIONS

In order to conduct eligibility transactions using the 270/271 X12 transactions, trading partners must be authorized by Ohio Medicaid and in active status. These details are documented in the Trading Partner Information Guide which can be found at this link - <http://medicaid.ohio.gov/PROVIDERS/Billing/TradingPartners.aspx>.

8 ACKNOWLEDGEMENTS AND/OR REPORTS

8.1 The TA3 Interchange Acknowledgement

The TA3 allows the receiver of a file to notify the sender that an invalid interchange structure was received or that problems were encountered. The TA3 verifies only the interchange header (ISA/GS) and trailer (IEA/GE) segments of the file envelope.

For real-time, if ISA or GS errors were encountered then the generated TA3 report with the Interchange Header errors will be returned for pickup. The TA3 is not returned for batch transactions.

8.2 The 999 Implementation Acknowledgement

For batch transactions, each time a properly formatted 5010 X12 file is submitted to Ohio Medicaid, a 999 acknowledgement is returned to the submitter.

For real-time, a 999 acknowledgement is generated if the 270 eligibility request or 271 response fails compliance.

8.3 Report Inventory

For batch transactions, if a 5010 X12 file fails compliance, a TRC report file is returned to the submitter. This file contains details that will assist the submitter to identify the issue and correct the problem.

9 TRADING PARTNER AGREEMENTS

These details can be found in the Trading Partner Information Guide which can be found at this link - <http://medicaid.ohio.gov/PROVIDERS/Billing/TradingPartners.aspx>.

10 TRANSACTION SPECIFIC INFORMATION

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 ODM 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 ODM.

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

10.1 270 (Inbound)

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
69	2100A	NM1	Information Source Name			
69	2100A	NM101	Entity Identifier Code	PR		Payer
71	2100A	NM109	Identification Code	MMISODJFS		Information Source Primary Identifier
72	2000B	HL	Information Receiver Level			
74	2000B	HL04	Hierarchical Child Code	1		
75	2100B	NM1	Information Receiver Name			
75	2100B	NM101	Entity Identifier Code	1P, 2B, 80, FA, GP, P5, PR		1P = Provider 2B = Third-Party Administrator 80 = Hospital FA = Facility GP = Gateway Provider P5 = Plan Sponsor PR = Payer
76	2100B	NM102	Entity Type Qualifier	1, 2		1 = Person 2 = Non-Person Entity
77	2100B	NM108	Identification Code Qualifier	PI, 34, FI, SV, XX		PI = Payer Identification - used only when the 270/271 transaction sets are used between two payers. 34 = SSN for 'Individual Providers'

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
						FI = Federal Tax Id for 'Non-Individual Providers' SV = 'Atypical' Provider ID assigned by ODM XX = 'Typical' Provider NPI
78	2100B	NM109	Identification Code			Information Receiver Identification Number based on NM108
86	2000C	HL	Subscriber Level			
89	2000C	HL04	Hierarchical Child Code	0		No Subordinate HL Segment in This Hierarchical Structure. For ODM, the Member is the Subscriber so there should never be a Dependent Level.
92	2100C	NM1	Subscriber Name			
95	2100C	NM108	Identification Code Qualifier	MI		Member Identification Number
96	2100C	NM109	Identification Code			Medicaid ID of the Subscriber assigned by ODM
124	2110C	EQ	Subscriber Eligibility or Benefit Inquiry			
125	2110C	EQ01	Service Type Code	1, 2, 4, 5, 6, 7, 8, 12, 13, 18, 20, 30, 33, 35, 40, 42, 45, 47, 48, 50, 51, 52, 53, 62, 65, 68, 73, 76, 78, 80, 81, 82, 86, 88, 93, 98, 99, A0, A3, A6, A7, A8, AD, AE, AF, AG, AI, AL, BG, BH, MH, UC		A maximum of 20 service type codes can be sent in. If there are more than 20 service type codes in the eligibility request, then a generic response for service type code 30 is returned instead. 1 = Medical Care 2 = Surgical 4 = Diagnostic X-Ray 5 = Diagnostic Lab 6 = Radiation Therapy 7 = Anesthesia 8 = Surgical Assistance 12 = Durable Medical Equipment Purchase 13 = Ambulatory Service Center Facility 18 = Durable Medical Equipment Rental 20 = Second Surgical Opinion 30 = Health Benefit Plan Coverage 33 = Chiropractic

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
						35 = Dental Care 40 = Oral Surgery 42 = Home Health Care 45 = Hospice 47 = Hospital 48 = Hospital - Inpatient 50 = Hospital - Outpatient 51 = Hospital - Emergency Accident 52 = Hospital - Emergency Medical 53 = Hospital - Ambulatory Surgical 62 = MRI/CAT Scan 65 = Newborn Care 68 = Well Baby Care 73 = Diagnostic Medical 76 = Dialysis 78 = Chemotherapy 80 = Immunizations 81 = Routine Physical 82 = Family Planning 86 = Emergency Services 88 = Pharmacy 93 = Podiatry 98 = Professional (Physician) Visit - Office 99 = Professional (Physician) Visit - Inpatient A0 = Professional (Physician) Visit - Outpatient A3 = Professional (Physician) Visit - Home A6 = Psychotherapy A7 = Psychiatric - Inpatient A8 = Psychiatric - Outpatient AD = Occupational Therapy AE = Physical Medicine AF = Speech Therapy AG = Skilled Nursing Care AI = Substance Abuse AL = Vision (Optometry) BG = Cardiac Rehabilitation BH = Pediatric MH = Mental Health UC = Urgent Care

10.2 271 (Outbound)

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
218	2100A	NM1	Information Source Name			
220	2100A	NM108	Identification Code Qualifier	46		
220	2100A	NM109	Information Source Primary Identifier	MMISODJFS		
229	2000B	HL	Information Receiver Level			
231	2000B	HL04	Hierarchical Child Code	1		
232	2000B	NM1	Information Receiver Name			
232	2100B	NM101	Entity Identifier Code	1P, 2B, 80, FA, GP, P5, PR		1P = Provider 2B = Third-Party Administrator 80 = Hospital FA = Facility GP = Gateway Provider P5 = Plan Sponsor PR = Payer
233	2100B	NM102	Entity Type Qualifier	1, 2		
234	2100B	NM108	Identification Code Qualifier	PI, 34, FI, SV, XX		PI = Payer Identification - used only when the 270/271 transaction sets are used between two payers. 34 = SSN for 'Individual Providers' FI = Federal Tax Id for 'Non-Individual Providers' SV = 'Atypical' Provider ID assigned by ODM XX = 'Typical' Provider NPI
238	2100B	AAA	Information Receiver Request Validation			
239	2100B	AAA03	Reject Reason Code	15, 41, 43, 44, 45, 46, 47, 48, 50, 51, 79, 97, T4		15 = Required application data missing - Indicates the information receiver's additional identification is missing. 41 = Authorization/Access Restrictions 43 = Invalid/Missing Provider

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
						Identification 44 = Invalid/Missing Provider Name 45 = Invalid/Missing Provider Specialty 46 = Invalid/Missing Provider Phone Number 47 = Invalid/Missing Provider Phone Number 48 = Invalid/Missing Referring Provider Identification Number 50 = Provider Ineligible for Inquiries 51 = Provider Not on File 79 = Invalid Participant Identification - The information receiver is not a provider or payer. 97 = Invalid or Missing Provider Address T4 = Payer Name or Identifier Missing - The information receiver is a payer.
239	2100B	AAA04	Follow-up Action Code	C		Please Correct and Resubmit
243	2000C	HL	Subscriber Level			
245	2000C	HL04	Hierarchical Child Code	0		
246	2000C	TRN	Subscriber Trace Number			
247	2000C	TRN01	Trace Type Code	1, 2		
248	2000C	TRN03	Trace Assigning Entity Identifier			If TRN01 is "2", this is the value received in the original 270 transaction. If TRN01 is "1", this information identifies the organization that assigned this trace number. The first position must be either a: "1" if an Employer Identification Number (EIN) "3" if a Data Universal Numbering System (DUNS) is used "9" if a ODM assigned identifier is used.

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
248	2000C	TRN04	Trace Assigning Entity Additional Identifier			Trace Assigning Entity Additional Identifier If TRN01 is "2", this is the value received in the original 270 transaction. If TRN01 is "1", use this information if necessary to further identify a specific component, such as a specific division or group of the entity identified in the previous data element (TRN03).
249	2100C	NM1	Subscriber Name			
252	2100C	NM109	Subscriber Primary Identifier			Ohio's Medicaid Recipient Identification Number
253	2100C	REF	Subscriber Additional Identification			
254	2100C	REF01	Reference Identification Qualifier	18, IL, 1W, 6P, EA, EJ, F6, HJ, IF, IG, N6, NQ, Q4, Y4, SY		18 = Plan Number IL = Group or Policy Number 1W = Member Identification Number 6P = Group Number EA = Medical Record Identification Number EJ = Patient Account Number F6 = Health Insurance Claim (HIC) Number HJ = Identity Card Number IF = Issue Number IG = Insurance Policy Number N6 = Plan Network Identification Number NQ = Medicaid Recipient Identification Number Q4 = Prior Identifier Number Y4 = Agency Claim Number SY = Social Security Number
262	2100C	AAA	Subscriber Request Validation			

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
262	2100C	AAA01	Valid Request Indicator	N, Y		N = No Y = Yes
263	2100C	AAA03	Reject Reason Code	15, 42, 43, 48, 52, 57, 58, 61, 62, 63, 73, 75, 76		15 = Required application data missing 42 = Unable to respond at current time 43 = Invalid/Missing Provider Information 48 = Invalid/Missing Referring Provider Identification Number 52 = Service Dates Not Within Provider Plan Enrollment (Recipient not eligible on DOS) 57 = Invalid/Missing Date(s) of Service 58 = Invalid/Missing Date of Birth 61 = Date of Death Precedes Date(s) of Service 62 = Date of Service Not Within Allowable Inquiry Period (last 12 months) 63 = Date of Service in Future 73 = Invalid/Missing Subscriber/Insured Name 75 = Subscriber/Insured Not Found 76 = Duplicate Subscriber/Insured ID Number
271	2100C	INS	Subscriber Relationship			
271	2100C	INS01	Insured Indicator	Y		Yes
272	2100C	INS02	Individual Relationship Code	18		Self
272	2100C	INS03	Maintenance Type Code	001		Change
272	2100C	INS04	Maintenance Reason Code	25		Change in Identifying Data Elements
289	2110C	EB	Subscriber Eligibility or Benefit Information			

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
291	2110C	EB01	Eligibility or Benefit Information	1, 2, 6, B, D, I, L, N, R, V, Y		1 = Active Coverage 2 = Active – Full Risk Capitation 6 = Inactive B = Co-Payment D = Benefit Description I = Non-Covered L = Primary Care Provider N = Services Restricted to Following Provider R = Other or Additional Payer V = Cannot Process Y = Spend Down
292	2110C	EB02	Benefit Coverage Level Code	IND		
293	2110C	EB03	Service Type Code	1, 2, 4, 5, 6, 7, 8, 12, 13, 18, 20, 30, 33, 35, 40, 42, 45, 47, 48, 50, 51, 52, 53, 62, 65, 68, 73, 76, 78, 80, 81, 82, 86, 88, 93, 98, 99, A0, A3, A6, A7, A8, AD, AE, AF, AG, AI, AL, BG, BH, MH, UC		1 = Medical Care 2 = Surgical 4 = Diagnostic X-Ray 5 = Diagnostic Lab 6 = Radiation Therapy 7 = Anesthesia 8 = Surgical Assistance 12 = Durable Medical Equipment Purchase 13 = Ambulatory Service Center Facility 18 = Durable Medical Equipment Rental 20 = Second Surgical Opinion 30 = Health Benefit Plan Coverage 33 = Chiropractic 35 = Dental Care 40 = Oral Surgery 42 = Home Health Care 45 = Hospice 47 = Hospital 48 = Hospital - Inpatient 50 = Hospital - Outpatient 51 = Hospital - Emergency Accident 52 = Hospital - Emergency Medical 53 = Hospital - Ambulatory Surgical

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
						62 = MRI/CAT Scan 65 = Newborn Care 68 = Well Baby Care 73 = Diagnostic Medical 76 = Dialysis 78 = Chemotherapy 80 = Immunizations 81 = Routine Physical 82 = Family Planning 86 = Emergency Services 88 = Pharmacy 93 = Podiatry 98 = Professional (Physician) Visit - Office 99 = Professional (Physician) Visit - Inpatient A0 = Professional (Physician) Visit - Outpatient A3 = Professional (Physician) Visit - Home A6 = Psychotherapy A7 = Psychiatric - Inpatient A8 = Psychiatric - Outpatient AD = Occupational Therapy AE = Physical Medicine AF = Speech Therapy AG = Skilled Nursing Care AI = Substance Abuse AL = Vision (Optometry) BG = Cardiac Rehabilitation BH = Pediatric MH = Mental Health UC = Urgent Care
299	2110C	EB05	Plan Coverage Description			Will contain the description of all eligible plans for the Recipient.
300	2110C	EB07	Benefit Amount			Co-payment amount
303	2110C	EB12	In Plan Network Indicator	Y, N		Y = Yes N = No
315	2110C	REF	Subscriber Additional Identification			
315	2110C	REF01	Reference Identification Qualifier	18, 1W, 6P, IG, 1L		18 = Plan Number 1W = Member Identification Number 6P = Group Number IG = Insurance Policy Number

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
						1L = Group or Policy Number
317	2110C	DTP	Subscriber Eligibility/Benefit Date			
317	2110C	DTP01	Date Time Qualifier	307, 472		307 = Eligibility 472 = Service (used with service types and DTP02 = RD8; used with the benefit limit span and DTP02 = D8).
322	2110C	MSG	Message Text			
322	2110C	MSG01	Free Form Message Text	PARTIAL DUAL MEDICAID ONLY MEDICAID ONLY - PARTIAL		PARTIAL = Has coverage only for part of the period for which eligibility details are being requested. <u>The following relate to MyCare Plan coverage details only.</u> DUAL = Covered by both Medicare and Medicaid MEDICAID ONLY = Opted-out of Medicare coverage MEDICAID ONLY - PARTIAL = Has both DUAL and MEDICAID ONLY for the period being reported on.
329	2120C	NM1	Subscriber Benefit Related Entity Name			
330	2120C	NM101	Entity Identifier Code	1P, 1U, P3, PR		1P = Provider 1U = Long Term Care Facility P3 = Primary Care Provider PR = Payer
334	2120C	NM110	Benefit Related Entity Relationship Code	02, 41, 65		02 = Child 41 = Spouse 65 = Other

APPENDICES

This section contains one or more appendices.

A. Implementation Checklist

See Trading Partner Information Guide found here: <http://medicaid.ohio.gov/PROVIDERS/Billing/TradingPartners.aspx>.

B. Business Scenarios

Ohio Medicaid attempts to identify the member using all the information provided in the following sequence:

1. If the member's Ohio **Medicaid ID**, **last name**, **first name** and **date of birth** are available, they are used to search for the member. If the member is NOT found, the search continues.
2. If the member's Ohio **Medicaid ID**, **last name** and **first name** available, they are used to search for the member. If the member is NOT found, the search continues.
3. If the member's Ohio **Medicaid ID**, **last name** and **date of birth** are available, they are used to search for the member. If the member is NOT found, the search continues.
4. If the member's Ohio **Medicaid ID** and **date of birth** are available, they are used to search for the member. If the member is NOT found, the search continues.
5. If the member's Ohio **Medicaid ID** and **last name** are available, they are used to search for the member. If the member is NOT found, the search continues.
6. If the member's **last name**, **first name** and **date of birth** are available, they are used to search for the member. If the member is NOT found, the search continues.
7. If the member's Ohio **Medicaid ID** and **social security number** are available, they are used to search for the member. If the member is NOT found, the search continues.
8. If the member's **last name**, **first name** and **social security number** are available, they are used to search for the member. If the member is NOT found, the search continues.
9. If the member's **date of birth** and **social security number** are available, they are used to search for the member. If the member is NOT found, then the member is not in the Ohio Medicaid system.

At any step, if a member is identified, then the following steps are not executed.

If the search criteria described above leads to multiple member records being identified, then the eligibility / benefit dates sent in the 2100C loop are used to determine the record with an active eligibility span during that time.

C. Frequently Asked Questions

See Trading Partner Information Guide found here: <http://medicaid.ohio.gov/PROVIDERS/Billing/TradingPartners.aspx>.