TEXAS MEDICAID

HIPAA TRANSACTION STANDARD COMPANION GUIDE

Refers to the Implementation Guide
Medicaid/CHIP Eligibility 270/271 Health Care
Eligibility Benefit Request/Response

Based on ASC X12 version 005010

CORE v5010 Companion Guide

August 2023

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Disclosure Statement

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 Technical Reports Type 3 Guides/TR3.

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).

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 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 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 https://x12.org/products/technical-reports. 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: https://www.tmhp.com/topics/edi.

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:

ASC X12 Version 5010 TR3s:

https://x12.org/products/technical-reports

CAQH/CORE:

https://www.caqh.org/CORE

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 provides a Notice of Privacy Practices to all Texas Medicaid households.

2   GETTING STARTED

2.1   Working with Texas Medicaid

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

EDI Help Desk 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:

https://www.tmhp.com/topics/provider-enrollment

Successful enrollment in Texas Medicaid may be required before proceeding with EDI.

To get started with EDI, the necessary forms and instructions are available at:

https://www.tmhp.com/resources/forms?field_topics_target_id=96

EDI Technical Information:

https://www.tmhp.com/topics/edi

3   CONTACT INFORMATION

3.1   EDI Customer Service

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

Texas Medicaid EDI Help Desk: 1-888-863-3638, option 4
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 Help Desk

The EDI Help Desk provides technical assistance only by troubleshooting Texas Medicaid EDI issues. Contact your system administrator for assistance with network, 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
- Call 1-888-863-3638, option 4 (or call 1-512-514-4150, option 4)

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 provider services, especially contact numbers.

Provider Enrollment: 1-800-925-9126, Option 2, Option 3
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 option 4.

Handling of Multiple Eligibility Inquiry Segments (2110C EQ):
Texas Medicaid does not support multiple EQ segments for interactive mode.

Texas Medicaid returns client level response (2100C) for each repeating EQ segment received in Batch mode. Refer to the example below:

Example: 270 request containing single client with multiple EQ segments

```
…………………………
TRN*1*1111111111111*111111111
NM1*IL*1*LASTNAME*FIRSTNAME*M***MI*111111111
REF*SY*111111111
DMG*D8*19991231*M
DTP*291*D8*20140115
EQ*30|54
DTP*291*RD8*20170130-20170331
EQ*2
DTP*291*RD8*20160130-20160331
```

Example: 271 response with two transactions for the above client (two 2100C loops)

```
.............................
HL*3*2*22*0
TRN*2*1111111111111*1111111111
NM1*IL*1*LASTNAME*FIRSTNAME*M***MI*111111111
REF*1L*061
REF*SY*111111111
N3*100 MAIN STREET
N4*TOWN*TX*12345
DMG*D8*19991231*M
DTP*346*D8*20140101
EB*1*IND*1|30|33|35|47|48|50|54|75|86|88|98|AL|AM|MH|UC*MC*MEDICAID, LTC(WAIVER)
DTP*318*D8*20170101
DTP*356*D8*20140101
DTP*357*D8*20170531
MSG*TP01, TP02, TP03,
TA23
MSG*LTC Patient Responsibility must be obtained from HHSC
…………………………………………
…………………………………………
HL*4*2*22*0
TRN*2*1111111111111*1111111111
NM1*IL*1*LASTNAME*FIRSTNAME*M***MI*111111111
REF*1L*061
REF*SY*111111111
N3*100 MAIN STREET
N4*TOWN*TX*12345
DMG*D8*19991231*M
 DTP*346*D8*20140101
EB*1*IND*2|30
 *MC*MEDICAID
DTP*318*D8*20170101
DTP*356*D8*20140101
 DTP*357*D8*20160831
MSG*TP01,
TP02
```

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 and Trading Partner Agreement Enrollment Form (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 will be found on this web page:

https://www.tmhp.com/resources/forms?field_topics_target_id=96

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.

7.1 270 Eligibility, Coverage or Benefit Inquiry

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
C.3	ISA	Interchange Control Header	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 that is specific to the submitter of the request. This ID is assigned to the submitter by Texas Medicaid.

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
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 = "617591011TIELP " (2 spaces) Testing = "617591011TIELT" (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: "617591011TIELT". When in production, use the Production Receiver ID: "617591011TIELP". 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 = 617591011TIELT and ISA15 = "P" When in production, ISA08 = 617591011TIELP 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.

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
C.7		GS03	Application Receiver's Code	Testing = "617591011TIELT" Production = "617591011TIELP"	2-15	GS03 must be populated with the Texas Medicaid EDI Receiver ID. This number differs for Testing and Production. When testing, use the Testing Receiver ID: "617591011TIELT" When in production, use the Production Receiver ID:"617591011TIELP"
C.8		GS08	Version / Release / Industry Identifier Code	005010X279A1		Version, release and industry identifier code
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 = "617591011TIELT" Production = "617591011TIELP"	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 ID: "617591011TIELT" When in production, use the Production Receiver ID: "617591011TIELP"
92	2100C	NM1	Subscriber			

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
			Name			
93	2100C	NM103	Name Last or Organization Name		30	Texas Medicaid will only read the first 30 characters of the subscriber's last name.
96	2100C	NM109	Identification Code		9	Texas Medicaid Client ID (PCN) from the 270 2100C NM109 if the NM108 qualifier is "MI"
93	2100C	NM104	Name First		30	Texas Medicaid will only read the first 30 characters of the subscriber's first name.
97	2100C	REF	Subscriber Additional Identification			
98	2100C	REF01	Reference Identification Qualifier	EJ, SY		
99	2100C	REF02	Reference Identification		1-50	If qualifier REF01 = EJ, then Texas Medicaid will read the Patient Account Number. If qualifier REF01 = SY, then Texas Medicaid will read the patient Social Security Number.
122	2100C	DTP	Subscriber Date			Texas Medicaid will process eligibility requests according to the date(s) present in the 2100C Subscriber Loop
122	2100C	DTP01	Date/Time Qualifier	291, 102		If any 2100C DTP segment for the client inquiry contains 291 (Plan Date), Texas Medicaid will process eligibility for the date given in the DTP03

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
						element.
						If no 2100C DTP01 value of 291 for the client exists, then Texas Medicaid will check if any DTP01 contains 102 (Issue Date) and process the eligibility according to the date present in the 2100C DTP03.
						If no 2100C DTP segments exist, eligibility will be processed according to the system date.
124	2100C	EQ	Subscriber Eligibility or Benefit Inquiry			Note: Texas Medicaid does not support multiple EQ segments in interactive mode. In Batch mode Texas Medicaid will return a client level response (2100C) for each repetition of the EQ segments received
						Please refer to Section 4 for example
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, 54, 62, 65, 68, 73, 75, 76, 78, 80, 81, 82, 86, 88, 93, 98, 99, A0, A3, A6, A7, A8, AD, AE, AF, AG, AI, AL, AM, BG, BH, MH, UC		Texas Medicaid supports CORE-required explicit inquiry and generic inquiry for the following service types 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, 54, 62, 65, 68, 73, 75, 76, 78, 80, 81, 82, 86, 88, 93, 98, 99, A0, A3, A6, A7, A8, AD, AE, AF, AG,

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
						AI, AL, AM, BG, BH, MH, UC
130	2110C	EQ02	Composite Medical Procedure Identifier			Texas Medicaid does not support the use of EQ02 for inquiries by Procedure Code
146	2000D	HL	Dependent Level			This Loop is not used by Texas Medicaid to process requests

270 Minimum Input fields for Client Search: Texas Medicaid supports the standard ASC X12 member search criteria:

1. Client Individual ID, Last Name
2. Client Individual ID, DOB
3. Client Individual ID, SSN
4. SSN, Date of Birth
5. SSN, Last Name
6. Last Name, First Name, Date of Birth

7.2 Eligibility, Coverage or Benefit Response

Page#	Loop ID	Reference	Name	Codes	Length	Notes/Comments
215	2000A	AAA	Request Validation			Texas Medicaid will not populate this segment.
253	2100C	REF		1L, EJ, Q4, SY		Texas Medicaid will send "1L" in the 2100C REF01 when the County Code is present in the REF02 element.

Page#	Loop ID	Reference	Name	Codes	Length	Notes/Comments
271	2100C	INS	Subscriber Relationship			If the Member Last Name returned by Texas Medicaid in the 2100C NM1 segment is different than sent on the 270, the INS segment will be sent. If the Subscriber ID (PCN) returned by Texas Medicaid for the member is different than sent on the 270, the INS segment will be sent.
289	2110C	EB	Subscriber Eligibility or Benefit Information			
291	2110C	EB01	Eligibility or Benefit Information Code	F, N, 1, I, V, A, B, C, R, 6		When EB01 = 'R' is returned on the response, this represents other insurance (TPR) or Medicare coverages.
293	2110C	EB03	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, 54,62, 65, 68, 73, 75, 76, 78, 80, 81, 82, 86, 88, 93, 98, 99, A0, A3, A6, A7, A8, AD, AE, AF, AG, AI, AL, AM, BG, BH, MH, UC		Texas Medicaid will return Service Type Code 75 to represent Coverage and/or Benefit Limitations for Hearing Aids.
298	2110C	EB04	Insurance Type Code	MA, MB, HN, OT, MC		Texas Medicaid will send "HN" in EB04 to indicate the benefits for Medicare Part C.

Page#	Loop ID	Reference	Name	Codes	Length	Notes/Comments
				OT		Used by Texas Medicaid for CHIP, CSHCN, TPR, Medicare Part D and Managed Care.
299	2110C	EB05	Plan Coverage Description			Texas Medicaid uses EB05 to identify the coverage plan. This element is used to distinguish various EB04 Insurance Type values which fall under "OT" Other. For example: while CHIP, CSHCN, TPR and Managed Care will each have an EB04 value of "OT", EB05 will identify the specific plan description to determine the specific insurance type.
314	2110C	REF	Subscriber Additional Identification			
				18		Texas Medicaid will send '18' in REF01 to indicate the presence of a Medicare Plan ID or Managed Care Plan Code in the REF02 element.
315	2110C	REF01	Reference Identification Qualifier	18, 6P		

Page#	Loop ID	Reference	Name	Codes	Length	Notes/Comments
				6P		Texas Medicaid will send '6P' in REF01 to indicate the presence of a Medicare Contract Number or TPR Group Number in the REF02 element and TPR Employer Name in REF03 element.
322	2110C	MSG	Message Text			Texas Medicaid uses the 2110C MSG segment to convey additional sources of Client Financial Responsibility information.
	2110C	MSG01				Texas Medicaid uses the 2110C MSG segment to send the TOA's (Type of Assistance) for Medicaid, LTC and CHIP Eligibility. This segment will be sent when the client has active coverage under one or more of these programs. • MSG*TP13, TA84, TPSS Texas Medicaid uses the 2110C MSG segment to convey additional sources of Client Financial

Page#	Loop ID	Reference	Name	Codes	Length	Notes/Comments
						Responsibility information. When the client has active Long Term Care or CHIP coverage, the MSG segment will indicate that the receiver must obtain client financial responsibility details from HHSC or the MCO, respectively. • MSG*LTC patient responsibility must be obtained from HHSC • MSG*All CHIP Patient Responsibility must be obtained from the MCO Additionally, when the client has been 'locked-in' to a pharmacy provider for pharmacy benefits (EB*N*IND*88) Texas Medicaid will send the 2110C MSG segment to convey that the lock-in pharmacy must be obtained from the

Page#	Loop ID	Reference	Name	Codes	Length	Notes/Comments
						Pharmacy eligibility source: • MSG*For Pharmacy LOCKIN contact Texas Medicaid Pharmacy Department
324	2115C	III	Subscriber Eligibility or Benefit Additional Information			Not used by Texas Medicaid.
329	2120C	NM1	Subscriber Benefit Related Entity Name			• When the 2120C Loop is present for Managed Care benefits, the NM1 segment will contain the member's Primary Care Physician (if assigned). • When the 2120C Loop is present with a Provider Lock-in segment, the NM1 segment will contain the Lock-in Provider identifier.

Page#	Loop ID	Reference	Name	Codes	Length	Notes/Comments
						• When the 2120C Loop is present for TPR benefits, the NM1 segment will contain the TPR Subscriber Name and Payer Name.
347	2000D	HL	Dependent Level			Not used by Texas Medicaid.

8   APPENDICES

8.1   Managed Care Program Codes and Associated Descriptions

Program Code	Program Long Description	Short Description - Populated in EB05
1	STAR	STAR
2	STAR PLUS	STRP
3	NORTH STAR	NRTH
4	PCCM	PCCM
5	ICM	ICM
6	FOSTER CARE MANAGED CARE	STRH
7	CHILDREN'S MEDICAID DENTAL SERVICES	DENT
8	CHIP	CHIPMCO
9	CHIP DENTAL	CHIPDENT
K	STAR KIDS	STRK

8.2 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) will 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. Benefit segment examples in the 271 sample transaction are also separated by an extra return and a benefit coverage description such as <Covered Medicaid> in order to clearly define each benefit response type.

270 Texas Medicaid Example Transaction:

```
ISA*00**00*   *ZZ*111111111*ZZ*617591011TIELP*151208*0912*^*00501*002552887*1*P*:
GS*HS*111111111*617591011TIELP*20151208*0912*2552887*X*005010X279A1
ST*270*0001*005010X279A1
BHT*0022*13*111111111*20140924*1111
HL*1**20*1
NM1*PR*2*TEXAS MEDICAID*****46*617591011TIELP
HL*2*1*21*1
NM1*1P*1*LASTNAME*FIRSTNAME****XX*1111111111
HL*3*2*22*0
TRN*1*1111111111111*111111111
NM1*IL*1*LASTNAME*FIRSTNAME*M***MI*111111111
REF*SY*111111111
DMG*D8*19991231*M
DTP*291*D8*20140115
EQ*2|30|54|97
SE*14*0001
GE*1*2552887
IEA*1*002552887
```

271 Texas Medicaid Example Transaction:

ISA*00**00*   *ZZ*617591011TIELP *ZZ*111111111*151208*0912*|*00501*002552887*0*P*:
GS*HB*617591011TIELP*111111111*20151208*0912*2552887*X*005010X279A1
ST*271*000000001*005010X279A1
BHT*0022*11**20140924*21000083
HL*1**20*1
NM1*PR*2*TEXAS MEDICAID*****46*617591011TIELP
HL*2*1*21*1
NM1*1P*1*LASTNAME*FIRSTNAME****XX*1111111111
HL*3*2*22*0
TRN*2*1111111111111*1111111111
NM1*IL*1*LASTNAME*FIRSTNAME*M***MI*111111111

REF*1L*061
REF*SY*111111111
N3*100 MAIN STREET
N4*TOWN*TX*12345
DMG*D8*19991231*M
DTP*346*D8*20141201

<Covered Medicaid>
EB*1*IND*1|30|33|35|47|48|50|54|75|86|88|98|AL|AM|MH|UC*MC*MEDICAID, LTC(WAIVER)
DTP*318*D8*20140101
DTP*356*D8*20140901
DTP*357*D8*20150430
MSG*TP01, TP02, TP03, TA23
MSG*LTC Patient Responsibility must be obtained from HHSC

<Benefit Limits>
EB*F*IND*35|75
DTP*304*D8*20140101
EB*F*IND*98|AL|AM
DTP*304*D8*20140201

<Non-Covered Medicaid>
EB*I*IND*2*MC*MEDICAID, LTC(WAIVER)
DTP*193*D8*20140901
DTP*194*D8*20150430

\<Lock-in Medicaid Physician>
EB*N*IND*30*MC*MEDICAL LOCKIN PROVIDER
DTP*193*D8*20140901
DTP*194*D8*20150430
LS*2120
NM1*1P*1*LASTNAME*FIRSTNAME*M***XX*1111111111
N3*100 FIRST STREET*SUITE 100
N4*TOWN*TX*12345
PER*IC*CONTACT NAME*WP*9999999999*EX*0001
LE*2120

\<Lock-in Medicaid Pharmacy>
EB*N*IND*88*MC*PHARMACY LOCKIN
DTP*193*D8*20140901
DTP*194*D8*20150430
MSG*For Pharmacy Lock-in contact Texas Medicaid Pharmacy Department

\<Copayment>
EB*A**1|30|33|35|47|48|50|75|86|88|98|AL|AM|MH|UC*****0
DTP*193*D8*20140901
DTP*194*D8*20150430

\<Coinsurance>
EB*B**1|30|33|35|47|48|50|75|86|88|98|AL|AM|MH|UC****0
DTP*193*D8*20140901
DTP*194*D8*20150430

\<Beginning Deductible>
EB*C**30***23*0
DTP*193*D8*20140101
DTP*194*D8*20150430

\<Remaining Deductible>
EB*C**30***29*0
DTP*356*D8*20140101
DTP*357*D8*20140202

<Covered Managed Care>
EB*1*IND*1|30|33|35|47|48|50|75|86|88|98|AL|AM|MH|UC*OT*STAR
REF*18*1A*MCOPLANNAME
DTP*318*D8*20141007
DTP*356*D8*20141001
DTP*357*D8*20150430
LS*2120
NM1*P3*1*LASTNAME*FIRSTNAME*M***XX*1111111111
PER*IC**WP*9999999999*EX*0001
LE*2120

<Non-Covered Managed Care>
EB*I*IND*2|54*OT*STAR
REF*18*1A*MCOPLANNAME
DTP*193*D8*20141001
DTP*194*D8*20150430

<Covered CHIP>
EB*1*IND*1|30|33|35|47|48|50|75|86|88|98|AL|AM|MH|UC*OT*CHIP
DTP*318*D8*20141007
DTP*356*D8*20141001
DTP*357*D8*20150430
MSG*TA84
MSG*All CHIP patient responsibility must be obtained from the MCO

<Non-Covered CHIP>
EB*I*IND*2|54*OT*CHIP
DTP*193*D8*20140901
DTP*194*D8*20150430

<Covered CSHCN>
EB*1*IND*1|30|35|47|48|50|86|98|AL|AM|MH|UC*OT*CSHCN
DTP*318*D8*20141007
DTP*356*D8*20141001
DTP*357*D8*20150430

<Non-Covered CSHCN>
EB*I*IND*2|33|54|75|88*OT*CSHCN
DTP*193*D8*20141001
DTP*194*D8*20150430

<TPR>
EB*R*IND*30*OT*COMPREHENSIVE POLICY
REF*6P*GROUP NUMBER*EMPLOYER NAME
DTP*193*D8*20141001
DTP*194*D8*20150430
LS*2120
NM1*PR*2*PAYERNAME
N3*100 FIRST STREET*SUITE 100
N4*TOWN*TX*12345
PER*IC*CONTACT NAME*WP*9999999999*EX*0001
NM1*IL*1*LASTNAME*FIRSTNAME*M***MI*1111111111*41
LE*2120

<Medicare Part A>
EB*R*IND*30*MA
DTP*318*D8*20141007
DTP*356*D8*20141001
DTP*357*D8*20150430

<Medicare Part B>
EB*R*IND*30*MB
DTP*318*D8*20141007
DTP*356*D8*20141001
DTP*357*D8*20150430

<Medicare Part C>
EB*R*IND*30*HN
REF*6P*CONTRACTNUMBER
REF*18*PLANID
DTP*318*D8*20141007
DTP*356*D8*20141001
DTP*357*D8*20150430

\<Medicare Part D>
EB*R*IND*88*OT
REF*6P*CONTRACTNUMBER
REF*18*PLANID
DTP*318*D8*20141007
DTP*356*D8*20141001
DTP*357*D8*20150430

\<Unsupported Service Type>
EB*V**97

SE*115*000000001
GE*1*2552887
IEA*1*002552887

Below is the same 271 response with no extra returns or benefit coverage descriptions. Carriage return line feeds have been kept instead of the ~ delimiter, for readability.

ISA*00**00*   *ZZ*617591011TIELP *ZZ*111111111*151208*0912*|*00501*002552887*0*P*:
GS*HB*617591011TIELP*111111111*20151208*0912*2552887*X*005010X279A1
ST*271*000000001*005010X279A1
BHT*0022*11**20140924*21000083
HL*1**20*1
NM1*PR*2*TEXAS MEDICAID*****46*617591011TIELP
HL*2*1*21*1
NM1*1P*1*LASTNAME*FIRSTNAME****XX*1111111111
HL*3*2*22*0
TRN*2*1111111111111*1111111111
NM1*IL*1*LASTNAME*FIRSTNAME*M***MI*11111
REF*1L*061
REF*SY*111111111
N3*100 MAIN STREET
N4*TOWN*TX*12345
DMG*D8*19991231*M
DTP*346*D8*20141201
EB*1*IND*1|30|33|35|47|48|50|54|75|86|88|98|AL|AM|MH|UC*MC*MEDICAID,LTC (WAIVER)
DTP*318*D8*20140918
DTP*356*D8*20140901
DTP*357*D8*20150430
MSG*TP01, TP02, TP03, TA23

MSG*LTC Patient Responsibility must be obtained from HHSC
EB*F*IND*35|75
DTP*304*D8*20140101
EB*F*IND*98|AL|AM
DTP*304*D8*20140201
EB*I*IND*2*MC*MEDICAID,LTC (WAIVER)
DTP*193*D8*20140901
DTP*194*D8*20150430
EB*N*IND*30*MC*MEDICAL LOCKIN PROVIDER
DTP*193*D8*20140901
DTP*194*D8*20150430
LS*2120
NM1*1P*1*LASTNAME*FIRSTNAME*M***XX*1111111111
N3*100 FIRST STREET*SUITE 100
N4*TOWN*TX*12345
PER*IC*CONTACT NAME*WP*9999999999*EX*0001
LE*2120
EB*N*IND*88*MC*PHARMACY LOCKIN
DTP*193*D8*20140901
DTP*194*D8*20150430
MSG*For Pharmacy Lock-in contact Texas Medicaid Pharmacy Department
EB*A**1|30|33|35|47|48|50|75|86|88|98|AL|AM|MH|UC*****0
DTP*193*D8*20140901
DTP*194*D8*20150430
EB*B**1|30|33|35|47|48|50|75|86|88|98|AL|AM|MH|UC****0
DTP*193*D8*20140901
DTP*194*D8*20150430
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*1*IND*1|30|33|35|47|48|50|75|86|88|98|AL|AM|MH|UC*OT*STAR
REF*18*1A*MCOPLANNAME
DTP*318*D8*20141007
DTP*356*D8*20141001
DTP*357*D8*20150430
LS*2120

NM1*P3*1*LASTNAME*FIRSTNAME*M***XX*1111111111

PER*IC**WP*9999999999*EX*0001

LE*2120

EB*I*IND*2|54*OT*STAR

REF*18*1A*MCOPLANNAME

DTP*193*D8*20141001

DTP*194*D8*20150430

EB*1*IND*1|30|33|35|47|48|50|75|86|88|98|AL|AM|MH|UC*OT*CHIP

DTP*318*D8*20141007

DTP*356*D8*20141001

DTP*357*D8*20150430

MSG*TA84

MSG*All CHIP patient responsibility must be obtained from the MCO

EB*I*IND*2|54*OT*CHIP

DTP*193*D8*20140901

DTP*194*D8*20150430

EB*1*IND*1|30|35|47|48|50|86|98|AL|AM|MH|UC*OT*CSHCN

DTP*318*D8*20141007

DTP*356*D8*20141001

DTP*357*D8*20150430

EB*I*IND*2|33|54|75|88*OT*CSHCN

DTP*193*D8*20141001

DTP*194*D8*20150430

EB*R*IND*30*OT*COMPREHENSIVE POLICY

REF*6P*GROUP NUMBER*EMPLOYER NAME

DTP*193*D8*20141001

DTP*194*D8*20150430

LS*2120

NM1*PR*2*PAYERNAME

N3*100 FIRST STREET*SUITE 100

N4*TOWN*TX*12345

PER*IC*CONTACT NAME*WP*9999999999*EX*0001

NM1*IL*1*LASTNAME*FIRSTNAME*M***MI*1111111111*41

LE*2120

EB*R*IND*30*MA

DTP*318*D8*20141007

DTP*356*D8*20141001

DTP*357*D8*20150430

EB*R*IND*30*MB

DTP*318*D8*20141007
DTP*356*D8*20141001
DTP*357*D8*20150430
EB*R*IND*30*HN
REF*6P*CONTRACTNUMBER
REF*18*PLANID
DTP*318*D8*20141007
DTP*356*D8*20141001
DTP*357*D8*20150430
EB*R*IND*88*OT
REF*6P*CONTRACTNUMBER
REF*18*PLANID
DTP*318*D8*20141007
DTP*356*D8*20141001
DTP*357*D8*20150430
EB*V*IND*97
SE*115*000000001
GE*1*2552887
IEA*1*002552887

8.3 Change Summary

The following is a log of changes made since the original version of the document was published.

	Change	Date
1	Change links, grammar, updated contact information in section 3 and removed the Implementation Checklist from Appendix A.	01/06/2022
2	Updated http links to https links and updated formatting.	08/10/2023