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HEALTH INSTITUTE

Interactive Solutions Group

Michigan Medicaid

Health Care Eligibility Benefit Inquiry and Response
ASC X12N 270/271

Refers to the Implementation Guides
Based on X12 version 004010X092A1

Companion Document Version: 1.0



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Interactive Solutions Group 270/271 Companion Document

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Preface

This Companion Document to the ASC X12N Implementation Guides under HIPAA clarifies and specifies the data content being requested when data is transmitted electronically to and received from MPHI-*Interactive Solutions Group* (MPHI-*ISG*). Transmissions based on this companion document, used in tandem with the X12N 004010X092 Implementation Guide and X12N 004010X092A1 Addenda, are compliant with both X12 syntax and those guides. This Companion Document is intended to convey information that is within the framework of the ASC X12N Implementation Guides adopted for use under HIPAA. This document also refers to the Michigan Department of Community Health (MDCH) Companion Guide for the 270/271 Health Care Eligibility Inquiry And Response document. In order to convey Michigan Medicaid eligibility, MPHI-*ISG* complies with the policies and data requirements of MDCH. The MPHI-*ISG* Companion Document is not intended to convey information that in any way exceeds the requirements or usages of data expressed in the Implementation Guides or in the MDCH Companion Guide.

In addition to specifications regarding the ASC X12N 004010X092A1 transactions and applicable MDCH requirements, this document provides how to information pertinent to communication and testing with MPHI-*Interactive Solutions Group*. Please note that the information contained within this document is based on existing MPHI-*ISG* guidelines, is dependant upon MDCH eligibility program information and, consequently, is subject to change.

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Table of Contents

1	INTRODUCTION	1
1.1	REFERENCES.....	2
2	GETTING STARTED	3
2.1	WORKING WITH MPHI-INTERACTIVE SOLUTIONS GROUP	3
2.1.1	TRADING PARTNER REQUIREMENTS.....	3
2.1.2	MINIMUM PLATFORM REQUIREMENTS.....	3
2.2	OBTAINING A MPHI-ISG UNIQUE USER	3
3	COMMUNICATIONS	5
3.1	CONNECTION METHOD	5
3.2	PROCESS FLOWS.....	5
3.3	COMMUNICATION PROTOCOL SPECIFICATIONS	6
3.3.1	HTTP AND HTTPS TRANSMISSION.....	6
3.3.2	RE-TRANSMISSION PROCEDURES	6
3.3.3	HTTP STATUS CODES	6
3.3.4	REAL TIME VERSUS BATCH SUBMISSIONS	6
3.3.5	AUTHENTICATION	7
3.3.6	SAMPLE TRANSACTION CODE	7
4	TESTING WITH MPHI-INTERACTIVE SOLUTIONS GROUP	9
4.1	TRANSMISSION TESTING.....	9
4.2	TRANSACTION TESTING	9
4.2.1	INTEGRITY TESTING.....	9
4.2.2	SITUATIONAL TESTING.....	9
5	CONTACT INFORMATION	10
5.1	EDI/TRANSMISSION SUPPORT	10
6	CONTROL SEGMENTS / ENVELOPES	11
6.1	ISA-IEA	11
6.2	GS-GE	11
7	270/271 TRANSACTION SPECIFICATIONS	13
7.1	270 – REQUEST FOR ELIGIBILITY SEGMENT AND DATA ELEMENTS.....	13
7.2	271 – ELIGIBILITY RESPONSE SEGMENT AND DATA ELEMENTS.....	15
7.3	271 – ERROR RESPONSE	20
8	MICHIGAN MEDICAID BUSINESS RULES AND LIMITATIONS	22
1.1	MEDICAID BENEFICIARY SEARCH CRITERIA	22
1.2	SERVICE DATE/ELIGIBILITY DATE CRITERIA	22
1.3	DENTAL ELIGIBILITY INFORMATION	22
	APPENDICES	23
A	EB05 – MDCH PROGRAM DESCRIPTION.....	23
B	271 TRANSACTION EXAMPLES	24
B.1	<i>Medicaid Fee-For-Service with Fee-For-Service Dental</i>	24
B.2	<i>Medicaid Fee-For-Service with Delta Dental and Third Party Liability</i>	24
B.3	<i>Inactive Medicaid Coverage with Third Party Liability</i>	25
B.4	<i>Medicaid Eligibility Pending</i>	26
B.5	<i>MiChild Eligibility</i>	26
C	SITUATIONAL TEST CASE SCENARIOS.....	27

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1 Introduction

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 contains provisions for administrative simplification. This legislation required 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

This Companion Document is not intended to replace the X12N Implementation Guides; rather it is intended to be used in conjunction with them. Additionally, it is intended to convey information that is within the framework and structure of the X12N Implementation Guides.

This document addresses the exchange of Michigan Medicaid eligibility information with the Interactive Solutions Group (ISG) of Michigan Public Health Institute (MPHI). It includes information found in the Michigan Department of Community Health (MDCH) Companion Guide for the HIPAA 270/271 Health Care Eligibility Benefit Inquiry and Response Addenda Version 4010A1 document.

As an Eligibility Service Provider of MDCH (a Michigan Medicaid Clearinghouse), we are required to offer and support HIPAA-compliant 270/271 transactions. To be compliant means that we should be able to receive all data segments and data elements identified as used or situational, and to be able to account for the number of times a data segment can repeat. However, an Eligibility Service Provider is not required to generate an explicit response to an explicit request. As noted in the X12N 270/271 (004010X092) Implementation Guide, Eligibility Service Providers only need to support the minimum requirements for HIPAA compliance. These minimum requirements are as follows:

- 270 – Support, at a minimum, a generic request for eligibility (service type code of “30” in the EQ segment).
- 271 – Include appropriate EB segment eligibility information or applicable AAA segments in the response.
 - EB segment – Identifies the beneficiary’s applicable eligibility information.
 - AAA segment(s) – Specifies an inability to provide eligibility information due to “recipient not being found” or errors encountered within the original 270 Request transaction.

1.1 References

The Implementation Guide and Addenda can be found at:

http://www.wpc-edi.com/hipaa/hipaa_40.asp.

Information regarding data clarifications can be found at:

<http://aspe.os.dhhs.gov/admnsimp/q0321.htm>.)

The MDCH Companion Guide for the 270/271 Health Care Eligibility Inquiry And Response document can be found at:

http://michigan.gov/mdch/0,1607,7-132-2945_5100-103476--,00.html

2 Getting Started

2.1 Working with MPHI-Interactive Solutions Group

The ability to successfully and effectively work with our Trading Partners is a goal of MPHI-ISG. The information that follows is presented to inform our Trading Partners and to enable the effectiveness of their success in the exchange of Michigan Medicaid eligibility information.

2.1.1 Trading Partner Requirements

The exchange of Michigan Medicaid eligibility information is dependant upon the requesting entity meeting the following requirements:

- A Trading Partner Agreement with the Michigan Department of Community Health (MDCH) must be in place.
- A valid and active Michigan Medicaid service provider identification number.
- A MPHI-ISG unique user and password for the exchange of Michigan Medicaid eligibility information (refer to Section 2.2).
- The ability to receive and interpret HTTP Status Codes.
- The ability to generate a HIPAA compliant 270 Health Care Eligibility Request transaction.
- The ability to receive and translate a HIPAA complaint 271 Health Care Eligibility Response transaction.

2.1.2 Minimum Platform Requirements

In order to successfully exchange transactions, MPHI-ISG recommends Trading Partners, at a minimum, meet the following platform requirements:

- Access to the public Internet through a static IP Address.
- Communications software that supports HTTP/1.1 and HTTPS over SSL.
- Registered "Thawte Test Root" SSL Certificate.

2.2 Obtaining a MPHI-ISG Unique User

In order to obtain a unique user account that enables access to the MPHI-ISG Medicaid Clearinghouse, Trading Partners must provide the following information:

- The name of the Trading Partner organization, and the organizational unit that is implementing the integration project.
- The organization's Federal/Employer Identification Number.
- The static IP addresses of the production and development servers that will communicate with the Medicaid Clearinghouse.

- Contact information for Project Lead and a Technical Liaison, to include name, phone number, and email address.
- Confirmation of a Trading Partner Agreement with the Michigan Department of Community Health (MDCH) and the assigned Michigan Medicaid Provider Identification Number.
- For our planning purposes, a rough outline of the project timeline with dates for development, pilot, and production milestones.

3 Communications

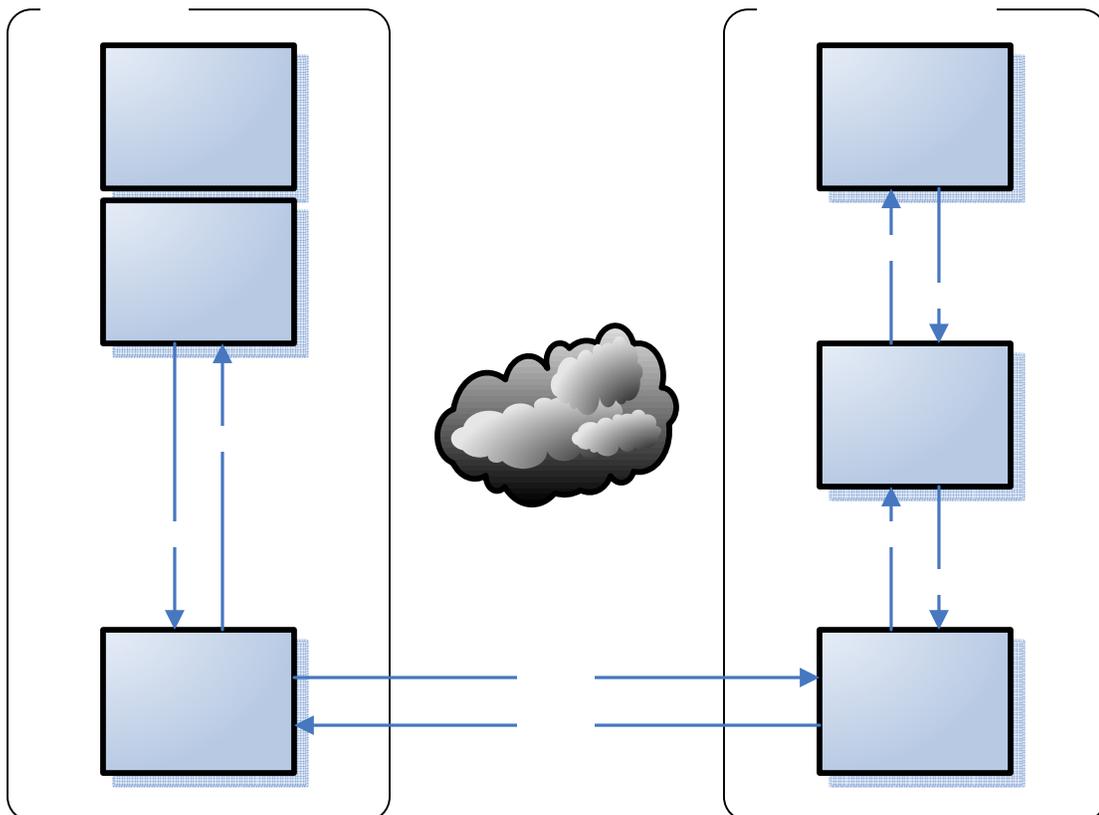
3.1 Connection Method

Eligibility requests to the MPHI-/SG Medicaid Clearinghouse are handled via a HTTP request-response over HTTPS (HTTP over SSL). This enables MPHI-/SG to provide private health information over the public internet without risk of eavesdropping. An illustration of the basic process flow follows in Section 3.2.

Trading Partners will be issued a unique username and password to authenticate each web request, and will be required to provide the static IP address of each server they intend to connect from. Please refer to Section 2.2 for further information regarding obtaining a unique username and password.

3.2 Process Flows

The following represents a diagram of the basic process flow involved in the exchange of Michigan Medicaid eligibility information with the MPHI-/SG Medicaid Clearinghouse.



3.3 Communication Protocol Specifications

3.3.1 HTTP and HTTPS Transmission

To initiate a transaction, Trading Partners will submit a HTTP Request to the MPHI-/SG Medicaid Clearinghouse through the POST method. This HTTP Request will consist of an authentication header with the Trading Partners username/password, and a message body containing a 270 Eligibility Request. Upon authentication and validation of the submitted 270 Eligibility Request, the Clearinghouse will process the request and return an HTTP Response containing a HIPAA 271 Eligibility Response in the message body.

3.3.2 Re-Transmission Procedures

If a response to the HTTP Request is not received within a 60 second period, Trading Partners should timeout their request, and send a duplicate transaction no sooner than 30 seconds after the original attempt. If no response is received after the second attempt, the Trading Partner should submit no more than 5 duplicate transactions within the next 15 minutes. If the additional attempts result in the same timeout termination, the Trading Partner should contact MPHI-/SG HTTP/HTTPS Transmission Support for assistance.

3.3.3 HTTP Status Codes

For every HTTP Request the MPHI-/SG Medicaid Clearinghouse will return one of the following HTTP Status Codes to reflect whether the transaction was successful:

- 200 OK - The request was completed successfully and a 271 Eligibility Response transaction has been returned.
- 403 Forbidden - Unable to authenticate or authorize the Trading Partner.
- 500 Internal Service Error – Unable to process the HIPAA 270 request.
- 503 Service Unavailable – Service unavailable to process any requests.

3.3.4 Real Time versus Batch submissions

Real Time and Batch definitions can be found on page 14 of the Implementation Guide. Real Time is defined as “the sender sends a request transaction to the receiver, either directly or through a switch (clearinghouse), and remains connected while the receiver processes the transaction and returns a response transaction to the original sender.” Batch is defined as “the information receiver sends the 270 to the Information Source but does not remain connected while the Information Source processes the transaction.”

The current implementation of the MPHI-/SG Medicaid Clearinghouse is intended to provide real time eligibility information for a single beneficiary; therefore, the

submission of multiple eligibility requests requires each transaction be broken into individual envelopes (ISA to IEA). Currently, MPHI-/SG only supports Real Time submission via HTTPS. The capability to accept and process Batch submissions is planned for the future.

3.3.5 Authentication

Transactions are authenticated using the Basic authentication method outlined in the HTTP/1.0 specification. Through this method both the username and password are encoded as a sequence of Base64 characters and submitted in the message header. It is important to note that that Basic authentication without the addition of HTTPS is not a secure authentication method. The Base64 encoding is only intended to obscure the password from being read directly by a person. However, all requests submitted via HTTPS are encrypted and should be considered secure.

The following algorithm outlines how the Authorization header is created:

Authorization = "Basic" base64-user-pass

user-pass = username ":" password
username = *<TEXT excluding ":">
password = *TEXT

For example, the username "Aladdin" and the password "open sesame" would be encoded as the following:

Authorization: Basic QWxhZGRpbjpvYVUHNlc2FtZQ==

3.3.6 Sample Transaction Code

The following code snippet provides an example of how a Trading Partner might implement a 270 Eligibility Request transaction in VB.Net:

```
Dim RequestText As String, ResponseText As String

Dim Username As String = "biztalkpartner"
Dim Password As String = "123Partner"
Dim URL As String = "https://12.157.130.252/Medicaid/BTSHTTPReceive.dll"

Dim Encoding As New ASCIIEncoding
Dim Authentication() As Byte, Authorization As String

Dim WebRequest As HttpWebRequest, WebResponse As WebResponse
Dim RequestStream As Stream, ResponseStream As Stream
Dim RequestWriter As StreamWriter, ResponseReader As StreamReader

'Basic Authentication
```

```
Authentication = Encoding.ASCII.GetBytes(String.Format("{0}:{1}", Username, Password))  
Authorization = "basic " & Convert.ToBase64String(Authentication)
```

Config Request

```
WebRequest = HttpWebRequest.Create(URL)  
WebRequest.ContentType = "application/x-www-form-urlencoded"  
WebRequest.Method = "POST"  
WebRequest.Headers.Add("Authorization", Authorization)  
WebRequest.Timeout = 30000 'Optional  
RequestStream = WebRequest.GetRequestStream()
```

Write Request

```
RequestWriter = New StreamWriter(RequestStream, Encoding.ASCII)  
RequestWriter.Write(RequestText)  
RequestWriter.Flush()  
RequestWriter.Close()
```

Request-Response

```
WebResponse = WebRequest.GetResponse()
```

Read Response

```
ResponseStream = WebResponse.GetResponseStream()  
ResponseReader = New StreamReader(ResponseStream, Encoding.ASCII)
```

4 Testing With MPHI-Interactive Solutions Group

This section provides a list of items Trading Partners need to test/validate prior to beginning the submission of production eligibility requests. The ability for Trading Partners to validate the transfer of Michigan Medicaid eligibility information prior to the implementation of a production application is the key to the success of this data exchange. Prior to beginning the testing process, Trading Partners must meet the requirements identified in Section 2 of this document. This includes obtaining a MPHI-/SG unique user and password.

Please note: The security requirements on the MPHI-ISG Development server are less stringent. Developers will be able to make requests via HTTP to troubleshoot any problems with their SSL certificates and all Trading Partners will share the same username/password. Further information necessary for development testing will be provided upon assignment of the MPHI-/SG unique user and password.

4.1 Transmission Testing

HTTP/HTTPS transmission testing needs to include validation of the following:

- Connectivity
- Authentication
- Registration of SSL Certificate
- Receipt and interpretation of HTTP Status Codes

4.2 Transaction Testing

4.2.1 Integrity Testing

Prior to testing with MPHI-/SG, Trading Partners need to validate the integrity of the Michigan Medicaid 270 eligibility request transactions to ensure that submitted transactions will be HIPAA compliant. This should include EDI syntax and HIPAA syntactical testing. Integrity testing can be accomplished through any HIPAA compliance validation tool (i.e. Claredi or EDIfecs).¹

4.2.2 Situational Testing

Appendix C of this document contains de-identified test case scenarios that are to be utilized while testing within the development environment. In order to facilitate success in the receipt and processing of received 271 eligibility responses, MPHI-/SG encourages Trading Partners to perform situational testing using all of the test case scenarios outlined in Appendix C.

¹ It is not the intention of MPHI-/SG to promote the use of any particular HIPAA compliance validation tool.

5 Contact Information

The following contact information is provided to assist Trading Partners in the event of an encountered transmission error or EDI error that is related to MPHI-/SG transmission or MPHI-/SG EDI transaction issues.

5.1 *EDI/Transmission Support*

EDI Transaction Support provides assistance in issues related to format and content of the 270/271 eligibility transactions. Transmission Support provides assistance in issues related to HTTP and HTTPS transmission. Support is available State of Michigan business days, between 9:00 A.M. to 4:30 P.M. (EST), Monday through Friday.

EDI Transaction Support	Cindy Monarch	(517) 324-6079
HTTP/HTTPS Transmission Support	Peter Mattarella-Micke	(517) 324-6041

6 Control Segments / Envelopes

This section describes the X12N 270/271 Implementation Guide detail applicable for certain data elements of the Interchange Control Segments of Michigan Medicaid eligibility requests and responses (270/271). The following tables should be used in conjunction with the Implementation Guide.

Legend:

Shaded rows represent “segments” in the X12N Implementation Guide.

Non-Shaded rows represent “data elements” in the X12N Implementation Guide.

6.1 ISA-IEA

Page#	Loop ID	Reference	Name	Codes	Length	Comments
B.3	Interchange	ISA	Interchange Control Header			
B.3	Interchange	ISA01	Authorization Information Qualifier	00		
B.4	Interchange	ISA03	Security Information Qualifier	00		
B.4	Interchange	ISA05	Interchange ID Qualifier	ZZ		
B.4	Interchange	ISA07	Interchange ID Qualifier	ZZ		
B.6	Interchange	ISA14	Acknowledgement Requested	0		
B.7	Interchange	IEA	Interchange Control Trailer			
B.7	Interchange	IEA01	Number of Included Functional Groups	1		

6.2 GS-GE

Page#	Loop ID	Reference	Name	Codes	Length	Comments
B.8	Functional Group	GS	Functional Group Header			
B.8	Functional Group	GS02	Application Sender's Code			Sending entity will use their Federal Tax Identification Number
B.4	Functional Group	GS03	Application Receiver's Code			Sending entity will use receiving entity's Federal Tax Identification Number

Page#	Loop ID	Reference	Name	Codes	Length	Comments
B.9	Functional Group	GS08	Version Release/Industry Identifier Code	004010 X092A 1		As amended by the 270/271 Addenda
B.10	Functional Group	GE	Functional Group Trailer			
B.10	Functional Group	GE01	Number of Transaction Sets Included			Implementation Guide limits Real Time to 1 patient request per 270 transaction and Batch submissions to no more than 99 patient requests per 270 transaction.

7 270/271 Transaction Specifications

This section describes the X12N 270/271 Implementation Guide detail required for the successful processing of eligibility requests (270) and eligibility responses (271). There are data elements within the X12N 270/271 Implementation Guide that reflect multiple codes or non-specific data definitions. The following tables provide clarification and address the specific information that MPH-Interactive Solutions Group requires in order to process a Michigan Medicaid 270 eligibility request as well as the specific data that will be returned on the corresponding 271 eligibility response.

Legend:

Shaded rows represent “segments” in the X12N Implementation Guide.

Non-Shaded rows represent “data elements” in the X12N Implementation Guide.

7.1 270 – Request for Eligibility Segment and Data Elements

Page#	270 Loop ID	Reference	Name	Codes	Length	Comments
38	Header	BHT	Beginning of Hierarchical Transaction			
39	Header	BHT02	Transaction Set Purpose Code	13		“13” (Request).
44	2100A	NM1	Information Source Name			
44	2100A	NM101	Entity Identifier Code	PR		“PR” (Payer).
46	2100A	NM108	Identification Code Qualifier	PI		“PI” (Payor Identification).
46	2100A	NM109	Information Source Primary Identifier			Use “D00111” for MDCH.
50	2100B	NM1	Information Receiver Name			
52	2100B	NM108	Identification Code Qualifier	SV		“SV” (Service Provider Number).
52	2100B	NM109	Information Receiver Identification Number			Use the nine-digit provider identifier assigned by MDCH (two-digit provider type followed by the seven-digit provider identification number).
71	2100C	NM1	Subscriber Name			



Page#	270 Loop ID	Reference	Name	Codes	Length	Comments
73	2100C	NM108	Identification Code Qualifier	MI		<p>"MI" (Member Identification Number).</p> <p>Loop 2100C NM108 is not applicable for MICHild beneficiaries.</p>
73	2100C	NM109	Subscriber Primary Identifier			<p>Use the MDCH assigned eight-digit beneficiary identification number.</p> <p>Do not use Loop 2100C NM109 if the beneficiary is eligible for MICHild.</p>
83	2100C	DMG	Subscriber Demographic Information			
84	2100C	DMG02	Date Time Period			<p>Enter the recipient's date of birth.</p> <p>The recipient's date of birth is required for all MICHild inquiries.</p>
87	2100C	DTP	Subscriber Date			
88	2100C	DTP01	Date/Time Qualifier	307, 472		<p>"307" (Eligibility) "472" (Service)</p>
88	2100C	DTP03	Date/Time Period			<p>Date can be a minimum of one year prior or up to the last day of the current month.</p> <p>MDCH currently does not provide eligibility information for dates greater than one year or beyond the last day of the current month.</p>
89	2100C	EQ	Subscriber Eligibility or Benefit Inquiry			
90	2110C	EQ01	EQ01 – Service Type Code	30		<p>For all inquiry types, MDCH recommends using value "30" (Health Benefit Plan Coverage). Any value reported in this data element will result in the 271 Response containing EB segments applicable to the beneficiary's MDCH program coverage.</p>

Page#	270 Loop ID	Reference	Name	Codes	Length	Comments
97	2110C	EQ03	EQ03 – Coverage Level Code	CHD, IND		Use “CHD” (Children only) for MICHild inquiries. Use “IND” (Individual) for all other inquiries.

7.2 271 – Eligibility Response Segment and Data Elements

Page#	271 Loop ID	Reference	Name	Codes	Length	Comments
163	2100A	NM1	Information Source Name			
163	2100A	NM101	Entity Identifier Code	PR		“PR” (Payer)
165	2100A	NM108	Identification Code Qualifier	PI		“PI” (Payor Identification)
165	2100A	NM109	Identification Code			“D00111” (for MDCH)
178	2100B	NM1	Information Receiver Name			
180	2100B	NM108	Identification Code Qualifier	SV		“SV” (Service Provider Number)
181	2100B	NM109	Information Receiver Identification Number			The nine-digit provider identifier submitted on the 270 Request transaction will be returned (e.g., 101234567).
193	2100C	NM1	Subscriber Name			
195	2100C	NM108	Identification Code Qualifier	MI		“MI” (Member Identification Number)
195	2100C	NM109	Subscriber Primary Identifier			The MDCH assigned eight-digit beneficiary identification number will be returned. A Client Identification Number (CIN) will be reflected in this field for MICHild beneficiaries. The CIN is strictly informational and should not be used for claim submission; therefore, it should not be presented to the provider.
196	2100C	REF	Subscriber Additional Identification			



Page#	271 Loop ID	Reference	Name	Codes	Length	Comments
197	2100C	REF01	Reference Identification Qualifier	3H, EJ		"3H" (Case Number) "EJ" (Patient Account Number)
199	2100C	REF03	Description			When REF01 = "3H", REF03 reports the beneficiary's 11-digit DHS Worker Load Number followed by a space and the descriptive term "Worker Load Number" (e.g., 12345678901 WORKER LOAD NUMBER).
201	2100C	N4	Subscriber City/State/Zip Code			
202	2100C	N405	Location Qualifier	CY		"CY" County/Parish code will be returned when reporting Pending eligibility, Title XIX (Medicaid), Title V (CSHCS), or MOMS program eligibility information.
202	2100C	N406	Location Identification Code			The two-character DHS county code followed by a space and the corresponding county name will be returned (e.g., 82 WAYNE).
203	2100C	PER	Subscriber Contact Information			
204	2100C	PER02	Subscriber Contact Name			Contains "DHS OFFICE" when PER04 contains the DHS Office telephone number.
204	2100C	PER03	Communication Number Qualifier			"WP" (Work Phone Number [DHS Office]).
205	2100C	PER04	Subscriber Contact Number			The corresponding DHS Office telephone number will be returned.
216	2100C	DTP	Subscriber Date			
216	2100C	DTP01	Date/Time Qualifier	307, 472		"307" (Eligibility) "472" (Service)
219	2100C	EB	Subscriber Eligibility or Benefit Inquiry			



Page#	271 Loop ID	Reference	Name	Codes	Length	Comments
219	2110C	EB01	Eligibility or Benefit Information	1, 6, 8, B, F, I, N, R, Y		The Eligibility or Benefit Information Codes as outlined in Appendix B of the MDCH Companion Guide for the 270/271 Health Care Eligibility Inquiry and Response document will be returned.
221	2110C	EB02	Coverage Level Code	CHD, IND		"IND" (Individual) "CHD" (Child) returned for MICHild eligibility.
221	2110C	EB03	Service Type Code	1, 30, 35, 45, 48, 60, 69, 86,		The Service Type Codes as outlined in Appendix B of the MDCH Companion Guide for the 270/271 Health Care Eligibility Inquiry and Response document will be returned.
226	2110C	EB04	Insurance Type Code	HM, HS, LC, MC, OT, SP		The Insurance Type Codes as outlined in Appendix B of the MDCH Companion Guide for the 270/271 Health Care Eligibility Inquiry and Response document will be returned.
228	2110C	EB05	Plan Coverage Description			The first 7 positions contain the MDCH program string: Scope, Coverage, Level of Care, Program, and Dental Program Codes. The string is followed by a space and the program benefit description. Refer to Appendices A of this document.
229	2110C	EB07	Benefit Amount			Patient pay amounts for Hospice, Long Term Care, and Medicaid Inpatient will be returned as applicable.
238	2110C	REF	Subscriber Additional Identification			



Page#	271 Loop ID	Reference	Name	Codes	Length	Comments
239	2110C	REF01	Reference Identification Qualifier	1L, 1W, F6		<p>"1L" (Insurance Policy Number)</p> <p>"1W"(Member Identification Number)</p> <p>"F6" (Medicare HIC)</p> <p>These are only used when the preceding EB segment indicates Other Insurance eligibility (EB01=R).</p>
240	2110C	DTP	Subscriber Date			
240	2110C	DTP01	Date/Time Qualifier	292, 307, 636		<p>"307" (Eligibility) will be returned when reporting MDCH program eligibility pertinent to the corresponding EB segment.</p> <p>"636" (Date of Last Update) will be returned when reporting MDCH pending eligibility in the corresponding EB segment</p> <p>"292" (Benefit) will be returned when the corresponding EB segment provides Other Third Party Payer Information and benefit dates from the other payer are available.</p>
244	2110C	MSG	Message Text			
244	2110C	MSG01	Free-form Message Text			The applicable Other Insurance code followed by the Other Insurance Code description EB (e.g., 01 AETNA) will be returned when the preceding EB segment indicates Other Insurance eligibility (EB01=R).
250	2120C	NM1	Subscriber Benefit Related Entity Name			
250	2120C	NM101	NM101 – Entity Identifier Code	FA, IL, P3, PR		<p>If applicable, the following codes will be returned:</p> <p>"FA" (Facility)</p> <p>"IL"(Insured/Subscriber)</p> <p>"P3" (Primary Care Provider)</p> <p>"PR" (Payer)</p>

Page#	271 Loop ID	Reference	Name	Codes	Length	Comments
251	2120C	NM103	Name Last or Organization Name			The last name or organization name of the Medicaid Health Plan, ABW County Health Plan, PLUS CARE contractor, Delta Premier or Preferred Option, Primary Care Provider, or Other Third Party Payer subscriber last name or the Other Third Party payer name will be returned as applicable.
253	2120C	NM108	Identification Code Qualifier	MI, PI, SV		If applicable, the following codes will be returned: "MI" (Member ID) "PI" (Payor Identification) "SV" (Service Provider Number) "PI" will be used to designate Other Third Party Payers, Medicaid Health Plans, Special Health Plans, County Health Plans, PLUS CARE, Delta, etc.
253	2120C	NM109	Identification Code			The Other Third Party Payer member ID will be returned when known. The MDCH Carrier Code will be returned for Other Third Party Payer Information. The entity's MDCH assigned nine-digit identification number (two-digit provider type followed by the seven-digit provider identification number (e.g., 171234567) will be returned.

7.3 271 – Error Response

A 270 eligibility request that cannot be processed due to system problems, an error in the data submitted, an inability to identify the requesting provider or to identify the submitted subscriber (Medicaid beneficiary), will result in the return of a 271 eligibility response transaction that contains a AAA segment. The AAA Request Validation segment is used to identify why an EB Eligibility or Benefit Information segment has not been generated. The AAA segment includes the applicable Reject Reason Code (AAA03) which provides explanation regarding why the submitted 270 transaction is being rejected and consequently could not be processed.

Page#	271 Loop ID	Reference	Name	Codes	Length	Comments
163	2100A	NM1	Information Source Name			
163	2100A	NM101	Entity Identifier Code	PR		"PR" (Payer)
165	2100A	NM108	Identification Code Qualifier	PI		"PI" (Payor Identification)
165	2100A	NM109	Identification Code			"D00111" (for MDCH)
172	2100A	AAA	Request Validation			
183	2100A	AAA03	Reject Reason Code	42		"42" (Unable to respond at current time)
178	2100B	NM1	Information Receiver Name			
180	2100B	NM108	Identification Code Qualifier	SV		"SV" (Service Provider Number)
181	2100B	NM109	Information Receiver Identification Number			The nine-digit provider identifier submitted on the 270 Request transaction will be returned (e.g., 101234567).
184	2100B	AAA	Request Validation			
185	2100B	AAA03	Reject Reason Code	50, 51		"50" (Provider ineligible for request) "51" (Provider not on file)
193	2100C	NM1	Subscriber Name			An error prevents further beneficiary delineation resulting in the return of the originally submitted 270 transaction subscriber information.



Page#	271 Loop ID	Reference	Name	Codes	Length	Comments
196	2100C	REF	Subscriber Additional Identification			Returned if submitted on the original 270 transaction.
197	2100C	REF01	Reference Identification Qualifier	EJ		"EJ" (Patient Account Number)
207	2100C	AAA	Request Validation			
208	2100C	AAA03	Reject Reason Code	58, 60, 61, 62, 75, 76,		"58" (Invalid/Missing Date of Birth) "60" (Date of Birth Follows Date(s) of Service) "61" (Date of Death Precedes Date(s) of Service) "62" (Date of Service Not Within Allowable Inquiry Period) "75" (Subscriber/Insured Not Found) "76" (Duplicate Subscriber/Insured ID Number)
216	2100C	DTP	Subscriber Date			An error prevents further processing resulting in the return of the originally submitted 270 transaction subscriber date.
216	2100C	DTP01	Date/Time Qualifier	307, 472		"307" (Eligibility) "472" (Service)

8 Michigan Medicaid Business Rules and Limitations

1.1 Medicaid Beneficiary Search Criteria

MPHI-/SG Medicaid Clearinghouse supports the data set search criteria as outlined on pages 21 to 23 of the X12N 270/271 (004010X092) Implementation Guide. A Medicaid beneficiary is always the subscriber and therefore identification of the member/beneficiary is accomplished through the applicable data elements located in Loop 2100C.

1.2 Service Date/Eligibility Date Criteria

The MPHI-/SG Medicaid Clearinghouse supports the MDCH policy of not providing eligibility information for dates greater than one year or beyond the last day of the current month. The 270 Eligibility Inquiry should contain a single date of inquiry as ISG currently is unable to provide eligibility information based on a date range.

The 271 eligibility response will contain a full month of eligibility information based on the submitted inquiry date. This will include any applicable third party liability information pertinent to the inquiry date. A beneficiary can be eligible for multiple Michigan Medicaid programs/services types resulting in a 271 eligibility response that contains multiple 2110C EB segments. Refer to Appendix B of this document for examples of 271 eligibility response transactions.

1.3 Dental Eligibility Information

MPHI-/SG did not start archiving Delta Dental eligibility files until March, 2005. Consequently, if the query date is prior to March 01, 2005, the program description presented in Loop 2110C EB05 will be "DENTAL COVERAGE CURRENTLY NOT AVAILABLE". While we can validate that the beneficiary has dental coverage, we are unable to determine if the coverage is Fee-For-Service or Delta Dental prior to March 01, 2005. Additionally, this same message may be displayed at the beginning of the month when there has been a delay in receipt of the monthly Delta Dental eligibility file.

Appendices

A **EB05 – MDCH Program Description**

To communicate the beneficiary's MDCH program information properly, the first 7 positions of the EB05 data element will contain a 7-position, fixed-length data string. This data string contains the applicable codes for scope (1), coverage (1), level of care (2), and the applicable program code (1). The remaining two (2) positions are the Delta Dental program code. The program information string is followed by a space and then the applicable program benefit information outlined in Appendix B of the MDCH Companion Guide for the 270/271 Health Care Eligibility Inquiry And Response document. The format for this string is as follows:

Scope code	Coverage code	Level of Care code	Program code	Delta Dental Program code
(1)	(1)	(2)	(1)	(2)

In the event that one of the above elements is not applicable to the specified program, zeros (not spaces) are used. The EB segment is repeated when the beneficiary qualifies for eligibility under more than one program. Each EB segment contains the corresponding program string and information in the EB05 data element. Following are examples of the EB segment format:

EB*1*IND*60*MC*1F00C00 MEDICAID FEE FOR SERVICE~

EB*1*IND*35*OT*1F00C11 DELTA PREMIER~

EB*1*IND*69*OT*0000200 MATERNITY OUTPT MEDICAL SVS ELIG~

EB*1*IND*60*SP*2C06C00 QMB MEDICARE COPAY AND DED ONLY~

B 271 Transaction Examples

To facilitate communication, MPHI-/SG is providing generic examples of Michigan Medicaid eligibility responses.

B.1 Medicaid Fee-For-Service with Fee-For-Service Dental

```
ISA*00*      *00*      *ZZ*383611960  *ZZ*399999999  *050817*1516*U*00401*000011142*0*T*>~
GS*HB*383611960*399999999*20050817*1516*11142*X*004010X092A1~
ST*271*12703~
BHT*0022*11*EDI1FFSD1N*20050817*1516~
HL*1**20*1~
NM1*PR*2*MICH DEPARTMENT OF COMMUNITY HEALTH*****PI*D00111~
HL*2*1*21*1~
NM1*1P*1*****SV*111234567~
HL*3*2*22*0~
TRN*2*7924411212*1399999999~
NM1*IL*1*ABEGAIAA*JUNE*C**MI*01460800~
REF*3H*X1631756A*00002004233 WORKER LOAD NO~
N4****CY*63 OAKLAND MADISON HGTS DIST~
PER*IC*DHS OFFICE*WP*2485838700~
DMG*D8*19370701*F~
DTP*472*D8*20050515~
EB*1*IND*60*MC*1F00M00 MEDICAID FEE FOR SERVICE~
DTP*307*RD8*20050501-20050531~
EB*1*IND*35*OT*1F00M00 FEE FOR SERVICE DENTAL 21 OR OLDER ER ONLY~
DTP*307*RD8*20050501-20050531~
EB*R~
MSG*50 MEDICARE EXCLUDED ALIEN~
SE*21*12703~
GE*1*11142~
IEA*1*000011142~
```

B.2 Medicaid Fee-For-Service with Delta Dental and Third Party Liability

```
ISA*00*      *00*      *ZZ*383611960  *ZZ*399999999  *050819*1539*U*00401*000011143*0*T*>~
GS*HB*383611960*399999999*20050819*1539*11143*X*004010X092A1~
ST*271*12704~
BHT*0022*11*EDI1FFSDELTA*20050819*1539~
HL*1**20*1~
NM1*PR*2*MICH DEPARTMENT OF COMMUNITY HEALTH*****PI*D00111~
HL*2*1*21*1~
NM1*1P*1*****SV*111234567~
HL*3*2*22*0~
TRN*2*42378371473AA*1399999999~
NM1*IL*1*BBIEFCJC*ROMAN*****MI*11845292~
REF*3H*X1573032A*00000001119 WORKER LOAD NO~
N4****CY*80 VANBUREN~
PER*IC*DHS OFFICE*WP*2696212800~
DMG*D8*19900509*M~
DTP*472*RD8*20050807-20050807~
EB*1*IND*60*MC*1F00C00 MEDICAID FEE FOR SERVICE~
DTP*307*RD8*20050801-20050831~
EB*1*IND*35*OT*1F00C11 DELTA PREMIER~
DTP*307*RD8*20050801-20050831~
```

```

LS*2120~
NM1*PR*2*DELTA PREMIER~
N3*PO BOX 9085~
N4*FARMINGTON HILLS*MI*483339085~
PER*IC**TE*8004828915~
LE*2120~
EB*R~
REF*1W*555443333~
REF*1L*59012G~
MSG*89 PRIVATE ENROLLMENTS ONLY MANAGED CARE PLANS~
LS*2120~
NM1*PR*2*ANTHEM BC BS OF KY*****PI*13081025~
N3*PO BOX 37180~
N4*LOUISVILLE*KY*402337180~
LE*2120~
EB*R~
LS*2120~
NM1*IL*1*BBIEFCJC*THOMAS****MI*555443333~
LE*2120~
SE*38*12704~
GE*1*11143~
IEA*1*000011143~

```

B.3 Inactive Medicaid Coverage with Third Party Liability

```

ISA*00*      *00*      *ZZ*383611960  *ZZ*399999999  *050816*1243*U*00401*000000001*0*T*>~
GS*HB*383611960*399999999*20050816*1243*1*X*004010X092A1~
ST*271*1111~
BHT*0022*11*EDI11*20050816*1243~
HL*1**20*1~
NM1*PR*2*MICH DEPARTMENT OF COMMUNITY HEALTH*****PI*D00111~
HL*2*1*21*1~
NM1*1P*1*****SV*111234567~
HL*3*2*22*0~
TRN*2*798978935112J*1399999999~
NM1*IL*1*DUBOIS*JANICE*M***MI*87654321~
DMG*D8*19250406*F~
DTP*307*D8*20050831~
EB*6**30~
EB*R~
REF*F6*311223333A~
LS*2120~
NM1*PR*2*MEDICARE~
LE*2120~
SE*18*1111~
GE*1*1~
IEA*1*000000001~

```

B.4 Medicaid Eligibility Pending

```

ISA*00*      *00*      *ZZ*383611960  *ZZ*399999999  *050817*1415*U*00401*000010568*0*T*>~
GS*HB*383611960*399999999*20050817*1415*10568*X*004010X092A1~
ST*271*11371~
BHT*0022*11*EDI1PEND*20050817*1415~
HL*1**20*1~
NM1*PR*2*MICH DEPARTMENT OF COMMUNITY HEALTH*****PI*D00111~
HL*2*1*21*1~
NM1*1P*1*****SV*111234567~
HL*3*2*22*0~
TRN*2*74289371*1399999999~
NM1*IL*1*ADCJIBJA*PAT****MI*03298190~
N4****CY*82 WAYNE~
PER*IC*DHS OFFICE*TE*3134561216~
DMG*D8*19760302*M~
PER*IC*DHS OFFICE*WP*3134561216~
DTP*472*D8*20050301~
EB*8**30**0000000 PENDING ELIGIBILITY~
DTP*636*RD8*20050318-20050318~
SE*16*11371~
GE*1*10568~
IEA*1*000010568~

```

B.5 MICHild Eligibility

```

ISA*00*      *00*      *ZZ*383611960  *ZZ*399999999  *050819*1243*U*00401*000000001*0*T*>~
GS*HB*383611960*399999999*20050819*1243*1*X*004010X092A1~
ST*271*1111~
BHT*0022*11*EDI1MICHILDOI*20050819*1243~
HL*1**20*1~
NM1*PR*2*MICH DEPARTMENT OF COMMUNITY HEALTH*****PI*D00111~
HL*2*1*21*1~
NM1*PR*2*****PI*111234567~
HL*3*2*22*0~
TRN*2*1987234Z134288623*1399999999~
NM1*IL*1*AAAAJFEC*VIVA*B***MI*00000214~
N4****CY*70 OTTAWA~
DMG*D8*19900323*F~
DTP*472*D8*20050802-20050802~
EB*1*CHD*60*HM*0000000 MICHILD ELIGIBLE~
DTP*307*RD8*20050801-20050831~
LS*2120~
NM1*PR*2*PRIORITY HEALTH GOVERNMENT PROGRAM~
PER*IC**TE*8889758102~
LE*2120~
EB*1*CHD*35*OT*0000000 MICHILD DENTAL ELIGIBLE~
DTP*307*RD8*20050801-20050831~
LS*2120~
NM1*PR*2*DELTA DENTAL OF MICHIGAN~
PER*IC**TE*8004828915~
LE*2120~
SE*26*1111~
GE*1*1~
IEA*1*000000001~

```

C Situational Test Case Scenarios

The listed test case scenarios are provided for use by Trading Partners when performing situational testing in the Michigan Medicaid development environment. In order to receive a 271 eligibility response transaction that contains data elements of the noted test case scenario, the 2100C DTP segment should contain a date that falls within the date range noted in the Query Date Period column. MPHI-/SG encourages Trading Partners to perform situational testing using all of the test case scenarios listed.

Test Case Scenario	Medicaid ID	Beneficiary Name	DOB	Gender	Query Date Period	TPL
CSHCS eligible	16031581	BGADBFIB, PHILLIP H	19980722	M	01/2005- 08/2005	OI
Medicaid Deductible not met beginning of the month; FFS coverage with FFS dental middle to the end of the month.	02013714	ACABDHBE, VIVA	19450625	F	02/2005 - 03/2005	Medicare
Medicaid Deductible (Spend Down) met-FFS coverage with FFS dental	02352370	ACDFCDHA, SALLY	19480421	F	04/2005 - 08/2005	Medicare
Medicaid FFS with FFS dental; Medicare excluded alien	01460800	ABEGAIAA, JUNE C	19370210	F	01/2005 - 05/2005	None
Medicaid FFS with Delta Premier	11845292	BBIEFCJC, ROMAN	19900509	M	02/2005 - 08/2005	OI
Medicaid Health Plan with Delta Preferred	14742548	BEHECFEI, JEFFREY	19960705	M	03/2005 - 08/2005	None
Medicaid Health Plan with FFS dental	03601461	ADGABEGB, ANNA	19580410	F	02/2005 - 08/2005	Multiple
Inactive	07590099	AHFJAAJJ, SUSIE	19770625	F	01/2005	None
MiChild OI coverage with OI dental	NA	AAAAJFEC, VIVA B	19900323	F	08/2005	NA
MiChild inactive	NA	AAAABAAC, FRANK D	19870616	M	03/2005	NA
MOMS	09078953	AJAHIJFD, DALE	19830622	F	11/2004 - 02/2005	None
MOMS and Medicaid ER coverage	07590099	AHFJAAJJ, SUSIE	19770625	F	03/2005 - 08/2005	None
MOMS and FFS with Dental Coverage not available	05749998	AFHEJJJI, JANE	19691216	F	08/2004	
Pending coverage	03298190	ADCJIBJA, PAT	19560312	M	03/2005	NA
Nursing Facility with co-payment and FFS Dental Coverage	00754725	AAHFEHCF, MONICA B	19251227	F	10/2004 - 08/2005	Medicare
Restricted Provider (PCP) with Dental coverage not available	04319464	AEDBJEJE, MARIA	19621107	F	11/2004 - 03/2005	None



Test Case Scenario	Medicaid ID	Beneficiary Name	DOB	Gender	Query Date Period	TPL
271 AAA Error: Beneficiary ID (not found)	23456789	BENEFICIARY, PERSON	20050101	M	NA	NA
271 AAA Error: Beneficiary Name not found	NA	TESTING, PERSON	19850201	F	NA	NA
271 AAA Error: Date of Birth > Date of Service	19491262	BJEJBCGC, MARIA F	20041227	F	06/2004	NA
271 AAA Error: Date of Death < Date of Service	02958045	ACJFIAEF, WILLIAM	19531007	M	10/2004	NA