



Vendor Specification

For Non-covered Transactions

Supplemental File
Eligibility

For Long Term Care



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Section 1 Introduction

1.1 Purpose

This vendor specification describes the components that are related to the supplemental file for the Long Term Care 271 file. The data sets within this file are not covered under the Health Insurance Portability and Accountability Act 1996 (HIPAA). Vendors can utilize this specification to program their applications to handle the data within the file. The information that is incorporated within the Medicaid Eligibility and Service Authorization Verification (MESAV) file layout is supplemental to the HIPAA compliant 271 and is sent from TMHP to the provider with additional information regarding the request.

Please refer to the TMHP Connectivity Guide for specific instructions regarding connectivity options:

<http://www.tmhp.com/File%20Library/File%20Library/EDI/TMHP%20EDI%20Connectivity%20Guide.pdf>

1.2 Contact Information

TMHP EDI Helpdesk

The Electronic Data Interchange (EDI) Helpdesk provides technical assistance only by troubleshooting TMHP EDI issues. Contact your system administrator for assistance with modem, hardware, or telephone line issues.

To reach the TMHP EDI Helpdesk, 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)
- For Long Term Care issues, call 1-800-626-4117 (Select option 2) (or call 1-512-335-4729)

The TMHP EDI Helpdesk is available *Monday through Friday, 8 a.m. to 5:30 p.m. CST.*



1.3 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 Healthcare clearinghouse, or a Healthcare 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. HHSC is a HIPAA Covered Entity. Accordingly, TMHP 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 Healthcare in the United States by restoring trust in the Healthcare system among consumers, Healthcare professionals and the many organizations and individuals committed to the delivery of Healthcare; and
3. To improve the efficiency and effectiveness of Healthcare 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. A copy of the Department of Health and Human Services Privacy Notice is currently available on their website at the following link:

<http://aspe.os.dhhs.gov/admsimp/final/PvcFR01.pdf>.



Section 2 Eligibility (MESAV) File Information

2.1 Supplemental Transaction File Information

The MESAV supplemental file is sent to the provider along with a 271 response file when a 270 batch or interactive transaction is received at TMHP.

Each batch file sent from CMS/Long Term Care contains the TMHP Custom Header, followed by a Batch File Header, response record(s), and a Batch File Trailer. Each batch consists of a Batch Response Header Record, a number of Supplemental MESAV responses, and a Batch Response Trailer Record. A response consists of the Supplemental File Header and the Supplemental File Detail.

Each Interactive Response going out from TMHP contains the 271 Eligibility Response and the Supplemental MESAV Response. A Response consists of one of the following: Accepted Eligibility Response, Rejected Eligibility Response.

2.2 Supplemental Transaction File Layout - Batch File Layout:

TMHP Custom Header
Batch File Header
[0 to n] Batches
Batch File Trailer

Where a Batch is:

Batch Response Header
[1 to n] Supplemental MESAV Responses
Batch Response Trailer

2.3 Supplemental Transaction File Layout - Interactive File Layout:

271 Eligibility Response
Supplemental MESAV Response

2.4 Supplemental MESAV Response Layout

The following information applies to both interactive and batch responses.

File Layout:

Eligibility Header Response (28)
[0-8] Accepted Eligibility (EL)
[0-20] Service Authorizations
[0-2] Accepted Authorizing Agent (AA)
[0-6] Accepted Level of Service (LS)
[0-30] Accepted Monthly Utilization (MO)
[0-7] Accepted Response Message (AC)

Where a Service Authorization is:

Accepted Service Authorization (SR)
[0-15] Accepted Procedure/Item Code (PI)



2.5 Table Definitions

2.5.1 Table Headings

The following information will give the definitions of the table headings used in this document.

- Field Name – The name of the data field.
- Field Format – The type of characters allowed in the field.
- From Position – The starting point of the field within the file.
- To Position – The ending point of the field within the file.
- Comments/Valid Values – Additional information or specific data values that will be in a field with in the file.
- Field Length – The character length of the field. If the field includes a decimal place (see ND1 & ND2 in section 2.4.2) the decimal place is included in the field length.
- Data Value – The specific data set value for a given field.

2.5.2 Field Format Column

The following information will give the definitions of abbreviations used in the Field Format column of the tables throughout this document.

- AN – Alpha-Numeric data fields
- Num – Numeric data fields.
- ND1 – Numeric decimal fields with one implied decimal place at the end of the data element. (i.e.: The data element 1500 in a ND1 field would be translated to 150.0).
- ND2 – Numeric decimal fields with two implied decimal places at the end of the data element. (i.e.: The data element 1500 in a ND2 field would be translated to 15.00).

Section 3 TMHP Custom Header & Batch File Information

The TMHP Custom Header and the Batch File Information is used to facilitate transmission of data. The first record in each file delivered to or sent by CMS/Long Term Care will be a TMHP Custom Header. It enables TMHP to route and process the files correctly. The same mapping is used for all TMHP supplemental formats.

3.1 TMHP Custom Header

Field Name	Field Format	From Position	To Position	Comments/Valid Values
HEADER ID	AN	01	08	<i>EDS-ECMS</i>
HEADER ID VERSION	AN	09	10	<i>1B</i>
TRANSACTION TYPE	AN	11	18	T1ELGSP0
TRANSACTION TYPE VERSION	AN	19	22	
SENDER ID ASSIGNER	AN	23	25	
SENDER ID	AN	26	45	Assigned by TMHP
RECEIVER ID ASSIGNER	AN	46	48	
RECEIVER ID	AN	49	68	Production = 617591011CMSP Testing = 617591011CMST
Sending USER ID	AN	69	76	
Sending USER PASSWORD	AN	77	84	
Sending DEVICE ID	AN	85	92	
Sending DEVICE PASSWORD	AN	93	100	
SERVICE LEVEL PASSWORD	AN	100	103	
TEST PROD INDICATOR		104	104	<i>T = Test</i> <i>P = Product</i>
CONTRACT LOGO	AN	105	108	
BUSINESS ORG LOGO	AN	109	112	
CREATE DATE	AN	113	120	The date field should use the CCYYMMDD format.
CREATE TIME	AN	121	124	The time field should use the HHMM format.
BATCH ID	AN	125	154	



3.2 Batch File Header

Field Name	Field Format	From Position	To Position	Comments/Valid Values
RECORD ID	AN	01	02	Value 05
SUBMITTER TRANSMISSION NUMBER	AN	03	08	
VERSION NUMBER	AN	09	13	

3.3 Batch File Trailer

Field Name	Field Format	From Position	To Position	Comments/Valid Values
RECORD ID	AN	01	02	Value 95
SUBMITTER TRANSMISSION NUMBER	AN	03	08	
BATCH COUNT	AN	09	14	
MESSAGE SEGMENT COUNT	AN	15	16	



Section 4 Batch Response Information

The Batch Response Header record and Batch Response Trailer record are used to facilitate transmission of data. Each batch file sent by CMS/Long Term Care will include a Batch Response Header record and Batch Response Trailer record.

4.1 Batch Response Header Record

Field Name	Field Format	From Position	To Position	Comments/Valid Values
HEADER RECORD ID	AN	01	02	11
HEADER BATCH DATE	AN	03	10	CCYYMMDD
HEADER BATCH SEQUENCE	AN	11	16	
HEADER BATCH NUMBER AUTO	AN	17	36	
HEADER BATCH NUMBER MANUAL	AN	37	46	
HEADER BATCH NUMBER SENDER 2	AN	47	68	

4.2 Batch Response Trailer Record

Field Name	Field Format	From Position	To Position	Comments/Valid Values
TRAILER RECORD ID	AN	01	02	91
TRAILER BATCH NUMBER	AN	03	22	
TRAILER BATCH NUMBER MANUAL	AN	23	32	
TRAILER NUMBER OF TRANSACTIONS	AN	33	38	
TRAILER NUMBER OF TRANSACTIONS ACCEPTED	AN	39	44	
TRAILER NUMBER OF TRANSACTIONS REJECTED	AN	45	50	



Section 5 Response Record Details

The supplemental file will contain a header segment and a detail segment. The data sets in the MESAV supplemental file is not covered under HIPAA rules and regulation. The following tables will identify the types of data that will be returned to the submitter as well as the location and the type of data set in the file.

5.1 Supplemental Header

MESAV SUPPLEMENTAL FILE HEADER					
Field Name	Field Length	Data Value	Field Format	From Position	To Position
Identifies the type of information (e.g., response header, eligibility, service auth, etc). This is also the definition for all of the segment IDs, so this will not be repeated for each one.	2	28	AN	1	2
Submitter Trace Type	2		AN	3	4
Submitter Trace Number	30		AN	5	34
Submitter Originating Company Identifier	10		AN	35	44
Submitter Trace Assigning Entity Additional Identifier	30		AN	45	74
Clearinghouse Trace Type	2		AN	75	76
Clearinghouse Trace Number	30		AN	77	106
Clearinghouse Originating Company Identifier	10		AN	107	116
Clearinghouse Trace Assigning Entity Additional Identifier	30		AN	117	146
Payor Trace Type	2		AN	147	148
Payor Trace Number	30		AN	149	178
Payor Originating Company Identifier	10		AN	179	188
Payor Trace Assigning Entity Additional Identifier	30		AN	189	218
Beginning of inquiry period	8		Num	219	226
End of inquiry period	8		Num	227	234
Contract Number	30		Num	235	264
Client ID	12		Num	265	276
Date of Birth	8		Num	277	284
Last Name	35		AN	285	319
First Name	25		AN	320	344
Social Security Number	9		Num	345	353
Patient Account Number	30		AN	354	383



5.2 Supplemental Detail

SEGMENT COUNTS					
Field Name	Field Length	Data Value	Field Format	From Position	To Position
The number of Medicaid eligibility segments associated with this response	2		Num	384	385
The number of service authorization segments associated with this response	2		Num	386	387
The number of authorizing agent segments associated with this response	2		Num	388	389
The number of level of service segments associated with this response	2		Num	390	391
The number of monthly utilization segments associated with this response	2		Num	392	393
The number of accepted message segments associated with this response	2		Num	394	395
ELIGIBILITY					
Field Name	Field Length	Data Value	Field Format	From Position	To Position
Segment Identifier	2	<i>EL</i>	AN	1	2
Eligibility Type Code	2		AN	3	4
Segment Sequence Number	2		Num	5	6
Eligibility Begin date	8		Num	7	14
Eligibility End date	8		Num	15	22
Coverage Code	1		AN	23	23
Program Type	2		AN	24	25
Category of Coverage	1		AN	26	26
SERVICE AUTH					
Field Name	Field Length	Data Value	Field Format	From Position	To Position
Segment Identifier	2	<i>SR</i>	AN	1	2
Service Authorization Eligibility Type Code	2		AN	3	4
Segment Sequence Number	2		Num	5	6
Service Authorization Begin date	8		Num	7	14
Service Authorization End date	8		Num	15	22



Service Group	5		AN	23	27
Service Code	5		AN	28	32
Client Control Number	18		AN	33	50
Unit Type	2		AN	51	52
The number of procedure/item codes associated with this service authorization	2		Num	53	54
PROCEDURE/ITEM CODE					
Field Name	Field Length	Data Value	Field Format	From Position	To Position
Segment Identifier	2	<i>PI</i>	AN	1	2
Segment Sequence Number	2		Num	3	4
Indicates if the code is a procedure or item code (which is a HCPCS code)	1		AN	5	5
The specific procedures or items the service authorization authorizes	5		AN	6	10
AUTHORIZING AGENT					
Field Name	Field Length	Data Value	Field Format	From Position	To Position
Segment Identifier	2	<i>AA</i>	AN	1	2
Segment Sequence Number	2		Num	3	4
Authorizing Agent Last Name	30		AN	5	34
Authorizing Agent First Name	15		AN	35	49
Authorizing Agent Middle Initial	1		AN	50	50
Authorizing Agent Title	15		AN	51	65
Authorizing Agent Phone	14		Num	66	79
LEVEL OF SERVICE					
Field Name	Field Length	Data Value	Field Format	From Position	To Position
Segment Identifier	2	<i>LS</i>	AN	1	2
Segment Sequence Number	2		Num	3	4
Level of Service Type	3		AN	5	7
Level of Service	3		AN	8	10
Level of Service Begin date	8		Num	11	18
Level of Service End date	8		Num	19	26
MONTHLY UTILIZATION					
Field Name	Field Length	Data Value	Field Format	From Position	To Position
Segment Identifier	2	<i>MO</i>	AN	1	2
Monthly Units Eligibility Type code	2		AN	3	4



Segment Sequence Number	2		Num	5	6
Service Group	5		AN	7	11
Service Code	5		AN	12	16
Monthly Utilization Begin date	8		Num	17	24
Monthly Utilization End date	8		Num	25	32
ACCEPTED MESSAGES					
Field Name	Field Length	Data Value	Field Format	From Position	To Position
Segment Identifier	2	AC	AN	1	2
Message Code	2		AN	3	4



Appendix A TA1 Response File

A TA1 file is received when the transaction format cannot be recognized. Please verify that the transaction format is correctly constructed and resubmit the file. If you continue to receive a TA1 file, please contact the EDI Help Desk.