Ohio | Department of Medicaid

HIPAA Transaction Standard Companion Guide

Refers to the Implementation Guides Based on ASC X12 version 005010

270/271 – Health Care Eligibility Benefit Inquiry and Response for Fee-For-Service

20230630 v13.0

Disclosure Statement

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The ODM Companion Guides do not:
- Replace the HIPAA ANSI ASC X12N Implementation Guide.
- Contain any actions that would result in a Non-Compliant Transaction.

The ODM Companion Guides are subject to change without prior notice.

Providers and Trading Partners are responsible for periodically checking for Companion Guide updates on the ODM Trading Partner website - Trading Partners | Medicaid (ohio.gov).

Each Medicaid Provider and/or Trading Partner has the ultimate responsibility to adhere to the HIPAA Federal Requirements as well as any Ohio State laws that are applicable including the Ohio Administrative Code (http://codes.ohio.gov/oac/5160-1-20).

Preface

This Companion Guide to the 5010 ASC X12N Technical Report Type 3 Implementation Guides and associated errata and addenda adopted under Health Insurance Portability and Accountability Act (HIPAA) clarifies and specifies the data content when exchanging electronically with ODM. Transmissions based on this companion guide, used in tandem with 005010 ASC X12 TR3 Implementation Guides, are compliant with both ASC X12 syntax and those guides. This Companion Guide is intended to convey information that is within the framework of the ASC X12N TR3 Implementation Guides adopted for use under HIPAA. The Companion Guide is not intended to convey information that in any way exceeds the requirements or usages of data expressed in the TR3 Implementation Guides.

EDITOR'S NOTE:
This page is blank because major sections of a book should begin on a right-hand page.

Table of Contents

1 INTRODUCTION

This section describes how ASC X12N Implementation Guides (IGs) adopted under HIPAA will be detailed with the use of a table. The tables contain a row for each segment that ODM has something additional, over and above, the information in the IGs. That information can:

1. Limit the repeat of loops, or segments
2. Limit the length of a simple data element
3. Specify a sub-set of the IGs internal code listings
4. Clarify the use of loops, segments, composite, and simple data elements
5. Any other information tied directly to a loop, segment, composite, or simple data element pertinent to trading electronically with ODM

In addition to the row for each segment, one or more additional rows are used to describe ODM's usage for composite and simple data elements and for any other information. Notes and comments should be placed at the deepest level of detail. For example, a note about a code value should be placed on a row specifically for that code value, not in a general note about the segment.

The following table specifies the columns and suggested use of the rows for the detailed description of the transaction set companion guides.

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
193	2100C	NM1	Subscriber Name			This type of row always exists to indicate that a new segment has begun. It is always shaded at 10% and notes or comment about the segment itself goes in this cell.
195	2100C	NM109	Subscriber Primary Identifier		15	This type of row exists to limit the length of the specified data element.
196	2100C	REF	Subscriber Additional Identification			
197	2100C	REF01	Reference Identification Qualifier	18, 49, 6P, HJ, N6		These are the only codes transmitted by ODM.
			Plan Network Identification Number	N6		This type of row exists when a note for a particular code value is required. For example, this note may say that value N6 is the default. Not populating the first 3 columns makes it clear that the code value belongs to the row immediately above it
218	2110C	EB	Subscriber Eligibility or Benefit Information			
231	2110C	EB13-1	Product/Service ID Qualifier	AD		This row illustrates how to indicate a component data element in the Reference column and also how to specify that only one code value is applicable.

1.1 SCOPE

ODM developed 5010 Companion Guides to supplement each 5010 Transaction Implementation Guide, based on Version 5, Release 1, with regards to:

- Specific Codes and/or Values that ODM will default on Outbound Transactions

- Specific Codes and/or Values that are unique to ODM to accept an Inbound Transaction

ODM Companion Guides will not create a Non-Compliant Transaction

This companion guide is intended to be used in conjunction with the ASC X12N/005010X279A1 Implementation Guide (IG). It provides supplementation instructions not included in the IG that must be followed for implementation and conducting the transaction with ODM. It does not change the requirements of the IG in any way.

1.2 OVERVIEW

The Health Insurance Portability and Accountability Act (HIPAA) require all Providers, Trading Partners and Payers in the United States to comply with the Electronic Data Interchange (EDI) Standards for Health Care.

This Companion document contains the format and establishes the data contents of the 270/271 Health Care Claim Eligibility Transaction Set for use within the context of an EDI environment. This transaction set can be used to communicate information about or changes to eligibility, coverage or benefits from information sources (such as - insurers, sponsors, and payers) to information receivers (such as - physicians, hospitals, repair facilities, third party administrators, and governmental agencies). This information includes, but is not limited to: benefit status, explanation of benefits, coverage, dependent coverage level, effective dates, amounts for co-insurance, co-pays, deductibles, exclusions, and limitations.

The 270 Health Care Claim Eligibility Benefit Inquiry and 271 Health Care Claim Eligibility Benefit Response are paired transactions. The 270 is used to transmit request(s) for patient eligibility; the inquiry response is reported in the 271.

1.3 REFERENCES

In addition to the resources available on the ODM Trading Partner Website (Trading Partners | Medicaid (ohio.gov)), there are other websites that contain helpful information to assist in the implementation of the electronic data interchange process. Links to these websites are listed below and are separated by category for easy reference.

For information about EDI software and services, visit: 1EDI Source, Inc (http://www.1edisource.com).

1.3.1 Government and Other Associations

- Center for Medicare and Medicaid Services (CMS): http://www.cms.gov
- Answers to Frequently Asked Questions: HIPAA, Administrative Simplification, and ACA FAQs | CMS
- HHS Office for Civil Rights (Privacy) http://www.hhs.gov/ocr/hipaa
- WEDI - Workgroup for Electronic Data Interchange: http://www.wedi.org
- CMS website for NPI: https://www.cms.gov/Regulations-and-Guidance/Administrative-Simplification/NationalProvIdentStand

1.3.2 ASC X12 Standards:

- Washington Publishing Company: http://www.wpc-edi.com
- American National Standards Institute: http://ansi.org
- Accredited Standards Committee: http://www.x12.org

1.4 ADDITIONAL INFORMATION

For additional information, the Trading Partner Information Guide can be found here: Trading Partners | Medicaid (ohio.gov)

2   GETTING STARTED

To get started, the Trading Partner Information Guide can be found here: [Trading Partners | Medicaid (ohio.gov)](#)

3   TESTING WITH THE PAYER

Details related to testing are in the Trading Partner Information Guide which can be found here: Trading Partners | Medicaid (ohio.gov)

4   CONNECTIVITY WITH THE PAYER/COMMUNICATIONS

Connectivity information is in the Trading Partner Information Guide which can be found here: Trading Partners | Medicaid (ohio.gov)

5   EDI CONTACT INFORMATION

5.1   INTEGRATED HELP DESK (IHD)

Questions about the status of EDI submissions (837, 270, and 276 transactions) and questions about EDI SNIP rejections from TA1, 999, and 824 transactions) should be directed to OMES EDI:

OMES EDI
Days Available: Monday through Friday
Time Zone: Eastern Time (ET)
Time Available: 8:00 am to 4:30pm
Phone: 800-686-1516, option 4, sub-option 1
Email: omesedisupport@medicaid.ohio.gov

Questions about legacy EDI (MITS/OXI) transactions, fee-for-service (FFS) claim adjudication results, results for 270/271, 276/277, 277CA, and 835 transactions for FFS should be directed to the Ohio Fiscal Intermediary (FI).

Ohio Fiscal Intermediary (FI)
Days Available: Monday through Friday
Time Zone: Eastern Time (ET)
Time Available: 8:00 am to 4:30pm
Phone: 800-686-1516, option 4, sub-option 2
Email: OH_FI_EDI_Helpdesk@gainwelltechnologies.com

6   CONTROL SEGMENTS/ENVELOPES

6.1   ISA-IEA

This section describes ODM's use of the interchange control segments. It includes a description of expected sender and receiver codes, authorization information, and delimiters.

6.1.1   270 (Inbound)

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
C.3		ISA	Interchange Control Header			
C.4		ISA01	Authorization Information Qualifier	00		No Authorization Information Present (No
C.4		ISA02	Authorization Information			Insert 10 spaces
C.4		ISA03	Security Information Qualifier	00		No Security Information Present (No Meaningful Information in ISA04)
C.4		ISA04	Security Information			Insert 10 spaces
C.4		ISA05	Interchange ID Qualifier	ZZ		Mutually Defined
C.4		ISA06	Interchange Sender ID			7-digit Trading Partner ID assigned by ODM including leading zeros. This is a fixed-length field and should be left justified and filled with spaces to meet the minimum length requirement of 15.
C.4		ISA07	Interchange ID Qualifier	ZZ		Mutually Defined
C.4		ISA08	Interchange Receiver ID	MMISODJFS 0021920 0002937 0004202 0003150 0021919 0007316 0007610 0021914		This is a fixed-length field and should be left justified and filled with spaces to meet the minimum length requirement of 15. MMISODJFS = Ohio Department of Medicaid Fee-for-Service 0021920 = AmeriHealth Caritas Ohio, Inc. 0002937 = Anthem Blue Cross Blue Shield 0004202 = Buckeye Community Health Plan 0003150 = CareSource 0021919 = Humana Health Plan of Ohio, Inc. 0007316 = Molina Healthcare of Ohio 0007610 = United Healthcare Community Plan of Ohio, Inc 0021914= Aetna OhioRISE
C.5		ISA13	Interchange Control Number			Must be identical to the associated interchange control trailer IEA02
C.6		ISA14	Acknowledgment Requested	0		No Interchange Acknowledgment Requested

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
C.10		IEA	Interchange Control Trailer			
C.10		IEA01	Number of Included Functional Groups			Number of included functional groups.
C.10		IEA02	Interchange Control Number			The control number assigned by the interchange sender. Must be identical to the value in ISA13.

6.1.2 271 (Outbound)

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
C.3		ISA	Interchange Control Header			
C.4		ISA01	Authorization Information Qualifier	00		No Authorization Information Present (No meaningful information in ISA02)
C.4		ISA03	Security Information Qualifier	00		No Security Information Present (No Meaningful Information in ISA04)
C.4		ISA05	Interchange ID Qualifier	ZZ		Mutually Defined
C.4		ISA06	Interchange Sender ID	MMISODJFS 0021920 0002937 0004202 0003150 0021919 0007316 0007610 0021914		This is a fixed-length field and should be left justified and filled with spaces to meet the minimum length requirement of 15. All ODM Trading Partner IDs should be 7-digits which include leading zeros. MMISODJFS = Ohio Department of Medicaid Fee-for-Service 0021920 = AmeriHealth Caritas Ohio, Inc. 0002937 = Anthem Blue Cross Blue Shield 0004202 = Buckeye Community Health Plan 0003150 = CareSource 0021919 = Humana Health Plan of Ohio, Inc. 0007316 = Molina Healthcare of Ohio 0007610 = United Healthcare Community Plan of Ohio, Inc 0021914= Aetna OhioRISE
C.4		ISA07	Interchange ID Qualifier	ZZ		Mutually Defined
C.4		ISA08	Interchange Receiver ID			7-digit Trading Partner ID assigned by ODM. This is a fixed-length field and should be left justified and filled with spaces to meet the minimum length requirement of 15.

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
C.5		ISA13	Interchange Control Number			Must be identical to the associated interchange control trailer IEA02
C.6		ISA14	Acknowledgment Requested	0		No Interchange Acknowledgment Requested

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
C.10		IEA	Interchange Control Trailer			
C.10		IEA01	Number of Included Functional Groups			Number of included functional groups.
C.10		IEA02	Interchange Control Number			The control number assigned by the interchange sender. Must be identical to the value in ISA13.

6.2 GS-GE

This section describes ODM's use of the functional group control segments. It includes a description of expected application sender and receiver codes. Also included in this section is a description concerning how ODM expects functional groups to be sentand how ODM will send functional groups. These discussions will describe how similar transaction sets will be packaged and ODM's use of functional group control numbers.

6.2.1 270 (Inbound)

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
C.7		GS	Functional Group Header			
C.7		GS02	Application Sender's Code			7-digit Trading Partner ID assigned by ODM. Same as ISA06
C.7		GS03	Application Receiver's Code			Same as ISA08
C.8		GS06	Group Control Number			Must be identical to the value in GE02.

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
C.9		GE	Functional Group Trailer			
C.9		GE01	Number of Transaction Sets Included			Number of included transaction sets.
C.9		GE02	Group Control Number			The functional group control number. Must be the same value as GS06

6.3 271 (Outbound)

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
C.7		GS	Functional Group Header			
C.7		GS02	Application Sender's Code			
C.7		GS03	Application Receiver's Code			7-digit Trading Partner ID assigned by ODM.
C.8		GS06	Group Control Number			Must be identical to the value in GE02

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Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
C.9		GE	Functional Group Trailer			
C.9		GE01	Number of Transaction Sets Included			Number of included transaction sets.
C.9		GE02	Group Control Number			The functional group control number. Must be the same value as GS06

6.4   ST-SE

This section describes ODM's use of transaction set control numbers. ODM limits the number of inquiries per ST-SE to 5000

6.4.1   270 (Inbound)

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
61		ST	Transaction Set Header			
61		ST02	Transaction Set Control Number			Identical to the value in SE02.

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
200		SE	Transaction Set Trailer			
200		SE01	Number of Included Segments			Total number of segments included in a transaction set including ST and SE segments
200		SE02	Transaction Set Control Number			Transaction set control number. Identical to the value in ST02.

6.4.2   271 (Outbound)

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
209		ST	Transaction Set Header			
209		ST02	Transaction Set Control Number			Identical to the value in SE02.

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
450		SE	Transaction Set Trailer			
450		SE01	Number of Included Segments			Total number of segments included in a transaction set including ST and SE segments
450		SE02	Transaction Set Control Number			Transaction set control number. Identical to the value in ST02.

7   PAYER SPECIFIC BUSINESS RULES AND LIMITATIONS

In order to conduct eligibility transactions using the 270/271 X12 transactions, Trading Partners must be authorized by Ohio Medicaid and in active status. These details are documented in the Trading Partner Information Guide which can be found at this link - Trading Partners | Medicaid (ohio.gov) .

Authorized Trading Partners enrolled with the Ohio Department of Medicaid (ODM) to send the EDI 270 / 271 Eligibility Inquiry and Response must adhere to the maximum limit of 5000 transactions per file. The X12 EDI TR3 recommended limit is 99 patient requests when submitting via batch mode. ODM has made an extensive allowance to accept more than the X12 EDI TR3 recommendation. Please take the necessary steps to limit the number of inquiries submitted per file. Trading Partners who submit more than the ODM limit may have their accounts disabled until they are able to meet the ODM requirement.

MCE Payer IDs in 2100A NM109:

MCE	270/271 2100A NM109	DESCRIPTION
UNITED HEALTH CARE	88337	United Healthcare Ohio Medicaid
	83572	United Healthcare Ohio Medicaid Vision
	83244	United Healthcare Ohio Medicaid Dental
AMERIHEALTH	842435374	AmeriHealth Caritas Ohio
AETNA OhioRISE	60054	Aetna OhioRISE
CARESOURCE	0003150	CareSource OH Medicaid
	CSVIS001	CareSource OH Vision
	CSDEN001	CareSource OH Dental
BUCKEYE	0004202	Buckeye Ohio Medicaid
	N/A	Buckeye Envolve Vision
	N/A	Buckeye Envolve Dental
MOLINA	0007316	Molina Ohio Medicaid
	N/A	Molina SkyGen
	N/A	Molina March Vision
HUMANA	61103	Humana Ohio Medicaid
	D021919	Humana DentaQuest
	V021919	Humana EyeMed
ANTHEM BCBS	0002937	Anthem Medical
	N/A	Anthem EyeMed Vision
	N/A	Anthem DentaQuest Dental

Values in EB05 of the 271 response

The 271 Code Crosswalk can be used to help Trading Partners and providers cross reference the 271 eligibility codes with their definitions (e.g., 1019 = CHIP2 QMB) while the 271 Acronym Reference Guide can be used to define acronyms used for the 271 (e.g., MCAID = Medicaid).

A link to the 271 Code Crosswalk can be found here: ODM+271+Code+Crosswalk.pdf (ohio.gov)
A link to the 271 Acronym Reference Guide can be found here: Acronym+Reference+Guide.pdf (ohio.gov)

CPT/HCPCS Code Feature

One of the new features launched in EDI is the ability to confirm eligibility for specific procedures using CPT/HCPCS codes in the 270/271 inquiry within the EDI. This enables trading partners, on behalf of their providers, to proactively request information about member benefit coverage in addition to Medicaid member eligibility. By using the CPT/HCPCS values in the 270/271 inquiry, providers can obtain crucial information in advance of specific procedures enabling a more streamlined administrative process.

Search Criteria Guidelines

A minimum of two pieces of information from the following table must be included on the 270 for a successful 271 response (e.g., social security number (SSN) and Medicaid Member ID).

Criteria	Comments
Medicaid Member ID	• Use the member's current Medicaid Member ID in conjunction with other criteria to obtain optimal results and find the appropriate member*.
Social Security Number	• Do not use filler data, which will cause errors and inaccurate results. Sending an inaccurate SSN will result in an AAA error; if the SSN is unknown, do not send the REF segment.
Date of Birth	• Use the correct date of birth (DOB) for accurate matching. If the DOB is not known, do not send it.
Last Name	• Provide the member's full last name to avoid an AAA error response. Avoid using incomplete last names.
First Name	• Use the member's full first name for accurate identification and matching. Avoid using shortened names or nicknames.

* Currently, old Medicaid Member IDs do not work in the 270 searches. You must use current Medicaid Member IDs in a search. ODM is working to resolve this issue.

Do not submit partial, incorrect, or filler data in any fields. A mismatch in data submitted and data found could result in the return of an AAA in the 271 instead of the member's eligibility. All information submitted on the 270 is used to validate the member to avoid intentional phishing, help eliminate fraud and ambiguity, and safeguard the member's protected health information (PHI) and personally identifiable information (PII).

With the implementation of the OMES system, Ohio Department of Medicaid is better aligned with Council for Affordable Quality Healthcare (CAQH) core standards and has increased the security of member PHI/PII.

8 ACKNOWLEDGEMENTS AND/OR REPORTS

8.1 The TA1 Technical Acknowledgement

The TA1 allows the receiver of a file to notify the sender that an invalid interchange structure was received or that problems were encountered. The TA1 verifies only the interchange header (ISA/GS) and trailer (IEA/GE) segments of the file envelope.

For batch and real-time transactions, if ISA or GS errors were encountered then the generated TA1 report with the Interchange Header errors will be returned for pickup.

8.2 The 999 Implementation Acknowledgement

For batch transactions, each time a properly formatted 5010 X12 file is submitted to Ohio Medicaid, an accepted 999 acknowledgement is returned to the submitter. If the file submitted is rejected, a negative 999 is produced and returned to the submitter.

For real-time, a negative 999 acknowledgement is generated if the 270 eligibility request or 271 response fails compliance.

8.3 REPORT INVENTORY

For batch transactions, if a 5010 X12 file fails compliance, an HTML report file is returned to the submitter. This file contains details that will assist the submitter to identify the issue and correct the problem.

9   TRADING PARTNER AGREEMENTS

These details can be found in the Trading Partner Information Guide which can be found at this link - Trading Partners | Medicaid (ohio.gov) .

9.1   TRADING PARTNERS

An EDI Trading Partner is defined as any OMES customer (provider, billing service, software vendor, employer group, financial institution, etc.) that transmits to, or receives electronic data from OMES.

Payers have EDI Trading Partner Agreements that accompany the standard implementation guide to ensure the integrity of the electronic transaction process. The Trading Partner Agreement is related tothe electronic exchange of information, whether the agreement is an entity or a part of a larger agreement, between each party to the agreement.

For example, a Trading Partner Agreement may specify among other things, the roles and responsibilities of each party to the agreement in conducting standard transactions.

10 TRANSACTION SPECIFIC INFORMATION

This section describes how ASC X12N Implementation Guides (IGs) adopted under HIPAA will be detailed with the use of a table. The tables contain a row for each segment that ODM has something additional, over and above, the information in the IGs. That information can:

1. Limit the repeat of loops, or segments
2. Limit the length of a simple data element
3. Specify a sub-set of the IGs internal code listings
4. Clarify the use of loops, segments, composite, and simple data elements
5. Any other information tied directly to a loop, segment, composite, or simple data element pertinent to trading electronically with ODM

In addition to the row for each segment, one or more additional rows are used to describe ODM's usage for composite and simple data elements and for any other information. Notes and comments should be placed at the deepest level of detail. For example, a note about a code value should be placed on a row specifically for that code value, not in a general note about the segment.

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10.1 270 (Inbound)

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
69	2100A	NM1	Information Source Name			
69	2100A	NM101	Entity Identifier Code	PR	15	Payer
71	2100A	NM109	Identification Code			For FFS = MMISODJFS. For Managed Care members, see Section 7
72	2000B	HL	Information Receiver Level			
74	2000B	HL04	Hierarchical Child Code	1		
75	2100B	NM1	Information Receiver Name			
75	2100B	NM101	Entity Identifier Code	1P, 2B, 80, FA, GP, P5, PR		1P = Provider 2B = Third-Party Administrator 80 = Hospital FA = Facility GP = Gateway Provider P5 = Plan Sponsor PR = Payer
76	2100B	NM102	Entity Type Qualifier	1, 2		1 = Person 2= Non-Person Entity
77	2100B	NM108	Identification Code Qualifier	PI, 34, FI, SV, XX		PI = Payer Identification – used only when the 270/271 transaction sets are used between two payers. 34 = SSN for 'Individual Providers' FI – Federal Tax ID for 'Non-Individual Providers' SV = 'Atypical' Provider ID assigned by ODM XX = 'Typical' Provider NPI
78	2100B	NM109	Identification Code			Information Receiver Identification Number based on NM108.
86	2000C	HL	Subscriber Level			

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
89	2000C	HL04	Hierarchical Child Code	0		No Subordinate HL Segment in This Hierarchical Structure. For ODM, the Member is the Subscriber so there should never be Dependent Level.
92	2100C	NM1	Subscriber Name			
95	2100C	NM108	Identification Code Qualifier	MI		
96	2100C	NM109	Identification Code			Medicaid member ID assigned by ODM
124	2110C	EQ	Subscriber Eligibility or Benefit Inquiry			
125	2110C	EQ01	Service Type Code	1, 2, 4, 5, 6, 7, 8, 12, 13, 18, 20, 30, 33, 35, 40, 42, 45, 47, 48, 50, 51, 52, 53, 62, 65, 68, 73, 76, 78, 80, 81, 82, 86, 88, 93, 98, 99, A), A3, A6, A7, A8, AD, AE, AF, AG, AI, AL, BG, BH, MH, UC		A maximum of 20 service type codes can be sent in. If there are more than 20 service type codes in the eligibility request, then a generic response for service type code 30 is returned instead. 1 = Medical Care 2 = Surgical 4 = Diagnostic X-Ray 5 = Diagnostic Lab 6 = Radiation Therapy 7 = Anesthesia 8 = Surgical Assistance 12 = Durable Medical Equipment Purchase 13 = Ambulatory Service Center Facility 18 = Durable Medical Equipment Rental 20 = Second Surgical Opinion 30 = Health Benefit Plan Coverage 33 = Chiropractic 35 = Dental Care 40 = Oral Surgery 42 = Home Health Care 45 = Hospice 47 = Hospital 48 = Hospital - Inpatient 50 = Hospital - Outpatient 51 = Hospital - Emergency Accident 52 = Hospital - Emergency Medical 53 = Hospital - Ambulatory Surgical 62 = MRI/CAT Scan 65 = Newborn Care 68 = Well Baby Care 73 = Diagnostic Medical 76 = Dialysis 78 = Chemotherapy 80 = Immunizations 81 = Routine Physical 82 = Family Planning 86 = Emergency Services 88 = Pharmacy 93 = Podiatry 98 = Professional (Physician) Visit - Office 99 = Professional (Physician) Visit - Inpatient A0 = Professional (Physician) Visit - Outpatient A3 = Professional (Physician) Visit - Home A6 = Psychotherapy A7 = Psychiatric - Inpatient A8 = Psychiatric - Outpatient

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
						AD = Occupational Therapy AE = Physical Medicine AF = Speech Therapy AG = Skilled Nursing Care AI = Substance Abuse AL = Vision (Optometry) BG = Cardiac Rehabilitation BH = Pediatric MH = Mental Health UC = Urgent Care

10.1.1 271 (Outbound)

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
218	2100A	NM1	Information Source Name			
220	2100A	NM108	Identification Code Qualifier	46		
220	2100A	NM109	Information Source Primary Identifier			See Section 7
229	2000B	HL	Information Receiver Level			
231	2000B	HL04	Hierarchical Child Code	1		
232	2000B	NM1	Information Receiver Name			
232	2100B	NM101	Entity Identifier Code	1P, 2B, 80, FA, GP, P5, PR		1P = Provider 2B = Third-Party Administrator 80 = Hospital FA = Facility GP = Gateway Provider P5 = Plan Sponsor PR = Payer
233	2100B	NM102	Entity Type Qualifier	1, 2		
234	2100B	NM108	Identification Code Qualifier	PI, 34, FI, SV, XX		PI = Payer Identification – used only when the 270/271 transaction sets are used between two payers. 34 = SSN for 'Individual Providers' FI – Federal Tax ID for 'Non-Individual Providers' SV = 'Atypical' Provider ID assigned by ODM XX = 'Typical' Provider NPI
238	2100B	AAA	Information Receiver Request Validation			
239	2100B	AAA03	Reject Reason Code	41, 43, 51		43 = Invalid/Missing Provider Identification 44 = Invalid/Missing Provider Name 51 = Provider Not on File
239	2100B	AAA04	Follow-up Action Code	C		Please Correct and Resubmit
243	2000C	HLK	Subscriber Level			
245	2000C	HL04	Hierarchical Child Code	0		
246	2000C	TRN	Subscriber Trace Number			
247	2000C	TRN01	Trace Type Code	1, 2		
248	2000C	TRN03	Trace Assigning Entity Identifier			If TRN01 is "2", this is the value received in the original 270 transaction. If TRN01 is "1", this information identifies the organization that assigned this trace number.

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
248	2000C	TRN04	Trace Assigning Entity Additional Identifier			Trace Assigning Entity Additional Identifier If TRN01 is "2", this is the value received in the original 270 transaction. If TRN01 is "1", use this information, if necessary, to further identify a specific component, such as a specific division or group of the entity identified in the previous data element (TRN03).
249	2100C	NM1	Subscriber Name			
252	2100C	NM109	Subscriber Primary Identifier			Ohio's Medicaid Recipient Identification Number
253	2100C	REF	Subscriber Additional Identification			
254	2100C	REF01	Reference Identification Qualifier	18, IL, 1W, 6P, EA, EJ, F6, HJ, IF, IG, N6, NQ, Q4, Y4, SY		18 = Plan Number IL = Group or Policy Number 1W = Member Identification Number EA = Medical Record Identification Number EJ = Patient Account Number F6 = Medicare ID HJ = Identity Card Number IF = Issue Number IG = Insurance Policy Number N6 = Plan Network Identification Number NQ = Medicaid Recipient Identification Number Q4 = Prior Identifier Number Y4 = Agency Claim Number SY = Social Security Number
262	2100C	AAA	Subscriber Request Validation			
262	2100C	AAA01	Valid Request Indicator	N, Y		N = No Y = Yes
263	2100C	AAA03	Reject Reason Code	15, 42, 58, 71, 73, 75, 76		15 = Required application data missing - Indicates the information receiver's additional identification is missing. 42 = Unable to respond at current time 58 = Invalid/Missing Date of Birth 71 = Patient Birth Date Does Not Match That For The Patient on the Database 73 = Invalid/Missing Subscriber/Insured Name 75 = Subscriber/Insured Not Found 76 = Duplicate Subscriber/Insured ID Number
271	2100C	INS	Subscriber			
271	2100C	INS01	Insured Indicator	Y		Yes
272	2100C	INS02	Individual Relationship Code	18		Self
272	2100C	INS03	Maintenance Type Code	001		Change
272	2100C	INS04	Maintenance Reason Code	25		Change in Identifying Data Elements
289	2110C	EB	Subscriber Eligibility of Benefit			

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Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
			Information			
291	2110C	EB01	Eligibility or Benefit Information	1, 6, B, G, I, J, L, MC, R, , Y		1 = Active Coverage 6 = Inactive B = Co-Payment G = Out of Pocket (Patient Liability Amount) J = Share of Cost L = Primary Care Provider MC = MCO R = Other or Additional Payer Y = Spend Down
293	2110C	EB03	Service Type Code	1, 2, 4, 5, 6, 7, 8, 12, 13, 18, 20, 30, 33, 35, 40, 42, 45, 47, 48, 50, 51, 52, 53, 54, 62, 65, 68, 73, 76, 78, 80, 81, 82, 86, 88, 93, 98, 99, A0, A3, A6, A7, A8, AD, AE, AF, AG, AI, AL, BG, BH, MH, UC		1 = Medical Care 2 = Surgical 4 = Diagnostic X-Ray 5 = Diagnostic Lab 6 = Radiation Therapy 7 = Anesthesia 8 = Surgical Assistance 12 = Durable Medical Equipment Purchase 13 = Ambulatory Service Center Facility 18 = Durable Medical Equipment Rental 20 = Second Surgical Opinion 30 = Health Benefit Plan Coverage 33 = Chiropractic 35 = Dental Care 40 = Oral Surgery 42 = Home Health Care 45 = Hospice 47 = Hospital 48 = Hospital - Inpatient 50 = Hospital - Outpatient 51 = Hospital - Emergency Accident 52 = Hospital - Emergency Medical 53 = Hospital - Ambulatory Surgical 54 = Long Term Care 62 = MRI/CAT Scan 65 = Newborn Care 68 = Well Baby Care 73 = Diagnostic Medical 76 = Dialysis 78 = Chemotherapy 80 = Immunizations 81 = Routine Physical 82 = Family Planning 86 = Emergency Services 88 = Pharmacy 93 = Podiatry 98 = Professional (Physician) Visit - Office 99 = Professional (Physician) Visit - Inpatient A0 = Professional (Physician) Visit - Outpatient A3 = Professional (Physician) Visit - Home A6 = Psychotherapy A7 = Psychiatric - Inpatient

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
						A8 = Psychiatric - Outpatient AD = Occupational Therapy AE = Physical Medicine AF = Speech Therapy AG = Skilled Nursing Care AI = Substance Abuse AL = Vision (Optometry) BG = Cardiac Rehabilitation BH = Pediatric MH = Mental Health UC = Urgent Care
299	2110C	EB05	Plan Coverage Description			Please see information and links in Section 7 on page 18
299	2110C	EB06	Time Period Qualifier	34		Month
300	2110C	EB07	Benefit Amount			Patient Responsibility
303	2110C	EB12	In Plan Network Indicator	Y, N		Y = Yes N= No
315	2110C	REF	Subscriber Additional Identification			
315	2100C	REF01	Reference Identification Qualifier	18, 1W, 6P, IG, 1L		18 = Plan Number 1W = Member Identification Number 6P = Group Number IG = Insurance Policy Number 1L = Group or Policy Number
317	2110 C	DTP	Subscriber Eligibility/Benefit Date			Coverage details are provided till the last day of the month for the period being queried.
317	2110C	DTP01	Date Time Qualifier	307, 472		307 = Eligibility 472 = Service (used with service types and DTP02 = RD8; used with the benefit limit span and DTP02 = D8).
329	2120C	NM1	Subscriber Benefit Related Entity Name			
330	2120C	NM101	Entity Identifier Code	1P, 1U, P3, PR		1P = Provider 1U = Long Term Care Facility P3 = Primary Care Provider PR = Payer
334	2120C	NM110	Benefit Related Entity Relationship Code	02, 41, 65		02 = Child 41 = Spouse 65 = Other

11 APPENDICES

This section contains one or more appendices.

11.1 Implementation Checklist

See Trading Partner Information Guide found here: Trading Partners | Medicaid (ohio.gov) .

11.2 Business Scenarios

Ohio Medicaid attempts to identify the member using all the information provided in the following sequence:

- Ohio Medicaid requires a *minimum* of two of the following data elements for request processing:
  - o First name/Last name
  - o Date of Birth
  - o Social Security Number
  - o Medicaid Member ID

11.3 Frequently Asked Questions

See Trading Partner Information Guide found here: Trading Partners | Medicaid (ohio.gov) .

12 Change Summary

This section describes the differences between the current Companion Guide and previous guide(s).

12/21/2021:
- Updated the revision number in the filename
- Added EDI helpdesk email address to Section 5 Contact Information
- Added 0021914 = Aetna OhioRISE in ISA08 for 270 Inbound and ISA06 for 271 Outbound
- Removed details from GS03 from 270 Inbound and GS02 from 271 Outbound

2/25/22:
- Removed 2110C MSG segment

3/4/2022:
- Added MCE Payer IDs in 2100A NM109 for both the 270 request and the 271 response transactions in Section 7

3/25/2022:
- Updated MCE Payer IDs in 2100A NM109 in Section 7

04/22/2022:
- Replaced DRAFT with OMES disclaimer
- Removed 0021457 Aetna Better Health of Ohio from ISA06 in the 270 inquiry transaction and ISA08 in the 271 response transaction
- Created table and updated MCE Payer IDs in 2100A NM109 in Section 7

09/16/2022
- Updated Section 7 MCE Payer ID table

09/30/2022
- Updated Section 6.2.1, GS06 comment to "Must be identical to the value in GE02."

12/23/2022
- Added ISA02 & ISA04 with comment "insert 10 spaces"
- Added comments GS02=ISA06 and GS03=ISA08 on the 270 transaction
- Removed row 2110C EB02 and Code "IND" from the 271 from page 26

01/11/2023
- Updated MCE Payer IDs in 2100A NM109 in Section 7
- Updated EDI support email address

01/24/2023
- Updated EDI Support in Section 5, Contact Information.
- Updated Section 10, Reference NM109

02/21/2023
- Added EB05 information in Section 7, page 18 for 271 responses

06/30/2023
- Updated Section 5 EDI Contact Information
- Removed AmeriHealth Payer IDs for radiology and transportation in Section 7
- Added new CPT/HCPCS feature information in Section 7
- Added Search Criteria Guidelines in Section 7