Subject:	Final 270/271 Business Requirements

270/271 Transaction:	**Health Care Eligibility Benefit Inquiry and Response**
JAD Session	On September 8, 2004, DHS hosted a JAD Session for Prepaid Health Plan (PHP) representatives and Fee For Service Providers. Minutes of the JAD session are attached reflecting the attendees and discussions during the meeting.
270/271 Business Purpose	HIPAA Compliant Use of the 270/271 Transaction Set: 270: DHS must support a generic request for Eligibility 271: DHS must respond with either an acknowledgement that the individual has active or inactive coverage or that the individual was not found in the system.
Business Requirement Decision #1:	Only use the first 3 bytes of the last name and the first byte of the first name when attempting to match on recipient name. [Post JAD Session Note: Upon investigation, the HIPAA Project Office (HPO) discovered the current MMIS logic uses only the first two bytes of the last name and the first byte of the first name. The HPO believes the intent of the JAD Participants was to use the existing MMIS logic for the verification of name. Therefore, the decision to use the first three bytes of the last name was not correct. During the design phase, the OIS team will communicate with the JAD participants to advise them if changes will occur to the current logic.]
Business Requirement Decision #2:	Add a fourth search option of Last Name, First Name, and Prime Number.
Business Requirement Decision #3:	Establish a hierarchy for the search options as follows: 1) Last Name, First Name and Prime Number 2) Prime Number OR 3) Date of Birth with First and Last Name OR 4) Date of Birth with Social Security Number
Business Requirement Decision #4:	Add Gender to the 271 Response in Recipient information.

Action Item #1 for Project Manager Consideration	DHS will look into any system limitations it may have for supporting greater than a 31-day span for real-time and/or batch transactions.
Action Item #2 for Project Manager Consideration	DHS will review the privacy business decision vs. all possible matches
270 Desired Data from JAD Participants:	Support requests for specific procedure codes (last cleaning or last x-ray)
271 Desired Data from JAD Participants:	Gender Branch Number DHS Case Worker PERC Code Rate GRP Code Procedures last delivered or, if covered, based on (last cleaning or last x-ray) FIPs Zip Code Case ID 4-digit Plan ID Number All plans and associated effective dates (plan coverage and associated eligible dates)
Attachments:	September 8, 2004 Minutes The 270/271 Purpose and Business Overview

Approval:	Kristine Kersine	*/s/ Kristine Kersine*	September 28, 2004
	Print	*Signature*	*Date*

To the extent possible, the HIPAA Project Office (HPO) will make every effort to accommodate the Business Requirements identified by the JAD Participants. There may be instances where the Transaction and/or the DHS MMIS system cannot support all requests. In those cases, the HPO will notify all parties that the request cannot be supported and the reason why. The HPO may sponsor future Technical JAD Sessions to address these issues if necessary.

270/271 Health Care Benefit Inquiry and Response
External JAD Session #1 Minutes
Prepaid Health Plans, FFS Representatives, OMAP, DHS, HIPAA Project Office
Wednesday, September 8, 2004

Facilitator: Natalie Rodgers

Attendees:
PHP: Dave Jacob- Clackamas County, Del Texley- LIPA, Patty Hitt- Jefferson Behavioral Health, Lee McDonald-Family CareOregon, Marcia Mee and Tina Glaser, **FFS:** David Battise-Tribes, Lana Peth-DMEPOS, Jan Myers- Oregon Dental Association, Jan Douglas, Oregon Dental Association, Katie Van Rooy-Hospital/Institutional, Vickie Coe-Schools, Kate Clemens-Rural Health, **OMAP:** Patricia Krewson-TEDS, William Johnson, Kris Kersine, **FPA**, Linda Williams, **CAF:** Joyce Clarkson, **HPO:** Nancy Buck, Charlie Abel, Carol Ito, Katie Sullivan
Via Phone: UMG, Jessie Johnson, OHSU, Mela Gant

Introductions: All participants introduced themselves and the Organizations they represented.

Review of ground rules:

1) Everyone has an equal voice
2) No side bar conversations
3) Off subject questions will not be addressed
4) Attend all meetings
5) Gathering requirements only (not here to resolve issues)

JAD Session Process: Natalie Rodgers gave a brief overview of the JAD session process emphasizing DHS' goal to identify all their requirements as well as its trading partner's business requirements

Who	When	What
Large Group	Business Requirements	80-90% firm requirements 10-20% questionable
Smaller Group (subset of large)	System Design	Revisit the 10-20% questionable requirements.
Smaller Group (subset of large)	Development	Revisit requirements as necessary.
Smaller Group (subset of large)	Testing	Revisit requirements as necessary.
Smaller Group (subset of large)	Implementation	All Requirements met or agreed they can't be met.

270/271 Purpose and Business Overview: Katie Sullivan presented the 270/271 Business Purpose document and highlighted the flexibility of the 270/271 Transaction.

Identification of Business Requirements

Carol Ito presented the business documentation that identifies the minimum requirement that an information source support a generic inquiry of "Does this person have coverage?". The document also identified the maximum data set that an information source could require in order to make a match for the individual. The four data elements are: Primary ID, First Name, Last Name, and Date of Birth (DOB). DHS recommended not requiring any of the aforementioned data elements, but to support the following three search options:

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

Question: How much of the first and last name is required? Response: Currently OMAP uses the first 3 letters of last name and the first letter of first name for matching purposes, it was suggested this would continue.
Discussion focused on concerns that there is a number of different variations used in the spelling of names and if the matching criteria were too stringent some trading partners would not have the quality or volume of data necessary to make a match. In converse, others felt if the matching criteria were too loose, it might result in a false positive response. Some participants are working towards the automation of the eligibility transaction and don't want to receive a positive match based solely on a prime ID which may have been mis-keyed into their systems or the request. While this may be true, it was felt that the information receivers do have some responsibility to verify the information received as appropriate and expected.
Suggested search options:
-full last name and the first 3 letters of the first name along with gender.
-first 3 bytes of the last name with the first byte of the first name and the prime ID.

Question: Any concerns regarding gender? Response: Potentially, yes. Some expressed concerns that gender is not always determined so they would not want this to be a required element in the request.

Question: If additional information were sent in the Transaction, would it have an impact on the matching criteria? Response: DHS has a responsibility to validate the additional information and it could potentially be more limiting, if it falls into an identified search criteria.

-Multiple potential matches to an eligibility request-
Trading partners requested receiving all possible matches for a variety or reasons:

1) JAD participants have access to this information today when utilizing the DHS OMAP eligibility screens.
2) Variations in the spelling of names.
3) Schools do not have a requirement for students to be enrolled under any legal name.

Del Texley indicated the implementation guide can support sending all possible matches, however, DHS would be in conflict with a previous business decision to not send all potential matches for privacy reasons. This was documented as an issue for DHS evaluation.

Post-meeting note: Per OIS, the MMIS system checks only the first **two** bytes of the last name and first byte of the first name when attempting to match on the recipient's name. The HPO believes it was the assumption and intent of the JAD participants to use the current MMIS logic for the verification of name. Therefore, the decision to use the first three bytes of the last name was incorrect. During the design phase,

the OIS team will communicate with the JAD participants to advise them if changes will occur to the current logic.

DECISION: Only use the first 3 bytes of last name and the first byte of first name when attempting to match on the recipient's name.
DECISION: Add a fourth search option of Last Name, First Name, and Prime #.
DECISION: Add a hierarchy for the search criteria as follows:

1) Last Name, First Name, and Prime #
2) Prime Number OR
3) Date of Birth with First and Last Name OR
4) Date of Birth with Social Security Number

Note: The eligibility request supports requesting information for a single date or a range of dates. If no date is sent in the 271 request, it is assumed the processing date is the requested date for inquiry.

The current DDE system limits eligibility requests to a span of not more than 31 days.

Discussion surrounding issues for split benefit package information during a single span of eligibility and the need for all benefit package information for the date span be included.
Question: If there is a date range- if only eligible for a single date in range does that qualify it as active?
Response: Ideally separate spans will be sent, one indicating active for the single date and a second indicating inactive for the non-covered span.

PHPs indicated a needed to have access to all eligibility information as they have now currently utilizing screens.

Fee For Service and School providers indicated a need for gender information in the 271 Response, but they did not want to use it as a required search element. DECISION: Add Gender to the response in Recipient information. (271 response).

Question: For plan information will there be an effective date? Response: These would be the dates in the 271 response.

Note: Current systems used by the provider OLGX (eligibility) OLM (Claims) and OREF (client reference file) provide access to the MMIS on a limited bases, restricted by provider. As transactions are put in place that support the business needs, access to these screens will be terminated.

Question: It was noticed that last vision exam and date last glasses info was carried in the proposed response, participants indicated a need for last dental cleaning and x-rays. Note: There was a WG that determined the necessity of these various items such as vision exam and last eye glasses dispensed, which is how they were established in the DDE, will add these items to the requirements wish list.

Question: Medicare info, the Managed Medicare is not always sufficient will there be more info in the 270/271? Response: The information is limited to what can be carried in the 271 response and this information is only as good as the information DHS has on file.

Question: Are participants required to go strictly by the 270/271? Response: If you are a covered entity and you conduct an eligibility inquiry or response electronically you must use the 270/271.

Question: How will these transactions be submitted? Response: The mailbox system such as is used for the 837 claims/encounters.

Question: What is the AIS and AIS+ systems? Response: AIS is a phone system and AIS+ is a web system for accessing eligibility.

Question: Is the AIS+ screen the same as the OLGX screens? Response: No, AIS+ is the new DDE option.

Question: Will the TPA process be the same for 270/271? Response: Yes, it is the same process. Trading Partners must indicate they wish to submit/receive the Transaction. If the Trading Partner did not check this item, they need to update their TPA. DHS placed the change forms on the HIPAA website should you need to modify it. TPA information:
http://www.dhs.state.or.us/admin/hipaa/testing_reg.html#packets
Question: If there are questions regarding this, who should be contacted? DHS.HIPAAdesk@state.org

Question: Can the 270 be submitted to the current website? Response: Not at this time, DHS is still in the requirements gathering phase.

271 Desired Data:
*Branch Number
*DHS Case Worker
**PERC Code
Rate GRP Code
Procedures last delivered or if covered based on (last cleaning or last x-ray)
FIPs
Zip
Case ID
Level of benefit behavioral Health (Clarification for this can be obtained from Katie Van Rooy)
All plans and associated effective dates (plan coverage and associated eligible dates)

Question: Will this information come back in electronic rather than hard copy? Response: This is electronic only.

270 Desired Data:
Support requests for specific procedure codes (last cleaning or last x-ray)

ISSUES:
1) List of all possible matches vs. Privacy Business Decisions.

Batch vs. Real-Time

A straw poll was taken to determine trading partner needs for both real-time and batch transactions and

12 indicated a need to have a real time transaction capability.
13 indicated a need to have a batch transaction capability

Note: OHSU developing a scripting process that will send a single inquiry.

DHS currently limits DDE eligibility requests to a 31-day span. There may be such limitations with real-time and or batch.

Note: It was stated that any real time transaction would most likely result in some limitation of information due to processing impacts that may result from doing a real-time transaction.

ACTION ITEM: DHS will look into any system limitations it may have for supporting greater than a 31-day span for real-time and/or batch transactions.

Question: What is the turn-around time for a batch transaction? Depending on the time submitted, batch will typically be an overnight transaction. Note: There will be a cut-off time established for which batch transactions must be placed in mail boxes to be processed that night.

OHSU and some PHPs prefer the scheduling development of real-time first, others prefer batch. There was almost an equal spread of participants who preferred real-time to those who preferred batch; batch may have a slight edge.

Note: There are currently several alternatives for trading partners to access eligibility in a real-time manner: AIS-Plus web (DDE), AIS phone, and EEVS vendors (there is a charge associated with EEVS vendors). Question: Can the current real-time methods be automated? No.

AIS+ web address
https://oregon.fhsc.com/

AIS+/EEVS information:
http://www.dhs.state.or.us/healthplan/tools_prov/electronverify.html

Closing

It was agreed to cancel the next 270/271 external JAD session.

Note: Nancy Buck indicated that when ORDHS gets into the design phase and there are technical concerns, JAD participants might be contacted to identify a person in their organization to can assist DHS with technical design documents and/or concerns.

Note: 276/277 claims status JAD sessions are coming and Nancy Buck requested participants to consider who in their organization may need to attend the next sessions.

Note: There is a short turn-around time for review of the draft business requirements. Nancy Buck requested the Participants send an actual response indicating they had read and reviewed the materials, and to state concerns, if any.

ACTION ITEMS

ID #	Action Item to Project Manager Consideration	Suggested Owner	Due Date	Critical[1] Path
1	DHS will look into any system limitations it may have for supporting greater than a 31-day span for real-time and/or batch transactions.	HPO	TBD	No
2	DHS to review privacy business decision vs. all possible matches	HPO	TBD	Yes

[1] Critical Path: Items must be resolved prior to moving forward with business requirements.

270/271 Decisions for Health Care Benefit Inquiry and Response

ID #	Decision	Date
1	Only use the first 3 bytes of last name and the first byte of first name when attempting to match on recipient name.	9/8/2004
2	Add a fourth search option of Last Name, First Name, and Prime #.	9/8/2004
3	To establish a hierarchy for the search options. This will be as follows: 1) Last Name, First Name, and Prime # 2) Prime Number OR 3) Date of Birth with First and Last Name OR 4) Date of Birth with Social Security Number	9/8/2004
4	To add Gender to the response in Recipient information. (271 response).	9/8/2004

National Electronic Data Interchange
Transaction Set Implementation Guide
Health Care Eligibility Benefit Inquiry and Response
270/271 - Purpose and Business Overview

1.1 Document Purpose

For the health care industry to achieve the potential administrative cost savings with Electronic Data Interchange (EDI), standards have been developed and need to be implemented consistently by all organizations. To facilitate a smooth transition into the EDI environment, uniform implementation is critical.

The purpose of this implementation guide is to explain the developers' intent when the Health Care Eligibility, Coverage, or Benefit Inquiry (270) and Health Care Eligibility, Coverage, or Benefit Information (271) transaction sets were designed and to give guidance on how they should be implemented in the health care industry.

1.1.1 HIPAA Role in Implementation Guides

The Health Insurance Portability and Accountability Act of 1996 (P.L. 104-191 - known as HIPAA) includes provisions for Administrative Simplification, which require the Secretary of Department of Health and Human Services to adopt standards to support the electronic exchange of administrative and financial health care transactions primarily between health care providers and plans.

- HIPAA directs the Secretary to adopt standards for transactions to enable health information to be exchanged electronically and to adopt specifications for implementing each standard.
- Detailed Implementation Guides for each standard must be available at the time of the adoption of HIPAA standards so that health plans, providers, clearinghouses, and software vendors can ready their information systems and application software for compliance with the standards.
- Consistent usage of the standards, including loops, segments, data elements, etc., across all guides is mandatory to support the Secretary's commitment to standardization.

1.1.2 Trading Partner Agreements

It is appropriate and prudent for payers to have trading partner agreements that go with the standard Implementation Guides. This is because there are 2 levels of scrutiny that all electronic transactions must go through. First is standards compliance. These requirements MUST be completely described in the Implementation Guides for the standards, and NOT modified by specific trading partners. Second is the specific processing, or adjudication, of the transactions in each trading partner's individual system. Since this will vary from site to site (e.g., payer to payer), additional documentation which gives information regarding the processing, or adjudication, will prove helpful to each site's trading partners (e.g., providers), and will simplify implementation**. It is important that these trading partner agreements NOT:**

1) Modify the
    a. Definition
    b. Condition, or
    c. Use of a data element or segment in the standard Implementation Guide
2) Add any additional data elements or segments to this Implementation Guide
3) Utilize any code or data values which are not valid in this Implementation Guide
4) Change the meaning or intent of this Implementation Guide

These types of companion documents should exist solely for the purpose of clarification, and should not be required for acceptance of a transaction as valid.

1.3 Business Use and Definition

1.3.4 Supported Business Functions

The 270 transaction set is used to inquire about health care eligibility or benefit information associated with a subscriber or dependent under the subscriber's payer and group. The specific information detail requirements and any type of health care eligibility, benefit inquiry or reply message is established by the business relationship between the transaction set's submitter and recipient organization.

1.3.7 HIPAA Compliant Use of the 270/271 Transaction Set

Minimum requirements for HIPAA compliance

270
An information source must support a generic request for Eligibility.

271
An information source must respond with either an acknowledgment that the individual has active or inactive coverage or that the individual was not found in their system.

2 Data Overview

2.1 Overall Data Architecture NOTE

See Appendix A, ASC X12 Nomenclature, to review the transaction set structure, including descriptions of segments, data elements, levels, and loops.