

## Version 3.1

### Utah Specific Transaction Instructions

#### 270/271 Health Care **Eligibility Benefit Inquiry & Response** ASCX12N 270/271 (004010X092A1)

The Health Insurance Portability and Accountability Act (HIPAA) requires all health insurance payers in the United States to comply with the Electronic Data Interchange (EDI) standards for healthcare as established by the Secretary of Health and Human Services. The ANSI ASC X12N 270/271 Version 4010 implementation guide is the standard of compliance -- available at [www.wpc-edi.com](http://www.wpc-edi.com). The following supplemental information is specific to Utah Medicaid and serves as a companion guide to the implementation guide. Utah Medicaid Provider Manuals are available at [www.health.utah.gov/medicaid/tree/index.html](http://www.health.utah.gov/medicaid/tree/index.html).

1. For questions or suggestions about this companion guide, call (800) 662-9651 menu 3, menu 5, or (801) 538-6155 menu 3, menu 5, Operational Support and Development (OS&D). Go to <http://health.utah.gov/hipaa/guides.htm> to obtain the latest version of this guide and other companion guides. OS&D can help resolve issues on all EDI.
2. All EDI must pass through the Utah Health Information Network (UHIN), an independent, not-for-profit, value added network serving all payers in Utah. Contact UHIN at [www.UHIN.com](http://www.UHIN.com) or call (801) 466-7705 x200. UHIN will assign a Trading Partner Number (TPN) for EDI.
3. Use your TPN and your Utah Medicaid 12-digit Contract number or your TPN and your National Provider Identifier (NPI) to complete the Online Utah Medicaid EDI Enrollment Form (EForm) at <http://hcf.health.utah.gov/hcfenroll/index.jsp>. Without a successfully completed EDI enrollment, the Medicaid computer system will not acknowledge any transmission (e.g. no 997, no 277FE, etc).
4. "Atypical" providers are providers billing for non-medical transportation, respite care, medical alert systems, construction of wheel chair ramps, meals on wheels, or other non-medical services. After the NPI deadline, currently May 23, 2008 (may be moved to an earlier date – watch Medicaid Information Bulletins), atypical providers must submit their EDI transmissions to and receive their EDI transmissions from the new Trading Partner Number (TPN) of HT000004-801. Please switch over to the new TPN as soon as feasible -- remember to update the EForm from paragraph 3 above.
5. Register your NPI (n/a for atypical) with Medicaid, 538-6155, menu 3, menu 4, or fax your NPI (include 12-digit Medicaid Contract number, taxonomy code, and zip code+4) to (801) 536-0471. The Medicaid Contract number will not be allowed on or after the NPI deadline, unless you are an atypical provider. The Taxonomy Code is required if there are multiple provider types/services under the same NPI.

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Zip Code+4 is required if you no longer use the Medicaid Contract number. NOTE: The 835 electronic remittance advice will report both the NPI and the Contract number until the NPI deadline. While not mandatory, billing with both the NPI and the Contract number will help Medicaid to insure a smooth transition when the NPI deadline does occur.

6. Providers, professional billers, and clearinghouses: please separate HT000004-001 transmissions from HT000004-005 transmissions from HT000004-801 transmissions until UHIN is able to electronically separate multiple Medicaid TPNs in one transmission.
7. Submit 270 eligibility inquiry transactions 24 hours a day, 7 days a week. The 271 response is available within a couple of hours, except during the claims adjudication process, which begins at 6 pm Friday and continues through Sunday.
8. A 997 Functional Acknowledgment will be available for pickup (download) within two hours of transmission for all 270 transactions. If you find no 997, then contact OS&D. A “rejected” 997 is the same as a transmission that was never received – contact OS&D.

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Page	Loop	Segment	Data Element	Values / Comments
45	2100A	NM103	Information Source Organization Name	“Utah Medicaid FFS”
46	2100A	NM108	Identification Code Qualifier	“46” – Electronic Transmitter Identification Number (ETIN)
46	2100A	NM109	Information Source Primary Identifier	“HT000004-001” “HT000004-801” (atypical providers only)
52	2100B	NM108	Identification Code Qualifier	“SV” After NPI deadline, use “XX”, unless provider is atypical.
52	2100B	NM109	Information Receiver Identification Number	Use the 12-digit identifier assigned by Medicaid. After NPI deadline, use NPI, unless provider is atypical.
55	2100B	REF01	Reference Identification Qualifier	“1D” – Medicaid Contract Number Not used after NPI deadline, unless provider is atypical.
56	2100B	REF02	Information Receiver Additional Identifier	Medicaid Contract Number Not used after NPI deadline, unless provider is atypical.
65	2100B	PRV02	Reference Identification Qualifier	“ZZ” – Health Care Provider Taxonomy Code
65	2100B	PRV03	Receiver Provider Specialty Code	Taxonomy Code
70	2000C	TRN02	Trace Number	Information Receiver assigned number unique to this particular transaction.
70	2000C	TRN03	Trace Assigning Entity Identifier	One character code followed by nine alpha/numeric characters. If starts with: “1” EIN follows “9” User assigned number follows
71	2100C	NM101	Entity Identifier Code	“IL” – Subscriber
72	2100C	NM102	Entity Type Qualifier	“1” – Person
72	2100C	NM103	Subscriber Last Name	Patient’s last name. Match the name on the Medicaid Card.
72	2100C	NM104	Subscriber First Name	Patient’s first name is required. Match the name on the Medicaid Card. See UHIN Standard #37 for additional guidance.

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<b>270 Eligibility Inquiry</b>				
<b>Page</b>	<b>Loop</b>	<b>Segment</b>	<b>Data Element</b>	<b>Values / Comments</b>
73	2100C	NM108	Identification Code Qualifier	“MI” – Member Identification Number
73	2100C	NM109	Subscriber Primary Identifier	Use the 10-digit identifier assigned by Medicaid. Do not submit hyphens or spaces.
75	2100C	REF01	Reference Identification Qualifier	“SY” – Social Security Number, if Medicaid ID is unknown.
76	2100C	REF02	Subscriber Supplemental Identifier	Patient’s Social Security Number. Do not submit hyphens or spaces.
84	2100C	DMG01	Date Time Period Format Qualifier	“D8” – Date Format CCYYMMDD
84	2100C	DMG02	Subscriber Birth Date	Patient’s Date of Birth
88	2100C	DTP01	Date / Time Qualifier	“307” – Only Eligibility inquiries are supported by Utah Medicaid.
88	2100C	DTP02	Date Time Period Format Qualifier	“D8” – CCYYMMDD “RD8” – CCYYMMDD - CCYYMMDD
88	2100C	DTP03	Date Time Period	Medicaid will not process a request that crosses multiple months.
90	2110C	EQ01	Service Type Code	“30” – Health Benefit Plan Coverage Other values will be accepted, however all requests are treated as a “30”.

<b>271 Eligibility Response</b>				
<b>Page</b>	<b>Loop</b>	<b>Segment</b>	<b>Data Element</b>	<b>Values / Comments</b>
180	2100B	NM108	Identification Code Qualifier	“SV” “XX” after NPI deadline, unless provider is atypical.
181	2100B	NM109	Information Receiver Identification Number	Medicaid 12-digit Contract Number. NPI after NPI deadline, unless provider is atypical.
191	2000C	TRN02	Trace Number	Trace number submitted in the 270.
192	2000C	TRN03	Trace Assigning Entity Identifier	One character code followed by nine alpha/numeric characters. If starts with: “1” EIN follows “9” User assigned number follows

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Page	Loop	Segment	Data Element	Values / Comments
193	2100C	NM101	Entity Identifier Code	“IL” – Subscriber
194	2100C	NM102	Entity Type Qualifier	“1” – Person
194	2100C	NM103	Subscriber Last Name	Patient’s last name.
194	2100C	NM104	Subscriber First Name	Patient’s first name.
195	2100C	NM108	Identification Code Qualifier	“MI” – Member Identification Number
195	2100C	NM109	Subscriber Primary Identifier	10-digit identifier assigned by Medicaid.
207	2100C	AAA01	Valid Request Indicator	“N” – Request (or element) not valid “Y” – Request rejected
208	2100C	AAA03	Reject Reason Code	“42” Medicaid is unable to process the transaction at the current time. “52” Provider’s enrollment not open for the date requested. “56” Dates cross multiple months. “57” DOS invalid/missing. “58” DOB invalid/missing. “62” DOS is prior to the 3 year history of eligibility maintained by Medicaid. “63” DOS in future. Medicaid eligibility is determined monthly. “64” Patient ID is invalid/missing. Information needed for verification of eligibility. “65” Patient Name is invalid/missing. Information needed for verification of eligibility. “67” Medicaid is unable to locate an eligibility record for the patient. “68” Duplicate patient ID. There are multiple matches in Medicaid’s eligibility records.
211	2100C	DMG01	Date Time Period Format Qualifier	“D8” – Format CCYYMMDD
211	2100C	DMG02	Subscriber Birth Date	Date of Birth as listed by Medicaid eligibility
211	2100C	DMG03	Subscriber Gender Code	Gender as listed by Medicaid eligibility

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Page	Loop	Segment	Data Element	Values / Comments
216	2100C	DTP01	Date Time Qualifier	“307” – Only eligibility inquiries are supported by Utah Medicaid.
217	2100C	DTP02	Date Time Period Format Qualifier	“D8” – CCYYMMDD “RD8” – CCYYMMDD - CCYYMMDD
217	2100C	DTP03	Date Time Period	Date relating to eligibility information provided.
219	2110C	EB01	Eligibility Benefit Information	“1” Medicaid eligible “3” Enrolled in managed care organization or capitated plan. “6” Not eligible for Medicaid “A” Co-insurance due. Refer to Medicaid Provider Manual for amount. “B” Co-payment due. Refer to Medicaid Provider Manual for amount. “C” Deductible due. Refer to Medicaid Provider Manual for amount. “L” Enrolled with a Primary Care Provider. “N” Restricted to a primary care provider and/or pharmacy. “R” Third Party Liability (TPL)
221	2110C	EB02	Coverage Level Code	“IND” – Individual
221	2110C	EB03	Service Type Code	“30” – Health Benefit Plan Coverage
226	2110C	EB04	Insurance Type Code	“MC” Medicaid “QM” QMB “HS” SLMB “OT” Other “HM” HMO “PR” PPO
228	2110C	EB05	Plan Coverage Description	Name of insurance plan administered by Health Care Financing (HCF), e.g., Non-Traditional Medicaid, Primary Care Network, IHC Access, etc.
240	2110C	DTP01	Date Time Qualifier	“307” – Eligibility “357” – Eligibility End or Termination
241	2110C	DTP02	Date Time Period Format Qualifier	“D8” – Format CCYYMMDD
241	2110C	DTP03	Eligibility or Benefit Date Time Period	Date

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<b>Page</b>	<b>Loop</b>	<b>Segment</b>	<b>Data Element</b>	<b>Values / Comments</b>
250	2120C	NM101	Entity Identifier Code	“13” Contracted provider, e.g. mental health organization, CHP, etc. “P3” Primary Care Provider or Lock-in Provider “PR” Health Plan or TPL
251	2120C	NM102	Entity Type Qualifier	“2” – Non-Person Entity
251	2120C	NM103- NM105	Benefit Related Entity Last or Organization Name	Name or organization of entity listed above.
252	2120C	NM108	Identification Code Qualifier	“MI” – If TPL present.
253	2120C	NM109	Benefit Related Entity Identifier	TPL Identification Number
254	2120C	N301- N302	Benefit Related Entity Address Line	Address of Health Plan, capitated plan or TPL listed above.
255	2120C	N401- N406	Subscriber Benefit Related City/State/ZIP Code	City, State, Zip of Health Plan, capitated plan or TPL listed above.