



Utah Department of
Health & Human Services
Integrated Healthcare

**HIPAA Transaction
Standard Companion Guide**

**Health Care Eligibility Benefit
Inquiry and Response (270/271)
ASC X12N/005010X279A1**

19th July 2024

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Disclosure Statement

Disclosure, distribution, and copying of this guide is permitted. However, be aware that changes to items found in this guide may occur at any time without notice.

The intended purpose and use of this guide is to provide information supporting a Health Care Eligibility Benefit Inquiry and Response transaction (270/271).

Due to the copyright protection of the 5010 Implementation Guides (TR3), Utah Medicaid will not publish items found on the ASC X12 Implementation Guides (TR3), other than to convey the Utah Medicaid system limitations and usage iterations.

Preface

This Companion Guide to the v5010 ASC X12N Implementation Guides and associated errata adopted under HIPAA clarifies and specifies the data content when exchanging electronic health data with Utah Medicaid. Transmissions based on this companion guide, used in tandem with the v5010 ASC X12N Implementation Guides, are compliant with both ASC X12 syntax and those guides.

The Companion Guide is intended to convey information that is within the framework of the ASC X12N Implementation Guides that have been adopted for use under HIPAA. It is not intended to convey information that in any way exceeds the requirements or usages of data expressed in the Implementation Guides.

This Companion Guide will provide information regarding the exchange of an Electronic Data Interchange (EDI) transaction with Utah Medicaid regarding Eligibility Benefit Inquiry and Response. It also includes information about EDI enrollment, testing, and customer support.

Utah Medicaid is publishing this Companion Guide to clarify, supplement, and further define specific data content requirements to be used in conjunction with, and not in place of, the ASC X12N TR3 mandated by HIPAA. This Companion Guide can be accessed at <https://medicaid.utah.gov/hipaa/providers/#companion-guides>.

All References to Medicaid are used for simplicity, but other programs supported by the Utah Department of Health Division of Medicaid and Health Financing (DMHF) are also included, e.g., Medicaid, CHIP, Integrated Medicaid, Baby Your Baby, etc.

Utah Medicaid provides services to eligible members using two coverage models:

- Managed Care Organizations (MCO) - Are Plans who provide medical, dental and behavioral health services to eligible Medicaid and CHIP members.
- Fee for Service (FFS) - Consists of all Medicaid plans where services are paid for a member who is not enrolled in a MCO or the service that is needed is not covered by the MCO plan.

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1 INTRODUCTION

The Health Insurance Portability and Accountability Act (HIPAA) requires all entities exchanging health data to comply with the Electronic Data Interchange (EDI) standards for healthcare as established by the Secretary of Health and Human Services. The Accredited Standards Committees (ASC) X12 Standards for Electronic Data Interchange Technical Report Type 3 (TR3) are the standards of compliance. The TR3s are published by the Washington Publishing Company (WPC) and are available at: <https://x12.org/products>.

This section describes how the ASC X12N Implementation Guides (IG) adopted under HIPAA will be detailed with the use of tables. The tables contain a row for each segment that, due to the Utah Medicaid system limitation and business needs, may require information in addition to, or over and above, the information in the IGs. That information can:

- Limit the repeat of loops, or segments.
- Limit the length of a simple data element.
- Specify a sub-set of the IGs internal code listings.
- Clarify the use of loops, segments, composite, and simple data elements.
- Any other information tied directly to a loop, segment, and composite or simple data element pertinent to trading electronically with Utah Medicaid.

In addition to the row for each segment, one or more additional rows are used to describe the Utah Medicaid usage for composite and simple data elements and for any other information. Notes and comments should be placed at the deepest level of detail.

Table 1 specifies the columns and suggested use of the rows for the detailed description of the transaction set companion guides.

Table 1. Columns and Usage

Page #	Loop ID	Reference	Name	Notes/Comments
79	2100B	REF01	Reference Identification Qualifier	Use "ID" for Atypical Providers and MCO's only.
80	2100B	REF02	Reference Identification	PRISM Provider ID for Atypical Providers and MCO's only.
96	2100C	NM109	Identification Code (Subscriber)	10-digit Beneficiary ID Number.

Scope

The Companion Guide addresses the Utah Medicaid technical and connectivity specifications for the Health Care Eligibility Benefit Inquiry and Response (270/271) transactions. It highlights business rules, system limitations, and data requirements needed for a successful client search and response.

Table 2. Transactions Covered by this Companion Guide

Transactions	Versions
270/271 Health Care Eligibility Benefit Inquiry and Response	005010X279A1
Implementation Acknowledgment for Health Care Insurance (999) Interchange Acknowledgment (TA1)	005010X231A1

Overview

The Companion Guide was written to assist providers in designing and implementing transaction standards to meet the Utah Medicaid processing methodology. The guide is organized in the sections listed below:

- Section 1 INTRODUCTION: Section includes scope, overview, references and additional information.
- Section 2 GETTING STARTED: Section includes information on enrolling as a Utah Medicaid Provider, EDI enrollment, and the testing process.
- Section 3 TESTING WITH UTAH MEDICAID: Section includes detailed transaction instruction on how to test with Utah Medicaid.
- Section 4 CONNECTIVITY WITH THE PAYER/COMMUNICATIONS: Section includes information on Medicaid’s transmission procedures, and communication and security protocols.
- Section 5 CONTACT INFORMATION: Section includes Medicaid’s telephone numbers, mailing and email addresses, and other contact information.
- Section 6 CONTROL SEGMENT/ENVELOPES: Section includes information needed to create the ISA/IEA, GS/GE, and ST/SE control segments to be submitted to Utah Medicaid.
- Section 7 PAYER SPECIFIC BUSINESS RULES AND LIMITATIONS: Section includes detailed transaction testing information. Web services connection is needed to send transactions.
- Section 8 ACKNOWLEDGEMENTS AND/OR REPORTS: Section includes information on all EDI reports such as 999s, or TA1.

- Section 9 TRADING PARTNER AGREEMENTS: Section contains information regarding Trading Partner EDI Enrollment requirements for the 270/271 transactions.
- Section 10 TRANSACTION SPECIFIC INFORMATION: Section contains specific information regarding 270/271 transactions, system limitations, scheduled and non-scheduled system downtime notifications, holiday hours, and other information that would be helpful to Trading Partners.
- APPENDICES: This section will lay out transmission examples, frequently asked questions, an implementation checklist, business scenarios, and a change summary.

References

- **5010 ASC X12 Technical Report Type 3 (TR3) Guides**

Due to system limitation and business needs, Utah Medicaid will identify loops, segments, and data elements to convey additional information to process electronic requests successfully.

TR3s may be purchased through Washington Publishing Company (WPC) at: <https://x12.org/products>.

- **Utah Health Information Network (UHIN) Standards and Specifications**

All payers in Utah, including Medicaid, have adopted the UHIN Standards and Specifications set forth by the Utah Health Insurance Commission. UHIN is an independent, not-for-profit, value-added network serving providers and payers in Utah. To access specific documents such as Standards, Technical Manuals, Specifications, and so forth, a provider must request access to <https://my.uhin.org> from UHIN.

- UHIN Home Page: <http://www.uhin.org>
- UHIN Standards: <https://support.uhin.org/hc/en-us/categories/360002051651-Standards>
- UHIN UTRANSEND Technical Reference Manual (TRM): <https://support.uhin.org/hc/en-us/articles/360038190411-Technical-Reference-Manual-v2>
- UHIN EDI Enrollment Specification: <https://support.uhin.org/hc/en-us/articles/360037342132-UHIN-EDI-Enrollment-Specification-v1-1>
- **Washington Publishing Company (WPC):**
<https://www.wpc-edi.com/>
- **WPC Code List:**
<https://x12.org/Codes>
- **CMS transaction and Code Sets Standards:**

<https://www.cms.gov/Regulations-and-Guidance/Administrative-Simplification/HIPAA-ACA/AdoptedStandardsandOperatingRules.html>

- **CMS Electronic Billing & EDI Transactions Help Lines (Part A and B):**
<http://www.cms.gov/ElectronicBillingEDITrans>
- **Accredited Standards Committee (ASC):**
<https://x12.org/>

Additional Information

Utah Medicaid does not offer EDI software. Some software vendors charge for each electronic transaction type (claims, eligibility, reports, and remittance advice). There are no regulations as to what software vendors can charge for the software license or their services. It is the responsibility of the provider to procure software that best fits their business needs.

Things to consider when looking for EDI software:

1. Fees and Function – What EDI transactions are included with the software license? Examples include:
 - a. Health Care Eligibility Benefit Inquiry and Response (270/271)
 - b. Health Care Claim Status Request and Response (276/277)
 - c. Health Care Claims: Professional (837P), Institutional (837I), Dental (837D)
 - d. Health Care Claim Acknowledgment (277CA)
 - e. Acknowledgment Reports (Interchange Acknowledgement (TA1), Implementation Acknowledgment for Health Care Insurance (999))
 - f. Health Care Claim Payment/Advice (835)
 - g. Health Care Services Review - Request for Review and Response (278)
 - h. Payroll Deducted and Other Group Premium Payments for Insurance Products (820)
 - i. Benefits Enrollment and Maintenance (834)
2. Software License – Will the license include free regulatory updates?
3. Technical Support – Is the installation, set-up and any subsequent assistance included with the subscription?
4. System Requirements – Will the software function with your current Operating System, hardware, and Practice Management software, or will new Operating System, Practice Management software, or hardware be needed?
5. Reports – Are data elements on received transactions viewable, for example, Claims Adjustment Reason Codes, Remittance Remark Codes, PLB segments on the 835, and so forth?

6. UHIN provides software for their members. Contact UHIN at (877) 693-3071 for more information.
7. Providers that use a billing company or clearinghouse, contact the billing company or clearinghouse for software.
8. Proprietary software can be used provided it meets HIPAA standards and mandated CORE requirements.

2 GETTING STARTED

Working with Utah Medicaid

Providers must enroll as a Utah Medicaid provider. The Utah Medicaid Provider Enrollment team may be reached at (801) 538-6155 or (800) 662-9651, option 3, then option 4, for questions regarding provider enrollment. Provider Enrollment forms, instructions, and contact information are available on the Utah Medicaid website: <https://medicaid.utah.gov/become-medicaid-provider>.

A provider who enrolled online will receive a Welcome Letter to access provider enrollment information.

Providers who wish to submit EDI transactions directly into PRISM through PRISM screens, must select the Electronic batch option as part of the provider enrollment process. Providers must be able to create HIPAA X12 compliant transactions using their own software when submitting through the Electronic batch. An Electronic batch submission is not available for providers enrolled as a Managed Care plan.

Providers who wish to employ UHIN and use their tools and services to submit EDI claims, Client Eligibility and Response, Claim Status Inquiry and Response, Health Care Services Review - Request for Review and Response, or receive Electronic Remittance Advice may contact UHIN at (877) 693-3071 or see the UHIN EDI Enrollment Specification at: <https://support.uhin.org/hc/en-us/articles/360037342132-UHIN-EDI-Enrollment-Specification-v1-1>. The Provider must ask UHIN for membership information and how to obtain an Electronic Data Interchange (EDI) Trading Partner Number (TPN).

Providers who elect to transmit or receive electronic transactions using a third party, such as a billing agent, clearinghouse, or network service, do not need to contact UHIN or acquire a TPN if the billing agent, or network service is a member of UHIN. In this case, providers must obtain the billing company's TPN to complete the Utah Medicaid EDI enrollment online.

Trading Partner Registration

Utah Medicaid requires all trading partners to complete the Utah Medicaid EDI Enrollment online. Any other form of EDI Enrollment is not accepted. To become a trading partner with Utah Medicaid, visit our website at: <https://medicaid.utah.gov/become-medicaid-provider>.

Using the information provided on the Welcome Letter (when you first enrolled to become a Utah Medicaid provider), you may access and complete or modify the EDI

Enrollment. If a Welcome Letter was not received, contact Medicaid Provider Enrollment at (801) 538-6155 or (800) 662-9651, option 3, then option 4, to request one.

Providers may need to obtain the TPN for each EDI transaction from their clearinghouse or billing agency prior to EDI enrollment.

For Brand New Providers – Never Validated:

1. Acquire a Utah Identification (ID) from <https://id.utah.gov/login> if you do not have one.
 - a. Create an Account
 - b. Complete all the required fields
 - c. Set the password interval to 90 days, using the following State of Utah password requirements:
 - Minimum of 8 characters
 - Upper case letters
 - Lower case letters
 - At least 1 number
 - Special characters
2. Visit our website at: <https://medicaid.utah.gov/become-medicaid-provider>.
3. Click the PRISM Portal hyperlink.
4. Enter your Utah ID and password to log in.
5. Click the Submit Enrollment Access (Converted Providers Accessing the New PRISM System for the First Time).
6. Complete and Submit Enrollment Access form. Upon successful validation, the system will redirect you to the profile selection domain page.
7. Click Manage Provider Information.
8. Complete all the validation requirements in Steps 1-3.
9. Complete all the steps for EDI Enrollment to add or modify the EDI enrollment information. Fill out the form completely and associate the Trading Partner Number (TPN) to each EDI transaction based on business needs. A different TPN may be used for each EDI transaction.
10. Click the Submit button in the last step to submit the form for processing.

For Existing Providers – Validated:

1. Visit our website at: <https://medicaid.utah.gov/become-medicaid-provider>.
2. Click the PRISM Portal hyperlink.
3. Enter your Utah ID and password to log in.

4. Select a Domain and Profile.
5. Click the Manage Provider Information.
6. Complete all the steps that pertain to the EDI Enrollment to add or modify the EDI enrollment information. Fill out the form completely and associate the TPN to each EDI transaction based on business needs. Different TPNs may be used for each EDI transaction.
7. Click the Submit button in the last step to submit the form for processing.

Training is available by clicking the link for the Provider Enrollment and EDI Enrollment tutorial: <https://medicaid.utah.gov/pe-training>.

Certification and Testing Overview

All payers in Utah, including Utah Medicaid, have adopted the UHIN Standards and Specifications set forth by the Utah Health Insurance Commission. UHIN is an independent, not-for-profit, value-added network serving providers and payers in Utah.

All providers who wish to submit EDI transactions through UHIN must test with UHIN prior to submission of electronic transactions. Contact UHIN at (877) 693-3071 to coordinate acceptance testing.

3 TESTING WITH UTAH MEDICAID

Providers who wish to submit EDI transactions through the PRISM Electronic batch are not required to do testing. If a provider wants to test prior to production, send test transactions to the Medicaid Test Trading Partner Number: HT000004-004 (FFS) and/or HT000004-003 (MCO).

Providers who wish to submit EDI transactions through UHIN, contact UHIN Help Desk at (877) 693-3071 for security access to their Test environment. Coordinate Acceptance Testing with UHIN first. UHIN will validate your EDI transactions and notify Utah Medicaid when Acceptance Testing is completed.

During provider enrollment, ensure that your UHIN Trading Partner Numbers (TPN) are associated for each transaction based on business needs prior to testing with Utah Medicaid. Registration can be done through the EDI Enrollment online at the Medicaid website: <https://medicaid.utah.gov/become-medicaid-provider>. See detailed instructions under the Trading Partner Registration section.

Providers should coordinate testing with Utah Medicaid after completion of the Acceptance Testing with UHIN, contact EDI Customer Support at editestinggroup@utah.gov or by calling the EDI Customer Support at (801) 538-6155, option 3, then option 5. Medicaid EDI Customer Support will assist with testing issues and errors. Send your test transaction(s) to the Medicaid Test Trading Partner Number: HT000004-004 (FFS) and/or HT000004-003 (MCO).

Providers using the UHIN software are not required to test. Contact UHIN Member Relations Team at (877) 693-3071 for technical support.

Providers using a third-party software or practice-management software need to work directly with their software vendor for software upgrades and technical support.

4 CONNECTIVITY WITH THE PAYER/ COMMUNICATIONS

Web Service connection is required to send electronic transactions through UHIN. For more information, see UHIN standards at: <https://support.uhin.org/hc/en-us/categories/360002051651-Standards>.

To initiate a Trading Partner relation with UHIN, contact UHIN at (877) 693-3071 for more information, or email at: customerservice@uhin.org.

UHIN Technical Specifications are available at: <https://support.uhin.org/hc/en-us/articles/360038190411-Technical-Reference-Manual-v2>.

5 CONTACT INFORMATION

EDI Customer Service

Contact your clearinghouse or billing agent for EDI Customer Support. The UHIN Help Desk can be contacted at either (877) 693-3071 or by email at customerservice@uhin.org.

Trading Partners may contact Utah Medicaid for assistance in researching problems with submitted EDI transactions. Utah Medicaid will not edit Trading Partner data or resubmit transactions for processing on behalf of a Trading Partner. The Trading Partner must correct any transmission or data errors found and resubmit.

For additional support, Utah Medicaid EDI Customer Support team may be contacted by calling the Medicaid Information Line at (801) 538-6155 or (800) 662-9651, option 3, then option 5.

You may also email the EDI Customer Support team at: HCF_OSD@utah.gov (there is an underscore between HCF and OSD). For testing related issues, contact EDI Customer Support at editestinggroup@utah.gov.

Notes: Do not send non-encrypted PHI to this email address.

If Utah Medicaid receives a regular, unencrypted email containing protected health information (PHI), there may be some risk that the information in the email could be intercepted and read by a third-party during transmission.

This may be a reportable incident under the HIPAA Privacy and Security Rules. Please follow your organization's incident reporting procedure and notify your compliance officer.

If you need to send PHI or other sensitive information to us electronically, we strongly encourage you to use a secure method.

EDI Customer Support hours are Monday through Friday from 8 A.M. to 5 P.M.

On Tuesdays, EDI Customer Support phone lines are open from 11 A.M. to 5 P.M.

EDI Customer Support is closed during Federal and State Holidays.

Utah Medicaid will broadcast messages through the Medicaid Information Line, ListServ, and through UHIN alerts for unexpected system down time, for unexpected delay in generation and transmission of EDI reports, delay in the release of provider payments, to announce the release of new or interim Medicaid Information Bulletin (MIB), and so forth.

To sign up for the Medicaid ListServ, click: <https://medicaid.utah.gov/utah-medicaid-official-publications>.

Trading partners may also sign up to receive UHIN alerts for urgent broadcast and notification sent by various Utah Payers including Utah Medicaid at: <http://www.uhin.org>.

Utah Medicaid mailing address is:

Bureau of Medicaid Operations
PO Box 143106
Salt Lake City, UT 84114-3106

Applicable Websites/E-mail

Utah Medicaid EDI email address: HCF_OSD@utah.gov. (there is an underscore between HCF and OSD) and editestinggroup@utah.gov (testing issues)

Utah Medicaid Web Page: <https://medicaid.utah.gov/>

Utah Medicaid Companion Guide: <https://medicaid.utah.gov/hipaa/providers/#companion-guides>

Utah Medicaid Provider training: <https://medicaid.utah.gov/provider-training-0/>

Utah Medicaid EDI Enrollment: <https://medicaid.utah.gov/become-medicaid-provider>

Utah Medicaid Registration and EDI Enrollment Tutorial: <https://medicaid.utah.gov/pe-training>

To sign up for the Utah Medicaid ListServ: <https://medicaid.utah.gov/utah-medicaid-official-publications>

UHIN: <https://uhin.org>

UHIN Help Desk: customerservice@uhin.org

UHIN Standards and Specifications: <https://support.uhin.org/hc/en-us/categories/360002051651-Standards>

Connectivity requirements, click the UHIN website at this link: <https://support.uhin.org/hc/en-us/articles/360038190411-Technical-Reference-Manual-v2/>

To sign up to receive UHIN alerts: <https://uhin.org>

UHIN Hardware Requirements: <https://support.uhin.org/hc/en-us/articles/360038190411-Technical-Reference-Manual-v2>

6 CONTROL SEGMENT/ENVELOPES

In all transactions, the ISA06 and ISA08 must contain the designated Trading Partner Number (TPN) of the submitter and receiver, respectively. The trading partner defines the value carried in the GS02 and GS03. If there is not an agreement between trading partners as to the value carried in these segments, then the default will be the TPN of the submitter and receiver (that is, the same numbers that are in ISA06 and ISA08, respectively).

For security purposes, neither the ISA04 nor the GS02 will be used to carry the Trading Partner Password or User ID. The Password and User ID values will be transmitted in an outside wrapping of the transaction for authentication. For this reason, the ISA01 and ISA03 values are '00' and the ISA02 and ISA04 are space filled. See Table 3 for proper usage and required value for various data elements in the ISA and GS segments.

ISA-IEA (Interchange Control Number)

To facilitate tracking and debugging, the Interchange Control number used in the ISA13 must be unique for each transaction.

Group Control Number

To facilitate tracking and debugging, the Group Control number used in the GS06, must be unique.

In a 999 Acknowledgement or interactive response transaction, the GS03 carries the value sent in the GS02 of the 270 transaction that is being acknowledged. Table 3 identifies the values to be carried in the ISA and GS of the transaction acknowledgment.

For more information regarding the use of ISA/IEA and GS/GE control segments, see the Utah Standards available on the UHIN website at: <https://support.uhin.org/hc/en-us/categories/360002051651-Standard>.

Table 3. 270 – Request Interchange Control Header

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
			Loop – Interchange Control Header	
	ISA		Segment – Interchange Control Header	
	ISA	ISA01	Authorization Information Qualifier	"00" (No Authorization Information Present (No Meaningful Information in I02))
	ISA	ISA02	Authorization Information	10 Spaces
	ISA	ISA03	Security Information Qualifier	"00" (No Security Information Present (No Meaningful Information in I04))
	ISA	ISA04	Security Information	10 Spaces
	ISA	ISA05	Interchange ID Qualifier	"ZZ" (Mutually Defined)
	ISA	ISA06	Interchange Sender ID	UHIN - Trading Partner ID obtained from UHIN (HTXXXXXXX-XXX) PRISM Electronic batch – use NPI or PRISM Provider ID
	ISA	ISA07	Interchange ID Qualifier	"ZZ" (Mutually Defined)
	ISA	ISA08	Interchange Receiver ID	HT000004-001 – FFS HT000004-002 – MCO

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
				HT000004-801 – Atypical HT000004-003 – Test-MCO HT000004-004 – Test-FFS left justified followed by spaces.
	ISA	ISA13	Interchange Control Number	Set of 9 numbers. Must be unique for each transaction.
	ISA	ISA14	Acknowledgment Requested	Always use number “1” for Interchange Acknowledgment Requested (TA1). Without this indicator, acknowledgement will not be returned for the submitted transaction if an error on the ISA segment is detected. And the submitted EDI file will not be processed.
	ISA	ISA15	Interchange Usage Indicator	Always use “P” for Production Data and “T” for Test Data.
			Loop – Functional Group Header	
	GS		Segment – Functional Group Header	Always submit single provider specific requests in a 270 file. If not, acknowledgement/response generated for these files will not be accessible from PRISM screens to download.

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
				<p>If a Trading Partner Number is shared between multiple providers, acknowledgement/response files generated for the Trading Partner Number will not be accessible from PRISM screens to download.</p>
	GS	GS02	Application Sender's Code	<p>UHIN - Trading Partner ID obtained from UHIN (HTXXXXXXX-XXX) PRISM Electronic batch – use NPI or PRISM Provider ID</p>
	GS	GS03	Application Receiver's Code	<p>HT000004-001 – FFS HT000004-002 – MCO HT000004-801 – Atypical HT000004-003 – Test-MCO HT000004-004 – Test-FFS</p>

7 PAYER SPECIFIC BUSINESS RULES AND LIMITATIONS

Utah Medicaid accepts and supports both Batch and Real-Time Eligibility Benefit Inquiry and Response (270/271) transactions. Batch 270 will be responded to within 24 hours of submission. Real-Time requests will receive a response within twenty (20) seconds.

Utah Medicaid requires a unique value in the ISA13 and GS06 for all X12 transactions.

You may transmit electronic 270/271 transactions anytime, 24 hours a day, 7 days a week.

Regular Scheduled System Downtime

Utah Medicaid systems are available to process Real-Time and Batch transactions 24/7 except during regularly scheduled system downtime, defined as:

Routine downtime

Regularly scheduled system downtime is Sundays, from 1 A.M. to 2 A.M.

No real-time transactions will be processed between these hours. No response or acknowledgement will be returned during scheduled or non-scheduled downtime.

Non-routine downtime

Medicaid will notify providers through the email ListServ, UHIN alerts, or message broadcast through the phone system, for unscheduled or emergency downtime, within one hour of discovery.

No response or acknowledgement will be returned during scheduled or non-scheduled downtime.

System Holiday Schedule

Utah Medicaid systems are available to process Batch 270 transactions 24 hours a day, 7 days a week, except for our regularly scheduled system downtime, as stated above.

Business Limitations:

- ANSI ASC X12 270 – Transaction Set Companion Guide Rules

Table 4. Transaction Set Companion Guide Rules Inbound

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
			Loop – Transaction Set Header	
	BHT		Segment – Beginning of Hierarchical Transaction	
	BHT	BHT02	Transaction Set Purpose Code	“13” (Request)
2100A			Loop – Information Source Name	
2100A	NM1		Segment – Information Source Name	
2100A	NM1	NM101	Entity Identifier Code	“PR” (Payer)
2100A	NM1	NM108	Identification Code Qualifier	“PI” (Payor Identification)
2100A	NM1	NM109	Identification Code	HT000004-001 – FFS HT000004-002 – MCO HT000004-801 – Atypical HT000004-003 – Test-MCO HT000004-004 – Test-FFS
2100B			Loop – Information Receiver Name	

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2100B	NM1		Segment – Information Receiver Name	
2100B	NM1	NM108	Identification Code Qualifier	<p>“XX” (Centers for Medicare and Medicaid Services National Provider Identifier)</p> <p>The National Provider ID (NPI) qualifier “XX” must be submitted for Non- Atypical providers.</p> <p>Atypical Providers and Managed Care Organizations (MCO) can submit any Identification Qualifier other than ‘XX’.</p>
2100B	NM1	NM109	Identification Code	<p>The National Provider ID (NPI) must be submitted for Non-Atypical providers.</p> <p>Atypical Providers and MCO’s can submit any Identification Code other than NPI.</p>
2100B	REF		Segment – Information Receiver Additional Identification	
2100B	REF	REF01	Reference Identification Qualifier	Use “1D” for Atypical Providers and MCO’s
2100B	REF	REF02	Reference Identification	PRISM Provider ID for Atypical Provider and MCO use only
2100C			Loop – Subscriber Name	
2100C	NM1		Segment – Subscriber Name	

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2100C	NM1	NM104	Name First	Send “NoFirst” if the member doesn’t have a first name.
2100C	NM1	NM108	Identification Code Qualifier	“MI” (Member Identification Number)
2100C	NM1	NM109	Identification Code	PRISM Beneficiary Medicaid ID
2100C	REF		Segment – Subscriber Additional Information	
2100C	REF	REF01	Reference Identification Qualifier	Use "SY" if identifying the beneficiary using SSN.
2100C	REF	REF02	Reference Identification	Beneficiary’s Social Security Number if using as Alternate Search option
2100C	N4		Segment – Subscriber City, State, Zip Code	
2100C	N4	N403	Postal Code	<Subscriber Postal Zone or ZIP Code> Identify the Beneficiary’s Zip code in this segment if using as Alternate Search option
2100C	DMG		Segment – Subscriber Demographic Information	
2100C	DMG	DMG02	Date Time Period	<Member’s Birth Date>, in CCYYMMDD format if using as a search option
2100C	DMG	DMG03	Gender Code	“F” (Female) “M” (Male)

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
				If using as Alternate Search option
2100C	DTP		Segment – Subscriber Date	
2100C	DTP	DTP03	Date Time Period	<p>Submit a single date of inquiry or a date range (not to exceed 3 months) to receive member eligibility information.</p> <p>Can be a maximum of three years prior to the current date.</p> <p>Can submit up to the last day of the next month only if benefit issuance has occurred for that month.</p> <p>Eligibility will be reported only for the inquiry time period.</p>
2110C			Loop – Subscriber Eligibility or Benefit Inquiry	Maximum allowed request counts for PRISM are 99
2110C	EQ		Segment – Subscriber Eligibility or Benefit Inquiry	
2110C	EQ	EQ01	Service Type Code	When service type code is not supplied, system uses Service Type Code “30” (Health Benefit Plan Coverage) as the default.
2110C	EQ	EQ02	Composite Medical Procedure Identifier	Utah Medicaid does not return eligibility at the Procedure Code level.

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2110C	DTP		Segment – Subscriber Eligibility/Benefit Date	
2110C	DTP	DTP03	Date Time Period	<p>Submit a single date of inquiry or a date range (not to exceed 3 months) to receive member eligibility information.</p> <p>Can be a maximum of three years prior to the current date.</p> <p>Can submit up to the last day of the next month only if benefit issuance has occurred for that month.</p> <p>Eligibility will be reported only for the inquiry time period.</p>
2000D			Loop – Dependent Level	Utah Medicaid does not process information reported in dependent level.

- **ANSI ASC X12 271 - Transaction Set Companion Guide Rules**

Table 5. Transaction Set Companion Guide Rules Outbound

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
			Loop – Interchange Control Header	
	ISA		Segment – Interchange Control Header	

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
	ISA	ISA01	Authorization Information Qualifier	"00" (No Authorization Information Present (No Meaningful Information in I02))
	ISA	ISA02	Authorization Information	10 spaces
	ISA	ISA03	Security Information Qualifier	"00" (No Security Information Present (No Meaningful Information in I04))
	ISA	ISA04	Security Information	10 spaces
	ISA	ISA05	Interchange ID Qualifier	"ZZ" (Mutually Defined)
	ISA	ISA06	Interchange Sender ID	Value received on 270 Request ISA08 < Interchange Receiver ID > will be returned. left justified followed by spaces.
	ISA	ISA07	Interchange ID Qualifier	"ZZ" (Mutually Defined)
	ISA	ISA08	Interchange Receiver ID	Value received on 270 Request ISA06 < Interchange Sender ID > will be returned.
			Loop – Functional Group Header	
	GS		Segment – Functional Group Header	
	GS	GS02	Application Sender's Code	Value received on 270 Request GS03 <Application Receiver's Code> will be returned.

UTAH MEDICAID COMPANION GUIDE

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
	GS	GS03	Application Receiver's Code	Value received on 270 Request GS02 <Application Sender's Code> will be returned.
2100A			Loop – Information Source Name	
2100A	NM1		Segment – Information Source Name	
2100A	NM1	NM101	Entity Identifier Code	“PR” (Payer)
2100A	NM1	NM103	Name Last or Organization Name	“UTAH MEDICAID”
2100A	NM1	NM108	Identification Code Qualifier	“46” (Electronic Transmitter Identification Number (ETIN))
2100A	NM1	NM109	Identification Code	Value received on 270 Request ISA08 <Interchange Receiver ID> will be returned.
2100A	PER		Segment – Information Source Contact Information	
2100A	PER	PER02	Name	<Information Source Contact Name> “Division of Medicaid and Health Financing”
2100A	PER	PER03	Communication Number Qualifier	“TE” (Telephone)
2100A	PER	PER04	Communication number	“8006629651”

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2100A	PER	PER05	Communication Number Qualifier	“TE” (Telephone)
2100A	PER	PER06	Communication number	"8015386155"
2100B			Loop – Information Receiver Name	
2100B	NM1		Segment – Information Receiver Name	
2100B	NM1	NM108	Identification Code Qualifier	Value received on 270 will be reported.
2100B	NM1	NM109	Identification Code	Value received on 270 will be reported.
2100B	REF		Segment – Information Receiver Additional Identification	
2100B	REF	REF01	Reference Identification Qualifier	Use “1D” for Atypical Providers and MCO’s
2100B	REF	REF02	Reference Identification	Value received on 270 will be reported.
2100B	AAA		Segment – Information Receiver Request Validation	
2100B	AAA	AAA03	Reject Reason Code	“43” (Invalid/Missing Provider Identification) “50” (Provider Ineligible for Inquiries) “51” (Provider Not on File)
2100C			Loop – Subscriber Name	

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2100C	NM1		Segment – Subscriber Name	
2100C	NM1	NM103	Name Last or Organization Name	When reporting AAA information, report last name that came in the 270 inquiry. When reporting eligibility information, last name will be reported from eligibility system and will be truncated to 35 characters if exceeds the limit.
2100C	NM1	NM104	Name First	System will report “NoFirst” if member doesn’t have a first name in the eligibility system. When reporting AAA information, report first name that came in the 270 inquiry. When reporting eligibility information, first name will be reported from eligibility system and will be truncated to 25 characters if exceeds the limit.
2100C	NM1	NM108	Identification Code Qualifier	“MI” (Member Identification Number)
2100C	NM1	NM109	Identification Code	Utah Medicaid Beneficiary ID will be returned.
2100C	REF		Segment – Subscriber Additional Information	
2100C	REF	REF01	Reference Identification Qualifier	The following codes are returned as applicable:

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
				<p>“EJ” (Patient Account Number) Only returned if provided in 270.</p> <p>“3H” (Case Number)</p> <p>“SY” (Social Security Number) Only returned if used as a search option in 270.</p>
2100C	REF	REF02	Reference Identification	<p>The following values are returned, as applicable:</p> <p>Patient Account Number will be reported if REF01 = “EJ” and provided in 270.</p> <p>Case Number will be reported if REF01 = “3H”</p> <p>Social Security Number will be reported if used as a search option in 270.</p>
2100C	N3		Segment – Subscriber Address	Report subscriber mailing address
2100C	N4		Segment – Subscriber City, State, Zip Code	Report subscriber mailing address
2100C	AAA		Segment – Subscriber Request Validation	
2100C	AAA	AAA03	Reject Reason Code	<p>“52” (Service Dates Not Within Provider Plan Enrollment)</p> <p>“58” (Invalid/Missing Date of Birth)</p> <p>“60” (Date of Birth Follows Date(s) of Service)</p>

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
				<p>“61” (Date of Death Precedes Date(s) of Service)</p> <p>“62” (Date of Service Not Within Allowable Inquiry Period)</p> <p>“63” (Date of Service in Future)</p> <p>“71” (Patient Birth Date does not match the one from eligibility system)</p> <p>“72” (Invalid/Missing Subscriber/Insured ID)</p> <p>“73” (Invalid/Missing Subscriber/Insured Name)</p> <p>“75” (Subscriber/Insured Not Found)</p> <p>If SSN submitted is not matching, then system will report reject reason code “75”. Providers should validate they sent the correct SSN before assuming the member is not found.</p> <p>“76” (Duplicate Subscriber/Insured ID)</p>
2110C			Loop – Subscriber Eligibility or Benefit Information	
2110C	EB		Segment – Subscriber Eligibility or Benefit Information	Spendedown benefit plan is reported with EB01 = “6” (Inactive). If spenddown benefit plan is reported in EB segment, then the member is not eligible.

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
				Patient Pay amount is reported with EB01 = “B” for Hospice and Nursing Homes.
2110C	EB	EB01	Eligibility or Benefit Information Code	"1" (Active Coverage) "3" (Active - Services Capitated) "6" (Inactive) "A" (Co-Insurance) "B" (Co-Payment and Patient Pay Amount) "C" (Deductible) "G" (Out of Pocket (Stop Loss)) "I" (Non-Covered) "L" (Primary Care Provider) "N" (Services Restricted to Following Provider) "R" (Other or Additional Payor) "V" (Cannot Process)
2110C	EB	EB02	Coverage Level Code	"IND" (Individual)
2110C	EB	EB06	Time Period Qualifier	"29" (Remaining) Use when reporting Out of Pocket Remaining Amount Out of Pocket frequency is quarterly for Medicaid and annually for CHIP.

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
				Co-Pay frequency is per visit.
2110C	AAA		Segment – Subscriber Request Validation	
2110C	AAA	AAA03	Reject Reason Code	“52” (Service Dates Not Within Provider Plan Enrollment) “60” (Date of Birth Follows Date(s) of Service) “61” (Date of Death Precedes Date(s) of Service) “62” (Date of Service Not Within Allowable Inquiry Period) “63” (Date of Service in Future)
2115C			Loop – Subscriber Eligibility or Benefit Additional Inquiry Information	
2115C	III		Segment – Subscriber Eligibility or Benefit Additional Inquiry Information	
2115C	III	III01	Code List Qualifier Code	“ZZ” (Mutually Defined)
2115C	III	III02	Industry Code	“01” (Pharmacy)
2115C	III	III03	Code Category	“44” (Nature of Injury)

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2115C	III	III04	Free-Form Message Text	<p>MCO Rx information will be reported as Rx Name<space><Rx Primary Name><space>Phone</p> <p><space><Rx Phone><space>Group<space><Rx Group><space>Bin<space><Rx Bin><space>ID<space><Rx ID><space>PCN<space><Rx PCN></p> <p>If one of the fields is not available or blank, then will be reported as <Header><Space>“- - -”.</p>
2120C			Loop – Subscriber Benefit Related Entity Name	The related MCO Plan, Hospice Agency, Nursing Home, ICF/ID, Transportation Agency, Other Insurance and Restriction provider/pharmacies are reported in this loop.
2120C	NM1		Segment – Subscriber Benefit Related Entity Name	
2120C	NM1	NM103	Name Last or Organization Name	<p>When reporting Restriction Provider information, Primary Provider Last Name will be appended with “-primary provider “at the end.</p> <p>When reporting Restriction Pharmacy information, Primary Pharmacy Name will be appended with “-primary pharmacy “at the end.</p>

8 ACKNOWLEDGEMENTS AND/OR REPORTS

Implementation Acknowledgment for Health Care Insurance (999) – ASC X12N/005010X231

Edits for syntactical quality of the functional group or implementation guide compliance are documented in the 999 Acknowledgment and are returned for all batch 270 transactions.

An Accepted 999 means the transaction file was accepted into the system for processing. A Rejected 999 means the file transmitted does not comply with the HIPAA standards identified by the syntactical analysis or implementation guide compliance.

The 999 Acknowledgment will identify the segment name, segment location (line number), Loop ID, and data element in error. For multiple errors, all errors found will be listed in the 999 Implementation Acknowledgment. Errors must be corrected before resubmitting the 270 transaction.

Interchange Acknowledgment

The Interchange Acknowledgment (TA1) report provides the capability for the interchange receiver to notify the sender that a valid envelope was received, or that problems were encountered with the interchange control structure. The TA1 verifies the envelopes only. It is unique in that it is a single segment transmitted without the GS/GE envelope structure.

The TA1 Acknowledgment encompasses the interchange control number, interchange date and time, interchange acknowledgment code, and the interchange note code. The interchange control number and interchange date and time are identical to those that were present in the transmitted interchange from the trading partner. This provides the capability to associate the TA1 with the transmitted interchange.

TA104, the Interchange Acknowledgment Code, indicates the status of the interchange control structure. This data element stipulates whether the transmitted interchange was accepted with no errors, accepted with errors, or rejected because of errors.

TA105, the Interchange Note Code, is a numerical code that indicates the error found while processing the interchange control structure. Values for this data element indicate whether the error occurred at the interchange or functional group envelope.

EDI submitters wishing to receive a TA1 Acknowledgment must request it through data elements ISA14, using data element “1” in the transmitted interchange. If a TA1 Acknowledgment is not requested and the submitted EDI file has an envelope error, Medicaid will not generate or send an acknowledgment for the file.

9 TRADING PARTNER AGREEMENTS

Contact UHIN at: <https://uhin.org> or call (877) 693-3071 for membership enrollment information and Web Services connection. UHIN will assign a Trading Partner Number (TPN) for EDI.

Providers who elect to submit or receive electronic transactions using a third-party such as a billing agent, clearinghouse, or network service may not need to contact UHIN to acquire a TPN if the billing agent, clearinghouse, or network service has obtained a TPN on their behalf.

Providers who elect to submit or receive electronic transactions through the PRISM Electronic Batch screen do not need to contact UHIN to acquire a TPN. Providers must use their PRISM Provider ID or NPI as the TPN in their electronic transactions.

Providers who wish to exchange electronic transactions with Medicaid must complete a provider enrollment application through PRISM, including all EDI steps.

If submitting through a billing agent, clearinghouse or UHIN, associate the TPN to each transaction (based on business needs). Different TPNs may be used for each transaction excluding 835, 834 and 820. For PRISM Electronic Batch submission, identify the transactions to be submitted through this method.

Utah Medicaid does not offer EDI software. It is the responsibility of the Provider to procure software capable of generating an X12 transaction that is compatible with their Practice-Management software to meet their business needs.

Some software vendors charge for each transaction type (claims, eligibility, reports, and remittance advice). There is no federal regulation as to how much a software vendor can charge for the software license or their services.

UHIN provides software for UHIN members, and it can be downloaded from <https://uhin.org>. For assistance with the download, contact UHIN at (877) 693-3071.

Providers using a billing company or clearinghouse, contact the billing company or clearinghouse for software. Proprietary software can be used provided it meets HIPAA standards and the mandated CAQH CORE Operating Rules requirements.

10 TRANSACTION SPECIFIC INFORMATION

The information under this section is intended to help the trading partner understand the business context of the 270/271 transactions, where applicable.

There are multiple methods available for sending and receiving electronic transactions. The two most common methods for EDI transactions are Batch and Real-Time modes. Utah Medicaid supports both Batch and Real Time 270/271 transactions.

Access to the 270/271 transactions by Batch and Real Time requires trading partners to register on-line with Medicaid and define usage of these transactions. Click the following link to register: <https://medicaid.utah.gov/become-medicaid-provider/>.

An EDI Enrollment Tutorial is also available at: <https://medicaid.utah.gov/pe-training>.

Providers must be enrolled and open with Utah Medicaid for the date of service being queried. Utah Medicaid Providers with an open NPI or Provider ID can transmit a 270 transaction. All others will receive a AAA error response.

Providers, billers, and clearinghouses must submit 270 transactions separately based on the receiving TPN, HT000004-001 (FFS), HT000004-002 (MCO) and HT000004-801 (Atypical).

For Inbound Transactions, colon (:) is not accepted in any non-composite field. If submitted, the file will be rejected with a SNIP level error in the respective TA1/999 Acknowledgement Response file.

For Outbound Transactions, colon (:) in any non-composite field will be replaced with a space before submitting the file to providers.

Medicaid Trading Partner Numbers (TPN)

Providers using NPI must submit 270 transactions to the following mailbox:

HT000004-001 (FFS)

Managed Care Organizations must submit 270 transactions to the following mailbox:

HT000004-002 (MCO)

Atypical providers must submit 270 transactions to the following mailbox:

HT000004-801

Test Trading Partner Number:

HT000004-003 (MCO)

HT000004-004 (FFS)

Batch Transactions

In batch mode, the sender does not remain connected while Utah Medicaid processes the transaction. A 999 Acknowledgement will be returned and made available for download within one hour of receipt of a batch 270 transaction.

Batch 271 responses are returned the day after the 270 transaction is received, unless the transaction is rejected with a 999 acknowledgement. The 271 response will be available for download by 7 A.M. for all 270 batches submitted by 9 P.M. the day before.

The System will accept multiple Eligibility Inquiry requests in a 270 file. Always submit single provider specific requests in a 270 file. If not, the acknowledgement or response generated for these files will not be accessible from PRISM screens to download.

If a Trading Partner Number is shared between multiple providers, the acknowledgement or response files generated for the Trading Partner Number will not be accessible from PRISM screens to download.

Contact Medicaid EDI Customer Support at (801) 538-6155 or (800) 662-9651, option 3, then option 5 or email HCF_OSD@utah.gov, if a Utah Medicaid 999 Acknowledgement is not returned or for questions pertaining to a rejection on a Utah Medicaid 999 Acknowledgement. For testing related issues, contact EDI Customer support at editestinggroup@utah.gov.

Real-Time Transactions

In Real-Time mode, the sender remains connected while Utah Medicaid processes the transaction. One single client and date of service inquiry is allowed in a Real Time 270 transaction.

Response for Real Time processing is completed and returned within 20 seconds.

Minimum Data Requirements for Client Search

Trading Partners are required to submit a minimum amount of identification in order to verify eligibility for Utah Medicaid clients. Medicaid will search for the client based on the following data combinations submitted on the 270 transaction:

1. Beneficiary Medicaid ID or
2. Enter at least two of the following fields:
 - Beneficiary's date of birth
 - Beneficiary's SSN
 - Beneficiary's full name - Using Normalized Last Name
3. Optional Fields which can be used in combination with (1) or (2) only when more than one Beneficiary matched using (1) and/or (2):
 - Gender (M or F)
 - Zip Code

List each Utah Medicaid client as the Subscriber. No dependent level queries should be submitted.

Eligibility and benefit information are returned based on the service type code(s) submitted. All 270 transactions submitted without a service type code will be treated as a generic inquiry (30 - Health Benefit Plan Coverage).

Medicaid supports inquiries up to three (3) years in the past and up to the end of the next month only if benefit issuance has occurred for that month. Submit either a single date of inquiry or a date range (not to exceed 3 months) to receive member eligibility. If a date is not submitted, eligibility will be returned for the current date.

The 271 response will return the trace number submitted in the 270 for matching response to the inquiry.

Co-payment, coinsurance or deductible amounts are reflected for the date of inquiry only. Amounts are applied to the claim at the time of adjudication and may vary from data given in the 271 transaction.

Medicare-Medicaid Dual Status

Clients that are dually eligible for Medicare and Medicaid benefits have a Dual Status Code (DSC) that is used to categorize individuals as either "full duals" or "partial duals" based on the level of Medicaid benefits they receive.

- The Dual Status Codes will always be reported for the individual full month(s) of the eligibility inquiry period.
- The Dual Status Codes will be reported in the MSG01 of Loop 2110C under the first iteration of the EB segment, unless the EB01= I (Non-Covered) or EB01= 6 (Inactive).
- The Dual Status Code(s) will only be reported if one is present in the system for the time period in the eligibility inquiry request.
- Dual status Codes for the requested inquiry period will be returned in the below format:
 - MSG*DSC<code><Space><MMDDYYYY-MMDDYYYY>
- If the inquiry is for multiple months, then the delimiter will be used:
 - MSG*DSC<code><Space><MMDDYYYY-MMDDYYYY>|MSG*DSC<code><Space><MMDDYYYY-MMDDYYYY>
 - Example: MSG*DSC02 01012023-01312023|DSC08 02012023-02282023|DSC02 03012023-03312023~

APPENDICES

Appendix A – IMPLEMENTATION CHECKLIST

1. Acquire a Utah ID at <https://id.utah.gov/login>.
2. Create an account (username and password).
3. Enroll as a Utah Medicaid Provider.
4. Acquire a Trading Partner Number from billing agent, clearinghouse, or UHIN (Not applicable to PRISM Electronic Batch).
5. Register transactions to be submitted to Utah Medicaid.
6. Register Trading Partner Number online with Utah Medicaid (billing agent, clearinghouse, or UHIN).
7. Contact UHIN for Acceptance Testing and Connectivity testing (billing agent, clearinghouse, or UHIN Submission).
8. Test with Utah Medicaid.
9. Go live with Utah Medicaid.

Appendix B – BUSINESS SCENARIOS

1. Trading Partners are required to submit a minimum amount of provider and client identification to utilize the Health Care Eligibility Benefit Inquiry and Response (270/271) transaction.

Utah Medicaid will validate the NPI or Provider ID for all providers sending 270 transactions.

2. Medicaid will search client information based on the data combinations submitted on the 270 transaction:
 - a. Beneficiary Medicaid ID or
 - b. Enter at least two of the following fields:
 - Beneficiary’s date of birth
 - Beneficiary’s SSN
 - Beneficiary’s full name - Using Normalized Last Name
 - c. Optional Fields which can be used in combination with (1) or (2) only when more than one Beneficiary matched using (1) and/or (2):
 - Gender (M or F)
 - Zip Code
3. Eligibility and benefit information are returned based on the service type code(s) submitted. All 270 transactions submitted without a service type code will be treated as a generic inquiry (30 - Health Benefit Plan Coverage).

Transmission Examples:

A. NPI validation:

Table 6. Example of NPI Transmission Validation – NPI Providers

NPI Providers					
Loop	Segment	Name	Code	Length	Notes/Comments
2100B	NM108	Identification Code Qualifier	XX		The National Provider ID must be submitted
2100B	NM109	Identification Code (Information Receiver Identification Number		10	The National Provider ID must be submitted

OR

Table 7. Example of Provider Contract ID Transmission Validation - Atypical Providers and MCO

Atypical Providers and Managed Care Organizations					
Loop	Segment	Name	Code	Length	Notes/Comments
2100B	REF01	Reference Identification Qualifier	ID		For Atypical Providers and MCO use only
2100B	REF02	Reference Identification		7	PRISM Provider ID

B. Minimum client data needed for search:

Table 8. Example of Minimum Client Data Needed for Search - UT Medicaid Client ID

Utah Medicaid Client Identification Number					
Loop	Segment	Name	Code	Length	Notes/Comments
2100C	NM108	Identification Code Qualifier	MI		
2100C	NM109	Identification Code (Subscriber)		10	10-digit Beneficiary ID Number

OR

Table 9. Example of Minimum Client Data Needed for Search – Two or More Required Fields

At least two of the following fields Date of Birth, SSN, and Name (First Name and Last Name)					
Loop	Segment	Name	Code	Length	Notes/Comments
2100C	NM103	Subscriber Last Name			Utah Medicaid Beneficiary’s Last Name
2100C	NM104	Subscriber First Name			Utah Medicaid Beneficiary’s First Name

At least two of the following fields Date of Birth, SSN, and Name (First Name and Last Name)					
Loop	Segment	Name	Code	Length	Notes/Comments
2100C	REF01	Reference Identification Qualifier	SY		
2100C	REF02	Reference Identification		9	Utah Medicaid Beneficiary's SSN
2100C	DMG01	Date Time Period Format Qualifier	D8		Use this qualifier to report Subscriber's DOB
2100C	DMG02	Date Time Period		8	Medicaid Beneficiary's Date of Birth expressed in (CCYYMMDD) format

OR

Table 10. Example of Minimum Client Data Needed for Search - Optional Fields

Optional Fields which can be used in combination of above only when more than one Beneficiary matched using above					
Loop	Segment	Name	Code	Length	Notes/Comments
2100C	DMG03	Gender Code		1	
2100C	N403	Postal Code			

Appendix C – FREQUENTLY ASKED QUESTIONS

Here is a compilation of questions and answers relative to Utah Medicaid and its providers.

1. Is there an enrollment requirement to utilize the 270/271?

Yes. In order to successfully exchange electronic data like the 270/271 transaction, providers must be enrolled and currently open with Utah Medicaid for the inquiry date.

Successful utilization of the 270/271 transactions by Batch and/or Real Time requires trading partners to register the TPN on-line with Utah Medicaid.

Use the link below to register:

<https://medicaid.utah.gov/become-medicaid-provider>

EDI Enrollment Tutorial:

<https://medicaid.utah.gov/pe-training>

2. What is the Utah Medicaid client search criteria?

Medicaid will search client information based on the following data combinations submitted on the 270 transaction:

- a. Beneficiary Medicaid ID or
- b. Enter at least two of the following fields:
 - Beneficiary's date of birth
 - Beneficiary's SSN
 - Beneficiary's full name - Using Normalized Last Name
- c. Optional Fields which can be used in combination with (a) or (b) only when more than one Beneficiary matched using (a) and/or (b):
 - Gender (M or F)
 - Zip Code

3. What are the Connectivity Requirements for Real Time?

UHIN serves as the front end to Utah Medicaid for electronic file submission. For more information on connectivity requirements, see UHIN standards at: <https://support.uhin.org/hc/en-us/categories/360002051651-Standards>, under Standards & Specifications.

To initiate a Trading Partner relation with UHIN, contact UHIN at (877) 693-3071 for more information, or email at: customerservice@uhin.org.

UHIN membership is required to access the Security Specification, Hardware Requirements and Connectivity Companion Guides through UHIN.

For complete information on the Connectivity requirements, click the UHIN website link: <https://support.uhin.org/hc/en-us/articles/360038190411-Technical-Reference-Manual-v2/>

4. Do you support Batch submission?

Yes, Utah Medicaid supports Batch and Real Time 270/271.

5. What Trading Partner Number should a provider use to send the 270 to?

Providers using NPI to submit to Utah Medicaid should submit 270 transactions to the following mailbox: **HT000004-001 (FFS)**

Managed Care Organizations should route the 270 transactions to the following mailbox: **HT000004-002**

Atypical providers should route the 270 transactions to the mailbox below: **HT000004-801.**

6. Do you require testing?

Providers should complete Acceptance Testing with UHIN prior to submitting testing to Utah Medicaid. Call the Medicaid EDI team to coordinate testing at (801) 538-6155 or (800) 662-9651, option 3, then option 5 or contact EDI Customer Support at editestinggroup@utah.gov.

7. What are the response times for Batch and Real Time transaction?

Batch 271 responses are returned the day after the 270 transaction is received, unless the transaction is rejected on a 999 acknowledgement. The 271 response will be available for download by 7 A.M. for all 270 batches submitted by 9 P.M. the day before.

Response for Real Time processing is completed and returned within 20 seconds.

8. Who do I call for EDI Customer Support?

Contact your clearinghouse or billing agent for EDI Customer Support as the initial step. The UHIN Help Desk can be contacted at either (877) 693-3071 or by email at customerservice@uhin.org.

Trading Partners may call Utah Medicaid for assistance in researching problems with submitted EDI transactions. Utah Medicaid will not edit Trading Partner data or resubmit transactions for processing on behalf of a Trading Partner. The Trading Partner must correct any transmission or data errors found and resubmit.

For additional support, the Utah Medicaid EDI Customer Support team may be contacted by calling the Medicaid Information Line at (801) 538-6155 or (800) 662-9651, option 3, then option 5.

You may also email the EDI Customer Support team at: HCF_OSD@utah.gov (there is an underscore between HCF and OSD). For testing related issues, contact EDI Customer support at editestinggroup@utah.gov.

Notes: Do not send non-encrypted PHI to this email address.

If Utah Medicaid receives a regular, unencrypted email containing protected health information (PHI), there may be some risk that the information in the email could be intercepted and read by a third-party during transmission.

This may be a reportable incident under the HIPAA Privacy and Security Rules. Please follow your organization's incident reporting procedure and notify your compliance officer.

If you need to send PHI or other sensitive information to us electronically, we strongly encourage you to use a secure method.

<https://medicaid.utah.gov/Documents/manuals/pdfs/Medicaid%20Information%20Bulletins/Traditional%20Medicaid%20Program/2014/October2014-MIB.pdf>

EDI Customer Support hours are Monday through Friday from 8 A.M. to 5 P.M. On Tuesdays, EDI Customer Support phone lines are open from 11 A.M. to 5 P.M. Utah Medicaid is closed during Federal and State Holidays.

Utah Medicaid will broadcast messages through the Medicaid Information Line, ListServ, and through UHIN alerts for unexpected system down time, for unexpected delay in generation and/or transmission of EDI reports, delay in the release of provider payments, and to announce the release of new or interim Medicaid Information Bulletin (MIB), and so forth.

To sign up for the Utah Medicaid ListServ, click the following link: <https://medicaid.utah.gov/utah-medicaid-official-publications>

Trading partners may also sign up to receive UHIN alerts for urgent broadcast and notification sent by various Utah Payers including Utah Medicaid at: <http://www.uhin.org>.

Utah Medicaid mailing address is:

Bureau of Medicaid Operations
 PO Box 143106
 Salt Lake City, UT 84114-3106

Appendix D – LEGEND

Table 11 provides the color legend for Table 3, Table 4, and Table 5.

Table 11. Legend of Colors

This color signifies a Loop information.
This color signifies a Segment within a Loop.
This color signifies a Composite Element within a Segment.

Appendix E – CHANGE SUMMARY

Date	Description	Change Summary
10/16/2020	Final Submission	N/A
01/17/2023	Final Submission	N/A
07/19/2024	Final Submission	N/A