

North Carolina Division of Medical Assistance (DMA)

Instructions related to the Transactions based on ASC
X12 Implementation Guides, version 005010X279A1
270/271 Health Care Eligibility Benefit Inquiry and
Response

Companion Guide Version Number: 1.0
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Preface

Companion Guides (CG) may contain two types of data, instructions for electronic communications with the publishing entity (Communications/Connectivity Instructions) and supplemental information for creating transactions for the publishing entity while ensuring compliance with the associated ASC X12 IG (Transaction Instructions). Either the Communications/Connectivity component or the Transaction Instruction component must be included in every CG. The components may be published as separate documents or as a single document.

The Communications/Connectivity component is included in the CG when the publishing entity wants to convey the information needed to commence and maintain communication exchange.

The Transaction Instruction component is included in the CG when the publishing entity wants to clarify the IG instructions for submission of specific electronic transactions. The Transaction Instruction component content is limited by ASCX12's copyrights and Fair Use statement.

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Transaction Instruction (TI)

1 TI Introduction

1.1 Background

1.1.1 Overview of HIPAA Legislation

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 carries provisions for administrative simplification. This requires the Secretary of the Department of Health and Human Services (HHS) to adopt standards to support the electronic exchange of administrative and financial health care transactions primarily between health care providers and plans. HIPAA directs the Secretary to adopt standards for transactions to enable health information to be exchanged electronically and to adopt specifications for implementing each standard HIPAA serves to:

- Create better access to health insurance
- Limit fraud and abuse
- Reduce administrative costs

1.1.2 Compliance according to HIPAA

The HIPAA regulations at 45 CFR 162.915 require that covered entities not enter into a trading partner agreement that would do any of the following:

- Change the definition, data condition, or use of a data element or segment in a standard.
- Add any data elements or segments to the maximum defined data set.
- Use any code or data elements that are marked “not used” in the standard’s implementation specifications or are not in the standard’s implementation specification(s).
- Change the meaning or intent of the standard’s implementation specification(s).

1.1.3 Compliance according to ASC X12

ASC X12 requirements include specific restrictions that prohibit trading partners from:

- Modifying any defining, explanatory, or clarifying content contained in the implementation guide.
- Modifying any requirement contained in the implementation guide.

1.2 Intended Use

The Companion Guide is to be used with, and to supplement the requirements in the HIPAA ASC X12 Implementation Guides, without contradicting those requirements. Implementation Guides define the national data standards, electronic format, and values for each data element within an electronic transaction. The purpose of the Companion guide is to provide trading partners with a guide to communicate North Carolina Division of Medical Assistance (DMA) specific information required to successfully exchange transactions.

1.3 Intended Audience

This companion guide is intended for the business and technical users, within or on behalf of trading partners, responsible for the testing and setup of electronic eligibility request and response transactions to North Carolina DMA.

1.4 Purpose of Companion Guide

The Companion Guide is to be used with, and to supplement the requirements in the HIPAA ASC X12 Implementation Guides, without contradicting those requirements. Implementation Guides define the national data standards, electronic format, and values for each data element within an electronic transaction. The purpose of the Companion guide is to provide trading partners with a guide to communicate North Carolina DMA specific information required to successfully exchange transactions.

The primary purpose of this document is to assist the trading partner with the submission of a valid 270/271 eligibility inquiry and response transaction and intended to support use in batch and real-time mode.

1.5 Acknowledgements

A 999 Acknowledgement report will be sent to the trading partner's OUTBOX for retrieval for transactions submitted in batch mode. This report serves as the acknowledgement of the submission of a file. Typically, 999 acknowledgement reports are available within moments of submission.

1.6 Trading Partner Agreement Setup

Real-time transactions are only supported through Value Added Networks (VANs) for which HPES and the North Carolina Division of Medical Assistance (DMA) have agreements. For a listing of VANs supported by HPES and DMA, please contact Electronic Commerce Services (ECS) at 1-800-688-6696, option 1. The 270/271 transaction set will also be available in batch mode allowing trading partners to submit multiple eligibility requests for multiple recipients. Trading partners can submit batch transactions directly to HPES without using a VAN. A Trading Partner Agreement (TPA) is required and is available at <http://www.ncdhhs.gov/dma/hipaa/index.htm>.

1.7 Testing

The following process is followed for testing:

- Prior to testing, a Testing Coordinator with the HPES ECS Department will discuss the expectations and testing process with the trading partner
- This transaction is tested in production because live data is returned.
- The vendor/provider submits an X12 270 transaction using their production log on. Vendor/provider transmits the 270 file to NC DMA, and within minutes a 999 acknowledgement is returned.
- Within 2-4 business hours NC DMA will return a 271 transaction to the vendor/provider production log on.
- When necessary, the ECS Testing Coordinator may monitor the first few production submissions to ensure compliance.

2 Included ASC X12 Implementation Guides

This table lists the X12N Implementation Guides for which specific transaction Instructions apply and which are included in Section 3 of this document.

Unique ID	Name
005010X279	Health Care Eligibility Benefit Inquiry and Response (270/271)
005010X279A1	Health Care Eligibility Benefit Inquiry and Response (270/271)

3 Instruction Tables

These tables contain one or more rows for each segment for which a supplemental instruction is needed.

Legend
SHADED rows represent "segments" in the X12N implementation guide.
NON-SHADED rows represent "data elements" in the X12N implementation guide

005010X279A1 270 Health Care Eligibility Benefit Inquiry

Loop ID	Reference	Name	Codes	Notes/Comments
	ISA	Interchange Control Header		The ISA is a fixed-length record with fixed-length elements. NOTE: Deviating from the standard ISA element size will result in a rejected file.
	ISA03	Interchange Control Security Information Qualifier	00	For NC DMA, use 00 – No Security Information Present.
	ISA05	Interchange ID (Sender) Qualifier	ZZ	For NC DMA, use ZZ – Mutually Defined.
	ISA06	Interchange Sender ID		For NC DMA, use the 4 or 5 digit Submitter ID/Mailbox # issued by NC DMA
	ISA07	Interchange ID (Receiver) ID	ZZ	For NC DMA, use ZZ – Mutually Defined.
	ISA08	Interchange Receiver ID	NCXIX	For NC DMA, use NCXIX – North Carolina Title 19.
	GS	Functional Group Header		
	GS02	Application Sender's Code		For NC DMA, use the 4 or 5 digit Submitter ID/Mailbox # issued by NC DMA. This is the same value as provided in the ISA06.

	GS03	Application Receiver's Code	NCXIX	For NC DMA, use NCXIX – North Carolina Title 19.
	ST	Transaction Set Header		
	ST03	Implementation Conversion Reference	005010X279A1	Refer to section 1.2 of Implementation Guide
2100B	NM1	INFORMATION RECEIVER NAME		
	NM101	Entity Identifier Code	1P	For NC DMA use 1P - Provider
	NM108	Identification Code Qualifier	XX, SV	For NC DMA use XX – National Provider Identifier (NPI) or SV – Service Provider Number, if the provider is atypical
2100C	NM01	SUBSCRIBER Name		
	NM108	Identification Code Qualifier	MI	For NC DMA use MI – Member Identification Number
	REF	SUBSCRIBER ADDITIONAL IDENTIFICATION		
	REF01	Reference Identification Qualifier		For NC DMA use SY – Social Security Number Use this element when the only other search criteria provided is the date of birth or the patient name This element is not necessary if the MID # or the patient name and date of birth is provided
2110C		SUBSCRIBER ELIGIBILITY OR BENEFIT INQUIRY INFORMATION		
	EQ01	Service Type Code	30	For NC DMA use 30 - Health Benefit Plan Coverage. NC DMA does not support service specific eligibility request

2000D		DEPENDENT LEVEL		North Carolina DMA does not use this loop since the subscriber and the dependent are the same.
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005010X279A1 271 Health Care Eligibility Benefit Response

Loop ID	Reference	Name	Codes	Notes/Comments
	ISA	Interchange Control Header		The ISA is a fixed-length record with fixed-length elements.
	ISA03	Interchange Control Security Information Qualifier	00	NC DMA will set 00 – No Security Information Present.
	ISA05	Interchange ID (Sender) Qualifier	ZZ	NC DMA will set ZZ – Mutually Defined.
	ISA06	Interchange Receiver ID	NCXIX	NC DMA will set NCXIX – North Carolina Title 19.
	ISA07	Interchange ID (Receiver) ID	ZZ	NC DMA will set ZZ – Mutually Defined.
	ISA08	Interchange Receiver ID		NC DMA will set the 4 or 5 digit Submitter ID/Mailbox # as received on the inbound 270.
	ST	Transaction Set Header		
	ST03	Implementation Conversion Reference	005010X279A1	Refer to section 1.2 of Implementation Guide
2100A		INFORMATION Source Name		
	NM101	Entity Identifier Code	PR	NC DMA will set PR - Payer
	NM102	Entity Type Qualifier	2	NC DMA will set 2 – Non Person Entity
	NM103	Information Source Last or Organization Name	NC Medicaid	NC DMA will set NC Medicaid
	NM108	Identification Code Qualifier	PI	NC DMA will set PI - Payor Identification
	NM109	Information Source Primary Identifier	NCXIX	NC DMA will set NCXIX
2100B	NM1	INFORMATION RECEIVER NAME		

	NM108	Identification Code Qualifier	XX, SV	NC DMA will set XX – National Provider Identifier (NPI) or SV – Service Provider Number, if the provider is atypical
2110C		SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION		
	EB01	Eligibility or Benefit Information	1, 6, L, R, F	NC DMA will set 1 - Active Coverage, 6 – Inactive, F – Limitations, L - Primary Care Provider, or R - Other or Additional Payor
	EB03	Service Type Code		NC DMA will set the required service type codes based on recipient eligibility
	EB04	Insurance Type Code	MC, MA, MB, HM	NC DMA will set MC-DMA MA-Medicare Part A MB-Medicare Part B HM-HMO
	EB05	Plan Coverage Description		NC DMA will set the recipient's eligibility program code
2000D		DEPENDENT LEVEL		Does not apply to North Carolina DMA since the subscriber and the dependent are the same.

4 Additional Information

4.1 Payer Specific Business Rules and Limitations

The eligibility verification database is updated daily from the State's master eligibility file.

4.2 System Maintenance

This service option is available 24 hours a day, 7 days a week, except during system maintenance (1:00 a.m. to 5:00 a.m. on the first, second, fourth, and fifth Sundays of the month and 1:00 a.m. to 7:00 a.m. on the third Sunday of the month) for real-time transactions.

4.3 Frequently Asked Questions

No FAQ at this time.

4.4 Other Resources

- Washington Publishing Company (WPC) at www.wpc-edi.com
- ASC X12 at www.x12.org
- North Carolina Division of Medical Assistance (DMA) at www.ncdhhs.gov/DMA
- NC DMA Electronic Commerce Services (ECS) 1-800-688-6696. Menu option1

5 Change Summary

Date	Change	Responsible Party
11/28/2011	Original Document	HPES 5010 Implementation Team and DMA IT and HIPAA section.