

The Oregon DHS MMIS Companion Guide 271 Health Care Eligibility Benefit Response

*****Due to defect corrections and ongoing analysis, this document is subject to frequent changes.*****

The objective of this document is:

*To clarify what information is provided by Dept. of Human Services (OR-DHS) where the guide indicates that the choice is dependent on the Payer.

*To point out preferred selections for data elements where multiple alternatives exist.

This Companion Guide supplements the 271 Health Care Eligibility Benefit Response Implementation Guide Version 004010X092A1.

In order to create an OR-DHS HIPAA compliant transaction, you must first meet the requirements of the Implementation Guide and then incorporate the payer (OR-DHS) specific requirements.

OR-DHS processes all alpha characters in upper case.

Every effort has been made to prevent errors in this document. However, if there is a discrepancy between this document and the Implementation Guide, the Implementation Guide is the final authority.

In the examples given in this Companion Guide, a lowercase "b" denotes a blank space.

If your search criteria did not produce a successful 271 Response Transaction from DHS, please carefully check the data elements you used in the 270 Inquiry Transaction.

Regardless of the name sent in the 270 transaction, OR-DHS will return the name it has on file as a match to either the recipient ID or SSN.

**The Oregon DHS MMIS 271 Health Care Eligibility Benefit Response
VERSION 4010A1**

ISA -- Interchange Control Header - B3

Usage: Required

Example: ISA*00*bbbbbbbb*00*bbbbbbbb*ZZ*ORDHSbbbb*ZZ*TP123456bbbb*010801*1452*U*00401*00000001*0*P*:-

ELEMENT	NAME	USE	ATTRIBUTES			Comments
			Min/Max	Data	Codes/Values	
ISA01	Authorization Information Qualifier	R	2/2	ID	00	
ISA03	Security Information Qualifier	R	2/2	ID	00	
ISA05	Interchange ID Qualifier	R	2/2	ID	ZZ	
ISA06	Interchange Sender ID	R	15/15	AN	ORDHS	Spaces are inserted after data to meet 15-byte requirement.
ISA07	Interchange ID Qualifier	R	2/2	ID	ZZ	
ISA08	Interchange Receiver ID	R	15/15	AN		The sender's mailbox number (TP##### (uppercase "TP")). Spaces are inserted <u>after</u> data to meet 15-byte requirement.

GS -- Functional Group Header - B8

Usage: Required

Example: GS*HB*ORDHS*TP123456*20050325*1452*0000001*X*004010X092A1~

ELEMENT	NAME	USE	ATTRIBUTES			Comments
			Min/Max	Data	Codes/Values	
GS02	Application Sender's Code	R	2/15	AN	ORDHS	
GS03	Application Receiver's Code	R	2/15	AN		The sender's mailbox number (TP##### (uppercase "TP")).

NM1 -- Information Source Name - Page 163

Usage: Required

Segment Max Use within Loop: 1

Loop ID: 2100A

Example: NM1*P5*2*OREGON DHS****FI*930592162~

ELEMENT	NAME	USE	ATTRIBUTES			Comments
			Min/Max	Data	Codes/Values	
NM101	Entity Identifier Code	R	2/3	ID		P5 - Plan Sponsor (270 requests from Prepaid Health Plans) PR - Payer (270 requests from FFS providers).
NM102	Entity Type Qualifier	R	1/1	ID	2	
NM103	Information Source Last or Organization Name	R	1/35	AN	OREGON DHS	
NM108	Identification Code Qualifier	R	1/2	ID	FI	
NM109	Information Source Primary Identifier	R	2/80	AN	930592162	

The Oregon DHS MMIS 271 Health Care Eligibility Benefit Response
 VERSION 4010A1

NM1 -- Information Receiver Name - Page 178

Usage: Required

Segment Max Use within Loop: 1

Loop ID: 2100B

Example: NM1*1P*1*PROVIDER*****XX*0123456789-

ELEMENT	NAME	USE	ATTRIBUTES			Comments
			Min/Max	Data	Codes/Values	
NM101	Entity Identifier Code	R	2/3	ID		1P - Provider 2B - Third-Party Administrator 80 - Hospital FA - Facility GP - Gateway Provider
NM108	Identification Code Qualifier	R	1/2	ID	XX	XX – Health Care Financing Administration National Provider Identifier (NPI) for Healthcare Providers
NM109	Information Source Primary Identifier	R	2/80	AN		10 Digit National Provider ID (NPI)

**The Oregon DHS MMIS 271 Health Care Eligibility Benefit Response
VERSION 4010A1**

TRN -- Trace - Page 190

Usage: Situational

Segment Max Use within Loop: 9

Loop ID: 2000C

Example: TRN*2*12345*123456*123456~

ELEMENT	NAME	USE	Min/Max	ATTRIBUTES		Comments
				Data	Codes/Values	
TRN01	Trace Type Code	R	1/2	ID	2	
TRN02	Trace Number	R	1/30	AN		
TRN03	Originating Company Identifier	O	10/10	AN	1930592162	OR-DHS Federal Tax ID number preceded by a one (1) with no hyphen.

NM1 -- Subscriber Name - Page 193

Usage: Required

Segment Max Use within Loop: 1

Loop ID: 2100C

Example: NM1*IL*1*DOE*JOHN*T**JR*MI*1234567A~

ELEMENT	NAME	USE	Min/Max	ATTRIBUTES		Comments
				Data	Codes/Values	
NM103	Subscriber Last Name	R	1/35	AN		Upon successful match of recipient's I.D., DHS will return the recipient's last name as it appears on the DMAP medical care identification.
NM104	Subscriber First Name	R	1/25	AN		Upon successful match of recipient's I.D., DHS will return the recipient's first name as it appears on the DMAP medical care identification.
NM108	Identification Code Qualifier	S	1/2	ID	MI	
NM109	Subscriber Primary Identifier	S	2/80	AN		Recipient's 8 character prime I.D. as it appears on the DMAP medical care identification if found and not a duplicate.

REF -- Subscriber Additional Identification - Page 196

Usage: Situational

Segment Max Use within Loop: 9

Loop ID: 2100C

Example: REF*SY*123456789~

NOTE: Subscriber's identification as it appears on OR-DHS Medicaid Management Information System (MMIS).

ELEMENT	NAME	USE	Min/Max	ATTRIBUTES		Comments
				Data	Codes/Values	
REF01	Identification Code Qualifier	R	2/3	ID		6P - Group Number IG - Insurance Policy Number F6 - Health Insurance Claim (HIC) Number

**The Oregon DHS MMIS 271 Health Care Eligibility Benefit Response
VERSION 4010A1**

EB -- Eligibility or Benefit Information - Page 218

Usage: Optional

Segment Max Use within Loop: 1

Loop ID: 2110C

Example: EB*1*IND*30*MC*_12312345ABC1234ABC1234AB12A1ABCABC123ABC123AB12_~

NOTE: OR-DHS will return a Service Type Code (EB03) of '88' AND an Insurance Type Code (EB04) of 'OT' to indicate Medicare Part D benefit information.

ELEMENT	NAME	USE	ATTRIBUTES			Comments
			Min/Max	Data	Codes/Values	
EB01	Eligibility or Benefit Information	R	1/2	ID		1 - Active Coverage 2 - Active - Full Risk Capitation 3 - Active - Services Capitated 4 - Active - Services Capitated to Primary Care Physician (Primary Care Management (PCM)) 6 - Inactive B - Copay D - Benefit Description F - Service Limitations N - Services Restricted to Following Provider R - Other or Additional Payor
EB02	Benefit Coverage Level Code	S	3/3	ID	IND	
EB03	Service Type Code	S	1/2	ID		OR-DHS may return any of the following Service Type Codes: 2 - Surgical 30 - Health Benefit Plan 35 - Dental Care 47 - Hospital 48 - Hospital - Inpatient 55 - Major Medical 87 - Cancer 88 - Pharmacy 96 - Professional BR - Vision
EB04	Insurance Type code	S	1/3	ID		C1 - Commercial HM - Health Maintenance Organization (HMO) MA - Medicare Part A MB - Medicare Part B MC - Medicaid OT - Other SP - Supplemental Policy WC - Workers Compensation

The Oregon DHS MMIS 271 Health Care Eligibility Benefit Response
VERSION 4010A1

REF -- Subscriber Additional Identification - Page 238

Usage: Situational

Segment Max Use within Loop: 9

Loop ID: 2110C

Example: REF*6P*123456~

ELEMENT	NAME	USE	ATTRIBUTES			Comments
			Min/Max	Data	Codes/Values	
REF01	Identification Code Qualifier	R	2/3	ID		6P - Group Number IG - Insurance Policy Number F6 - Health Insurance Claim (HIC) Number

DTP -- Subscriber Eligibility/Benefit Date - Page 240

Usage: Situational

Segment Max Use within Loop: 20

Loop ID: 2110C

Example: DTP*771*RD8*20040324-20050325~

ELEMENT	NAME	USE	ATTRIBUTES			Comments
			Min/Max	Data	Codes/Values	
DTP02	Date Time Period Format Qualifier	R	2/3	ID	RD8	