

**OR-DHS 270 NPI
Health Care Eligibility Benefit Inquiry
VERSION 4010A1**

Oregon DHS NPI Companion Guide for 270 Health Care Eligibility Benefit Inquiry

The NPI is a single identification number that will be assigned to all covered health care providers. It is intended to improve the efficiency of the health care system and help to reduce fraud and abuse. The intent of the NPI is to eliminate the need for payers and providers to keep numerous identifiers and in turn simplify transaction processing between these entities. This companion guide is meant to be used as a technical reference guide for NPI usage in Oregon.

The objective of this document is:

- *To clarify what information is needed by Dept. of Human Services (OR-DHS) where the guide indicates that the choice is dependent on the Payer.
- *To point out preferred selections for data elements where multiple alternatives exist.

This Companion Guide supplements the 270 Eligibility Benefit Inquiry Implementation Guide Version 004010X092A1.

In order to create an OR-DHS HIPAA compliant transaction, you must first meet the requirements of the Implementation Guide and then incorporate the payer (OR-DHS) specific requirements.

OR-DHS processes all alpha characters in upper case (except data reported in the ISA06 and GS02 elements).

Every effort has been made to prevent errors in this document. However, if there is a discrepancy between this document and the Implementation Guide, the Implementation Guide is the final authority.

In the examples given in this Companion Guide, a lowercase "b" denotes a blank space.

DHS will use the following search criteria when attempting to make a match within the system:

- 1) Prime I.D. OR
- 2) Date of Birth with First and Last Name OR
- 3) Date of Birth with Social Security Number

Additional identifying information may be sent, but it is not used in the current search functionality.

If your search criteria did not produce a successful 271 Response Transaction from DHS, please carefully check the data elements you used in the 270 Inquiry Transaction.

In order to create an OR-DHS HIPAA compliant transaction, you must first meet the requirements of the Implementation Guide and then incorporate the payer (OR-DHS) specific requirements.

**IMPORTANT: At this time, OR-DHS will only accept 270 BATCH files no larger than 3 megabytes.
OR-DHS will report all lines of eligibility that cross request date period.**

"IMPORTANT NOTE: When determining the delimiters to use/send, please take data content, communication protocols, and industry standards into account. If transmission or transaction errors can be traced to the choice of a delimiter, trading partners will be notified, and the use of that delimiter will be prohibited. For example: When the EBCDIC character for <new line> is used as a delimiter, and it is converted to ASCII, it becomes two characters - <carriage return> and <line feed>. Systems using ASCII characters encounter extra, non-conforming characters and reject the transmission."

**OR-DHS 270 NPI
Health Care Eligibility Benefit Inquiry
VERSION 4010A1**

ISA -- Interchange Control Header - Page B3

Usage: Required

Example: ISA*00*bbbbbbbb*00*bbbbbbbb*ZZ*tp123456bbbb*ZZ*ORDHSOMAPbbbb*010801*1452*U*00401*00000001*0*P*::~

ELEMENT	NAME	USE	ATTRIBUTES			Comments
			Min/Max	Data	Codes/Values	
ISA01	Authorization Information Qualifier	R	2/2	ID	00	
ISA03	Security Information Qualifier	R	2/2	ID	00	
ISA05	Interchange ID Qualifier	R	2/2	ID	ZZ	
ISA06	Interchange Sender ID	R	15/15	AN		The sender's mailbox number (tp##### (lowercase "tp")). Insert spaces <u>after</u> data to meet 15-byte requirement.
ISA07	Interchange ID Qualifier	R	2/2	ID	ZZ	
ISA08	Interchange Receiver ID	R	15/15	AN	ORDHSOMAP	Insert spaces <u>after</u> data to meet 15-byte requirement.

GS -- Functional Group Header - Page B8

Usage: Required

Example: GS*HS*tp123456*ORDHSOMAP*20050325*1452*1215*X*004010X092A1~

ELEMENT	NAME	USE	ATTRIBUTES			Comments
			Min/Max	Data	Codes/Values	
GS02	Application Sender's Code	R	2/15			The sender's mailbox number (tp##### (lowercase "tp")).
GS03	Application Receiver's Code	R	2/15		ORDHSOMAP	

BHT -- Beginning of Hierarchical Transaction- Page 38

Usage: Required

Segment Max Use within Transaction: 1

Loop ID: None

Example: BHT*0022*13**20050325*0932*~

ELEMENT	NAME	USE	ATTRIBUTES			Comments
			Min/Max	Data	Codes/Values	
BHT02	Transaction Set Purpose Code	R	2/2	ID	13	

**OR-DHS 270 NPI
Health Care Eligibility Benefit Inquiry
VERSION 4010A1**

NM1 -- Information Source Name - Page 44

Usage: Required

Segment Max Use within Loop: 1

Loop ID: 2100A

Example: NM1*P5*2*OREGON DHS OMAP*****FI*9301234567~

ELEMENT	NAME	USE	ATTRIBUTES			Comments
			Min/Max	Data	Codes/Values	
NM101	Entity Identifier Code	R	2/3	ID		P5 - Plan Sponsor (270 requests from Prepaid Health Plans) PR - Payer (270 requests from FFS providers)
NM102	Entity Type Qualifier	R	1/1	ID	2	2
NM103	Information Source Last or Organization Name	R	1/35	AN	OREGON DHS OMAP	OREGON DHS OMAP
NM108	Identification Code Qualifier	R	1/2	ID	FI	FI - Tax Identification Number
NM109	Information Source Primary Identifier	R	2/80	AN	123456789	9301234567

NM1 -- Information Receiver Name - Page 50

Usage: Required

Segment Max Use within Loop: 1

Loop ID: 2100B

Example: NM1*1P*2*PROVIDER*****XX*0123456789~

ELEMENT	NAME	USE	ATTRIBUTES			NEW	OLD (Previously Allowed Values)
			Min/Max	Data	Codes/Values	Comments	Comments
NM101	Entity Identifier Code	R	2/3	ID		1P - Provider 2B - Third-Party Administrator 80 - Hospital FA - Facility GP - Gateway Provider	1P - Provider 2B - Third-Party Administrator 80 - Hospital FA - Facility GP - Gateway Provider
NM108	Identification Code Qualifier	R	1/2	ID	XX	XX - Health Care Financing Administration National Provider Identifier	Use SV until mandated use of NPI.
NM109	Information Source Primary Identifier	R	2/80	AN		Enter the Appropriate 10 Digit National Provider ID (NPI)	The OR-DHS assigned Medicaid provider ID number.

REF -- Information Receiver Additional Identification - Page 54

Usage: Situational

Segment Max Use within Loop: 9

Loop ID: 2100B

Example: REF*HPI*0123456789~

NOTE: At this time, OR-DHS does not use information reported here to identify the information receiver, but will return all values as submitted.

**OR-DHS 270 NPI
Health Care Eligibility Benefit Inquiry
VERSION 4010A1**

HL -- Subscriber Level - Page 66

Usage: Required
Segment Max Use within Loop: 1
Loop ID: 2000C
Example: HL*2*1*22*0~

ELEMENT	NAME	USE	ATTRIBUTES			Comments
			Min/Max	Data	Codes/Values	
HL04	Hierarchical Child Code	R	1/1	ID	0	

NM1 -- Subscriber Name - Page 71

Usage: Required
Segment Max Use within Loop: 1
Loop ID: 2100C
Example: NM1*IL*1*DOE*JOHN*T**JR*MI*12345678~

ELEMENT	NAME	USE	ATTRIBUTES			Comments
			Min/Max	Data	Codes/Values	
NM103	Subscriber Last Name	S	1/35	AN		Patient's last name as it appears on the DMAP medical care identification. Do not use special characters. Cannot be blank.
NM104	Subscriber First Name	S	1/25	AN		Patient's first name as it appears on the DMAP medical care identification. Do not use special characters. Cannot be blank.
NM108	Identification Code Qualifier	S	1/2	ID	MI	
NM109	Subscriber Primary Identifier	S	2/80	AN		Recipient's 8 character prime I.D. as it appears on the DMAP medical care identification.

REF -- Subscriber Additional Identification - Page 74

Usage: Situational
Segment Max Use within Loop: 9
Loop ID: 2100C
Example: REF*SY*123456789~

ELEMENT	NAME	USE	ATTRIBUTES			Comments
			Min/Max	Data	Codes/Values	
REF01	Identification Code Qualifier	R	2/3	ID	SY	
REF02	Subscriber Supplemental Identifier	R	1/30	AN		At this time, the only additional value OR-DHS may use to identify the member, is the social security number, but will return all values.

**OR-DHS 270 NPI
Health Care Eligibility Benefit Inquiry
VERSION 4010A1**

DTP -- Member Level Dates - Page 87

Usage: Situational
Segment Max Use within Loop: 9
Loop ID: 2100C

NOTE: If the request date is in the future, the system will change the date to current processing date.

Example: DTP*472*RD8*20040324-20050324~

ELEMENT	NAME	USE	ATTRIBUTES			Comments
			Min/Max	Data	Codes/Values	
DTP03	Date Time Period	R	1/35	AN		The request date range is 90 days or less provided the date range does not exceed 12 months from current processing date.

EQ -- Subscriber Eligibility or Benefit Inquiry Information - Page 89

Usage: Situational
Segment Max Use within Loop: 1
Loop ID: 2110C

Example: EQ*30**IND*MC~

ELEMENT	NAME	USE	ATTRIBUTES			Comments
			Min/Max	Data	Codes/Values	
EQ01	Service Type Code	R	1/2	ID	30	

DTP -- Subscriber Eligibility/Benefit Date - Page 106

Usage: Situational
Segment Max Use within Loop: 9
Loop ID: 2110C

NOTE: If the request date is in the future, the system will change the date to current processing date.

Example: DTP*472*RD8*20040324-20050324~

ELEMENT	NAME	USE	ATTRIBUTES			Comments
			Min/Max	Data	Codes/Values	
DTP03	Date Time Period	R	1/35	AN		The request date range is 90 days or less provided the date range does not exceed 12 months from current processing date.