



Nevada MMIS 270/271 Transaction Companion Guide

Health Care Eligibility Benefit Inquiry and Response
HIPAA Version 5010

Nevada Medicaid Management Information System (MMIS)
Department of Health and Human Services (DHHS)
Division of Health Care Financing and Policy (DHCFP)

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Change history

The following Change History log contains a record of changes made to this document:

Published / revised	Section / Nature of change
02/03/2012	Initial version
10/14/2012	Changed all Magellan/MMA references to HP Enterprise Services (HPES) and updated all contact information. Changed pagination from chapter-based to sequential. Other updates/corrections to sections 2, 3.3, 5.1, 5.2, 7.2 and 7.3; deleted section 8.

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1. Introduction

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires that Medicaid and all other health insurance payers in the United States comply with the Electronic Data Interchange (EDI) standards for health care as established by the Secretary of Health and Human Services.

The X12N Health Care Implementation Guides have been established as the standards of compliance and are online at:

<http://store.x12.org/store/healthcare-5010-consolidated-guides>.

Additional information is on the Department of Health and Human Services website at:

<http://aspe.hhs.gov/admnsimp>.

1.1. Purpose

The intended purpose of this document is to provide information such as registration, testing, support and specific transaction requirements to EDI trading partners that exchange X12 information with the Nevada Medicaid Agency.

An EDI trading partner is defined by Nevada Medicaid as anybody such as a provider, software vendor and clearinghouse that exchanges transactions adopted under HIPAA.

HP Enterprise Services (HPES) has prepared this companion guide and website, <http://www.medicaid.nv.gov>, to support Nevada Medicaid and Nevada Check Up billing. (Hereafter, Nevada Medicaid and Nevada Check Up are referred to as Medicaid unless otherwise specified.)

This companion guide provides specific requirements for requesting and receiving eligibility, Third Party Liability (TPL), co-payment and service limit data from HPES.

1.2. Intended use

The following information is intended to serve only as a companion guide to the HIPAA American National Standards Institute (ANSI) Accredited Standards Committee (ASC) X12N Technical Report Type 3 (TR3) document. The use of this guide is solely for the purpose of clarification. The information describes specific requirements to be used for processing data. This companion guide supplements, but does not contradict any requirements in the ASC X12 TR3 document. Additional companion guides/trading partner agreements will be developed for use with other HIPAA standards, as they become available.

2. Working together

2.1. Trading partner registration

An EDI trading partner is any entity (provider, billing service, clearinghouse, software vendor, etc.) that transmits electronic data to and receives electronic data from another entity. Nevada Medicaid requires all trading partners to complete EDI registration regardless of the trading partner type as defined below. Contact the EDI Helpdesk to register.

- Trading partner is an entity engaged in the exchange or transmission of electronic transactions.
- Vendor is an entity that provides hardware, software and/or ongoing technical support for covered entities. In EDI, a vendor can be classified as a software vendor, billing or network service vendor or clearinghouse.
- Software vendor is an entity that creates software used by billing services, clearinghouses and providers/suppliers to conduct the exchange of electronic transactions.
- Billing service is a third party that prepares and/or submits claims for a provider.
- Clearinghouse is a third party that submits and/or exchanges electronic transactions on behalf of a provider.

The Trading Partner agreement forms are located at:

<http://www.medicaid.nv.gov/providers/edi.aspx>

- FA-35 must be completed to enroll as a Trading Partner.
- FA-36 must be completed to enroll as a Trading Partner.
- FA-37 must be completed by the provider in order to link the provider to the Trading Partner.
- FA-39 is used for providers who will be billing using the Payerpath software.

2.2. Trading partner testing and certification

Nevada Medicaid requires that all newly registered trading partners complete basic transaction submission testing. Successful transaction submission and receipt of both valid responses and error responses is an indication that all systems involved can properly submit and receive transactions.

2.2.1. Trading partner ID

Once registration is completed, a 4-digit Trading Partner ID will be assigned.

2.2.2. File naming standard

Each file must be named with the ServiceCenter_filetype_uniquelD.dat or .txt.

- Trading Partner ID = 4-digit assigned example - 0123
- Filetype = transaction type example - 270, 837P, 837D, 837I
- UniquelD = any unique ANSI qualifier example - DATETIMESTAMP [CCYYMMDDHHMMSSSS as 201208301140512]

Here are some examples of good file naming standards:

- 0123_837P_201208301140512.dat
- 0123_837I_trans01_20120830.dat
- 0123_270_small_file_2012_08.txt

If the file does not meet the file naming standard, the file will not load into the MMIS system.

2.2.3. Error messages

If an electronic file fails to upload, an error message will be returned online.

The error messages will be generated by the Secure File Transfer Protocol (SFTP) client software and it is up to the trading partner to choose which client software they will use. HPES does not provide or recommend any particular SFTP client software.

2.2.4. Response files

- Functional acknowledgement (999)

The 999 will be returned for all 270 files that have been successfully uploaded. This response is intended to convey HIPAA compliance errors.

- Interchange Acknowledgement (TA1)
- The TA1 will be returned for files that fail the Interchange Envelope content. This response is intended to report the status of processing on a failed interchange header and trailer.
- No 999 or TA1 acknowledgements will be returned for the 271.

2.2.5. Secure SFTP download – file retention

All electronic files that have been made available for download will remain available online for download as follows:

- 7 Days 999, TA1, 271
- 30 Days 277U
- 90 Days 835

After the allotted time frame has passed, the files will be removed from the list and will no longer be available for download. This applies to testing and production.

2.2.6. Testing transactions

The following transaction types are available for testing:

- 270 Eligibility Request/271 Eligibility Response
- 837D Dental Claim
- 837P Professional (CMS-1500) Claim
- 837I Institutional (UB-04) Claim

Testing data such as provider IDs and recipient IDs will not be provided. Users should submit recipient information and provider information as done for production as the test environment is continually updated with production information.

There is no limit to the number of files that may be submitted. Users will be allowed to move to production once a successfully compliant transaction is received and the appropriate responses returned.

2.3. Payer specific documentation

For additional information in regards to business processes related to eligibility, prior authorization and claims processing, please review the Provider Manual located on the Nevada Medicaid website:

<http://www.medicaid.nv.gov>

For further information on specific payer prior authorization information please see the Nevada Medicaid website.

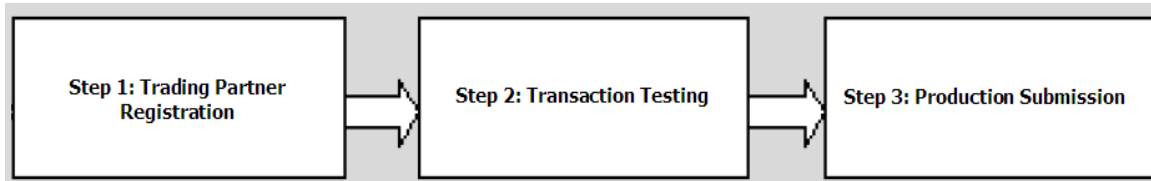
2.4. Testing contact information

All correspondence for assistance with testing should be submitted to the following email address:

NVMMIS.EDIsupport@hp.com

3. Connectivity/Communications

3.1. Process flows



3.2. Transmission procedures

Availability

24 hours/7 days a week

Downtime notification

HPES will notify the trading partners in the case of any planned downtime or unexpected downtime using email distribution.

Re-transmission procedures

Trading partners may call HPES for assistance in researching problems with submitted transactions. HPES will not edit trading partner data and/or resubmit transactions for processing on behalf of a trading partner. The trading partner must correct any errors found and resubmit.

3.3. Communication and security protocols

Trading partners may find information regarding communication protocols in the Service Center User Manual:

https://www.medicaid.nv.gov/downloads/provider/MMIS_Service_center_user_manual.pdf

4. Contact information

4.1. EDI customer service/technical assistance

EDI Helpdesk

Monday – Friday

8:00 a.m. – 5:00 p.m. PT

Technical, enrollment or setup questions:

Email: NVMMIS.EDIsupport@hp.com

Telephone: 1 (877) 638-3472 options 2 then 4

Fax: 1 (775) 335-8594

Nevada Medicaid Website

<http://www.medicaid.nv.gov>

4.2. Provider services

Provider Relations Department

The Provider Relations Department is composed of field representatives who are committed to assisting Nevada Medicaid providers in the submission of claims and the resolution of claims processing concerns.

Provider Relations Call Center

The Provider Relations Call Center communication specialists are available to respond to written and telephone inquiries from providers on billing questions and procedures, claim status, form orders, adjustments, use of the Automated Response System (ARS), electronic claims submission via EDI and remittance advice (RAs).

Both departments can be reached by calling:

1 (877) 638-3472

5. Control segments/envelopes

NOTE: The page numbers listed below in each of the tables represent the corresponding page number in the X12N 270/271 HIPAA Implementation Guide.

X12N EDI Control Segments
ISA – Interchange Control Header Segment
IEA – Interchange Control Trailer Segment
GS – Functional Group Header Segment
GE – Functional Group Trailer Segment
ST – Transaction Set Header
SE – Transaction Set Trailer
TA1 – Interchange Acknowledgement

5.1. ISA–Control header - 270

Communications transport protocol interchange control header segment. This segment within the X12N implementation guide identifies the start of an interchange of zero or more functional groups and interchange-related control segments. This segment may be thought of traditionally as the file header record.

Segment	Name	Page in IG	Notes/Comments
ISA	Interchange Control Header		
ISA01	Authorization Information Qualifier	C.4	00 = No Authorization Information Present
ISA02	Authorization Information	C.4	Value is 10 spaces as field is fixed.
ISA03	Security Information Qualifier	C.4	00 = No Security Information Present
ISA04	Security Information	C.4	Value is 10 spaces as field is fixed.
ISA05	Interchange ID Qualifier	C.4	ZZ
ISA06	Interchange Sender ID	C.4	Use the 4-digit Service Center Code assigned by HP Enterprise Services (HPES).
ISA07	Interchange ID Qualifier	C.5	ZZ
ISA08	Interchange Receiver ID	C.5	NVM FHSC FA
ISA09	Interchange Date	C.5	Format is YYMMDD

Segment	Name	Page in IG	Notes/Comments
ISA10	Interchange Time	C.5	Format is HHMM
ISA11	Repetition Separator	C.5	^
ISA12	Interchange Control Version Number	C.5	00501
ISA13	Interchange Control Number	C.5	Must be identical to Interchange Trailer IEA02
ISA14	Acknowledgment Requested	C.6	0 = No Interchange Acknowledgment Requested 1 = Interchange Acknowledgment Requested (TA1) Note: A TA1 will be generated if the file fails the 'Interchange Envelope' content regardless of the value used.
ISA15	Interchange Usage Indicator	C.6	P = Production Data T= Test Data
ISA16	Component Element Separator	C.6	:

5.2. ISA–Control header - 271

Communications transport protocol interchange control header segment. This segment within the X12N implementation guide identifies the start of an interchange of zero or more functional groups and interchange-related control segments. This segment may be thought of traditionally as the file header record.

Segment	Name	Page in IG	Notes/Comments
ISA	Interchange Control Header		
ISA01	Authorization Information Qualifier	C.4	00 = No Authorization Information Present
ISA02	Authorization Information	C.4	Value is 10 spaces as field is fixed length.
ISA03	Security Information Qualifier	C.4	00 = No Security Information Present

Segment	Name	Page in IG	Notes/Comments
ISA04	Security Information	C.4	Value is 10 spaces as field is fixed length.
ISA05	Interchange ID Qualifier	C.4	ZZ
ISA06	Interchange Sender ID	C.4	NVM FHSC FA followed by spaces as data element is fixed length.
ISA07	Interchange ID Qualifier	C.5	ZZ
ISA08	Interchange Receiver ID	C.5	The 4-digit Service Center Code will be returned as entered in the 270 inquiry followed by spaces as data element is fixed length.
ISA09	Interchange Date	C.5	Format is YYMMDD
ISA10	Interchange Time	C.5	Format is HHMM
ISA11	Repetition Separator	C.5	!
ISA12	Interchange Control Version Number	C.5	00501
ISA13	Interchange Control Number	C.5	Must be identical to Interchange Trailer IEA02
ISA14	Acknowledgment Requested	C.6	0 = No Interchange Acknowledgment Requested
ISA15	Interchange Usage Indicator	C.6	P = Production Data T = Test Data
ISA16	Component Element Separator	C.6	:

5.3. IEA–Control trailer

Communications transport protocol interchange control trailer segment. This segment within the X12N implementation guide defines the end of an interchange of zero or more functional groups and interchange-related control segments. This segment may be thought of traditionally as the file trailer record.

Segment	Name	Page in IG	Notes/Comments
IEA	Interchange Control Trailer		
IEA01	Number of Included Functional Groups	C.10	Number of Functional Groups (GS/GE)
IEA02	Interchange Control Number	C.10	Must be identical to ISA13

5.4. GS–Functional group header - 270

Communications transport protocol functional group header segment. This segment within the X12N implementation guide indicates the beginning of a functional group and provides control information concerning the batch of transactions. This segment may be thought of traditionally as the batch header record.

Segment	Name	Page in IG	Notes/Comments
GS	Functional Group Header		
GS01	Functional Identifier code	C.7	HS = Eligibility, Coverage, or Benefit Inquiry
GS02	Application Sender's Code	C.7	Use the 4-digit Service Center Code assigned by HP Enterprise Services (HPES).
GS03	Application Receiver's Code	C.7	NVM FHSC FA
GS06	Group Control Number	C.8	Must be identical to GE02
GS07	Responsible Agency Code	C.8	X = Accredited Standards Committee X12
GS08	Version/Release /Industry Identifier Code	C.8	005010X279A1

5.5. GS–Functional group header - 271

Communications transport protocol functional group header segment. This segment within the X12N implementation guide indicates the beginning of a functional group and provides control information concerning the batch of transactions. This segment may be thought of traditionally as the batch header record.

Segment	Name	Page in IG	Notes/Comments
GS	Functional Group Header		
GS01	Functional Identifier code	C.7	HB = Eligibility, Coverage, or Benefit Information
GS02	Application Sender's Code	C.7	NVM FHSC FA
GS03	Application Receiver's Code	C.7	The 4-digit Service Center Code assigned by HP Enterprise Services (HPES).
GS04	Date	C.7	Will be set during processing in format of CCYYMMDD
GS05	Time	C.8	Will be set during processing in format of HHMM or HHMMSS
GS06	Group Control Number	C.8	Will be set during processing
GS07	Responsible Agency Code	C.8	X = Accredited Standards Committee X12
GS08	Version/Release /Industry Identifier Code	C.8	005010X279A1

5.6. GE–Functional group trailer

Communications transport protocol functional group trailer segment. This segment within the X12N implementation guide indicates the end of a functional group and provides control information concerning the batch of transactions. This segment may be thought of traditionally as the batch trailer record.

Segment	Name	Page in IG	Notes/Comments
GE	Functional Group Trailer		
GE01	Number of Transaction Sets Included	C.9	Number of included Transaction Sets
GE02	Group Control Number	C.9	Must be identical to the value in GS06

5.7. ST–Transaction set header - 270

Communications transport protocol transaction set header segment. This segment within the X12N implementation guide indicates the start of the transaction set and assigns a control number to the transaction. This segment may be thought of traditionally as the claim header record.

Segment	Name	Page in IG	Notes/Comments
ST	Transaction Set Header		
ST01	Transaction Set Identifier Code	61	270
ST02	Transaction Set Control Number	61	Increment by 1 when multiple transaction sets are included; must be identical to SE02.
ST03	Implementation Convention Reference	62	005010X279A1

5.8. ST–Transaction set header - 271

Communications transport protocol transaction set header segment. This segment within the X12N implementation guide indicates the start of the transaction set and assigns a control number to the transaction. This segment may be thought of traditionally as the claim header record.

Segment	Name	Page in IG	Notes/Comments
ST	Transaction Set Header		
ST01	Transaction Set Identifier Code	61	271
ST02	Transaction Set Control Number	61	Increment by 1 when multiple transaction sets are included; must be identical to SE02.
ST03	Implementation Convention Reference	62	005010X279A1

5.9. SE–Transaction set trailer

Communications transport protocol transaction set trailer. This segment within the X12N implementation guide indicates the end of the transaction set and provides the count of transmitted segments (including the beginning (ST) and ending (SE) segments). This segment may be thought of traditionally as the claim trailer record.

Segment	Name	Page in IG	Notes/Comments
SE	Transaction Set Trailer		
SE01	Transaction Segment Count	450	Number of segments included within the ST/SE segments
SE02	Transaction Set Control Number	450	Must be identical to ST02

6. Instruction tables

This table contains rows for each segment for which supplemental instruction is needed.

6.1. 005010X279A1 Real-time and batch eligibility benefit inquiry (270)

Loop	Segment	Name	Page in IG	Comments
2100A	NM1	Information Source Name		
	NM103	Information Source Last or Organization Name	70	DHCFP
	NM108	Identification Code Qualifier	71	PI = Payer Identification
	NM109	Information Source Primary Identifier	71	NVM FHSC FA
2100B	NM1	Information Receiver Name		
	NM108	Identification Code Qualifier	77-78	SV = Service provider's Atypical Provider Identifier. XX = Service provider's National Provider Identifier (NPI).
	NM109	Information Receiver Identification Number	78	Use the provider's NPI or Atypical Provider Identifier.
2100C	NM1	Subscriber Name		
	NM108	Identification Code Qualifier	95	MI
	NM109	Subscriber Primary Identifier	96	Use the recipient's 11-digit Recipient ID.
2100C	DTP	Subscriber Date		
	DTP01	Date Time Qualifier	123	102 - Issue 291 = Plan

6.2. 005010X279A1 Real-time and batch eligibility benefit inquiry (271)

Loop	Segment	Name	Page in IG	Comments
2100B	NM1	Information Receiver Name		
	NM109	Information Receiver Identification Number	235	The NPI or Atypical Provider Identifier will be returned as entered in the 270 inquiry.
2100C	NM1	Subscriber Name		
	NM108	Identification Code Qualifier	251	MI = Member ID Number
	NM109	Subscriber Primary Identifier	252	The 11-digit Recipient ID is returned in this field.
2100C	REF	Subscriber Additional Identifier		
	REF01	Reference Identification Qualifier	254-255	If EJ (Patient Account Number), SY (Social Security Number) or HJ (Recipient ID) was sent on the 270 inquiry, this value is returned here.

7. Payer specific business rules and limitations

The information, when applicable under this section, is intended to help the trading partner understand the business context of the EDI transaction.

7.1. Batch inquiries

Transaction 270 inquiries may be submitted in real-time mode or in batch mode.

Real-time mode handles one inquiry at a time and the 271 response is returned immediately.

Batch mode can handle multiple recipients from multiple providers at one time with a single X12 batch file. The 271 responses are generally available for pickup the next business day. Larger batch inquiries or multiple batches may delay the response by one or more days.

7.2. Service limits

To inquire on service limits within the 270 request using the 2110C EQ segment, enter the appropriate 2-digit service type code below in the 270 request. If a service type is not shown below, HPES does not supply limits for the service.

- Home Health Care (code 42)
- Home Health Visits (code 43)
- Psychiatric, Outpatient (code A8)
- Occupational Therapy, School Based and Non-school Based (code AD)
- Physical Medicine, School Based and Non-school Based (code AE)
- Speech Therapy (code AF)
- Substance Abuse (code AI)
- Optometry (code AL)
- Lenses (code AO)

If you do not enter a service type code or if you enter service type code 30, service limits will not be returned in the 271 response.

The 271 response verifies only service limits applicable to the provider who is making the request. For example, psychiatric service limits are not reported to a dentist.

7.3. Availability and submission

Transaction 270 can be sent 7 days a week, 24 hours per day. Response times vary depending on if you submitted a real-time or batch transaction.

7.4. Recipient

To send a 270 inquiry, you will need one of the following:

- 11-digit recipient ID
- Recipient name and date of birth
- Recipient date of birth and Social Security number
- Recipient name and Social Security number