

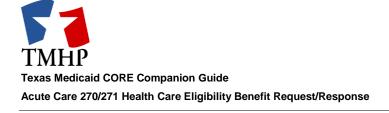
Texas Medicaid

HIPAA Transaction
Standard Companion Guide

Refers to the Implementation Guide Acute Care 270/271 Health Care Eligibility Benefit Request/Response Based on ASC X12 version 005010

CORE v5010 Companion Guide

1/10/2018

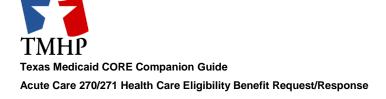


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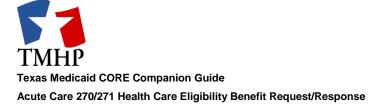
Preface

This Companion Guide to the v5010 ASC X12N Implementation Guide and associated errata adopted under HIPAA clarifies and specifies the data content when exchanging electronically with Texas Medicaid. Transmissions based on this Companion Guide, used in tandem with the v5010 ASC X12N Implementation Guides, are compliant with both ASC X12N 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.

NOTE: Effective January 1, 2013, health plans, covered entities and their business associates that engage in the exchange of eligibility transactions are required by the Affordable Care Act (ACA) to comply with additional operating rule regulations for the 270/271 transactions. These operating rules are maintained by the Council for Affordable Quality Healthcare (CAQH) Committee on Operating Rules for Information Exchange (CORE).

Table of Contents

1	INTRODUCTION	5
	1.1 SCOPE	5 6
2	GETTING STARTED	
_	2.1 WORKING WITH Texas Medicaid	
	2.2 TRADING PARTNER REGISTRATION	
3	CONTACT INFORMATION	8
	3.1 EDI CUSTOMER SERVICE	
	3.2 EDI TECHNICAL ASSISTANCE	
	3.3 PROVIDER SERVICE NUMBER	
_		
	PAYER SPECIFIC BUSINESS RULES AND LIMITATIONS	
5	ACKNOWLEDGEMENTS AND/OR REPORTS	9
	5.1 REPORT INVENTORY	9
6	TRADING PARTNER AGREEMENTS	10
	6.1 TRADING PARTNERS	10
7	TRANSACTION SPECIFIC INFORMATION	11
	7.1 270 Eligibility, Coverage or Benefit Inquiry	12
	7.2 271 Eligibility, Coverage or Benefit Response	16
Αl	PPENDICES	24
	A. Transmission Examples	24
	B. Change Summary	27



1 INTRODUCTION

Under the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act (HIPAA) of 1996, the Secretary of the Department of Health and Human Services (HHS) is directed to adopt standards to support the electronic exchange of administrative and financial health care transactions. The purpose of the Administrative Simplification portion of HIPAA is to enable health information to be exchanged electronically and to adopt standards for those transactions.

1.1 SCOPE

This Companion Guide is intended for Texas Medicaid Trading Partners interested in exchanging HIPAA compliant X12N Acute Care 270/271 Health Care Eligibility Benefit Request/Response Transactions with Texas Medicaid. It is intended to be used in conjunction with X12N Implementation Guides and is not intended to contradict or exceed X12N standards. It is intended to be used to clarify the CORE rules and to describe the *required* data values to process eligibility requests by Texas Medicaid.

All instructions in this document are written using information known at the time of publication and are subject to change.

1.2 OVERVIEW

This Companion Guide includes information needed to assist the trading partners with the submission of a valid Acute Care 270/271 Health Care Eligibility Benefit Request/Response to Texas Medicaid & Healthcare Partnership (Texas Medicaid) in batch and real-time mode.

The purpose of this document is to assist the provider with Texas Medicaid-particular data sets for information specified in the National Electronic Data Interchange Transaction Set Implementation Guide for the file type. The federal government has set standards to simplify Electronic Data Interchange (EDI). To comply with the standard, Texas Medicaid has updated the data sets for EDI files to be in accordance with HIPAA and is utilizing the ASC X12 nomenclatures. The TR3 dated April 2008 was used to create this Companion Guide for the 270 and 271 file formats.

This Companion Guide is intended for trading partner use in conjunction with the American National Standards Institute (ANSI) ASC X12N National Implementation Guide. The ANSI ASC X12N Implementation Guides can be accessed at http://www.wpc-edi.com/products/healthcare/4010/combined-guides/. The Texas Medicaid Companion Guide is designed to provide all entities that submit transactions regarding healthcare claims the specified data sets that Texas Medicaid requires per HIPAA compliance for the 270 and 271 file formats. Not all X12 data sets are used by Texas Medicaid to process and respond for a request for information.

The Texas Medicaid EDI Connectivity Guide that contains specific instructions regarding connectivity options, along with CORE compliant Safe Harbor information, can be found on the EDI page of the Texas Medicaid website at: http://www.tmhp.com/Pages/EDI/EDI_Technical_Info.aspx



Acute Care 270/271 Health Care Eligibility Benefit Request/Response

1.3 REFERENCES

This section specifies additional documents useful for the read. For example, the X12N Implementation Guides adopted under HIPAA that this document is a companion to:

ACS X12 Version 5010 TR3s: http://store.x12.org/store/healthcare-5010-consolidated-guides

CAQH/CORE: http://www.caqh.org/COREv5010.php

1.4 ADDITIONAL INFORMATION

Security and Privacy Statement

Covered entities were required to implement HIPAA Privacy Regulations no later than April 14, 2003. A covered entity is defined as a health plan, a health care clearinghouse, or a health care provider who transmits any health information in electronic form in connection with a HIPAA transaction. Providers that conduct certain electronic transmissions are responsible for ensuring these privacy regulations are implemented in their business practices. Health and Human Services Commission (HHSC) is a HIPAA Covered Entity. Accordingly, Texas Medicaid is operating as a HIPAA Business Associate of HHSC as defined by the federally mandated rules of HIPAA. A business associate is defined as a person or organization that performs a function or activity on behalf of a covered entity, but is not part of the covered entity's workforce.

The privacy regulation has three major purposes:

- 1. To protect and enhance the rights of consumers by providing them access to their health information and controlling the appropriate use of that information:
- 2. To improve the quality of health care in the United States by restoring trust in the health care system among consumers, health care professionals and the many organizations and individuals committed to the delivery of health care; and
- 3. To improve the efficiency and effectiveness of health care delivery by creating a national framework for health privacy and protection.

In accordance with HIPAA privacy regulations, the state of Texas provided a Notice of Privacy Practices to all Texas Medicaid households. As one of the steps in this process, the state of Texas mailed an "Explanation of Medicaid Privacy Rights and a Privacy Notice" to each Medicaid household in March 2003.



Acute Care 270/271 Health Care Eligibility Benefit Request/Response

2 GETTING STARTED

2.1 WORKING WITH Texas Medicaid

This section describes how to interact with Texas Medicaid's EDI Department.

EDI Helpdesk is available to assist trading partners in exchanging data with Texas Medicaid. Below are details on how to register and contact the department for assistance.

2.2 TRADING PARTNER REGISTRATION

HHSC requires any entity exchanging electronic data with Texas Medicaid to be enrolled in the Texas Medicaid Program.

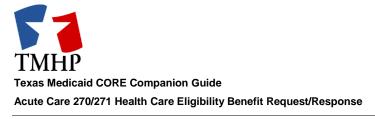
Texas Medicaid Enrollment Forms and instructions are available at: http://www.tmhp.com/Pages/SupportServices/PSS_Home.aspx
Successful enrollment is required before proceeding with EDI. To get started with EDI, please visit the following pages:

Getting Started with EDI:

http://www.tmhp.com/Pages/EDI/EDI_Forms.aspx

EDI Technical Information:

http://www.tmhp.com/Pages/EDI/EDI_Technical_Info.aspx



3 CONTACT INFORMATION

3.1 EDI CUSTOMER SERVICE

This section contains detailed information concerning EDI Customer Service, especially contact numbers.

Texas Medicaid EDI Helpdesk: 1-888-863-3638

The EDI Help Desk assists providers and vendors with TexMedConnect (TMC) access. The Help desk can reset TMC passwords and troubleshoot other TMC and EDI issues such as: internet requirements, EDI enrollment, transmission verification, TMC issues, file rejection, software requests, file resets, technical problems within the Texas Medicaid website, and ER&S download issues.

3.2 EDI TECHNICAL ASSISTANCE

This section contains detailed information concerning EDI Technical Assistance, especially contact numbers.

Texas Medicaid EDI Helpdesk

The EDI Help Desk provides technical assistance only by troubleshooting Texas Medicaid EDI issues. Contact your system administrator for assistance with modem, hardware, or telephone line issues.

To reach the Texas Medicaid EDI Help Desk, select one of the following methods:

- Fax 1-512-514-4230 or 1-512-514-4228
- For Medicaid, CSHCN and Family Planning electronic filing issues, call 1-888-863-3638 (or call 1-512-514-4150)

The Texas Medicaid EDI Help Desk is available Monday through Friday, 7 a.m. to 7 p.m. CST.

3.3 PROVIDER SERVICE NUMBER

This section contains detailed information concerning the payment of claims, especially contact numbers.

Provider Enrollment: 1-800-925-9126, Option 2

The Provider Enrollment queue is designed to assist providers with applications to enroll and update new and existing provider accounts, and questions concerning enrollment policy. Some of the responsibilities include: maintenance of provider accounts, advising providers on how to complete a Texas Medicaid program application, and answering questions regarding policies which impact enrollment.



3.4 APPLICABLE WEBSITES/E-MAIL

This section contains detailed information about useful web sites and email addresses.

EDI Helpful Links:

- Washington Publishing Company The Washington Publishing Company site includes reference documents pertaining to HIPAA, such as: implementation guides, data conditions, and the data dictionary for X12N standards.
- Workgroup for Electronic Data Interchange (WEDI) This site provides implementation materials and information.

4 PAYER SPECIFIC BUSINESS RULES AND LIMITATIONS

Texas Medicaid will accept up to 5000 transactions per batch. If a file is submitted with more than 5000 transactions the entire file will be rejected and not processed by Texas Medicaid.

TMHP submitter IDs will be deactivated after an inactivity period of 180 days. Submitters who wish to have their submitter IDs re-activated will need to contact the EDI Helpdesk at 1-888-863-3638.

5 ACKNOWLEDGEMENTS AND/OR REPORTS

This section contains information and examples on any applicable payer acknowledgements.

5.1 REPORT INVENTORY

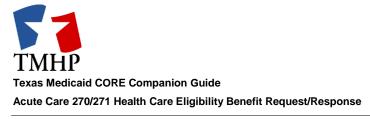
This section contains a listing/inventory of all applicable acknowledgement reports.

The following files will be sent in response to a 270 Eligibility Request BID (file ID assigned by Texas Medicaid):

- 999
- 824
- 271

The following files will be sent in response to a non-compliant 270 Eligibility Request:

TA1



6 TRADING PARTNER AGREEMENTS

This section contains general information concerning Trading Partner Agreements (TPA.) An actual TPA may optionally be included in an appendix.

6.1 TRADING PARTNERS

An EDI Trading Partner is defined as any Texas Medicaid customer (provider, billing service, software vendor, employer group, financial institution, etc.) that transmits to, or receives electronic data from Texas Medicaid.

Payers have EDI Trading Partner Agreements that accompany the standard implementation guide to ensure the integrity of the electronic transaction process. The Trading Partner Agreement is related to the electronic exchange of information, whether the agreement is an entity or a part of a larger agreement, between each party to the agreement.

For example, a Trading Partner Agreement may specify among other things, the roles and responsibilities of each party to the agreement in conducting standard transactions.

Texas Medicaid Trading Partner Agreement: http://www.tmhp.com/Pages/EDI/EDI Forms.aspx



Acute Care 270/271 Health Care Eligibility Benefit Request/Response

7 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 Texas 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 Texas Medicaid

In addition to the row for each segment, one or more additional rows are used to describe Texas Medicaid'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.

This section is used to describe the *required* data values to process eligibility requests by Texas Medicaid. The 270 format is used when requesting coverage, eligibility, and benefit information. This file is sent to Texas Medicaid for processing. Once the request is processed a response will be sent from Texas Medicaid and received by the provider in the 271 format with the coverage, eligibility, and benefit information requested, if available.



Acute Care 270/271 Health Care Eligibility Benefit Request/Response

7.1 270 Eligibility, Coverage or Benefit Inquiry

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
C.3		ISA	Interchange Control Header			X12 Eligibility Requests must contain only one ISA segment per file. Files containing more than one ISA segment will be rejected.
C.4		ISA05	Interchange ID Qualifier	ZZ		
C.4		ISA06	Interchange Sender ID			ISA06 must be populated with submitter's Electronic Transmitter Identifier. This is the Submitter ID [Compass21 (C21) Electronic Transmitter Identifier] that is specific to the submitter of the request. This ID is assigned to the submitter by Texas Medicaid.
C.5		ISA07	Interchange ID Qualifier	ZZ		ISA 07 must be populated with "ZZ" to indicate that the Texas Medicaid Receiver ID populated in ISA08 is "Mutually Defined" type. If ISA07 is not populated correctly, the transaction will be rejected.
C.5		ISA08	Interchange Receiver ID	Production = "617591011C21P" (2 spaces) Testing = "617591011C21T" (2 spaces)		ISA08 must be populated with the Texas Medicaid-EDI Receiver ID. This number differs for Testing and Production. When testing, use the Testing Receiver ID: "617591011C21T" (2 spaces) When in production, use the Production Receiver ID: "617591011C21P" (2 spaces) If ISA08 is not populated correctly, the transaction will be rejected.
C.6		ISA15	Interchange Usage Indicator	P		Populate ISA15 with data matching the environment indicated in ISA08. When testing: ISA08 = 617591011C21T and ISA15 = "P" When in production, ISA08 = 617591011C21P and ISA15 = "P"
C.7		GS	Functional Group Header			
C.7		GS02	Application Sender's Code	Submitter's Electronic Transmitter Identifier		GS02 must be populated with the submitter's Electronic Transmitter Identifier. This is the same number that was submitted in ISA06.
C.7		GS03	Application	Testing =	2-15	GS03 must be populated with the



Acute Care 270/271 Health Care Eligibility Benefit Request/Response

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
			Receiver's Code	"617591011C21T" Production = "617591011C21P"		Texas Medicaid -EDI Receiver ID. This number differs for Testing and Production. When testing, use the Testing Receiver ID: "617591011C21T" When in production, use the Production
						Receiver ID: "617591011C21P"
C.8		GS08	Version / Release / Industry Identifier Code	005010X279A1		Version, release and industry identifier code
63		BHT	Beginning of Hierarchical Transaction			
64		BHT02	Transaction Set Purpose Code	13		If BHT02 = 01 Texas Medicaid will fail the transaction and return a reject report to the submitter.
64		BHT03	Reference Identification			BHT03 is the number assigned by the originator to identify the transaction within the originator's business application system.
65		BHT06	Transaction Type Code			Texas Medicaid ignores the data contained in BHT06.
69	2100A	NM1	Information Source Name			
70	2100A	NM103	Name Last or Organization Name	"Texas Medicaid/Healthcare Services"		NM103 must contain "Texas Medicaid/Healthcare Services"
71	2100A	NM108	Identification Code Qualifier	46	1-2	Populate this element with qualifier 46.
71	2100A	NM109	Identification Code	Testing = "617591011C21T" Production = "617591011C21P"	2-80	Populate this element with Electronic Transmitter Identification Number. NM109 must be populated with the Texas Medicaid-EDI Receiver ID. This number differs for Testing and Production. When testing, use the Testing Receiver
						When testing, use the Testing Receiver ID: "617591011C21T" When in production, use the Production Receiver ID: "617591011C21P"
75	2100B	NM1	Information Receiver Name			NPI Full Implementation Example: Example NPI: NM1*1P*2*ORGANIZATION NAME*****XX*1111111111~



Acute Care 270/271 Health Care Eligibility Benefit Request/Response

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
						Example: API: NM1*1P*2* ORGANIZATION NAME*****SV*A111111111-
77	2100B	NM108	Identification Code Qualifier	XX, SV	1-2	The value of NM108 must contain XX if a National Provider Identifier (NPI) is sent in NM109. The value of NM108 must contain SV if an Atypical Provider Identifier (API) is
78	2100B	NM109	Identification Code	10 alphanumeric	2-80	sent in NM109. NPI Full Compliance Requirements: 1) The NM109 must contain the provider's assigned NPI (10 numeric). 2) The NM109 must contain the provider's assigned API (10 alphanumeric).
92	2100C	NM1	Subscriber Name			
93	2100C	NM103	Name Last or Organization Name		25	Texas Medicaid will only read the first 25 characters of the subscriber's last name.
93	2100C	NM104	Name First		15	Texas Medicaid will only read the first 15 characters of the subscriber's first name.
94	2100C	NM105	Name Middle		1	Texas Medicaid will only read the first character of the subscriber's middle name.
96	2100C	NM109	Identification Code		9	Texas Medicaid will read only the first 9 characters of the Patient Control Number (PCN) from the 270 2100C NM109.
97	2100C	REF	Subscriber Additional Identification			
98	2100C	REF01	Reference Identification Qualifier			If REF01 = NQ, Texas Medicaid will NOT return in the 271 Response the information provided in REF02.
99	2100C	REF02	Reference Identification		1-50	If qualifier REF01 = SY then Texas Medicaid will only read the first 9 characters of the subscriber's social security number.
						If qualifier REF01 = NQ then Texas Medicaid will not read any data from the REF02.
						If qualifier REF01 = EJ then Texas Medicaid will read the patient account number.
101	2100C	N4	Subscriber City, State, ZIP Code			



Acute Care 270/271 Health Care Eligibility Benefit Request/Response

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
101	2100C	N401	City Name		25	Texas Medicaid will read only the first 25 characters of the subscriber's city name from 270 2100C N401.
102	2100C	N403	Postal Code		9	Texas Medicaid will only read bytes 1-9 in this element.
107	2100C	DMG	Subscriber Demographic Information			
108	2100C	DMG02	Date Time Period		8	Texas Medicaid will only read bytes 1-8 in this element.
124	2110C	EQ	Subscriber Eligibility or Benefit Inquiry			EQ*30**FAM~ EQ*98^34^44^81^A0^A3~
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	2	Texas Medicaid supports CORE-required explicit inquiry and generic inquiry and will only accept the following values in EQ01: 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
146	2000D	HL	Dependent Level			This Loop is not used by Texas Medicaid to process requests.

7.2 271 Eligibility, Coverage or Benefit Response

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
C.3		ISA	Interchange Control Header			
C.4		ISA05	Interchange ID Qualifier	ZZ		ISA05 will be populated with "ZZ" to indicate that the Texas Medicaid Receiver ID populated in ISA06 is "Mutually Defined" type.
C.4		ISA06	Interchange Sender ID	Production = "617591011C21P" Testing = "617591011C21T"		This is the Texas Medicaid ID used by Compass21 for recognition. Production = "617591011C21P" Testing = "617591011C21T"
C.5		ISA08	Interchange Receiver ID			This is the Submitter ID (Compass21 Electronic Transmitter Identifier) that is specific to the submitter of the request. This ID is assigned to the submitter by Texas Medicaid.
C.6		ISA15	Interchange Usage Indicator	P		The environment indicated by ISA06 and ISA15 will be compatible. For Test: ISA06 = 617591011C21T and ISA15 = "P" For Production: ISA06 = 617591011C21P and ISA15 = "P"
C.7		GS	Functional Group Header			X12 Eligibility Response will contain only one GS segment per ISA segment.
C.7		GS02	Application Sender's Code	Testing: "617591011C21T" Production: "617591011C21P"		Texas Medicaid ID: For Test: "617591011C21T" For Production: "617591011C21P"
C.7		GS03	Application Receiver's Code			GS03 will be populated with the submitter's Electronic Transmitter Identifier. This value should be the same as the value returned in ISA08.
C.7		GS04	Date			The date format is YYYYMMDD.
C.8		GS05	Time			The time format is HHMMSSDD.
211		BHT	Beginning of Hierarchical Transaction			



Acute Care 270/271 Health Care Eligibility Benefit Request/Response

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
212		ВНТ03	Reference Identification			Texas Medicaid will return in the 271 response the first 22 bytes submitted for both Batch and Interactive transactions.
215	2000A	AAA	Request Validation			Texas Medicaid will not populate this segment.
218	2100A	NM1	Information Source Name			
219	2100A	NM103	Name Last or Organization Name			Texas Medicaid will populate with "Texas Medicaid/Healthcare Services"
221	2100A	PER	Information Source Contact Information			Texas Medicaid will not populate this segment.
232	2100B	NM1	Information Receiver Name			NPI Full Compliance Requirements: NPI Example: NM1*1P*2* ORGANIZATION NAME*****XX*111111111111111111111111111111
234	2100B	NM108	Identification Code Qualifier	XX,SV		The value of NM108 will contain XX if an NPI is sent in NM109. The value of NM108 will contain SV if an API is sent in NM109.
235	2100B	NM109	Identification Code	NPI (10 numeric) API (10 alphanumeric)	2-80	NM109 will contain the provider's assigned NPI or API. NPI Full Compliance Requirements: 1) The NM109 will contain the provider's assigned NPI (10 numeric). 2) The NM109 will contain the provider's assigned API (10 alphanumeric).
249	2100C	NM1	Subscriber Name			
250	2100C	NM103	Name Last or Organization Name			Texas Medicaid will only return the first 25 characters submitted on the 270 Request.
251	2100C	NM108	Identification Code Qualifier			2100C NM108 = "MI" if the Patient Control Number was submitted in 2100C NM109 in the 270 Eligibility Request.
252	2100C	NM109	Identification			Texas Medicaid will populate only



Acute Care 270/271 Health Care Eligibility Benefit Request/Response

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
			Code			the first 9 characters of the PCN to the 271 2100C NM109 if the Patient Control Number was submitted in 2100C NM109 in the 270 Eligibility Request.
253	2100C	REF	Subscriber Additional Identification			
256	2100C	REF02	Reference			If REF01 = SY: Texas Medicaid will return the Social Security Number submitted in 2100C REF02 on the 270 Eligibility Request. If REF01 = EJ: Texas Medicaid will return the Patient Account Number submitted in 2100C REF02 on the 270 Eligibility Request. If REF01 = Q4: Texas Medicaid will return the New Patient Control Number submitted in 2100C REF02 on the 270 Eligibility Request. Before October 1, 2018, if REF01 = F6: Texas Medicaid will return the Medicare HIC Number (HICN) submitted in 2100C REF02 on the 271 Eligibility Response. On or after October 1, 2018, if REF01 = F6: Texas Medicaid will return the Medicare Beneficiary Identifier (MBI) submitted in 2100C REF02 on the 271 Eligibility Response.
259	2100C	N4	Subscriber City, State, ZIP Code			
260	2100C	N401	City Name			Texas Medicaid will populate only the first 25 characters of the subscriber's city name to the 271 2100C N401.
271	2100C	INS	Subscriber Relationship			INS*Y*18*001*25 When eligibility is located for a client: after Last Name Normalization and when Client Last Name submitted on inquiry is different than Client Last Name as stored in the database, send INS segment in response.



Acute Care 270/271 Health Care Eligibility Benefit Request/Response

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
283	2100C	DTP	Subscriber Date			Texas Medicaid will not populate this segment.
285	2100C	MPI	Subscriber Military Personnel Information			Texas Medicaid will not populate this segment.
289	2110C	ЕВ	Subscriber Eligibility or Benefit Information			EB*1*IND*30*OT*ORGANIZATION NAME Client is covered by "Health Plan Name" EB*1*FAM*96*GP~ Active Coverage for subscriber and family, for Professional (Physician) services, and coverage is through a Group Policy EB*B**68***27*10~ Co-payment for Well Baby Care is \$10 per visit EB*B**98^34^44^81^A0^A3****10**VS *1~ Co-payment for Professional (Physician) Visit - Office, Chiropractic Office Visits, Home Health Visits, Routine Physical, Professional (Physician) Visit - Outpatient, Professional (Physician) Visit - Home, is \$10 for one visit EB*C*FAM****23*600~ Deductible for the family is \$600 per calendar year
291	2110C	EB01	Eligibility or Benefit Information Code	1, I, V	1	Texas Medicaid uses EB01 to uniquely identify: Benefit Limitations: "F" (Limitations) Lock In: "N" (Services Restricted to Following Provider) Tort: "W" (Other Source of Data) When EB01 = '1' is returned on the response, this represents active coverage for the service type requested. When EB01 = 'I' is returned on the response, this represents, for the service type code requested, it is not covered. When EB01 = 'V' is returned on the response, this represents, for the service type requested, that it is not a valid code for explicit inquiry.



Acute Care 270/271 Health Care Eligibility Benefit Request/Response

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
293	2110C	EB03	Service Type Code	35, 75, AL, AM, 98 CORE-required service type codes: 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	2	Texas Medicaid uses EB03 to distinguish the different benefit limit types: "35" (Dental) "75" (Hearing Aid) "AL" (Eye Exam) "AM" (Eye Glass) "98" (Medical Claim) Texas Medicaid supports generic and CORE explicit inquiry requests and the following benefit service types: 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
298	2110C	EB04	Insurance Type Code	MA, MB, HN, OT, MC	2	Texas Medicaid uses EB04 to identify and distinguish the different Medicare benefit types: "MA" (Medicare Part A) "MB" (Medicare Part B) "HN" (Medicare Part C) Texas Medicaid uses EB04 and the presence of a 2120C Loop to uniquely identify Managed Care benefits: "OT" (Other) Texas Medicaid uses EB04 and the absence of a 2120C Loop to uniquely identify Eligibility programs: "MC" (Medicaid) "OT" (Other)
299	2110C	EB05	Plan Coverage Description		1-50	Texas Medicaid uses EB05 to identify the Plan Code, the Line of Business and the Plan Code description: Positions 1 - 2 Plan Code Positions 3 – 6 Line of Business (LOB)



Acute Care 270/271 Health Care Eligibility Benefit Request/Response

Page #	Loop ID	Reference	Name	Codes	Length	No	tes/Comments
						Positions 7 description	7 – 31 Plan Code
						LOB Code	Description
						CHIP	CHIP
						DENT	DENT
						MMP	MMP
						ICM	ICM
						MTP	MTP
						NRTH	NORTHST
						PCCM	PCCM
						STAR	STAR
						STRP	STAR+PLUS
						0000	UNASSOCIATED
						LOB codes	s with three characters
						will be sen	t left justified followed
						by a space	e. For example, MMP_
						EB*CB*INI	D*30*OT*9FMMP PLAN
							SCRIPTION
						EB*CB*INI	D*30*OT*85STRPPLAN
						CODE DE	SCRIPTION
309	2110C	HSD	Health Care Services Delivery			Texas Med this segme	dicaid will not populate ent.
314	2110C	REF	Subscriber Additional Identification				licaid uses REF01 to lentify TPR:
			100111110011011				" (Group Number)
315	2110C	REF01	Reference Identification Qualifier			specify or or reference in REF02,	dicaid uses REF01 to qualify the type of number that is following REF03 or both.
316	2110C	REF02	Reference Identification	CMS Contract Number and Plan ID		communica Number wil Number). I www.tmhp Carrier Co	dicaid uses REF02 to the the CMS Contract the REF01 = 18 (Plan Please go to accome to view the CMS ontact information.
						communica	ate the TPR Group nen REF01 = 6P (Group



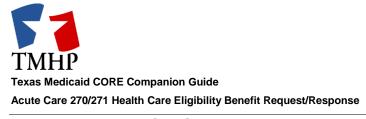
Acute Care 270/271 Health Care Eligibility Benefit Request/Response

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
						Texas Medicaid uses REF02 to communicate the Tort Benefit Name when REF01 = 1W (Member Identification Number)
317	2110C	DTP	Subscriber Eligibility/ Benefit Date			
318	2110C	DTP03	Date Time Period	Eligibility or Benefit Date Time Period		Texas Medicaid supports CORE- required Eligibility Benefit Dates.
324	2115C	III	Subscriber Eligibility or Benefit Additional Information			Texas Medicaid will not populate this segment.
329	2120C	NM1	Subscriber Benefit Related Entity Name			Texas Medicaid uses EB04 and the presence of a 2120C Loop to uniquely identify Managed Care benefits. If EB04 = "OT" and this 2120C Loop exists, this benefit segment is for Managed Care. NPI Full Compliance Requirements: The NM109 may be populated with either the member's assigned Lock-In Provider NPI / API or member's assigned Managed Care Provider NPI / API. NPI Full Compliance Example: NPI: NM1*1P*2* ORGANIZATION NAME*****XX*111111111111
333	2120C	NM109	Identification Code	NPI (10 numeric). API (10 alphanumeric).	2-80	NPI Full Compliance Requirements: 1) When NM101 contains 1P and NM108 contains XX, the NM109 will contain the Lock-In or Managed Care provider's assigned NPI (10 numeric). 2) When NM101 contains 1P and NM108 contains MI, the NM109 will contain the Lock-In or Managed Care provider's assigned API provider identifier (10 alphanumeric).
339	2120C	PER	Subscriber Benefit Related Entity Contact Information			This PER segment returns Insurance Company Information when appropriate.
			Dependent			This Loop is not used by Texas



Acute Care 270/271 Health Care Eligibility Benefit Request/Response

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
347	2000D	HL	Level			Medicaid to process requests.



APPENDICES

This section contains one or more appendices.

A. Transmission Examples

This appendix contains actual data streams linked to the business scenarios from Appendix B.

270/271 Example Transaction

Texas Medicaid Note:

If the Eligibility, Coverage or Benefit Inquiry Transaction Set (270) includes a TRN segment, then the Eligibility, Coverage or Benefit Information Transaction Set (271) must return the trace number identified in the TRN segment.

In the following example carriage return line feeds are inserted in place of ~ character for improved readability purposes.

270 Texas Medicaid Example Transactions (NPI):

ISA*00* *00* *ZZ*545035165 *ZZ*617591011C21T*010806*1200*|*00501*270021192*0*P*: GS*HS*545035165*617591011C21T*20010101*120000*1*X*005010X279A1 ST*270*1234*005010X279A1 BHT*0022*13*100011234*19990501*1319 HL*1**20*1 NM1*PR*2*LASTCOMPANY****46*098765432 HL*2*1*21*1 NM1*1P*1*ORGANIZATION NAME****XX*1111111111 HL*3*2*22*0 TRN*1*93175-012547*9877281234 NM1*IL*1*LASTNAME*FIRSTNAME*M***MI*111111111 REF*SY*1111111111 DMG*D8*19991231*M DTP*291*D8*19990501 EQ*30**FAM SE*14*1234 GE*1*1 IEA*1*270021192



Acute Care 270/271 Health Care Eligibility Benefit Request/Response

270 Texas Medicaid Example Transactions (API):

ISA*00* *00* *ZZ*545035165 *ZZ*617591011C21T*010806*1200*|*00501*270021192*0*P*:

GS*HS*545035165*617591011C21T*20010101*120000*1*X*005010X279A1

ST*270*1234*005010X279A1

BHT*0022*13*100011234*19990501*1319

HL*1**20*1

NM1*PR*2*LASTCOMPANY****46*123456789

HL*2*1*21*1

NM1*1P*1*LASTNAME*FIRSTNAME****SV*A111111111

HL*3*2*22*0

TRN*1*93175-012547*0987654321

NM1*IL*1*LASTNAME*FIRSTNAME*M***MI*11111111

REF*SY*111111111

DMG*D8*19991231*M

DTP*291*D8*19990501

EQ*30**FAM

SE*14*1234

GE*1*1

IEA*1*270021192

271 Texas Medicaid Example Transactions:

ISA*00* *00* *ZZ*6175910AAC21T *ZZ*54503516A

*061130*1445*|*00501*309242122*0*P*:

GS*HB*617591011C21T*545035165*20030924*21000083*309001*X*005010X279A1

ST*271*COMP1420*005010X279A1

BHT*0022*11**20030924*21000083

HL*1**20*1

NM1*PR*2*Texas Medicaid/Healthcare Services*****PI*617591011C21P

HL*2*1*21*1

NM1*1P*2*ORGANIZATION NAME*****SV*1111111111

HL*3*2*22*0

TRN*2*1634*9999999999

TRN*1*XXXXXXXEL.199912310000000*1111111111

NM1*IL*1*LASTNAME*FIRSTNAME*M***MI*11111

REF*SY*111111111

N3*100 MAIN STREET

N4*TOWN*TX*12345

DMG*D8*19991231

DTP*346*D8*20141201

EB*1*IND*30|98|48|47|33|MH|1|UC|AL|86|50*MC*100 TRADITIONAL MEDICAID

DTP*318*D8*20140918

DTP*356*D8*20140901

DTP*357*D8*20150430

EB*A**30|98|48|47|33|MH|1|UC|AL|86|50*****0

DTP*193*D8*20140901

DTP*194*D8*20150430

EB*B**30|98|48|47|33|MH|1|UC|AL|86|50****0

DTP*193*D8*20140901

DTP*194*D8*20150430



Acute Care 270/271 Health Care Eligibility Benefit Request/Response

EB*C**30***23*0

DTP*193*D8*20140901

DTP*194*D8*20150430

EB*C**30***29*0

DTP*356*D8*20090101

DTP*357*D8*20090202

EB*I*IND*35|88*MC*100 TRADITIONAL MEDICAID

DTP*193*D8*20140901

DTP*194*D8*20150430

EB*1*IND*30|98|48|47|33|MH|1|UC|AL|86|50*OT*A1HEALTHPLAN NAME

DTP*318*D8*20141007

DTP*356*D8*20141001

DTP*357*D8*20150430

SE*39*COMP1420

GE*1*309001

IEA*1*309242122

B. Change Summary

This section describes the differences between the current Companion Guide and previous guide(s).

Chang	e	Date
1	Example transactions updated.	07/08/2014
2	Added CORE Safe Harbor and Explicit Inquiry information.	07/18/2014
3	Added information for 2110C EB05	07/13/2015
4	Updated 271 Example Transaction to reflect CORE Operating Rules	12/04/2015
5	Page #256/Loop ID 2100C/Reference REF02: Changes to 2100C REF02 to Medicare HIC Number (HICN) and Medicare Beneficiary Identifier (MBI) have been made for dates before and after October 1, 2018	1/10/2018