# Health Care Eligibility Benefit Inquiry and Response (270/271)

ASC X12N 270/271 (005010X279A1)

## NE Medicaid 5010 Companion Guide

Department of Health & Human Services

# DHHS

N E B R A S K A

**DIVISION OF MEDICAID AND LONG-TERM CARE**

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# Nebraska Medicaid Companion Guide Version 3.00

## Disclosure Statement

This Companion Guide is to be used with, and not as a replacement for, the ASC X12N 5010 version of the HIPAA Transaction Technical Report Type 3 (TR3).

The TR3's for each transaction are available electronically from ASCX12 at http://store.x12.org.

This Companion Guide is considered a living document, and as such, the information provided herein will be subject to change. A copy of the document and any changes to the document will be posted via the NE Medicaid website located at: https://dhhs.ne.gov/Pages/Electronic-Data-Interchange-Submission-Requirements.aspx

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**Preface**

This Companion Guide to the ASC X12N Technical Report Type 3 (TR3) adopted under HIPAA clarifies and specifies the data content when data is transmitted electronically to or from Nebraska Medicaid (NE Medicaid). Transmissions based on this Companion Guide, used in tandem with the X12N TR3, are compliant with both X12N syntax and those guides.

This Companion Guide is intended to convey information that is within the framework of the ASC X12N TR3 adopted for use under HIPAA. The Companion Guide is not intended to convey information that in any way exceeds the requirements or usage of data expressed in the TR3.

All transactions must be submitted in accordance with the regulations contained within the Nebraska Administrative Code (NAC) Title 471, Nebraska Medical Assistance Program and Title 482, Nebraska Managed Care Program.

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# 1 INTRODUCTION

## 1.1 SCOPE

This Companion Guide contains the format and establishes the data content of the **Health Care Eligibility Benefit Inquiry (270) and Response (271)** HIPAA X12 transactions.

## 1.2 OVERVIEW

This Companion Guide governs the **Health Care Eligibility Benefit Inquiry and Response (270/271)** HIPAA X12 transaction (ASC X12N 270/271 (005010X279A1)).

## 1.3 REFERENCES

- ASC X12 Version 5010X279A1 Implementation Guides: http://store.x12.org

- CAQH/CORE: https://www.caqh.org/

- NE Medicaid Program Electronic Data Interchange (EDI) Home Page: https://dhhs.ne.gov/Pages/Medicaid-Provider-Electronic-Data-Interchange.aspx

- NE Medicaid EDI Help Desk 866-498-4357 or 402-471-9461 (in Lincoln) or via email at DHHS.MedicaidEDI@nebraska.gov.

## 1.4 ADDITIONAL INFORMATION

Nebraska Medicaid currently supports both batch and real-time transactions for HTTP/S and batch only for SFTP for the 270/271.

# 2 GETTING STARTED

## 2.1  WORKING WITH NEBRASKA MEDICAID

Trading Partners interested in submitting the 270/271 transaction for either real-time or batch should contact the NE Medicaid EDI help desk at 866-498-4357 or 402-471-9461 (in Lincoln) or via email at: DHHS.MedicaidEDI@nebraska.gov.

## 2.2  TRADING PARTNER ENROLLLMENT

Trading Partners are required to enroll with NE Medicaid in order to submit 270 requests and receive 271 responses. Required forms for testing/production submission are:

 i.  Nebraska Medicaid Trading Partner Agreement
ii.  Nebraska Medicaid Trading Partner Profile
iii.  Nebraska Medicaid Trading Partner Authorization

Forms required to initiate the enrollment process can be found on the NE Medicaid EDI web page at: https://dhhs.ne.gov/Pages/Electronic-Data-Interchange-Partner-Enrollment.aspx

## 2.3  TESTING OVERVIEW

After all required forms are submitted and accepted by Nebraska Medicaid, you may begin to submit test transactions.  Nebraska Medicaid's testing region will mirror the production region.

For more information on testing, please visit the NE Medicaid EDI testing web page at:
https://dhhs.ne.gov/Pages/Electronic-Data-Interchange-Submission-Requirements.aspx

## 3  TESTING WITH NEBRASKA MEDICAID

- For SFTP batch transactions:
  - o  Trading Partners must submit a minimum of two test files, where the majority of inquiries process correctly.
  - o  Each file should contain different inquiries than in previous files.
  - o  Batch Files received before 2:30 p.m. will be processed on the day they are received.  If they are received after 2:30 p.m., they will be processed with the next day's test files.
  - o  Test results will be placed in your outbox and sent via email.

- For HTTP/S batch transactions:
  - o  Trading Partners must submit a minimum of two test files, without exceeding 99 inquiries per transaction set, where the majority of inquiries process correctly.
  - o  Each file should contain different inquiries than in previous files.
  - o  All batch files received will be processed in the order they are received. Acknowledgements will be available within an hour of receipt of the 270 batch transaction.  The 271 Response will be available no later than 6:00 a.m. CT, if submitted before 8:00 p.m. CT.
  - o  Trading Partners will be required to submit a completed "Nebraska Medicaid Program HTTP/S Trading Partner Testing Status Form" to the EDI Help Desk at DHHS.MedicaidEDI@nebraska.gov to receive test results.
    - ▪  A blank copy of this form is available by contacting the EDI Help Desk at: DHHS.MedicaidEDI@nebraska.gov or in Appendix A.

- For HTTP/S real-time transactions:
  - o  Trading Partners must submit a minimum of five test inquiries that process correctly without exceeding one inquiry per transaction set.
  - o  Trading Partners will be required to submit the

"[Nebraska Medicaid Program HTTP/S Trading Partner Testing Status Form](#)" to the EDI Help Desk at [DHHS.MedicaidEDI@nebraska.gov](mailto:DHHS.MedicaidEDI@nebraska.gov) to receive test results.

- A blank copy of this form is available by contacting the EDI Help Desk at: [DHHS.MedicaidEDI@nebraska.gov](mailto:DHHS.MedicaidEDI@nebraska.gov) or in Appendix A.

For further information, please refer to EDI Testing webpage found at [https://dhhs.ne.gov/Pages/Electronic-Data-Interchange-Submission-Requirements.aspx](https://dhhs.ne.gov/Pages/Electronic-Data-Interchange-Submission-Requirements.aspx)

# 4 CONNECTIVITY WITH THE PAYER/COMMUNICATIONS

Nebraska Medicaid currently supports both batch and real-time transactions for HTTP/S and batch only for SFTP for the 270/271.

## 4.1 PROCESS FLOWS

**HTTP/S**: Please refer to the HTTP/S Nebraska Medicaid Submission Guide. This can be found on the EDI Submissions Requirements (5010) web page at: [https://dhhs.ne.gov/Pages/Electronic-Data-Interchange-Submission-Requirements.aspx](https://dhhs.ne.gov/Pages/Electronic-Data-Interchange-Submission-Requirements.aspx)

**SFTP**: Please refer to the SFTP Nebraska Medicaid Submissions Guide. This can be found on the EDI Submissions Requirements (5010) web page at: [https://dhhs.ne.gov/Pages/Electronic-Data-Interchange-Submission-Requirements.aspx](https://dhhs.ne.gov/Pages/Electronic-Data-Interchange-Submission-Requirements.aspx)

## 4.2 TRANSMISSION ADMINISTRATIVE PROCEDURES

Real-time transactions: limited to one inquiry per transaction set.

Batch transactions:  All batch files received will be processed in the order they are received. Acknowledgements will be available within an hour of receipt of the 270 batch transaction. HTTP/S batch files are limited to 99 inquiries per transaction set and the 271 Response will be available no later than 6:00 a.m. CT, if submitted before 8:00 p.m. CT.

For further information, please refer to the Nebraska Medicaid Submission guides at: [https://dhhs.ne.gov/Pages/Electronic-Data-Interchange-Submission-Requirements.aspx](https://dhhs.ne.gov/Pages/Electronic-Data-Interchange-Submission-Requirements.aspx)

Information on system maintenance and downtimes can be found at: [https://dhhs.ne.gov/Pages/Medicaid-Providers.aspx](https://dhhs.ne.gov/Pages/Medicaid-Providers.aspx)

## 4.3   Re-TRANSMISSION PROCEDURE

Please refer to the Nebraska Medicaid Submission guides at:
https://dhhs.ne.gov/Pages/Electronic-Data-Interchange-Submission-Requirements.aspx

## 4.4   COMMUNICATION PROTOCOL SPECIFICATIONS

Please refer to the Nebraska Medicaid Submission guides at:
https://dhhs.ne.gov/Pages/Electronic-Data-Interchange-Submission-Requirements.aspx

## 4.5   PASSWORDS

Please refer to the Nebraska Medicaid Submission guides at:
https://dhhs.ne.gov/Pages/Electronic-Data-Interchange-Submission-Requirements.aspx

# 5    CONTACT INFORMATION

## 5.1   EDI CUSTOMER SERVICE

866-498-4357 or 402-471-9461 (in Lincoln) or via email at
DHHS.MedicaidEDI@nebraska.gov.

## 5.2   EDI TECHNICAL ASSISTANCE

866-498-4357 or 402-471-9461 (in Lincoln) or via email at
DHHS.MedicaidEDI@nebraska.gov.

## 5.3   PROVIDER SERVICE NUMBER

Medicaid Claims Customer Service Center at 877-255-3092 or in Lincoln at
402-471-9128

## 5.4   APPLICABLE WEBSITES/E-MAIL

- NE Medicaid Program Electronic Data Interchange (EDI) Home Page:
  https://dhhs.ne.gov/Pages/Medicaid-Provider-Electronic-Data-Interchange.aspx

- NE Medicaid EDI Help Desk 866-498-4357 or 402-471-9461 (in Lincoln)
  or via email at DHHS.MedicaidEDI@nebraska.gov

- NE Medicaid and Long-Term Care home web page:
  https://dhhs.ne.gov/Pages/Medicaid-Providers.aspx

- ASC X12 Version 5010X279A1 Implementation Guides:
  http://store.x12.org

# 6    CONTROL SEGMENTS/ENVELOPES

## 6.1    ISA-IEA

The Trading Partner identifies the ISA05 and ISA06 on the Trading Partner Profile

| Loop ID | Segment Type | Element Identifier | Element Name | NE Medicaid Directive |
|---|---|---|---|---|
| Header | ISA | ISA05 | Interchange ID Qualifier | Use code identified on the Trading Partner Profile |
| | | ISA06 | Interchange Sender ID | This value cannot be "MMISNEBR". Use code identified on Trading Partner Profile |
| | | ISA08 | Interchange Receiver ID | Use "MMISNEBR". |

## 6.2    GS-GE

The Trading Partner identifies the ISA05 and ISA06 on the Trading Partner Profile.

| Loop ID | Segment Type | Element Identifier | Element Name | NE Medicaid Directive |
|---|---|---|---|---|
| Header | GS | GS02 | Application Sender's Code | This value cannot be "MMISNEBR". Use value identified on Trading Partner Profile. |
| | | GS03 | Application Receiver's Code | Use "MMISNEBR". |

## 6.3    ST-SE

Please refer to the ASC X12N 5010 version of the HIPAA Transaction Technical Report Type 3 (TR3).  The TR3's for each transaction are available electronically from ASCX12 at http://store.x12.org.

# 7    PAYER SPECIFIC BUSINESS RULES AND LIMITATIONS

Nebraska Medicaid Provider Handbooks are published on this DHHS web site. Each handbook includes the Medicaid regulations, appendices (forms, reports, and instructions) and provider bulletins applicable to each type of Medicaid provider.

For a complete listing, go to [Rules and Regulations](#) and [Provider Bulletins](#).
Provider handbooks are available at
[https://dhhs.ne.gov/Pages/Medicaid-Providers.aspx](https://dhhs.ne.gov/Pages/Medicaid-Providers.aspx) .

## 8    ACKNOWLEDGEMENTS

### 8.1    REAL-TIME

The following responses can be expected from NE Medicaid EDI for a real-time 270 transaction:
- 271 response transaction indicating the requested member's coverage or benefits (or)
- The ASC X12C/005010X231A1 Implementation Acknowledgement for Health Care Insurance (999) TR3 acknowledgement (for a 270 Reject) if the 270 transaction contains HIPAA compliancy errors.
- TA1 acknowledgement for interchange errors.

### 8.2    BATCH SFTP

The following responses can be expected from NE Medicaid EDI for a batch 270 transaction:
- 271 response transaction will be available within two hours of processing indicating the requested member's coverage or benefits.
- 999 acknowledgement within an hour of the 270 transaction to indicate whether the functional group was either accepted, accepted with errors or rejected.
- Nebraska Medicaid will generate a TA1 transaction for every inbound HIPAA X12 transaction received with a value of "1" in the ISA14 element of the ISA segment.

### 8.3    BATCH HTTP/S

The following responses can be expected from NE Medicaid EDI for a batch 270 transaction:
- 271 response transaction with the requested member's coverage or benefits.
- 999/TA1 acknowledgement within an hour of the 270 transaction to indicate whether the functional group was either accepted, accepted with errors or rejected.
- Nebraska Medicaid will generate a TA1 transaction for every inbound HIPAA X12 transaction received with a value of "1" in the ISA14 element of the ISA segment.

## 9    TRADING PARTNER AGREEMENTS
Nebraska Medicaid Trading Partner Agreement is located at:
[https://dhhs.ne.gov/Pages/Electronic-Data-Interchange-Submission-Requirements.aspx](https://dhhs.ne.gov/Pages/Electronic-Data-Interchange-Submission-Requirements.aspx)

## 9.1 TRADING PARTNERS

A Trading Partner agreement means an agreement related to the exchange of information in electronic transactions. Nebraska Medicaid Providers can submit or receive electronic transactions directly or through a third party, such as a clearinghouse, to Nebraska Medicaid. The submitter of such transactions is known as a "Trading Partner." NE Medicaid will only exchange transactions with an approved Trading Partner after all required forms are submitted and accepted.

In order to ensure the integrity, security and confidentiality of data exchanged in electronic transactions and to permit appropriate disclosure and use of such data as permitted by law, Nebraska Medicaid and the Trading Partner enter into this Agreement to address the conditions under which data will be exchanged and to ensure data will be exchanged in accordance with the Transaction and Code Set requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), when applicable. Information regarding Trading Partner Enrollment Forms and EDI Testing can be found in Nebraska Medicaid Electronic Data Interchange (EDI) Home Page at: https://dhhs.ne.gov/Pages/Medicaid-Providers.aspx

## 10    TRANSACTION SPECIFIC INFORMATION

Data usage requirements for Nebraska Medicaid will be identified throughout the Companion Guide as NE Medicaid directives. <u>Note</u>: Only segments with specific NE Medicaid directives are included in this Companion Guide.

NE Medicaid directives are shown for a specific data element and are used in both required and situational segments for the following circumstances:

- When a specific value is required by NE Medicaid, a Nebraska Medicaid Directive will be included indicating the value to use.
- When a specific qualifier is used by NE Medicaid, a Nebraska Medicaid Directive indicating which qualifiers are used and when they are allowed will be included.

Transactions containing information not ASC X12N compliant will be rejected and will not enter into the adjudication system. An ASC X12N 999 or TA1, when requested, will be used to convey the rejection and associated reason.

## 10.1 270 TRANSACTION

| Loop | Segment-Element | Name / Implementation Name | Nebraska Medicaid Directive |
|------|-----------------|----------------------------|------------------------------|
| ISA | | INTERCHANGE CONTROL HEADER | |
| | ISA05 | Interchange ID Qualifier | Use code identified on the Trading Partner Profile |
| | ISA06 | Interchange Sender ID | This value cannot be "MMISNEBR".  Use code identified on Trading Partner Profile |
| | ISA08 | Interchange Receiver ID | Use "MMISNEBR" |
| GS | | FUNCTIONAL GROUP HEADER | |
| | GS02 | Application Sender's Code | This value cannot be "MMISNEBR". Use value identified on Trading Partner Profile. |
| | GS03 | Application Receiver's Code | Use "MMISNEBR" |
| 2100A | NM1 | INFORMATION SOURCE NAME | |
| | NM101 | Entity Identifier Code | Ne Medicaid will only process "PR" |
| | NM108 | Identification Code Qualifier | Ne Medicaid will only process "PI" |
| | NM109 | Information Source Primary Identifier | Use "NEMEDICAID" |
| 2100B | NM1 | INFORMATION RECEIVER NAME | |
| | NM108 | Identification Code Qualifier | Ne Medicaid will only process "XX" or "SV" |
| 2100C | NM1 | SUBSCRIBER NAME | |
| | NM109 | Subscriber Primary Identifier | Use the 11-digit NE Medicaid assigned Client ID number |
| 2100C | REF | SUBSCRIBER ADDITIONAL IDENTIFICATION | |
| | REF01 | Reference Identification Qualifier | Ne Medicaid will only process "EJ" or "SY" |

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## 10.2 271 TRANSACTION

| Loop | Segment-Element | Name / Implementation Name | Nebraska Medicaid Directive |
|---|---|---|---|
| ISA | | INTERCHANGE CONTROL HEADER | |
| | ISA08 | Interchange Receiver ID | "MMISNEBR" will be sent. |
| GS | | FUNCTIONAL GROUP HEADER | |
| | GS03 | Application Receiver's Code | "MMISNEBR" will be sent. |
| 2100A | NM1 | INFORMATION SOURCE NAME | |
| | NM101 | Entity Identifier Code | NE Medicaid will use code "PR" |
| | NM103 | Information Source Last or Organization Name | "NEBRASKA MEDICAID" will be sent. |
| | NM108 | Identification Code Qualifier | NE Medicaid will use code "PI" only |
| | NM109 | Information Source Primary Identifier | "NEMEDICAID" will be sent. |
| 2100A | PER | INFORMATION SOURCE CONTACT INFORMATION | |
| | PER02 | Information Source Contact Name | "MEDICAID INQUIRY LINE" will be sent. |
| | PER03 | Communication Number Qualifier | NE Medicaid will use code "TE". |
| | PER04 | Information Source Communication Number | NE Medicaid Customer Service Center Phone No.  4024719128 will be returned. |
| | PER05 | Communication Number Qualifier | NE Medicaid will use code "TE". |
| | PER06 | Information Source Communication Number | NE Medicaid Customer Service Center Phone No. 8772553092 will be returned. |
| 2100A | AAA | REQUEST VALIDATION | |
| | AAA03 | Reject Reason Code | NE Medicaid will use codes "42" or "T4". |
| 2100B | AAA | INFORMATION RECEIVER VALIDATION REQUEST | |
| | AAA03 | Reject Reason Code | NE Medicaid will use codes "43" or "50". |

| Loop | Segment-Element | Name / Implementation Name | Nebraska Medicaid Directive |
|------|-----------------|----------------------------|----------------------------|
| 2100C | NM1 | SUBSCRIBER NAME | |
| | NM103 | Subscriber Last Name | The subscriber name on file with NE Medicaid will be returned. |
| | NM104 | Subscriber First Name | The subscriber name on file with NE Medicaid will be returned. |
| | NM105 | Subscriber Middle Name or Initial | The subscriber name on file with NE Medicaid will be returned. |
| 2100C | REF | SUBSCRIBER ADDITIONAL IDENTIFICATION | |
| | REF01 | Reference Identification Qualifier | Code "SY" and "EJ" will be returned only if received for search. Other codes will not be returned. |
| 2100C | DTP | SUBSCRIBER DATE | |
| | DTP01 | Date Time Qualifier | NE Medicaid will only use code "307". |
| 2100C | EB | SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION | |
| | EB02 | Benefit Coverage Level Code | NE Medicaid will use code "IND". |
| | EB07 | Benefit Amount | In the case where the subscriber is required to pay a co-payment, NE Medicaid will report all of the possible co-pay amounts along with a message in the 2110C MSG segment.  The message will include a link to the Program's Rules and Regulations regarding copayments.<br><br>In the case where the subscriber is required to fulfill a spenddown contribution, the monthly spenddown amount will be reported. |
| 2100C | DTP | SUBSCRIBER ELIGIBILITY/ BENEFIT DATE | |
| | DTP01 | Date Time Qualifier | Code "292" will be used to indicate Managed Care full risk capitation. |
| 2100C | MSG | MESSAGE TEXT | |

| Loop | Segment-Element | Name / Implementation Name | Nebraska Medicaid Directive |
|---|---|---|---|
| | MSG01 | Free Form Message Text | Used to further describe how and why client's benefits or services are restricted.<br><br>The following messages do not affect Medicaid Eligibility:<br>SDP=State Disability Program<br>RRP=Refugee Resettlement Program |
| 2120C | NM1 | SUBSCRIBER BENEFIT RELATED ENTITY NAME | |
| | NM101 | Entity Identifier Code | NE Medicaid will use codes "1P", "P3", "PR" or "X3".<br><br>Code "1P" will be used to convey the name of the provider that the subscriber is restricted to. |
| | | | Code "P3" will be used to convey the name of the PCP if the subscriber is enrolled in Medicaid managed care. |
| | | | Code "X3" will be used to convey the name of the MCO (Med/Surg HMO).<br><br>Code "PR" will be used to convey the TPL insurance company, if applicable. |

## APPENDIX
    A. [Nebraska Medicaid Program HTTP/S Trading Partner Testing status form](#)

## B. FREQUENTLY ASKED QUESTIONS
https://dhhs.ne.gov/Pages/Electronic-Data-Interchange-FAQ.aspx

## C. CHANGE SUMMARY
For each version of this Companion Guide a summary of the information changed since the previous version will be located in this section.  Actual changes will be incorporated into the new version of the Companion Guide which will be published as a complete document.

**Revision 3.00**                                  **Release Date: March 9, 2015**
*Reformat of v2.00 to CAQH CORE*
*Operating Rules companion guide template*