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EDI

OR-DHS 270/271 Enhancements

Based on requests from our provider community, OR-DHS is pleased to announce the completion of several of the requested changes that will affect Real-Time processing.

General System Availability

Beginning in early May 2006, the hours of availability for submission of inquiries will increase. We continue to work toward making the system available nearly 24/7. Watch for Bulletin 11 that will be posted soon regarding our system availability schedule.

OR-DHS EDI Bulletin

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Enhancements to Real-Time Responses

➢ OR-DHS will no longer return the "inquiry date" or current date as the "end date" for eligibility or enrollment in all cases. OR-DHS cannot send future dates, so two scenarios have been added that will hopefully improve determining a client's eligibility or enrollment status:

- o **Limited eligibility or enrollment anticipated:** if a client's eligibility or enrollment termination date is imminent but not reached, OR-DHS will return the current date as the "end date" –or–
- o **Extended eligibility or enrollment anticipated:** if a client has eligibility or enrollment that has no definite termination date, no "end date" will be returned.

➢ Effective April 20, 2006, OR-DHS will return all segments in a 90-day span, based on the beginning date of the inquiry. If you desire a total of 12 months of eligibility or enrollment data, modify your request by changing the "begin date" and "end date" to cover each 90-day period until you have received data for the 12-month period desired.

EXAMPLE: When you send in an inquiry requesting a client's enrollment for January 1, 2006, through March 1, 2006, OR-DHS will return all active eligibility or enrollment segments in that range. So, if the client was enrolled continuously prior to January 1, 2006, to present, OR-DHS would return all eligibility or enrollment segments, which would consist of the beginning date prior to January 1, 2006, with no end date.

NOTE: If you are a hospital needing client information for Disproportionate Share calculations, please contact OR-DHS EDI Support Services at the numbers listed at the end of this Bulletin.

➢ OR-DHS will no longer return inactive eligibility or enrollment segments unless there is nothing else to return. If the client has no current eligibility or enrollment, OR-DHS will return only the most current line of inactive eligibility. Previously, if the date of birth information in our system was not compliant, the 271 Response

file failed during the creation process. To prevent this failure in the future, the client's date of birth will not be returned (when non-compliant data is present), including the demographics segment. This allows us to still return eligibility or enrollment information by avoiding what was failing the Response file.

➤ If the Third Party Resource (TPR) data in the OR-DHS system contains a non-compliant date, the segment for TPR will not be returned. OMAP's Prepaid Health Plans (PHPs): Fully Capitated Health Plans (FCHP), Dental Care Organizations (DCO), Mental Health Organization (MHO), Chemical Dependency Organization (CDO), and Physician Care Organization (PCO) enrollment data are stored as TPR. If you believe the client is enrolled in a PHP and the expected information was not returned, please contact our Provider Services at 1-800-336-6016 for additional information

➤ On rare occasions, OR-DHS was not able to process 270 inquiries, for a variety of system-related issues, and sent no 271 Response to the requestor. OR-DHS will now return the 271 Response with the following information, indicating our inability to process the request.

> The Loop 2100C, AAA, Requestor Validation Segment will contain:
> AAA01, Condition Response Code, value of "Y,"
> AAA03, Reject Reason Code, value "42"
> AAA04, Follow-up Action Code, value "X"
> NOTE: DHS is interpreting the defined value of '42' in the AAA03 element to be a suggested or recommended use and not exclusive to Batch processing.

Enhancements to Batch Transactions

The enhancements described below will be implemented for the 270/271 Batch Eligibility Transactions in the near future. Once a final implementation date has been established, OR-DHS will publish a revised Bulletin. You will notice that many of the enhancements are the same as discussed for the Real Time, with a couple of additional enhancements for batches only.

➤ The OR-DHS batch processing system is currently truncating to the last byte or character of the first name and to the last byte or character of the last name. With the implementation of the enhancements to the batch process the entire name, as field length allows, will be returned.

➤ OR-DHS currently returns the trace number truncated to 10 bytes. With our implementation, we will increase the trace number to allow for 30 bytes.

➤ OR-DHS will no longer return the "inquiry date" or current date as the "end date" for eligibility or enrollment in all cases. OR-DHS cannot send future dates, so two scenarios have been added that will hopefully improve determining a client's eligibility or enrollment status:

  o **Limited eligibility or enrollment anticipated:** if a client's eligibility or enrollment termination date is imminent but not reached, OR-DHS will return the current date as the "end date" –or–

  o **Extended eligibility or enrollment anticipated:** if a client has eligibility or enrollment that has no definite termination date, no "end date" will be returned.

➤ Because of outbound large file processing problems, OR-DHS will not be able to continue to return 12 months of eligibility/enrollment information at one time. Previously, when we received

an inquiry, we returned 12 months of eligibility or enrollment regardless of the time frame requested. OR-DHS will return all segments in a 90-day span requested, based on the beginning date in the inquiry. If you desire a total of 12 months of eligibility or enrollment data, modify your request by changing the "begin date" and "end date" to cover each 90-day period until you have received data for the 12-month period desired.

EXAMPLE: When you send in an inquiry requesting a client's enrollment for January 1, 2006, through March 1, 2006, OR-DHS will return all active eligibility or enrollment segments in that range. So, if the client was enrolled continuously prior to January 1, 2006, to present, OR-DHS would return all eligibility or enrollment segments, which would consist of the beginning date prior to January 1, 2006, with no end date.

NOTE: If you are a hospital needing client information for Disproportionate Share calculations, please contact OR-DHS EDI Support Services at the numbers listed at the end of this Bulletin.

➤ OR-DHS will no longer return inactive eligibility or enrollment segments unless there is nothing else to return. If the client has no current eligibility or enrollment, OR-DHS will return only the most current line of <u>inactive</u> eligibility.

➤ Previously, if the date of birth information in our system was not compliant, the 271 Response file failed during the creation process. To prevent this failure in the future, the client's date of birth will not be returned (when non-compliant data is present), including the demographics segment. This allows us to still return eligibility or enrollment information by avoiding what was failing the Response file.

➤ If the Third Party Resource (TPR) data in the OR-DHS system contains a non-compliant date, the segment for TPR will not be returned. OMAP's Prepaid Health Plans (PHPs): (Fully Capitated Health Plans (FCHPs), Dental Care Organizations (DCOs), Mental Health Organization (MHOs), Chemical Dependency Organization (CDO) and Physician Care Organization (PCO) enrollment data are stored as TPR. If you believe the client is enrolled in a PHP and the expected information was not returned, please contact our Provider Services at 1-800-336-6016 for additional information.

➤ On rare occasions, DHS was not able to process 270 inquiries, for a variety of system-related issues, and sent no 271 Response to the requestor. OR-DHS will now return the 271 Response with the following information, indicating our inability to process the request.

The Loop 2100C, AAA, Requestor Validation Segment will contain:
AAA01, Condition Response Code, value of "Y,"
AAA03, Reject Reason Code, value "42"
AAA04, Follow-up Action Code, value "X"
NOTE: DHS is interpreting the defined value of "42" in the AAA03 element to be a suggested or recommended use and not exclusive to Batch processing.

If you have questions or need assistance with electronic submissions, please contact the OR-DHS EDI Support Team at either 503-947-5347 or 1-800-422-5047 (Option 2) or via e-mail at <dhs.hipaatesting@state.or.us>. Other billing questions should be addressed to Provider Services at 1-800-336-6016 or <omap.prov-callcenter@state.or.us>.