



Division of Medical Assistance Programs

Information Memorandum Transmittal

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Number: DMAP-IM-12-004

Authorized Signature

Issue Date: 01/12/2012

Topic: Medical Benefits

Subject: **Announcement:** Reminder about Jan. 1, 2012 changes to eligibility inquiry search criteria

Applies to:

- All DHS employees
- Area Agencies on Aging
- Children, Adults and Families
- County DD Program Managers
- County Mental Health Directors
- Seniors and People with Disabilities
- Other (please specify): DHS and OHA staff and others identified on the SPD, CAF, AMH and DMAP transmittal lists

Message:

DMAP will post the following EDI Bulletin on the [OHP Provider Announcements](#) page and eSubscribe to OHP Provider Announcements and EDI Updates eSubscribe lists.

The bulletin reminds trading partners who provide eligibility verification services as a clearinghouse or through EDI software that:

- Eligibility inquiries using a Client ID require one or more additional criteria (Client’s First Name, Last Name or Date of Birth).
- Providers who try to verify DMAP eligibility using only the Client ID will get an error message.

For more information about this and other Jan. 1 changes, please refer DMAP’s [Dec. 2011 transmittal about Jan. 1 system changes](#).

If you have any questions about this information, contact:

Contact(s):	EDI Support Services
E-mail:	dhs.edisupport@state.or.us

EDI Bulletin

January 2012

Why are 270 transactions failing when I enter the Client ID?

Starting Jan. 1, 2012, DMAP’s system requires additional search criteria along with the “Client ID” to successfully verify eligibility. Providers verifying eligibility by only entering the “Client ID” will receive the Error “72” message that states, “Subscriber ID is invalid.” This does not mean the ID is invalid, but that the inquiry requires additional search criteria.

Clearinghouses: If you provide eligibility verification services using DMAP’s 270/271 exchange as a clearinghouse or through your EDI software, please remind your customers to include at least one additional search criteria (see table below) when they submit eligibility inquiries using a Client ID; or update your software to edit for these elements.

The search criteria change is part of administrative simplification – Oregon’s effort to standardize the way providers interact with Oregon health care entities.

What search criteria is accepted for a 270 transaction?

DMAP accepts name and date of birth (DOB) combinations as required by the [270/271 Oregon Companion Guide](#) and additional combinations reflected in the table below.

- Starting Jan. 1, 2012, the Department of Consumer and Business Services (DCBS) mandated a change to minimum search criteria for all Oregon health care entities when exchanging eligibility information (270/271).
- All Oregon health care entities must support eligibility inquiry options 1 through 4. DMAP also supports options 5 and 6 (see table below).

Option	Subscriber Id	Last Name	First Name	Patient Dob
1	X	X	X	X
2	X	X		X
3	X	X	X	
4		X	X	X
5	X		X	X
6	X			X

Shaded rows are highly recommended for support but optional for this version of the OCG

For more information

- **About DMAP transactions:** Visit the [EDI Web site](#) or e-mail DHS.EDISupport@state.or.us.
- **About the Oregon Companion Guides:** Visit the [OHA Administrative Simplification Web site](#).

Help us improve future announcements

[Click here](#) to answer six questions about this announcement.