Oregon DHS NPI Companion Guide 271 Health Care Eligibility Benefit Response

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 271 Health Care Eligibility Benefit Response 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.

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.

Regardless of the name sent in the 270 transaction, OR-DHS will return the name it has as a match to either the client ID or SSN.

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.""

ISA -- Interchange Control Header - B3

Usage: Required
Example: ISA*00*bbbbbbbbbb*00*bbbbbbbbbb*ZZ*ORDHSDMAPbbbbbb*ZZ*tp123456bbbbbbb*010801*1452*U*00401*000000001*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	ORDHSOMAP	Spaces are inserted _after_ data to meet 15-byte requirement.
ISA07	Interchange ID Qualifier	R	2/2	ID	ZZ	
ISA08	Interchange Receiver ID	R	15/15	AN		The sender's mailbox number (tp###### (lowercase "tp")). Spaces are inserted _after_ data to meet 15-byte requirement.

GS -- Functional Group Header - B8

Usage: Required
Example: GS*HB*ORDHSOMAP*tp123456*20050325*1452*00000001*X*004010X092A1~

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

NM1 -- Information Source Name - Page 163

Usage: Required
Segment Max Use within Loop: 1
Loop ID: 2100A
Example: NM1*P5*2*OREGON DHS OMAP*****FI*930592162~

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	
NM103	Information Source Last or Organization Name	R	1/35	AN	OREGON DHS OMAP	
NM108	Identification Code Qualifier	R	1/2	ID	FI	
NM109	Information Source Primary Identifier	R	2/80	AN	930592162	

NM1 -- Information Receiver Name - Page 178

Usage: Required
Segment Max Use within Loop: 1
Loop ID: 2100B
Example: NM1*1P*2*PROVIDER*****XX*0123456789~

			ATTRIBUTES			New	OLD (Previously Allowed Values)
ELEMENT	NAME	USE	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 182

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

NOTE: At this time, OR-DHS does not use information reported here to identify the information receiver, but will return all values as submitted in the 270 request.

HL -- Subscriber Level - Page 187

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

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

TRN -- Trace - Page 190

Usage: Situational
Segment Max Use within Loop: 9
Loop ID: 2000C
Example: TRN*2*12345*123456*123456~

| ELEMENT | NAME | USE | ATTRIBUTES | | | Comments |
			Min/Max	Data	Codes/Values	
TRN01	Trace Type Code	R	1/2	ID	2	
TRN02	Trace Number	R	1/30	AN		Value will be returned from the 270 inquiry if it is sent.

NM1 -- Subscriber Name - Page 193

Usage: Required
Segment Max Use within Loop: 1
Loop ID: 2100C
Example: NM1*IL*1*DOE*JOHN*T**JR*MI*1234567A~

| ELEMENT | NAME | USE | ATTRIBUTES | | | Comments |
			Min/Max	Data	Codes/Values	
NM103	Subscriber Last Name	R	1/35	AN		Upon successful match of recipient's I.D., DHS will return the recipient's last name as it appears on the DMAP medical care identification.
NM104	Subscriber First Name	R	1/25	AN		Upon successful match of recipient's I.D., DHS will return the recipient's first name as it appears on the DMAP medical care identification.
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 if found and not a duplicate.

REF -- Subscriber Additional Identification - Page 196

Usage: Situational
Segment Max Use within Loop: 9
Loop ID: 2100C
Example: REF*SY*123456789~
NOTE: At this time, the only value OR-DHS may use to identify the member, is the social security number, but will return all values as submitted in the 270 inquiry.

EB -- Eligibility or Benefit Information - Page 218

Usage: Optional
Segment Max Use within Loop: 1
Loop ID: 2110C
Example: EB*1*IND*30*MC*_12312345ABC1234ABC1234AB12A1ABCABC123ABC123AB12_~

NOTE: OR-DHS will return a Service Type Code (EB03) of '88' AND an Insurance Type Code (EB04) of 'OT' to indicate Medicare Part D benefit information.

			ATTRIBUTES			Comments
ELEMENT	NAME	USE	Min/Max	Data	Codes/Values	
EB01	Eligibility or Benefit Information	R	1/2	ID		1 - Active Coverage 2 - Active - Full Risk Capitation 3 - Active - Services Capitated 4 - Active - Services Capitated to Primary Care Physician (Primary Care Management (PCM)) 6 - Inactive N - Services Restricted to Following Provider R - Other or Additio
EB02	Benefit Coverage Level Code	S	3/3	ID	IND	
EB03	Service Type Code	S	1/2	ID		OR-DHS may return any of the following Service Type Codes: 2 - Surgical 30 - Health Benefit Plan Coverage 35 - Dental Care 47 - Hospital 48 - Hospital - Inpatient 55 - Major Medical 87 - Cancer 88 - Pharmacy (pharmacy coverage or pharmacy restriction) A
EB04	Insurance Type code	S	1/3	ID		C1 - Commercial HM - Health Maintenance Organization (HMO) MA - Medicare Part A MB - Medicare Part B MC - Medicaid OT - Other SP - Supplemental Policy WC - Workers Compensation
EB05	Plan Coverage Description	S	1/50	AN		See the 271 EB05 and MSG01 Element Definitions supplement for details.

REF -- Subscriber Additional Identification - Page 238

Usage: Situational
Segment Max Use within Loop: 9
Loop ID: 2110C
Example: REF*6P*123456~

ELEMENT	NAME	USE		ATTRIBUTES				Comments
				Min/Max	Data	Codes/Values		
REF01	Identification Code Qualifier	R		2/3	ID			6P - Group Number IG - Insurance Policy Number F6 - Health Insurance Claim (HIC) Number

DTP -- Subscriber Eligibility/Benefit Date - Page 240

Usage: Situational
Segment Max Use within Loop: 20
Loop ID: 2110C
Example: DTP*771*RD8*20040324-20050325~

ELEMENT	NAME	USE		ATTRIBUTES				Comments
				Min/Max	Data	Codes/Values		
DTP02	Date Time Period Format Qualifier	R		2/3	ID	RD8		

MSG -- Message Text - Page 244

Usage: Situational
Segment Max Use within Loop: 10
Loop ID: 2110C
Example: MSG*_AB12ABCD1234AB1_~

ELEMENT	NAME	USE		ATTRIBUTES				Comments
				Min/Max	Data	Codes/Values		
MSG01	Free Form Message Text	R		1/264	AN			See the 271 EB05 and MSG01 Element Definitions supplement for details.