

Upcoming Changes to Electronic Data Interchange (EDI) X12 270/271 Eligibility Inquiry/Response Effective January 29, 2016

Information posted January 8, 2016

Effective January 29, 2016, Texas Medicaid 270/271 Eligibility Inquiry/Response will contain updates to align with the Health Insurance Portability and Accountability Act (HIPAA) X12 5010 standard. This information applies to all transactions submitted to TMHP including, but not limited to, Texas Medicaid Acute and Long Term Care, CSHCN Services Program, and Family Planning.

Note: *The results of an inquiry are not a guarantee of payment. Providers must meet all benefit and claims filing requirements to receive payment for rendered services. Automatic Inquiry System (AIS) or TexMedConnect (TMC) transactions are not impacted by these changes.*

The following changes will be implemented:

Dates of Service

TMHP currently returns an AAA Error Code when 270 Eligibility Inquiry Transactions do not contain a date of service. TMHP will begin processing those transactions using the date that the transaction was received, and no AAA message will be returned.

Client Responsibility

- When clients are not responsible for copay, deductible, or coinsurance payments, the client's Eligibility Benefit segments will be populated with the appropriate zero dollar or zero percentages.
- When clients are responsible for copay or coinsurance, the client's Eligibility Benefit segments will be populated with the appropriate amounts or percentages (as they are sent today).

Service Type Codes

Generic Subscriber Eligibility or Benefit Inquiries (EQ01 value of '30'), and inquiries that contain unsupported Service Types will return the following Services Types in the Eligibility Response:

01 – Medical Care

30 – Health Care Benefit Plan Coverage

33 – Chiropractic

35 – Dental Care

47 – Hospital

48 – Hospital – Inpatient

50 – Hospital – Outpatient

86 – Emergency Services

88 – Pharmacy

98 – Professional (Physician) Visit – Office

AL – Vision (Optometry)

MH – Mental Health

UC – Urgent Care

Note: *Unsupported service types include EQ01 values other than 1, 2, 4, 5, 6, 7, 8, 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, AI, AL, BG, BH, MH, or UC.*

Additional HIPAA X12 5010 Standards

In compliance with 270/271 Eligibility HIPAA X12 Implementation standards, Texas Medicaid will:

- No longer return a 2110C EB Subscriber Eligibility or Benefit Information segment when a 2100C AAA Subscriber Request Validation segment error is reported. For example, when an error is encountered in the eligibility inquiry and an AAA segment is returned, the EB segment may not be populated, as the subscriber's benefits cannot be confirmed and the subscriber's name cannot be populated.
- Always return at least one instance of a 2110C EB01 value of '1' or '6' (Active or Inactive) with an EB03 value of '30' (Health Benefit Plan Coverage) when the eligibility inquiry does not result in a 2100C AAA error.
- Return a value of '34' in the 2120C Subscriber Benefit Related Entity Name NM108 (Identification Code Qualifier) element when the NM109 element contains the Other Insurance Subscriber's Social Security Number (SSN). This information was previously sent with the 'MI' Member Identification qualifier.
- No longer duplicate the 2110C loop to report Other Insurance company name and Insured name. These segments will now be sent within a single 2110C loop.

Trading Partner Testing

Trading partner testing is in progress, and will be completed by January 15, 2016. Providers are strongly encouraged to test during this window to ensure no disruption to the processing of 270/271 eligibility transactions upon implementation of these changes. Failure to test could impact the provider's ability to process 271 responses.

The updated information for eligibility transactions will be reflected in loop 2110C. For additional information, providers can refer to the [Council for Affordable Quality Healthcare \(CAQH\)](#) website.

For more information, call the TMHP Contact Center at 1-800-925-9126, Option 3.