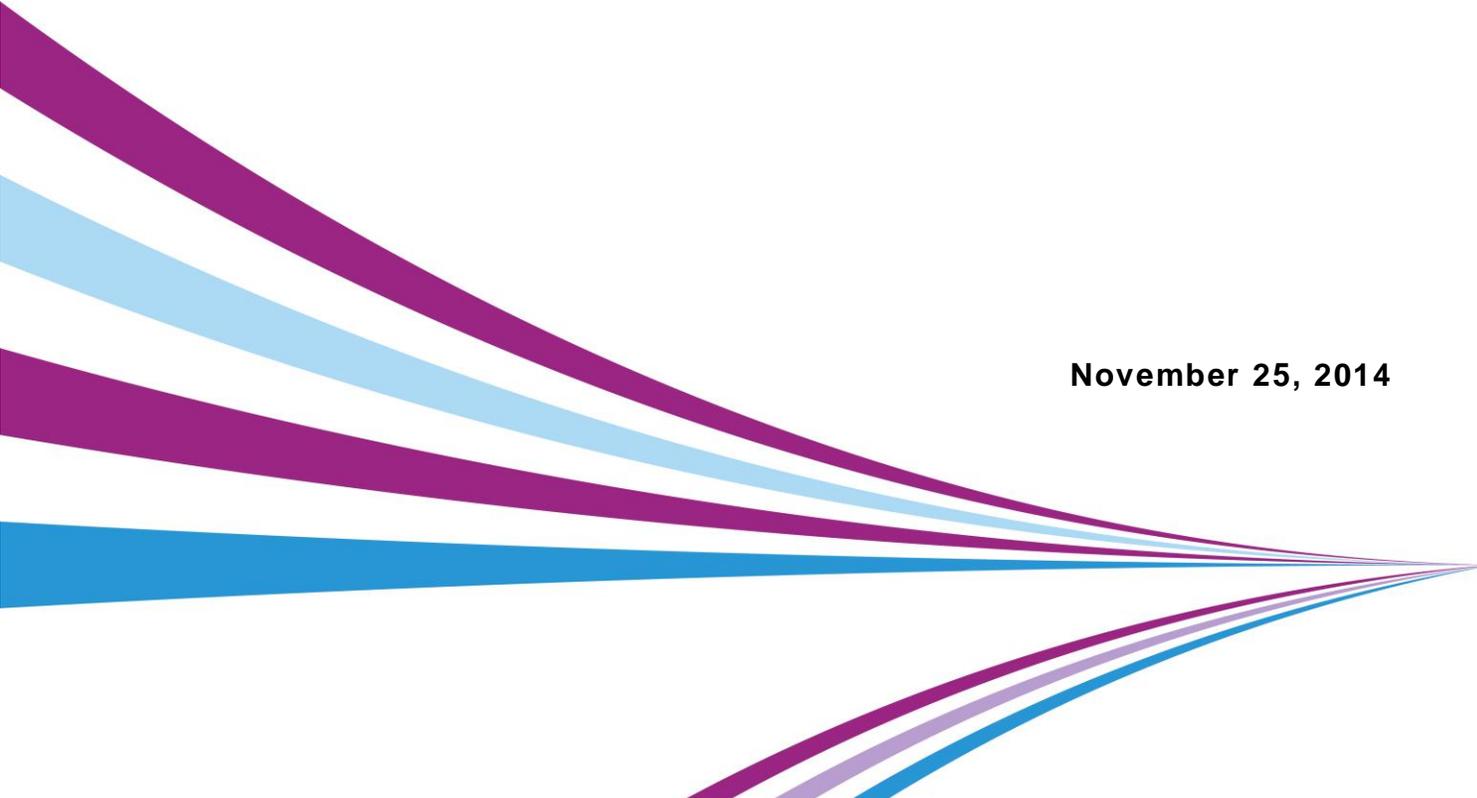


XEROX EDI GATEWAY, INC.

***ANSI ASC X12N 270/271
BENEFIT ELIGIBILITY INQUIRY/RESPONSE
COLORADO MEDICAL ASSISTANCE PROGRAM
DEPARTMENT OF HEALTH CARE POLICY AND FINANCING (DHCPF)
COMPANION GUIDE***

November 25, 2014





XEROX EDI GATEWAY, INC.

**ANSI ASC X12N 270/271
Benefit Eligibility Inquiry and Response
Colorado Medical Assistance Program
Department of Health Care Policy and Financing (DHCPF)
Companion Guide**

©2013 Xerox Corporation. All rights reserved. Xerox® and Xerox and Design® are trademarks of Xerox Corporation in the United States and/or other countries.

Other company trademarks are also acknowledged.

Document Version: 1.0 (August 2013).



TABLE OF CONTENTS

Chapter 1 Introduction	1
Scope	1
Overview	1
Chapter 2 Transmission Methods	2
Asynchronous Dial-Up	2
Communication Protocols	2
Teleprocessing Requirements.....	2
Teleprocessing Settings	3
Transmission Procedures	4
Interactive Transmissions.....	5
Batch Interactive Transmissions	5
Chapter 3 Transmission Responses	7
Editing and Validation Flow Diagram	8
Transmission Errors and Reports	9
Interchange Level Errors and TA1 Rejection Report	9
TA1-Interchange Acknowledgement	9
Functional Group Level Errors and 999 Rejection Report	12
Transaction Set Level Syntax Results and X12N 999 Rejection Report	14
X12N 999-Functional Acknowledgement	14
Chapter 4 Data Retrieval Methods	16
File and Reports Services	16
Chapter 5 Testing	17
Pilot Submitter Testing Procedure	17
General Testing Procedures for the Trading Partners.....	18
Chapter 6 Payer Specific Data	19
EDI Support.....	19
Enrollment Information.....	19
Transmission Telephone Number.....	19
Tracking Transmission/Production Problems	20
Highlights	20



XEROX EDI GATEWAY, INC.

ANSI ASC X12N 270/271
Benefit Eligibility Inquiry and Response
Colorado Medical Assistance Program
Department of Health Care Policy and Financing (DHCPF)
Companion Guide

Chapter 7 X12N 270/271 Benefit Eligibility Inquiry/Response Transactions - V5010.A1	21
X12N 270 Eligibility Request	21
X12N 271 Eligibility Response.....	27
Appendix A	37
Revision History.....	39



XEROX EDI GATEWAY, INC.

ANSI ASC X12N 270/271
Benefit Eligibility Inquiry and Response
Colorado Medical Assistance Program
Department of Health Care Policy and Financing (DHCPF)
Companion Guide

Chapter 1 Introduction

Scope

This Companion Guide is intended for trading partner use in conjunction with the ASC X12N/005010X279 ASC X12 Standards for Electronic Data Interchange Technical Report Type 3 (TR3), Health Care Eligibility Benefit Inquiry and Response (270/271). The ANSI ASC X12N TR3s can be accessed at <http://www.wpc-edi.com/>. This guide outlines the procedures necessary for engaging in Electronic Data Interchange (EDI) with Xerox EDI Gateway, Inc. and specifies data clarification where applicable.

Overview

Xerox EDI Gateway, Inc., a leader in health care technology, provides EDI gateway services to providers enrolled in contracted health care plans. Our electronic transactions acquisition services provide an array of tools that allow you to:

- Easily submit all of your transactions to one source
- Submit transactions twenty-four hours a day, seven days a week
- Receive confirmation of receipt for each file transferred

Health care plans that participate with Xerox EDI Gateway, Inc. are referred to as payers. Transactions are accepted electronically and processed. As an EDI gateway service, we provide connectivity to various health care plans and states where Xerox EDI Gateway, Inc. is the fiscal agent, third-party administrator, or contracted clearinghouse.



Chapter 2 Transmission Methods

Trading partners are offered the following transmission methods:

Asynchronous Dial-Up

Xerox EDI Gateway provides an interactive, menu-driven Host Data Exchange System (HDE) that allows users to upload transaction files and receive immediate confirmation regarding the status of the transfer. The HDE can be accessed using a standard modem and supports modem speeds of up to 56,000 BPS. Transaction transmission is available twenty-four hours a day, seven days a week. This availability is subject to scheduled and unscheduled downtime. It is operational policy to schedule preventative maintenance periods on weekends whenever possible.

Communication Protocols

Xerox currently supports the following asynchronous dial-up communication options:

XMODEM, YMODEM, ZMODEM, Kermit

Teleprocessing Requirements

The general specifications for asynchronous dial-up communication with Xerox are:

Telecommunications

Hayes-compatible 2400-56K BPS asynchronous modem

File Format

ASCII text data

Compression Techniques

PKZIP will compress one or more files into a single ZIP archive.

WINZIP will compress one or more files into a single ZIP archive.

Xerox accepts transmission with any of the above compression techniques, as well as non-compression files.

Data Format

8 data bit, 1 stop bit, no parity, full duplex

Transmission Protocol

ZMODEM uses 128 byte to 1024 byte variable packets and



a 16-bit or 32-bit Cyclical Redundancy Check (CRC).

XMODEM uses 128 byte blocks and a 16-bit CRC.

YMODEM uses 1024 byte blocks and a 16-bit CRC.

KERMIT can be accepted if X, Y, or ZMODEM capabilities are not available with your communication software.

Teleprocessing Settings

ASCII Sending

Send line ends with line feeds (should not be set).

Echo typed characters locally (should not be set).

Line delay 0 milliseconds

Character delay 0 milliseconds

ASCII Receiving

Append line feeds to incoming line ends should not be checked.

Wrap lines that exceed terminal width

Terminal Emulation

VT100 or Auto



Transmission Procedures

SUBMITTER

1. Dials Xerox Host

2. Enters Login Name <CR>

3. Enters Password <CR>

4. Enters Desired Selection <CR>

HOST SYSTEM

Answers call, negotiates a common baud rate, and sends to the trading partner:

“Please enter your Login=>”

Receives User Name (Login Name) and sends to the trading partner:

“Please enter your password=>”

Receives Login and verifies if trading partner is an authorized user:

Sends HOST selection menu followed by a user prompt:

“Please Select from the Menu Options Below =>”

#1. Electronic File

Submission: Assigns and sends the transmission file name then waits for ZMODEM (by default) file transfer to be initiated by the trading partner.

#2. View Submitter Profile

Allows submitters to view the transaction types for which they are currently enrolled.

#3. Select File Transfer

Protocol: Allows submitters to change the protocol for the current submission only. The protocol may be changed to **(K)**Kermit, **(X)**Modem, **(Y)**Modem, or **(Z)**Modem. Enter the first letter of the protocol that you wish to use. Enter selection **[K,X,Y,Z]:**



5. Enters "1" to send file <CR>

#4. Download Confirmation

Allows submitters to download confirmation reports.

#9. Exit & Disconnect:

Terminates connection.

Receives ZMODEM (or other designated protocol) file transfer. Upon completion, initiates file confirmation. Sends file confirmation report.

Sends HOST selection menu followed by a user prompt=>

For Transmission Phone numbers please refer to Chapter 6.

Interactive Transmissions

Interactive transmission may be submitted through the State's Provider Web Portal. The State's Provider Web Portal will include a File and Reports Service (FRS) for file and report retrieval. For information on the State's Provider Web Portal, go to the Provider Services Portal section of the Department's Web site at:

<http://www.colorado.gov/cs/Satellite/HCPF/HCPF/1201542697178>

If you have completed the EDI enrollment, but have not received your Trading Partner Submitter login information, please call 1-800-237-0757. Otherwise, please complete and submit the EDI enrollment form located at:

<http://www.colorado.gov/cs/Satellite/HCPF/HCPF/1201542696393>

The State will follow-up on the enrollment process and send the necessary user name and password for accessing the Web Portal. If Web Portal information is not received within two weeks, please call the State Security Administrator line at 303-866-4473.

Batch Interactive Transmissions

If a trading partner submits more than five (5) eligibility verification batches per day, the sixth and all additional batches that day will be processed off cycle. This means that batches in excess of five (5) will not receive a response within the normal two (2) hour period.

The TR3 recommends trading partners limit requests to 99 per batch. Larger size limits will be considered on a "trading partner by trading partner" basis. Trading partners must request permission to submit batches larger than 99. The trading partner must have written permission from DHCPF when submitting batches larger than 99. These batches will be processed during off peak hours.



XEROX EDI GATEWAY, INC.

ANSI ASC X12N 270/271
Benefit Eligibility Inquiry and Response
Colorado Medical Assistance Program
Department of Health Care Policy and Financing (DHCPF)
Companion Guide

The fiscal agent will monitor the volume of eligibility requests per Trading Partner ID (TP ID) on a weekly basis. TP IDs with high volumes will be identified, and their eligibility requests will be processed during off peak hours



XEROX EDI GATEWAY, INC.

ANSI ASC X12N 270/271
Benefit Eligibility Inquiry and Response
Colorado Medical Assistance Program
Department of Health Care Policy and Financing (DHCPF)
Companion Guide

Chapter 3 Transmission Responses

The X12N 270 transaction requesting benefit eligibility information will be submitted to the Xerox EDI Gateway for processing. The Xerox clearinghouse validates submission of ANSI X12N format(s). The TA1 Interchange Acknowledgement reports the syntactical analysis of the interchange header and trailer. If the data is corrupt, or the trading partner relationship does not exist within the Xerox system, the interchange will reject, and a TA1, along with the data, will be forwarded to a Xerox Business Analyst for review and follow-up with the sender.

If the file contains syntactical error(s), a negative X12N 999 Functional Acknowledgement will be generated, reporting the segment(s) and elements(s) where the error(s) occurred. The X12N 999 will be returned to the State's Provider Web Portal for retrieval by the trading partner.

If the file passes syntax validation, and the X12N 270 Request has processed, the Xerox clearinghouse will return an X12N 271 Response transaction containing benefit eligibility information via the State's Provider Web Portal.



3. **X12N Syntax Validation:** A determination will be made as to whether the data is ANSI ASC X12N. A X12N 999 (Functional Acknowledgement) will be returned to the submitter. The X12N 999 contains **ACCEPT** or **REJECT** information. If the file contained syntactical errors, the segment(s) and element(s) where the error(s) occurred will be reported. If the data passes X12N syntax validation, payer business edits will be performed.
4. **Payer Business Edits:** Front-end editing of the data will occur. If the data passes this level, it will proceed to the payer system for processing. If the data fails payer business editing, an AAA segment is returned with the appropriate error code.
5. **Data Processed:** The data is processed. An ANSI ASC X12N 271 will be returned to the File and Report Service for submitter pickup.

Transmission Errors and Reports

HIPAA not only gave the health care community the ability to standardize transactions, but also the ability to standardize front-end edits and the acceptance/rejection reports associated with the edits. The acceptance/rejection reports pertain to precision within EDI transaction format syntax and transaction TR3 compliance. When a report is generated, the type of report returned is dependent on the edit level that is invalid.

A transaction contains three levels where edits are present. The edit level the error occurs in designates rejection of an entire batch or a single file.

The three levels are:

- Interchange Level Errors
 - ISA and IEA
- Functional Group Level Results
 - GS and GE
- Transaction Set Level Syntax Results
 - ST and SE

In the description below, the three levels and their affiliated acceptance/rejection reports are discussed.

Interchange Level Errors and TA1 Rejection Report

This edit is enforced by interchange level problems. These edits check the ISA and IEA level segments and the data content within these segments, which consist of the header and footer batch information. Any X12N syntax error that occurs at this level will result in the entire transaction being rejected. These rejections are reported on a TA1. In some cases, an error in the GS and GE can initiate a TA1 rejection. This will occur if the GS and GE envelope cannot be identified.

TA1-Interchange Acknowledgement

A TA1 is an ANSI ASC X12N Interchange Acknowledgement segment used to report receipt of individual interchange envelopes. An interchange envelope contains the sender, receiver, and data type information within the header. The TA1 reports the syntactical analysis of the interchange header and trailer. If invalid (e.g., the data is corrupt or the trading partner relationship does not exist within the Xerox system), the interchange will reject, and a TA1, along with the data, will be



XEROX EDI GATEWAY, INC.

ANSI ASC X12N 270/271
Benefit Eligibility Inquiry and Response
Colorado Medical Assistance Program
Department of Health Care Policy and Financing (DHCPF)
Companion Guide

forwarded to the Xerox EDI Gateway technical support for review and follow-up with the submitter.



XEROX EDI GATEWAY, INC.

ANSI ASC X12N 270/271
Benefit Eligibility Inquiry and Response
Colorado Medical Assistance Program
Department of Health Care Policy and Financing (DHCPF)
Companion Guide

EXAMPLE:

This transaction was built with an incorrect Interchange Control Number at the end of the transaction. The Control Number for IEA02 does not match with ISA11.

ISA* 00* * 00* * ZZ* TradingP.ID* ZZ*100000* 110907* 0728* ^* 00501* **000000136*** 1*
T*:~

GS*HS*TradingP.ID*77016*20110907*0728*20*X*005010X0279A1~

ST*270*0001*005010X279A1~
BHT*0022*13*16784*20110907*0728~
HL*1**20*1~
NM1*PR*2*CO Medical Assistance*****PI*77016~
HL*2*1*21*1~
NM1*1P*1*TEST*HARPREET****XX*0123456789~
HL*3*2*22*0~
NM1*IL*1*****MI*A123456~
DMG*D8*20090101~
DTP*291*RD8*20110801-20110907~
EQ*30~
SE*12*0001~

ST* 270*0001*005010X279A1~
BHT*0022*13*16784*20110907*0728~
HL*1**20*1~
NM1*PR*2*CO Medical Assistance*****PI*77016~
HL*2*1*21*1~
NM1*1P*1*TEST*HARPREET****XX*0123456789~
HL*3*2*22*0~
NM1*IL*1*****MI*A123456~
DMG*D8*20090101~
DTP*291*RD8*20110801-20110907~
EQ*30~
SE*12*0001~

GE*1*20~

IEA *1***000001036**~

For additional information regarding the TA1, please refer to Appendix B in the ANSI ASC X12N 270/271 Implementation Guide.



XEROX EDI GATEWAY, INC.

ANSI ASC X12N 270/271
Benefit Eligibility Inquiry and Response
Colorado Medical Assistance Program
Department of Health Care Policy and Financing (DHCPF)
Companion Guide

Functional Group Level Errors and 999 Rejection Report

Xerox clearinghouse validates submission of ANSI ASC X12N format(s). An ANSI ASC X12N 999, or Functional Acknowledgement, generates when an EDI file, e.g., an ANSI ASC X12N file that has passed the header and trailer check, passes through the clearinghouse. The X12N 999 **REJECT** generates if the file contains syntactical errors. The segment(s) and element(s) where the error(s) occurred will be reported. For an example of this report, please see the ANSI ASC X12N 270/271 TR3. Trading Partner Agreement between Xerox EDI Gateway and the trading partners requires this method of acknowledgement.



EXAMPLE:

This transaction was built with an incorrect Total Number of transaction sets at the Functional Group Trailer. GE01 should be 2 as the Functional Group contains two GS to GE transactions.

ISA* 00* * 00* * ZZ* TradingP.ID* ZZ*100000* 110907* 0728* ^* 00501* 000000136* 1*
T*:~

GS*HS*TradingP.ID*77016*20110907*0728* 20*X*005010X279A1~

ST*270*0001*005010X279A1~
BHT*0022*13*16784*20110907*0728~
HL*1**20*1~
NM1*PR*2*CO Medical Assistance*****PI*77016~
HL*2*1*21*1~
NM1*1P*1*TEST*HARPREET****XX*0123456789~
HL*3*2*22*0~
NM1*IL*1*****MI*A123456~
DMG*D8*20090101~
DTP*291*RD8*20110801-20110907~
EQ*30~
SE*12*0001~

ST*270*0001*005010X279A1~
BHT*0022*13*16784*20110907*0728~
HL*1**20*1~
NM1*PR*2*CO Medical Assistance*****PI*77016~
HL*2*1*21*1~
NM1*1P*1*TEST*HARPREET****XX*0123456789~
HL*3*2*22*0~
NM1*IL*1*****MI*A123456~
DMG*D8*20090101~
DTP*291*RD8*20110801-20110907~
EQ*30~
SE*12*0001~

GE*1*1~

IEA*1*000000136~

For additional information regarding the TA1, please refer to Appendix B in the ANSI ASC X12N 207/271 Implementation Guide.



Transaction Set Level Syntax Results and X12N 999 Rejection Report

This edit is enforced by transaction set level syntax problems for all transactions within each functional group. These edits check the ST and SE level segments and the data content within these segments. These segments consist of the entire detailed information within a transaction. Any X12N syntax error that occurs at this level *will result in the entire transaction being rejected*. However, if the *functional group* consists of additional transaction sets without errors, these will be processed. The rejections are reported on an X12N 999.

X12N 999-Functional Acknowledgement

Xerox clearinghouse validates submission of ANSI ASC X12N format(s). An ANSI ASC X12N 999, or Functional Acknowledgement, is generated when an EDI file, e.g., an ANSI ASC X12N file that has passed the header and trailer check, passes through the clearinghouse. The X12N 999 contains **ACCEPT** or **REJECT** information; if the file contained syntactical errors, the segment(s) and element(s) where the error(s) occurred will be reported. For an example of this report, please see the ANSI ASC X12N 270/271 TR3. Trading Partner Agreement between Xerox EDI Gateway and the trading partners requires this method of acknowledgement.



XEROX EDI GATEWAY, INC.

ANSI ASC X12N 270/271
Benefit Eligibility Inquiry and Response
Colorado Medical Assistance Program
Department of Health Care Policy and Financing (DHCPF)
Companion Guide

EXAMPLE:

This transaction was built with an incorrect Payer ID. The Payer ID for Colorado Medical Assistance Programs is 77016.

ISA* 00* * 00* * ZZ* TradingP.ID* ZZ*100000* 110907* 0728* ^* 00501* 000000136* 1*
T*:-~

GS*HS*TradingP.ID*77016*20110907*0728* 20*X*005010X279A1~

ST*270*0001*005010X279A1~

BHT*0022*13*16784*20110907*0728~

HL*1**20*1~

NM1*PR*2*CO Medical Assistance****PI***77028**~

HL*2*1*21*1~

NM1*1P*1*TEST*HARPREET****XX*0123456789~

HL*3*2*22*0~

NM1*IL*1*****MI*A123456~

DMG*D8*20090101~

DTP*291*RD8*20110801-20110907~

EQ*30~

SE*12*0001~

GE*1*20~

IEA *1*000000136~

For additional information regarding the X12N 999, please refer to Appendix B in the ANSI ASC X12N 270/271 Implementation Guide.



XEROX EDI GATEWAY, INC.

ANSI ASC X12N 270/271
Benefit Eligibility Inquiry and Response
Colorado Medical Assistance Program
Department of Health Care Policy and Financing (DHCPF)
Companion Guide

Chapter 4 Data Retrieval Methods

File and Reports Services

The State's Provider Web Portal will include a File and Reports Service for file and report retrieval. Billing Agents and clearinghouses will have the option of retrieving the transaction responses and reports themselves and/or allowing each individual provider the option of retrieval. The trading partner will access the system using their assigned login and password. For information on the State's Provider Web Portal, go to:

<http://www.colorado.gov/cs/Satellite/HCPF/HCPF/1201542697178>



Chapter 5 Testing

Completion of the testing process must occur prior to electronic submission to Xerox EDI Gateway. Assistance from EDI Support Unit representatives is available throughout this process. Each test transmission is inspected thoroughly to ensure no format errors are present. Testing is conducted to verify the integrity of the format, not the integrity of the data; however, in order to simulate a production environment, we request that users send real transmission data. The number of test transmissions required depends on the number of format errors on a transmission and the relative severity of these errors. Additional testing may be required in the future to verify any changes made to Xerox's system. Also, changes to the ANSI formats may require additional testing.

In order to expedite testing, Xerox EDI Gateway requires providers to submit all X12N test transactions to EDIFECs prior to submitting them to Xerox EDI Gateway. The EDIFECs service is free to providers for Colorado Medical Assistance Programs to certify X12N readiness. EDIFECs offers submission and rapid result turn-around 24 hours a day, 7 days a week. For more information, providers can log on to the Colorado specific EDIFECs service at <http://www.hipaadesk.com/>. During Pilot Submitter Testing, an EDI Support Unit representative may be contacted at 1-800-237-0757 to answer questions related to EDIFECs, testing, enrollment, and Companion Guides.

Pilot Submitter Testing Procedure

After the initial phone interview with the pilot submitter, the EDI Support Unit representative will direct the pilot submitter to the EDIFECs website, where the submitter may deliver X12N test files for analysis. Each test file will be analyzed based on the seven types of testing defined by WEDI SNIP. The submitter will be required to address any errors discovered by EDIFECs during this interrogation before moving on to the next stage of testing with the clearinghouse. After EDIFECs has approved each test file for a particular pilot submitter, the EDI Support Unit representative will schedule a communications test with them. They will also work with the submitter to verify connectivity with both the EDI Gateway and the Host Data Exchange (HDE). Following successful completion of this test effort, a testing schedule will be established for each pilot submitter.

Upon receipt of the test files, the EDI Support Unit representative will track each file through the clearinghouse to ensure that all data is transformed properly, and all functions within the EDI Gateway are working as designed. The EDI Support Unit representative will advise the pilot submitter of any problems with the content of the test file, as well as any problems within the clearinghouse that are discovered during this test phase. If issues are discovered that require a change within the clearinghouse, a second round of testing will be scheduled with that pilot submitter. The timeframe for retest will be dependent on the complexity of the change needed, as well as consideration for the appropriate amount of time needed for unit, systems, and regression testing.



The next stage of pilot submitter testing will occur after all issues have been resolved, and all test files have been successfully executed by a particular pilot submitter. At this point, the test file will be run through the clearinghouse and delivered on through to the Colorado Medicaid Management Information System (MMIS) for processing. The Colorado MMIS testing team will provide feedback to EDI Support Unit representative who will in turn keep pilot submitters updated on the status of their test files.

The EDI Support Unit representative will also verify that the pilot submitter does not have any additional questions or concerns before completing the test.

General Testing Procedures for the Trading Partners

Trading partner testing is designed to ensure transactions submitted to Xerox EDI Gateway are properly formatted and may be processed through the Xerox clearinghouse system to the Colorado MMIS.

Software vendors are required to test all transactions supported by their products successfully before distributing their products for use. Trading partners that elect to use an approved software vendor are exempt from testing.

Trading partner testing will consist of a combination of Xerox clearinghouse error checks by an EDI Support Unit representative. These tests verify a trading partner's ability to submit a specific transaction type containing valid data in the required format. Once all tests are passed, the partner is approved for production.



Chapter 6 Payer Specific Data

EDI Support

Xerox has an Electronic Data Interchange (EDI) Support Unit to assist providers and trading partners with their questions and concerns about EDI. The following is a list of services that are provided by the EDI Support Unit:

- Assistance with enrollment
- Explanation of the various EDI submission methods
- Assistance with EDI transmission problems
- Assistance with approved Software Vendor verification

The EDI Support Unit is available to all Colorado Medical Assistance Programs clients and providers Monday through Friday from 8:00 a.m. to 5:00 p.m. MT at 1-800-237-0757.

Enrollment Information

Any entity sending an electronic eligibility verification request to Xerox EDI Gateway for processing where reports and responses will be delivered must complete a Provider Enrollment package or Submitter Enrollment package. This package provides the information necessary to assign a Logon Name, Logon ID, and Trading Partner ID, which are required for electronic eligibility verification request submission. Enrollment packages may be obtained by contacting Xerox State Healthcare at 1-800-237-0757 or by downloading it from our website at <http://www.colorado.gov/cs/Satellite/HCPF/HCPF/1201542696393>.

Acrobat Reader supports this form. It must be printed, completed, and mailed or faxed to the appropriate address/fax number listed on the form.

Transmission Telephone Number

Xerox provides availability for electronic transmission 24 hours a day, 7 days a week. There are no restrictions on the number or frequency of transmissions. The transmission telephone numbers are 1-800-334-2832 or 1-800-334-4650.



Tracking Transmission/Production Problems

Please have the following information available when calling the EDI Support Unit regarding transmission and production issues.

Trading Partner ID: The Trading Partner ID is key to accessing user specific trading partner information. Please have this number available whenever contacting the EDI Support Unit.

Logon Name and Logon User ID: These allow asynchronous trading partners to access the host system for eligibility verification request submission. The EDI Support Unit uses this information to reference submitted data.

Highlights

To promote efficient, accurate electronic eligibility verification request submission processing, please note:

- Each user is assigned a Xerox EDI Trading Partner ID.
- Logon User IDs (passwords) are nine characters.
- All dates are in the CCYYMMDD format.
- All dates/times are in the CCYYMMDDHHMM format.
- The same phone number is used for transmitting test and production.
- Colorado Medical Assistance Programs Provider IDs are eight characters long.
- The Xerox EDI-assigned Payer ID for Colorado Medical Assistance Programs is **77016**. Transmissions without this value in the appropriate fields will not be processed.



Chapter 7 X12N 270/271 Benefit Eligibility Inquiry/Response Transactions – 005010X279A1

This section contains data clarifications. The clarifications include:

- Identifiers to use when a national standard has not been adopted (and),
- Parameters in the TR3 that provide options

The following are access methods supported by Colorado Medical Assistance Programs:

1. Access by Client ID for subscriber and DOB (**Preferred Method**)
2. Access by Last Name, First Name, and DOB
3. Access by Social Security Number, First Name, and Last Name
4. Access by Social Security Number and DOB

Many of the data clarifications included in this Companion Guide represent business requirements, not standardization requirements. Inclusion of “Business-Required” clarifications may contribute to more efficient transaction processing.

**Please note the page numbers listed below in each of the tables represent the corresponding page number in the ANSI ASC X12N TR3 for this transaction.*

**The ANSI ASC X12N 270/271 TR3 recommends that trading partners limit requests to 99 per batch. X12 larger size limits will be considered on a “trading partner by trading partner” basis. Transactions with greater than 99 per batch may be processed at off-peak hours. In these cases, the responses will be processed overnight and will be available the following day.*

X12N 270 Eligibility Request

*PAGE	LOOP	SEGMENT	DATA ELEMENT	COMMENTS
C.4	Interchange Control Header	ISA	01	Enter '00'
C.4	Interchange Control Header	ISA	02	This data element should be blank.
C.4	Interchange Control Header	ISA	03	Enter '00'
C.4	Interchange Control Header	ISA	04	This data element should be blank.
C.4	Interchange Control Header	ISA	05	Enter 'ZZ' for mutually defined.



XEROX EDI GATEWAY, INC.

ANSI ASC X12N 270/271
Benefit Eligibility Inquiry and Response
Colorado Medical Assistance Program
Department of Health Care Policy and Financing (DHCPF)
Companion Guide

*PAGE	LOOP	SEGMENT	DATA ELEMENT	COMMENTS
C.4	Interchange Control Header	ISA	06	Enter your Xerox EDI Trading Partner ID. Do not use leading zeros. Right fill with spaces to keep length 15 characters.
C.5	Interchange Control Header	ISA	07	Enter 'ZZ' for mutually defined.
C.5	Interchange Control Header	ISA	08	Enter '100000' Do not use leading zeros. Right fill with spaces to keep length 15 characters.
C.5	Interchange Control Header	ISA	11	Enter '^' (Interchange Control Standards Identifier)
C.7	Functional Group Header	GS	01	Enter 'HS' (Eligibility, Coverage or Benefit Inquiry)
C.7	Functional Group Header	GS	02	Enter your Xerox EDI Trading Partner ID
C.7	Functional Group Header	GS	03	Enter '77016'



XEROX EDI GATEWAY, INC.

ANSI ASC X12N 270/271
Benefit Eligibility Inquiry and Response
Colorado Medical Assistance Program
Department of Health Care Policy and Financing (DHCPF)
Companion Guide

*PAGE	LOOP	SEGMENT	DATA ELEMENT	COMMENTS
C.8	Functional Group Header	GS	06	Note: Ensuring that this number is unique for every GS-GE will allow for accurate researching of data if needed.
61	Transaction Set Header	ST	02	Note: Ensuring that this number is the same for every ST-SE, will allow for accurate researching of data if needed.
70	2100A	NM1	03	Enter 'CO Medical Assistance Programs
71	2100A	NM1	08	Enter 'PI' (Payer Identification)
71	2100A	NM1	09	Enter '77016'



XEROX EDI GATEWAY, INC.

ANSI ASC X12N 270/271
Benefit Eligibility Inquiry and Response
Colorado Medical Assistance Program
Department of Health Care Policy and Financing (DHCPF)
Companion Guide

*PAGE	LOOP	SEGMENT	DATA ELEMENT	COMMENTS
95	2100C	NM1	08	Use only code 'MI' (Member ID Number)
96	2100C	NM1	09	Enter the 7-digit Colorado Medical Assistance Programs Client ID number.
98-99	2100C	REF	01	Enter 'SY'(Social Security Number)
99	2100C	REF	02	Please send the client's 9-digit social security number. Colorado Medical Assistance Programs will utilize a client's SSN as search criteria and can ensure an accurate match.
108	2100C	DMG	01	Enter D8 Date Expressed in Format CCYYMMDD
108	2100C	DMG	02	Colorado Medical Assistance Programs requires the client's date of birth as search criteria for processing eligibility requests.
109	2100C	DMG	03	F Female M Male
123	2100C	DTP	01	Enter '291'(Plan)



XEROX EDI GATEWAY, INC.

ANSI ASC X12N 270/271
Benefit Eligibility Inquiry and Response
Colorado Medical Assistance Program
Department of Health Care Policy and Financing (DHCPF)
Companion Guide

*PAGE	LOOP	SEGMENT	DATA ELEMENT	COMMENTS
125-130	2110C	EQ	01	<p>Enter '30' (Health Benefit Plan Coverage) for Generic Inquiry. Enter any Service Type Code from the '52 Service Type Codes' for Explicit Inquiry. Refer to Appendix A for a complete listing of all 52 Service Type Codes. If the Service Type Code submitted is not one of the 52 codes listed in Appendix A, the response will be the same as submission of a type "30" request. Colorado Medical Assistance Programs will support both Generic and Explicit Inquiry.</p>



X12N 271 Eligibility Response

*PAGE	LOOP	SEGMENT	DATA ELEMENT	COMMENTS
C.3	Interchange Control Header	ISA	01	'00' will be returned.
C.4	Interchange Control Header	ISA	02	This data element will be blank.
C.4	Interchange Control Header	ISA	03	'00' will be returned.
C.4	Interchange Control Header	ISA	04	This data element will be blank.
C.4	Interchange Control Header	ISA	05	'ZZ' for 'Mutually Defined' will be returned on the 271 transaction.
C.4	Interchange Control Header	ISA	06	'100000' will be returned on the 271 transaction.
C.4	Interchange Control Header	ISA	07	'ZZ' for 'Mutually Defined' will be returned on the 271 transaction.
C.7	Functional Group Header	GS	01	'HB' (Eligibility, Coverage or Benefit Information) will be returned on the 271 transaction.



XEROX EDI GATEWAY, INC.

ANSI ASC X12N 270/271
Benefit Eligibility Inquiry and Response
Colorado Medical Assistance Program
Department of Health Care Policy and Financing (DHCPF)
Companion Guide

*PAGE	LOOP	SEGMENT	DATA ELEMENT	COMMENTS
C.7	Functional Group Header	GS	02	'77016' for 'CO Medical Assistance' will be returned.
C.7	Functional Group Header	GS	03	Your Xerox EDI Trading Partner ID will be returned on the 271 transaction.
C.8	Functional Group Header	GS	08	'005010X279' (Version / Release / Industry Identifier Code) will be returned.
213	Header	BHT	02	'11' for 'Response' will be returned.
214	Header	BHT	03	This identification connects the X12N 270 inquiry with the X12N 271 response. This information will be returned in cases of a real time transaction.
223-227	2100A	PER		If the Eligibility Request could not be completed at this level, this segment will be returned with EDI contact information. If the Eligibility Request is valid, this segment will be returned with Provider Services contact information.



XEROX EDI GATEWAY, INC.

ANSI ASC X12N 270/271
Benefit Eligibility Inquiry and Response
Colorado Medical Assistance Program
Department of Health Care Policy and Financing (DHCPF)
Companion Guide

*PAGE	LOOP	SEGMENT	DATA ELEMENT	COMMENTS
230	2100A	AAA	04	Colorado Medical Assistance Programs will return one of the following Follow-up Action Codes: 'C' Correct and Resubmit 'Y' Do Not Resubmit; We Will Hold Your Request and Respond Again Shortly
238	2100B	REF		If this information is received in the X12N 270, then it will be returned in the X12N 271.
244	2100B	AAA	03	Colorado Medical Assistance Programs will return one of the following Reject Reason Codes: '51' Provider not on File '50' Provider Ineligible for Inquiries
244-245	2100B	AAA	04	Colorado Medical Assistance Programs will return the following Follow-up Action Code: 'N' Resubmission Not Allowed
250	2000C	HL	04	Colorado Medical Assistance Programs will return the following Hierarchical Child Code: '0' for 'No Subordinate HL Segment in This Hierarchical Structure' meaning each client is assigned his or her own unique Client ID number.
253	2000C	TRN	02	If a Trace Number was received in the X12N 270, then the original Trace Number will be returned here.



XEROX EDI GATEWAY, INC.

ANSI ASC X12N 270/271
 Benefit Eligibility Inquiry and Response
 Colorado Medical Assistance Program
 Department of Health Care Policy and Financing (DHCPF)
 Companion Guide

*PAGE	LOOP	SEGMENT	DATA ELEMENT	COMMENTS
259-260	2100C	REF	01	Colorado Medical Assistance Programs will return Reference Identification Qualifier code: 'SY' Social Security Number
261	2100C	REF	02	Colorado Medical Assistance Programs will return the Subscriber's Social Security Number
262	2100C	N3		Colorado Medical Assistance Programs will return the client's address information as found in Medicaid's eligibility files.
264	2100C	N4		Colorado Medical Assistance Programs will return the client's city/state/zip information as found in Medicaid's eligibility files.
268-269	2100C	AAA	03	Colorado Medical Assistance Programs will return one of the following Reject Reason Codes: '56' - DOS > 12 mos '58' - Invalid DOB '62' - Date of Service Not within Allowable Inquiry Period '63' - Future Service Dt '72' - Invalid/Missing Subscriber/Insured ID '73' - Invalid/Missing Subscriber/insured Name '75' - Member not on file '76' - Duplicate Keys



XEROX EDI GATEWAY, INC.

ANSI ASC X12N 270/271
Benefit Eligibility Inquiry and Response
Colorado Medical Assistance Program
Department of Health Care Policy and Financing (DHCPF)
Companion Guide

*PAGE	LOOP	SEGMENT	DATA ELEMENT	COMMENTS
269	2100C	AAA	04	Colorado Medical Assistance Programs will return one of the following Follow-up Action Codes: 'C' Correct and Resubmit 'N' Resubmission Not Allowed
273	2100C	DMG		Colorado Medical Assistance Programs will return the client's demographic information as found in Medicaid's eligibility files.
288-289	2100C	DTP	01	Colorado Medical Assistance Programs will return the following Date/Time Qualifier codes: '356' Eligibility Begin (This will be the first iteration of the segment.) '357' Eligibility End (This will be the second iteration of the segment.)



*PAGE	LOOP	SEGMENT	DATA ELEMENT	COMMENTS
296-297	2110C	EB	01	<p>Colorado Medical Assistance Programs will return one of the following Eligibility or Benefit Information Codes to identify the eligibility or benefit information:</p> <p>'1' Active Coverage</p> <ul style="list-style-type: none"> • Used for Service Type Codes that a client is eligible for (Generic and Explicit Inquiries) <p>'6' Inactive</p> <ul style="list-style-type: none"> • Used for Service Type Codes that a client is NOT eligible for (Generic and Explicit Inquiries) <p>'B' Co-Payment</p> <p>'L' Primary Care Provider</p> <p>'MC' Managed Care Coordinator</p> <ul style="list-style-type: none"> • Used for the ACC Program • Used for the BHO (fka MHASA) Program • Used for the CHP Plus Program • Used for the Dental ASO Program • Used for the Dual Program <p>'N' Services Restricted to the following Provider</p> <ul style="list-style-type: none"> • Used for the COUP Program <p>'R' Other or Additional Payer</p> <ul style="list-style-type: none"> • Used for association with TPL <p>'V' Cannot Process</p>
297-298	2110C	EB	02	<p>Colorado Medical Assistance Programs will return the following Coverage Level Code:</p> <p>'IND' Individual.</p>



*PAGE	LOOP	SEGMENT	DATA ELEMENT	COMMENTS
298-303	2110C	EB	03	<p>If EB01 = R (Other or Additional Payer), then the Colorado Medical Assistance Programs will return one or more of the following TPL Service Type Codes in the EB03 segment:</p> <ul style="list-style-type: none"> '5' Diagnostic Lab '18' DME Rental (includes all types of DME) '35' Dental '42' Home Health Care '48' Hospital Inpatient '50' Hospital Outpatient '56' Medically Related Transportation '68' EPSDT '81' Routine Physical '88' Pharmacy '96' Professional (Physician) 'A4' Psychiatric 'A7' Psychiatric Inpatient 'AG' Skilled Nursing Care <p>If EB01 = 1 (Active Coverage), that means the 270 Inquiry's EQ01 segment represented either a Generic Inquiry or an Explicit Inquiry on a Service Type Code and the 271 must respond accordingly by returning the appropriate Service Type Codes.</p>



*PAGE	LOOP	SEGMENT	DATA ELEMENT	COMMENTS
				<p>For the Generic Inquiry (Service Type Code = 30), Colorado Medical Assistance Programs will return the Generic Response, which consists of the 12 mandatory Service Type Codes required by the HIPAA Operating Rules. See Appendix A for these codes and their descriptions, both of which are highlighted in green for ease of reference.</p> <p>For the Explicit Inquiry (any single Service Type Code from Appendix A), Colorado Medical Assistance Programs will return the Explicit Response, which consists of the single requested Service Type Code. See Appendix A for a complete listing of the applicable codes and their descriptions.</p> <p>For Eligibility Type '017' CHP PLUS: For both the Generic Inquiry and the Explicit Inquiry, Colorado Medical Assistance Programs will have the same response. The 271 will return only the following Service Type Code: '30' Health Benefit Plan Coverage</p> <p>If the Service Type Code submitted in the 270 request is not included in the list of the 52 Service Type Codes in Appendix A, then the 270 request will be considered as a Generic Inquiry, and the 271 response will return the 12 mandatory Service Type Codes.</p>
303-304	2110C	EB	04	<p>Colorado Medical Assistance Programs will return the following Insurance Type Codes:</p> <p>'MC' Medicaid 'OT' Other</p>



XEROX EDI GATEWAY, INC.

ANSI ASC X12N 270/271
Benefit Eligibility Inquiry and Response
Colorado Medical Assistance Program
Department of Health Care Policy and Financing (DHCPF)
Companion Guide

*PAGE	LOOP	SEGMENT	DATA ELEMENT	COMMENTS
304	2110C	EB	05	Colorado Medical Assistance Programs will return the name of the Medicaid or Medicaid Managed Care Program that the client is enrolled in. One of the following Plan Coverage Descriptions will be returned: <u>Medicaid</u> CO Medical Assistance Programs <u>Medicaid Managed Care</u> Accountable Care Collaborative
304-305	2110C	EB	06	If a client has met the copay maximum amount, code '29' will be returned.
305	2110C	EB	07	If a client has met the copay maximum amount or if copay is not required, the amount of '\$0.00' will be returned. If a Client Co-pay is required, the copay amount will be displayed.
320-321	2110C	REF	01	Colorado Medical Assistance Programs will return 'IG' or 'F6', Insurance Policy Number or Medicare coverage and to identify the TPL policy number if the code 'R' was used in the EB01 to identify the Other Carrier ID Information.



*PAGE	LOOP	SEGMENT	DATA ELEMENT	COMMENTS
335	2120C	NM1	01	<p>Colorado Medical Assistance Programs will return one of the following Entity Identifier Codes in cases where a client carries TPL or has a PCP, PHP, BHO, RCCO, PCMP or ASO.</p> <p>'13' Contracted Service Provider</p> <ul style="list-style-type: none"> • Used for ACC RCCO Provider • Used for Dental ASO Provider • Used for Dual RCCO Provider <p>'1P' Provider</p> <ul style="list-style-type: none"> • Used for ACC PCMP Provider • Used for BHO Provider • Used for CHP Plus dental Provider (from CDN span) • Used for CHP Plus medical Provider (from CMD span) • Used for CHP Plus medical Provider (from TPA span) • Used for Dual PCMP Provider <p>'P3' Primary Care Provider</p> <ul style="list-style-type: none"> • Used for COUP Primary Physician <p>'PR' Payer</p> <ul style="list-style-type: none"> • Used for CHP Plus • Used for Third Party Liability (TPL) providers



Appendix A

HIPAA Operating Rules Service Type Codes

The Generic Inquiry/Response is represented by an Inquiry on Service Type Code 30 and a Response consisting of the 12 mandatory Service Type Codes highlighted in green.

The Explicit Inquiry/Response is represented by an Inquiry on any single Service Type Code except 30 and a Response consisting of only the single Service Type Code inquired about.

SERVICE TYPE CODE	DESCRIPTION
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



XEROX EDI GATEWAY, INC.

ANSI ASC X12N 270/271
Benefit Eligibility Inquiry and Response
Colorado Medical Assistance Program
Department of Health Care Policy and Financing (DHCPF)
Companion Guide

SERVICE TYPE CODE	DESCRIPTION
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
AO	Professional (Physician) Visit - Outpatient
A3	Professional (Physician) Visit - Home
A6	Psychotherapy
A7	Psychiatric - Inpatient
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



Revision History

VERSION NUMBER	CHECK OUT DATE	CHECK IN DATE	OWNER OF UPDATE	DESCRIPTION/LOCATION/ CHAPTERS OF CHANGE
1.0	10/30/2013	11/21/2013	DR	As part of the HIPAA Operating Rules Phase I (CSR 2572/2633), the below Chapter information has been added : CHAPTER 7- X12N 270 Eligibility Request and X12N 271 Eligibility Response information has been added. Appendix A has been added. (Page No- 36-37)
1.1	9/5/2014	11/25/2014	KH	Updated for CSR 2442 Combined 271 Response / COUP Phase I that includes changes to the 271 for ACC, Dual, COUP (aka Lock-In Program), Dental ASO and various non-Managed Care Medicaid programs. Clarified language in several areas that is not directly related to the CSR.
1.1	(SAME AS THE 9/5/2014 - 11/25/14 VERSION)	3/3/2015	CW	Reviewed CG for X12 copyright infringements and corrected. This occurred at the time of the CSR 2442 content review since this was the first time the document was submitted to EDI Gateway's National Standards Consulting team for review. Chad Warmack performed the review.