



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

Version 1.10

May 15, 2019

## Document Information

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| <b>Document Title:</b> | <b>Health Care Eligibility Benefit Inquiry and Response (270/271)</b> |
| <b>Document ID:</b>    | <b>Ohio 270-271 CG.docx</b>   |
| <b>Version:</b>        | <b>1.10</b>   |
| <b>Owner:</b>          | <b>Ohio MITS Team</b>   |
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## Amendment History

| <b>Version</b> | <b>Date</b> | <b>Modified By</b>  | <b>Modifications</b>   |
|----------------|-------------|---------------------|--|
| 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.                |
| 1.6            | 02/14/2017  | ODM & HPE EDI Team  | Updated 2100C:AAA03 to correct the note around code 52.  |
| 1.7            | 03/31/2017  | ODM & HPE EDI Team  | Updated the contact information in Section 5. Also added a note to Section 10.2 for 2110C:DTP. |
| 1.8            | 09/18/2017  | ODM & DXC EDI Team  | Updated 2110C:EB to indicate how patient liability information is returned.                    |
| 1.9            | 10/10/2017  | ODM & DXC EDI Team  | Updated the note related to 2100C:REF01 = F6.  |
| 1.10           | 05/15/2019  | ODM & DXC EDI Team  | Added a note to Section 7 to indicate the max number of requests.                              |

## Disclosure Statement

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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.

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# 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: <https://www.cms.gov/Regulations-and-Guidance/Administrative-Simplification/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 4:30 pm

**Phone:** (844) 324-7089

**Email:** [ohiomcd-edi-support@dxc.com](mailto:ohiomcd-edi-support@dxc.com)

### 5.2 EDI Technical Assistance

**Days Available:** Monday through Friday

**Time Zone:** Eastern Time (ET)

**Time Available:** 8:00 am to 4:30 pm

**Phone:** (844) 324-7089

**Email:** [ohiomcd-edi-support@dxc.com](mailto:ohiomcd-edi-support@dxc.com)

### 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.<br><br>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.<br><br>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                             |
|--------|---------|-----------|-----------------------------|-----------|--------|--|
| 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>.

Authorized Trading Partners enrolled with the Ohio Department of Medicaid (ODM) to send the EDI 270 / 271 Eligibility Inquiry and Response must adhere to the maximum limit of 5000 inquiries per file. The X12 EDI TR3 recommended limit is 99. ODM has made an extensive allowance to accept more than the X12 EDI TR3 recommendation. Please take the necessary steps to limit the number of inquiries submitted per file. Trading Partners who submit more than the ODM limit may have their accounts disabled until they are able to meet the ODM requirement.

## 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<br>2B = Third-Party Administrator<br>80 = Hospital<br>FA = Facility<br>GP = Gateway Provider<br>P5 = Plan Sponsor<br>PR = Payer   |
| 76     | 2100B   | NM102     | Entity Type Qualifier         | 1, 2                       |        | 1 = Person<br>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.<br><br>34 = SSN for 'Individual Providers' |

| Page # | Loop ID | Reference | Name                                      | Codes  | Length | Notes/Comments   |
|--------|---------|-----------|---|--|--------|--|
|        |         |           |   |  |        | FI = Federal Tax Id for 'Non-Individual Providers'<br><br>SV = 'Atypical' Provider ID assigned by ODM<br><br>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.<br><br>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,<br>7, 8, 12, 13,<br>18, 20, 30,<br>33, 35, 40,<br>42, 45, 47,<br>48, 50, 51,<br>52, 53, 62,<br>65, 68, 73,<br>76, 78, 80,<br>81, 82, 86,<br>88, 93, 98,<br>99, A0, A3,<br>A6, A7, A8,<br>AD, AE,<br>AF, AG, AI,<br>AL, BG,<br>BH, MH,<br>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.<br><br>1 = Medical Care<br>2 = Surgical<br>4 = Diagnostic X-Ray<br>5 = Diagnostic Lab<br>6 = Radiation Therapy<br>7 = Anesthesia<br>8 = Surgical Assistance<br>12 = Durable Medical Equipment Purchase<br>13 = Ambulatory Service Center Facility<br>18 = Durable Medical Equipment Rental<br>20 = Second Surgical Opinion<br>30 = Health Benefit Plan Coverage<br>33 = Chiropractic |

| Page # | Loop ID | Reference | Name | Codes | Length | Notes/Comments  |
|--------|---------|-----------|------|-------|--------|---|
|        |         |           |      |       |        | 35 = Dental Care<br>40 = Oral Surgery<br>42 = Home Health Care<br>45 = Hospice<br>47 = Hospital<br>48 = Hospital - Inpatient<br>50 = Hospital - Outpatient<br>51 = Hospital - Emergency Accident<br>52 = Hospital - Emergency Medical<br>53 = Hospital - Ambulatory Surgical<br>62 = MRI/CAT Scan<br>65 = Newborn Care<br>68 = Well Baby Care<br>73 = Diagnostic Medical<br>76 = Dialysis<br>78 = Chemotherapy<br>80 = Immunizations<br>81 = Routine Physical<br>82 = Family Planning<br>86 = Emergency Services<br>88 = Pharmacy<br>93 = Podiatry<br>98 = Professional (Physician) Visit - Office<br>99 = Professional (Physician) Visit - Inpatient<br>A0 = Professional (Physician) Visit - Outpatient<br>A3 = Professional (Physician) Visit - Home<br>A6 = Psychotherapy<br>A7 = Psychiatric - Inpatient<br>A8 = Psychiatric - Outpatient<br>AD = Occupational Therapy<br>AE = Physical Medicine<br>AF = Speech Therapy<br>AG = Skilled Nursing Care<br>AI = Substance Abuse<br>AL = Vision (Optometry)<br>BG = Cardiac Rehabilitation<br>BH = Pediatric<br>MH = Mental Health<br>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<br>2B = Third-Party Administrator<br>80 = Hospital<br>FA = Facility<br>GP = Gateway Provider<br>P5 = Plan Sponsor<br>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.<br><br>34 = SSN for 'Individual Providers'<br><br>FI = Federal Tax Id for 'Non-Individual Providers'<br><br>SV = 'Atypical' Provider ID assigned by ODM<br><br>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.<br><br>41 = Authorization/Access Restrictions<br><br>43 = Invalid/Missing Provider  |

| Page # | Loop ID | Reference | Name                              | Codes | Length | Notes/Comments  |
|--------|---------|-----------|-----------------------------------|-------|--------|---|
|        |         |           |                                   |       |        | Identification<br>44 = Invalid/Missing Provider Name<br>45 = Invalid/Missing Provider Specialty<br>46 = Invalid/Missing Provider Phone Number<br>47 = Invalid/Missing Provider Phone Number<br>48 = Invalid/Missing Referring Provider Identification Number<br>50 = Provider Ineligible for Inquiries<br>51 = Provider Not on File<br>79 = Invalid Participant Identification - The information receiver is not a provider or payer.<br>97 = Invalid or Missing Provider Address<br>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.<br>If TRN01 is "1", this information identifies the organization that assigned this trace number.<br>The first position must be either a:<br>"1" if an Employer Identification Number (EIN)<br>"3" if a Data Universal Numbering System (DUNS) is used<br>"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<br><br>If TRN01 is "2", this is the value received in the original 270 transaction.<br><br>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<br>IL = Group or Policy Number<br>1W = Member Identification Number<br>6P = Group Number<br>EA = Medical Record Identification Number<br>EJ = Patient Account Number<br>F6 = Medicare ID<br>HJ = Identity Card Number<br>IF = Issue Number<br>IG = Insurance Policy Number<br>N6 = Plan Network Identification Number<br>NQ = Medicaid Recipient Identification Number<br>Q4 = Prior Identifier Number<br>Y4 = Agency Claim Number<br>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<br>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<br>42 = Unable to respond at current time<br>43 = Invalid/Missing Provider Information<br>48 = Invalid/Missing Referring Provider Identification Number<br>52 = Service Dates Not Within Provider Plan Enrollment<br>57 = Invalid/Missing Date(s) of Service<br>58 = Invalid/Missing Date of Birth<br>61 = Date of Death Precedes Date(s) of Service<br>62 = Date of Service Not Within Allowable Inquiry Period (last 12 months)<br>63 = Date of Service in Future<br>73 = Invalid/Missing Subscriber/Insured Name<br>75 = Subscriber/Insured Not Found<br>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 |  |        |  |
| 291    | 2110C   | EB01      | Eligibility or Benefit                        | 1, 2, 6, B, D, G, I, L,                            |        | 1 = Active Coverage  |

| Page # | Loop ID | Reference | Name                        | Codes  | Length | Notes/Comments  |
|--------|---------|-----------|-----------------------------|--|--------|---|
|        |         |           | Information                 | N, R, V, Y   |        | 2 = Active – Full Risk Capitation<br><br>6 = Inactive<br><br>B = Co-Payment<br><br>D = Benefit Description<br><br>G = Out of Pocket (Patient Liability Amount)<br><br>I = Non-Covered<br><br>L = Primary Care Provider (Individual is enrolled in an Ohio Medicaid Managed Care Plan)<br><br>N = Services Restricted to Following Provider<br><br>R = Other or Additional Payer<br><br>V = Cannot Process<br><br>Y = Spend Down   |
| 292    | 2110C   | EB02      | Benefit Coverage Level Code | IND  |        |   |
| 293    | 2110C   | EB03      | Service Type Code           | 1, 2, 4, 5, 6,<br>7, 8, 12, 13,<br>18, 20, 30,<br>33, 35, 40,<br>42, 45, 47,<br>48, 50, 51,<br>52, 53, 54,<br>62, 65, 68,<br>73, 76, 78,<br>80, 81, 82,<br>86, 88, 93,<br>98, 99, A0,<br>A3, A6, A7,<br>A8, AD, AE,<br>AF, AG, AI,<br>AL, BG,<br>BH, MH,<br>UC |        | 1 = Medical Care<br>2 = Surgical<br>4 = Diagnostic X-Ray<br>5 = Diagnostic Lab<br>6 = Radiation Therapy<br>7 = Anesthesia<br>8 = Surgical Assistance<br>12 = Durable Medical Equipment Purchase<br>13 = Ambulatory Service Center Facility<br>18 = Durable Medical Equipment Rental<br>20 = Second Surgical Opinion<br>30 = Health Benefit Plan Coverage<br>33 = Chiropractic<br>35 = Dental Care<br>40 = Oral Surgery<br>42 = Home Health Care<br>45 = Hospice<br>47 = Hospital<br>48 = Hospital - Inpatient<br>50 = Hospital - Outpatient<br>51 = Hospital - Emergency Accident |

| Page # | Loop ID | Reference | Name                      | Codes | Length | Notes/Comments   |
|--------|---------|-----------|---------------------------|-------|--------|--|
|        |         |           |                           |       |        | 52 = Hospital - Emergency Medical<br>53 = Hospital - Ambulatory Surgical<br>54 = Long Term Care<br>62 = MRI/CAT Scan<br>65 = Newborn Care<br>68 = Well Baby Care<br>73 = Diagnostic Medical<br>76 = Dialysis<br>78 = Chemotherapy<br>80 = Immunizations<br>81 = Routine Physical<br>82 = Family Planning<br>86 = Emergency Services<br>88 = Pharmacy<br>93 = Podiatry<br>98 = Professional (Physician) Visit - Office<br>99 = Professional (Physician) Visit - Inpatient<br>A0 = Professional (Physician) Visit - Outpatient<br>A3 = Professional (Physician) Visit - Home<br>A6 = Psychotherapy<br>A7 = Psychiatric - Inpatient<br>A8 = Psychiatric - Outpatient<br>AD = Occupational Therapy<br>AE = Physical Medicine<br>AF = Speech Therapy<br>AG = Skilled Nursing Care<br>AI = Substance Abuse<br>AL = Vision (Optometry)<br>BG = Cardiac Rehabilitation<br>BH = Pediatric<br>MH = Mental Health<br>UC = Urgent Care |
| 299    | 2110C   | EB05      | Plan Coverage Description |       |        | Will contain the description of all eligible plans for the Recipient.  |
| 299    | 2110C   | EB06      | Time Period Qualifier     | 34    |        | Month  |
| 300    | 2110C   | EB07      | Benefit Amount            |       |        | Patient Responsibility   |
| 303    | 2110C   | EB12      | In Plan Network Indicator | Y, N  |        | Y = Yes<br>N = No  |

| Page # | Loop ID | Reference | Name                                     | Codes   | Length | Notes/Comments  |
|--------|---------|-----------|--|---|--------|---|
| 315    | 2110C   | REF       | Subscriber Additional Identification     |   |        |   |
| 315    | 2110C   | REF01     | Reference Identification Qualifier       | 18, 1W, 6P, IG, 1L  |        | 18 = Plan Number<br>1W = Member Identification Number<br>6P = Group Number<br>IG = Insurance Policy Number<br>1L = Group or Policy Number   |
| 317    | 2110C   | DTP       | Subscriber Eligibility/Benefit Date      |   |        | Coverage details are provided till the last day of the month for the period being queried.  |
| 317    | 2110C   | DTP01     | Date Time Qualifier                      | 307, 472  |        | 307 = Eligibility<br>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<br><br>DUAL<br><br>MEDICAID ONLY<br><br>MEDICAID ONLY - PARTIAL |        | PARTIAL = Has coverage only for part of the period for which eligibility details are being requested.<br><br><u>The following relate to MyCare Plan coverage details only.</u><br>DUAL = Covered by both Medicare and Medicaid<br><br>MEDICAID ONLY = Opted-out of Medicare coverage<br><br>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<br>1U = Long Term Care Facility<br>P3 = Primary Care Provider<br>PR = Payer   |
| 334    | 2120C   | NM110     | Benefit Related Entity Relationship Code | 02, 41, 65  |        | 02 = Child<br>41 = Spouse<br>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>.