CSRA

a General Dynamics Information Technology, Inc. company

North Carolina Department of Health and Human Services (NC DHHS)

Division of Health Benefits (DHB)
Division of Mental Health (DMH)
Division of Public Health (DPH)

Standard Companion Guide Transaction Information Instructions related to Transactions based on ASC X12 Implementation Guides, version 005010X279A Health Care Eligibility Benefit Inquiry and Response (270/271), for MMIS NCTracks starting July 1, 2013

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

Disclosure

The 271 Eligibility Benefit Response returned by NCTracks should not be interpreted as a guarantee of payment. Payment of benefits remains subject to all health benefit plan terms, limits, conditions, exclusions, and the member's eligibility at the time services are rendered.

The information in this document is subject to change. Changes will be posted via the NCTracks website located at https://www.nctracks.nc.gov/content/public/providers/provider-trading-partners.html.

Preface

This Companion Guide (CG) to the v5010 ASC X12N Implementation Guides and associated errata adopted under HIPAA clarifies and specifies the data content when exchanging electronically with NCTracks. 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. This Companion Guide is intended to convey information that is within the framework of the ASC X12N Implementation Guides adopted for use under HIPAA. The Companion Guide is not intended to convey information that in any way exceeds the requirements or usages of data expressed in the Implementation Guides.

The Communications/Connectivity component is included in the Companion Guide when the publishing entity wants to convey the information needed to commence and maintain communication exchange.

The Transaction Instruction component is included in the Companion Guide when the publishing entity wants to clarify the IG instructions for submission of specific electronic transactions. The Transaction Instruction component content is limited by ASC X12's copyrights and Fair Use statement.

Table of Contents

1. Transaction Instruction (TI) Introduction

1.1 SCOPE

This Companion Guide provides specific requirements for sending the Eligibility Benefit Inquiry to NCTracks. This document provides information about the Eligibility Benefit Response using CAQH CORE compliance rules. It supplements the ASC X12N 270/271 (005010X279A1) Health Care Implementation Guide and should only be used for the purpose of clarification.

For more information about CAQH-CORE rules, go to http://www.caqh.org.

1.2 OVERVIEW

The Eligibility Benefit Inquiry/Response Companion Guide has been written to assist you in designing and implementing real-time Eligibility Benefit transactions to meet NCTracks processing standards and CAQH CORE certified solution. This Companion Guide must be used in conjunction with the Eligibility Benefit Inquiry/Response (270/271) instructions as set forth by the ASC X12 Standards for Electronic Data Interchange (Version 005010X279A1).

1.2.1 What Is CAQH?

CAQH stands for the Council for Affordable and Quality Healthcare. It is a nonprofit alliance of health plans, provider networks, and associations with a goal to provide a variety of solutions to simplify health care administration.

1.2.2 What Is CORE?

CORE stands for the Committee on Operating Rules for Information Exchanges. CORE consists of a group of health plans, providers, vendors, Centers for Medicare & Medicaid Services (CMS) and other government agencies, associations, regional entities, standard-setting organizations, and other healthcare entities that are facilitated by CAQH. CORE's goal is to create, disseminate, and maintain operating rules that enable health care providers to obtain reliable health care eligibility and benefits information quickly and securely. It will decrease the amount of time and resources providers spend verifying patient eligibility, benefits, and other administrative information at the point of care.

1.2.3 What Is CAQH-CORE Certification?

An entity that creates or transmits eligibility data is eligible to become CAQH-CORE certified. The entity must agree to follow the CAQH-CORE operating rules and will be expected to exchange eligibility and benefits information per the requirements of the CORE Phase II rules and policies. To view the CORE Phase II rules and policies, go to http://www.caqh.org.

1.3 REFERENCES

- ASC X12 Version 5010 Implementation Guides: https://x12.org/products
- CAQH/CORE: https://www.caqh.org/caqh-core
- SOAP: http://www.w3.org/TR/soap12/
- MIME Multipart: http://www.w3.org/Protocols/rfc1341/7_2_Multipart.html
- CORE XML Schema: https://www.caqh.org/core/eligibility-benefits-operating-rules
- Washington Publishing Company: www.wpc-edi.com.
- ASC X12 Organization: http://www.x12.org/

- United States Department of Health and Human Services (HHS): https://www.hhs.gov/hipaa/index.html
- Workgroup for Electronic Data Interchange (WEDI): www.wedi.org
- North Carolina Department of Health and Human Services: www.ncdhhs.gov
- North Carolina Division of Health Benefits: https://medicaid.ncdhhs.gov/
- North Carolina Division of Public Health: https://www.ncdhhs.gov/divisions/public-health
- North Carolina Division of Mental Health: https://www.ncdhhs.gov/divisions/mental-health-developmental-disabilities-and-substance-abuse-services

Refer to Section 2.2.5, User Provisioning for CAQH-CORE, and Section 4.2.5, CAQH-CORE Phase II Connectivity, of the NCTracks Trading Partner Connectivity Guide for more information concerning CAQH-CORE user provisioning, connectivity, and Simple Object Access Protocol (SOAP) and Multipurpose Internet Mail Extensions (MIME) transmissions. This document can be obtained from https://www.nctracks.nc.gov/content/public/providers/provider-trading-partners.html.

1.4 ADDITIONAL INFORMATION

CAQH CORE has defined specific rules regarding Name Normalization, which pertains to normalizing the last name. The rules for Name Normalization are:

1. Converting all letters to upper case
2. The removal of titles/prefixes/suffixes
3. The removal of special characters: 16 special characters: ! ‘ & ’ () * + , - . / : ; ? =
4. The removal of character strings (prefixes/suffixes) when they are preceded by a space, comma, or forward slash: JR, SR, I, II, III, IV, V, RN, MD, MR, MS, DR, MRS, PHD, REV, ESQ

2. Getting Started

2.1 WORKING WITH NCTRACKS

The following table identifies the X12N Implementation Guides for all of the transactions supported by NCTracks. Companion Guides are available for each of the transactions.

Section 10 of this document provides information specific to the 270/271 transaction set, as defined in the 005010X279 270/271 Health Care Eligibility Benefit Inquiry and Response Technical Report 3 (TR3) dated April 2008, and updated by:

- Errata 005010X279E1 270/271 Health Care Eligibility Benefit Inquiry and Response dated January 2009
- Addenda 005010X279A1 270/271 Health Care Eligibility Benefit Inquiry and Response dated June 2010

Unique ID	Name
005010X222	Health Care Claim: Professional (837P)
005010X223	Health Care Claim: Institutional (837I)
005010X224	Health Care Claim: Dental (837D)
005010X228	Health Care Claim Pending Status Information (277P)
005010X279	Health Care Eligibility Benefit Inquiry and Response (270/271)
005010X221	Health Care Claim Payment/Advice (835)
005010X212	Health Care Claim Status Request and Response (276/277)
005010X220	Benefit Enrollment and Maintenance (834)
005010X218	Payroll Deducted and Other Group Premium Payment for Insurance Products (820)
005010X231	Implementation Acknowledgment for Health Care Insurance (999)

Note: Pharmacy claims are submitted using the National Council for Prescription Drug Programs (NCPDP) D.0 format. Please refer to the D.0 Companion Guide for NCPDP D.0 claim formatting used by NCTracks.

2.2 TRADING PARTNER REGISTRATION

An Electronic Data Interchange (EDI) Trading Partner is any entity (provider, billing service, software vendor, employer group, financial institution, clearinghouse, etc.) that transmits electronic data to or receives electronic data from another entity.

Trading partner registration, which includes electronic signature of the Trading Partner Agreement (TPA) and generation of the Transaction Supplier Number (TSN), is an online process. Clearinghouses, service bureaus, trading partners, billing agents, and other entities that intend to exchange electronic transactions with NCTracks must sign the TPA and be enrolled in NCTracks.

Please refer to Section 2.2, Trading Partner Registration, of the NCTracks Trading Partner Connectivity Guide for information on Trading Partner Registration. This document can be obtained from https://www.nctracks.nc.gov/content/public/providers/provider-trading-partners.html.

2.3 CERTIFICATION AND TESTING OVERVIEW

NCTracks certifies transaction compliance and requires certification from any external entity to submit inbound X12 transactions. Trading Partners will need to complete a Trading Partner

Agreement (TPA) to begin submitting Eligibility transactions. Please refer to the NCTracks Trading Partner Connectivity Guide for certification and testing information. This document can be obtained from https://www.nctracks.nc.gov/content/public/providers/provider-trading-partners.html.

3. Testing with the Payer

NCTracks requires testing, or third-party certification, prior to approving a trading partner to submit claims in production. Once trading partner claims are in production, NCTracks reserves the right to require re-testing if it is determined that the trading partner is receiving/generating an unacceptable volume of errors.

Refer to Section 3, Testing and Certification Requirements, of the NCTracks Trading Partner Connectivity Guide. This document can be obtained from https://www.nctracks.nc.gov/content/public/providers/provider-trading-partners.html.

4. Connectivity with the Payer/Communications

Please refer to the NCTracks Trading Partner Connectivity Guide for all connectivity requirements, including CAQH-CORE.

5. Contact Information

5.1 ELECTRONIC DATA INTERCHANGE (EDI) TECHNICAL ASSISTANCE

Phone: 1-800-688-6696, option #1

Email: NCMMIS_EDI_SUPPORT@GDIT.COM

Website: http://www.nctracks.nc.gov/provider/index.html

Companion Guides: http://www.nctracks.nc.gov/provider/guides/index.html

5.2 PROVIDER/TRADING PARTNER ENROLLMENT

Currently Enrolled Provider (CEP), Billing Agent Enrollment
Phone: 1-800-688-6696

Email: NCTracksprovider@nctracks.com

Website: https://www.nctracks.nc.gov/provider/providerEnrollment/

NCTracks Enrollment
Phone: 1-800-688-6696

Email: NCTracksprovider@nctracks.com

Website: https://www.nctracks.nc.gov/content/public/providers/provider-enrollment.html

5.3 NORTH CAROLINA TIME LIMIT OVERRIDE

Time Limit Override (TLO) questions

The Recipient's eligibility dates may not be consecutive if the approved Time Limit Override has a range of dates that is more than two (2) dates of service. Providers will not be able to check the Recipient's eligibility via the Provider portal or X12 270/271 Eligibility Request/Response if the dates of service is greater than 365 days. Please contact the North Carolina Medicaid Contact Center to check if there are additional TLO date spans or to verify the Recipient's eligibility during that period.

Phone: 1-888-245-0179

Email: Medicaid.DSSCorrections@dhhs.nc.gov

6. Control Segments/Envelopes

6.1 ISA-IEA

Transactions transmitted during a session are identified by Interchange Header Segment (ISA) and Trailer Segment (IEA) which form the envelope enclosing the transmission. Each ISA marks the beginning of the transmission (batch) and provides sender and receiver identification.

6.2 GS-GE

EDI transactions of a similar nature and destined for one trading partner may be gathered into a functional group, identified by a Functional Group Header Segment (GS) and a Functional Group Trailer Segment (GE). Each GS segment marks the beginning of a functional group. There can be many functional groups within an interchange envelope.

6.3 ST-SE

The beginning of each individual transaction is identified using a Transaction Set Header Segment (ST), and the end of every transaction is marked by a Transaction Set Trailer Segment (SE).

7. Payer-Specific Business Rules and Limitations

7.1 SEARCH CRITERIA

The following search criteria are supported.

Scenario	Recipient ID	SSN	DOB	Last Name	First Name
1	X				
2		X	X		
3	X	X	X		
4	X		X	X	
5	X			X	X
6			X	X	X

7.2 ELIGIBILITY RETURNED

Eligibility information is returned based on the NCTracks payer and the benefit plan(s) for the payer.

Division of Public Health (DPH) allows dates up to twelve (12) months into the future. DHB allows eligibility request dates to be one (1) month in the future. Any eligibility status returned for a future month reflects the beneficiary's status at the time of the request and is subject to change. Providers should confirm eligibility before rendering services.

Division of Mental Health (DMH) information is not returned. That information is available through the Local Managing Entity (LME).

7.3 RANGE OF DATES SUPPORTED FOR INQUIRIES

An eligibility inquiry may be for dates up to thirty-six (36) months (prior to the current month). Requests will be limited to one (1) to twelve (12) month segments; thirteen (13) months if the current month is included in the request.

DPH allows inquiries for up to twelve (12) months beyond the end of the current month.

DHB allows inquiries through the end of the next month.

7.4 270 EQ SEGMENT FORMATTING REQUIREMENTS

The X12 270 request must have one (1) 'EQ' segment with the service types strung together. If multiple EQ segments are submitted for a single request, only the last Service Type Code requested will be returned on the 271 response.

For explicit inquiry requests, the Trading Partner may request up to five (5) Service Type Codes. If the Trading Partner wishes to request eligibility for more than five (5) Service Type Codes, they must use Service Type Code '30' to receive all eligibility information. The additional Service Type Codes will be ignored if more than five (5) Service Type Codes are submitted.

The Trading Partner may not request Service Type Code '30' in addition to other Service Type Codes on the same request. If the Trading Partner submits a Service Type Code '30' in addition to other Service Types, the 271 response will default to the other Service Type Codes and will ignore Service Type code '30'.

Examples of accepted EQ segments: **EQ*30~** or **EQ*1^2^3^4^5~**

7.5 BENEFIT PLANS RETURNED

Eligibility information is only returned when the requesting provider and recipient are enrolled in the same benefit plan(s).

Eligibility information is not returned for benefit plans that are covered by DMH.

7.6 REFERENCE NUMBER RETURNED

A reference number is returned in 2100A REF02 when the payer is DHB. The reference number can be used to identify an eligibility request for tracking or research purposes.

7.7 SCHEDULED MAINTENANCE

NCTracks maintenance will occur Sunday mornings from 12:01 a.m. through 4:00 a.m. NCTracks will not be available to submit files during this time.

8. Acknowledgements

For all inbound transactions, a 999 Acknowledgement Report will be sent to the Trading Partner's OUTBOX for retrieval. This report serves as the acknowledgement of the submission of a file. Typically, 999 Acknowledgement Reports are available within moments of submission.

9. Trading Partner Agreements

EDI Trading Partner Agreements ensure the integrity of the electronic transaction process. The Trading Partner Agreement is related to the electronic exchange of information, whether the agreement is an entity or a part of a larger agreement, between each party to the agreement.

The Trading Partner Agreement may specify, among other things, the roles and responsibilities of each party to the agreement in conducting standard transactions.

The Trading Partner Agreement information may be obtained from https://www.nctracks.nc.gov/content/public/providers/provider-trading-partners.html.

10. Transaction-Specific Information

The following tables contain one or more rows for each segment for which a supplemental instruction is needed.

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

Legend

Header rows: Midnight blue with white text
Subheader rows: Dandelion gold with black text
Table rows: Alternate row shading with Cornflower blue with black text

10.1 270-SPECIFIC INFORMATION

Loop ID	Reference	Name	Codes	Notes/Comments
Header	ISA	Interchange Control Header		
	ISA05	Interchange ID Qualifier		Use 'ZZ'
	ISA06	Interchange Sender ID		Use the 4-digit Submitter ID provided in the Trading Partner Agreement.
	ISA07	Interchange ID Qualifier		Use 'ZZ'
	ISA08	Interchange Receiver ID		Use 'NCTRACKSBAT' for batch submissions. Use 'NCTRACKSREL' for real-time submissions. Most submitters will use 'NCTRACKSBAT' unless they have been designated as a real-time submitter.
Header	GS	Functional Group Header		
	GS02	Application Sender's Code		Use the 4-digit Submitter ID provided in the Trading Partner Agreement.
	GS03	Application Receiver's Code		'NCTRACKSBAT' is submitted for batch requests. 'NCTRACKSREL' is submitted for real-time requests. Most submitters will use 'NCTRACKSBAT' unless they have been designated as a real-time submitter.

Loop ID	Reference	Name	Codes	Notes/Comments
Header	BHT	Beginning of Hierarchical Transaction		
	BHT02	Transaction Set Purpose Code	13	Use '13' NCTracks does not support Cancellation via 270 Inquiry.
2100A	NM1	Information Source Name		
	NM101	Entity Identifier Code	PR	Use 'PR'
	NM102	Entity Type Qualifier	2	Use '2'
	NM103	Name Last or Organization Name		Use 'NCTRACKS'
	NM108	Identification Code Qualifier	PI	Use 'PI'
	NM109	Information Source Primary Identifier		Use 'NCTRACKS'
2100B	NM1	Information Receiver Name		
	NM101	Entity Identifier Code	1P, 2B, GP	Use '1P', '2B', or 'GP'
	NM108	Identification Code Qualifier	SV, XX	Use 'SV' to send provider Number in NM109 or 'XX' to send NPI number in NM109.
2100B	PRV	Information Receiver Provider Information		
	PRV01	Provider Code	SB	Use 'SB'
	PRV03	Reference Identification		Requesting provider's Taxonomy Code.
2100C	NM1	Subscriber Name		
	NM103	Name Last or Organization Name		The Subscriber last name must be 'Normalized.' Refer to Section 1.4 of this Companion Guide for Name Normalization rules.
2100C	REF	Subscriber Additional Identification		
	REF01	Reference Identification Qualifier	SY	Use 'SY'
2100C	PRV	Provider Information		
	PRV01	Provider Code	OT, RF	Use 'OT' or 'RF'
	PRV02	Reference Identification Qualifier	9K, HPI	Use '9K' or 'HPI'
2100C	DTP	Subscriber Date		
	DTP01	Date /Time Qualifier	291	Use '291'
	DTP02	Date Time Period Format Qualifier	RD8	Use 'D8' or 'RD8'

Loop ID	Reference	Name	Codes	Notes/Comments
2110C	EQ	Subscriber Eligibility or Benefit Inquiry		
	EQ01	Service Type Code		For an explicit inquiry, Trading Partners may request up to five (5) inbound Service Type Codes. If the Trading Partner wishes to request eligibility for more than five (5) service types, they must use Service Type Code '30' to receive all eligibility information. See Section 7.4, 270 EQ Segment Formatting Requirements.
2000D	HL	Dependent Level		NCTracks does not support the Dependent Loop. Patients are identified at the Subscriber Level (Loop 2000).

10.2 271-SPECIFIC INFORMATION

Loop ID	Reference	Name	Codes	Notes/Comments
Header	ISA	Interchange Control Header		
	ISA03	Security Information Qualifier	00	'00' is returned
	ISA05	Interchange ID Qualifier	ZZ	'ZZ' is returned
	ISA06	Interchange Sender ID		NCTRACKSREL = Real-time transaction NCTRACKSBAT = Batch transaction
	ISA07	Interchange ID Qualifier	ZZ	'ZZ' is returned
	ISA08	Interchange Receiver ID		Return Provider's Electronic Transmitter Identifier Number (ETIN) (Receiver's ETIN) is returned
	ISA11	Repetition Separator	^	
	ISA14	Acknowledgment Requested	0	'0' is returned
	ISA16	Component Element Separator	:	':' is returned
Header	GS	Functional Group Header		
	GS01	Functional Identifier Code	HB	'HB' is returned
	GS02	Application Sender's Code		NCTRACKSREL = Real-time transaction

Loop ID	Reference	Name	Codes	Notes/Comments
				NCTRACKSBAT = Batch transaction
	GS03	Application Receiver's Code		Return Provider's ETIN (Receiver's ETIN) is returned
2000A	AAA	Request Validation		
	AAA01	Valid Request Indicator	N	'N' when sent
	AAA03	Reject Reason Code	42	When '42' is returned, call NCTracks Call Center at 1-800-688-6696, option 3, for explanation (system down or data error)
	AAA04	Follow-up Action Code	P	'P' when sent
2100A	NM1	Information Source Name		
	NM101	Entity Identifier Code	PR	'PR' is returned
	NM102	Entity Type Qualifier	2	'2' is returned
	NM103	Name Last or Organization Name	NCTRACKS	'NCTRACKS' is returned
	NM108	Identification Code Qualifier	PI	'PI' is returned
	NM109	Identification Code	NCTRACKS	'NCTRACKS' is returned
2100A	PER	Information Source Contact Information		This segment is used to provide NCTracks Call Center telephone number
	PER02	Name		'NCTRACKS CALL CENTER' is returned
	PER03	Communication Number Qualifier	TE	'TE' is returned
	PER04	Communication Number		'8006886696' is returned
2100A	AAA	Request Validation		
	AAA01	Yes/No Condition or Response Code	N	'N' when sent
	AAA03	Reject Reason Code	42	When 42 is returned, call NCTracks Call Center at 1-800-688-6696, option 3, for explanation (system down or data error)
	AAA04	Follow-up Action Code	P	'P' when sent
2100B	NM1	Information Receiver Name		
	NM108	Identification Code Qualifier	SV, XX	'SV' or 'XX' is returned
	NM109	Identification Code		Contains the Provider Number as submitted on the 270 request
2100B	REF	Information Receiver Additional Identification		Contains what is received on the 270 request
	REF01	Reference Identification Qualifier	JD	'JD' is returned

Loop ID	Reference	Name	Codes	Notes/Comments
	REF02	Reference Identification		'431' = Recipient and provider are DHB and DPH eligible '432' = Combination of DMH and other payer(s)
2100B	AAA	Information Receiver Request Validation		
	AAA01	Yes/No Condition or Response Code	N	'N' when sent
	AAA03	Reject Reason Code	41, 50, 51, T4, 15	NCTracks will return one of the following Reject Reason Codes if the 2100B, AAA segment is sent: '41', '50', '51', 'T4' Reject Reason Code '15' is returned when the requestor submits a 270 Eligibility request without any search options
	AAA04	Follow-up Action Code	C	'C' when sent
2100C	NM1	Subscriber Name		
	NM103	Name Last or Organization Name		The Normalized last name is returned on the NM103 segment. Refer to Section 1.4 of this Companion Guide for Name Normalization rules.
	NM108	Identification Code Qualifier	MI	'MI' is returned
	NM109	Identification Code		Recipient ID is returned
2100C	AAA	Subscriber Request Validation		
	AAA01	Yes/No Condition or Response Code	N	'N' when sent
	AAA03	Reject Reason Code		More than one (1) AAA Reject Reason code can be received on an eligibility response. Please refer to the 270/271 Health Care Eligibility Benefit Inquiry and Response Technical Report 3 (TR3) for Reject Reason Code descriptions.
	AAA04	Follow-up action code	R	'R' when sent
2100C	INS	Subscriber Relationship		The INS segment is returned to inform the Trading Partner that the Subscriber Last Name submitted in the 270 Eligibility Request, in the 2100C, NM103 segment, was 'Normalized' to search eligibility. The 'Normalized' last name is returned on the 271 Eligibility Response, in the 2100C, NM103 segment.
2100C	DTP	Subscriber Date		Used when there is a single period of eligibility

Loop ID	Reference	Name	Codes	Notes/Comments
	DTP01	Date Time Qualifier	291	'291' is returned
	DTP02	Date Time Period Format Qualifier	RD8	'RD8' is returned
	DTP03	Date Time Period		Eligibility period for Benefit Plan identified in EB segment
2110C	EB	Subscriber Eligibility or Benefit Information		
	EB01	Eligibility or Benefit Information Code	1, B, F, W, G	'1' when EB05 is: • North Carolina Health Choice • Department of Public Health • ORH (Office of Rural Health) • Division of Health Benefits • Hospice • Opt-In Pharmacy • Third Party Liability • Medicaid Managed Care – Standard Plan • Health Choice Managed Care – Standard Plan • Medicaid Managed Care – Carveout • Health Choice Managed Care – Carveout • Medicaid Managed Care – Tailored Plan • Health Choice Managed Care – Tailored Plan • Innovations Waiver Managed Care – Tailored Plan • Traumatic Brain Injury Managed Care – Tailored Plan 'B' when EB07 is: recipient out-of-pocket maximum limit, amount for Cost Sharing, or Co-Payment 'F' when EB05 is: • Service Limits • Sickle Cell • Infant Toddler • ADAP (AIDS Drug Assistance Program) 'W' when EB05 is: • Transfer of Assets 'G' when EB05 is: • Cost Sharing
	EB02	Coverage Level Code	IND	'IND' is returned
	EB03	Service Type Code		If only one Service Type Code is returned, the recipient is only eligible for

Loop ID	Reference	Name	Codes	Notes/Comments
				that particular service. Please refer to the 2110C MSG segment for special notes '1' when EB05 is Service Limits Cost Sharing '30' when EB05 is Third Party Liability '32' when the recipient is not eligible for Medicaid claims payment '45' when EB05 is Hospice '88' when EB05 is Opt-In Pharmacy Otherwise, Service Type values are returned appropriate for the Benefit Plan.
	EB04	Insurance Type Code	MA, MB, HN, MP, MC, R, HM, OT	'MA' = Medicare Part A 'MB' = Medicare Part B 'HN' = Medicare Part C Managed Care 'MP' = Medicare Part D 'MC' = Division of Health Benefits 'HM' = Carolina ACCESS Medicaid Managed Care – Standard Health Choice Managed Care – Standard 'OT' = • North Carolina Health Choice • Division of Public Health • ORH • Hospice • Opt-In Pharmacy • Service Limits • Sickle Cell • Infant Toddler • ADAP • Transfer of Assets • Cost Sharing • Third Party Liability • Medicaid Managed Care – Carveout • Health Choice Managed Care – Carveout

Loop ID	Reference	Name	Codes	Notes/Comments
	EB05	Plan Coverage Description		See Appendix A, 271 2110C EB05 Plan Coverage Descriptions for NCTracks Plan Coverage Descriptions.
	EB06	Time Period Qualifier	25, 29	'25' is used to report the contracted or allowed value '29' is used to report the remaining or available value
	EB07	Monetary Amount		Used to report recipient out-of-pocket maximum limit, amount for Cost Sharing, Co-Payment, or service limit monetary value. Co-pay information for the Infant Toddler Program is based on a sliding scale, which is based off the prior approval. This is by recipient and stored on the prior approval, and therefore is unknown at time of inquiry. More information on specific copay amount rules can be found in the NCTracks Provider Claims and Billing Assistance Guide at https://www.nctracks.nc.gov.
	EB09	Quantity Qualifier	VS	'VS' is used to report the number of Service Limit visits or units
	EB10	Quantity		Reports the number of Service Limits visits or units
2110C	REF	Subscriber Additional Identification		
	REF01	Reference Identification Qualifier	18, 1L, 6P, IG	'18' is used to report information regarding Medicare Part A & B. '1L' is used to report information regarding Medicare Part C. '6P' is used to report Insurance Policy Group ID for applicable Third Party Liability. 'IG' is used to report Insurance Policy Number for applicable Third Party Liability.
	REF02	Reference Identification		MBI/HIC Number is returned for Medicare Part A and B. '999' is returned for Medicare Part C. '998' is returned for Medicare Part D.
	REF03	Description		'Medicare' is returned for Medicare Part A.

Loop ID	Reference	Name	Codes	Notes/Comments
				'Medicare C Health Group Org' is returned for Medicare Part C. 'Medicare D Health Group Org' is returned for Medicare Part D.
2110C	MSG	Message Text		
	MSG01	Free-form Message Text		Returned as follows: - 'Yes' or 'No' for Transfer of Assets. - 'COE ' followed by the COE code is returned for the Category of Eligibility. - 'COUNTY ' followed by the Admin County code is returned for the recipient's primary benefit plan. - 'RES-COUNTY ' followed by the Residential County code is returned for the recipient's primary benefit plan. - 'Not eligible for Medicaid claims payment' when 2110C EB03 returns only '32'. - 'Restrictive Coverage, Inpatient Services At A Hospital Only' when 2110C EB03 returns '48' only. - 'Restrictive Coverage, Emergency Hemodialysis Services Only' when 2110C returns '76' only. - 'Presumptive Coverage, Ambulatory Pregnancy-Related Svcs Only' when 2110C EB03 returns 'BU' only. - Service Limits messages: For Service Limits Sickle Cell, Infant Toddler and ADAP, 'Per X Months' is returned. - For Service Limits Sickle Cell, Infant Toddler and ADAP, 'Restriction Message' is returned. - For Mandatory Office visits, 'Mandatory office visit limit summary' is returned. - For Optional Office visits, 'Optional office visit limit summary' is returned. - For Home Health Skilled Nursing visit, 'Home Health Skilled Nurse visit limit summary' is returned. - For Home Health Aide visit, 'Home Health Aide visit limit summary' is returned.

Loop ID	Reference	Name	Codes	Notes/Comments
				- For T1999 supplies, 'PA Required If $250 Lmt Met. $1500 Lmt Per Yr For > Age 21' is returned. - The tribal membership and tribal services received codes are returned in the same MSG segment using the tribal membership code, a dash, then the tribal services received code. The text will begin with the identifier 'TRIBE'. If the tribal services received code is 'Y', there is no copay required. - The Medicaid Managed Care – Standard and Health Choice Managed Care – Standard plans will receive a message to contact the Prepaid Health Plan (PHP). - Cost Sharing will begin with the identifier **COST SHARING**. The first value will be the fiscal year of the Cost Sharing. The second value will return a 'Y' or 'N' value, indicating if the recipient is subject to Cost Sharing. If the recipient is subject to Cost Sharing, the third value will return a 'Y' or 'N' value, indicating if the recipient has met their maximum Cost Sharing. If the recipient has met their maximum Cost Sharing, the fourth value will contain the date the Cost Sharing was met. <u>Cost Sharing examples</u> Recipient does not have Cost Sharing: MSG*COST SHARING FY2019-N~ Recipient has Cost Sharing, but has not met their maximum: MSG*COST SHARING FY2019-Y-N~ Recipient has Cost Sharing and has met their maximum: MSG*COST SHARING FY2019-Y-Y-20190501~ - Time Limit Override (TLO): up to three (3) TLO spans, which includes the "from" and "to" dates of service and the "File By" date, will be returned. Each TLO span will be separated by a comma (","). The segment will be identified by 'TLO ' followed by 'DOS ', with the "from" and "to" dates of service, and "FILE BY ' date. If the Recipient has more than three (3) TLO spans, an informational message to contact NC Medicaid will also be returned. See Section 5.3 of this Companion Guide for contact information.

Loop ID	Reference	Name	Codes	Notes/Comments
				Note: The Recipient's eligibility dates may not be consecutive if the approved Time Limit Override has a range of dates that is greater than two (2) dates of service. Contact the NC Medicaid Contact Center to verify specific TLO dates. See Section 5.3 for contact information. **Time Limit Override examples:** Recipient has less than three (3) TLO spans MSG*TLO DOS 04/28/2022-04/28/2022 FILE BY 11/30/2023, DOS 04/25/2022-04/26/2022 FILE BY 11/30/2023~ The TLO "from" and "to" dates is greater than two (2) dates of service: MSG*TLO DOS 01/01/2022-04/30/2022 FILE BY 11/30/2023~ Recipient has more than three (3) TLO spans: MSG*TLO DOS 04/28/2022-04/28/2022 FILE BY 11/30/2023, DOS 05/01/2022-05/02/2022 FILE BY 11/30/2023, DOS 05/05/2022-05/05/2022 FILE BY 11/30/2023, CONTACT THE NC MEDICAID CONTACT CENTER AT 888-245-0179 FOR ADDL TLO~

Loop ID	Reference	Name	Codes	Notes/Comments
2120C	NM1	Subscriber Benefit Related Entity Name		
	NM101	Entity Identifier Code	2B, IL, 1P	Returned as follows: '2B' for: • North Carolina Health Choice • Division of Public Health • ORH • Medicaid • Managed Care 'IL' for: • Third Party Liability • Cost Sharing '1P' for: • Opt-In Pharmacy 'Y2' for: • Prepaid Health Plan (PHP) 'P3' for: • Primary Care Provider (PCP) • Advanced Medical Home (AMH) '13' for: • Tailored Care Manager
	NM102	Entity Type Qualifier	1, 2	Returned as follows: '1' for: • North Carolina Health Choice • Division of Public Health • ORH • Medicaid • Managed Care • Third Party Liability • Opt-In Pharmacy • Medicaid Managed Care – Standard • Health Choice Managed Care – Standard '2' for: • Cost Sharing • Primary Care Provider/Advanced Medical Home (PCP/AMH) • Tailored Care Manager

Loop ID	Reference	Name	Codes	Notes/Comments
	NM107	Benefit Related Entity Name Suffix		'PHP' is returned when the entity is the Prepaid Health Plan 'AMH_PCP' is returned when the entity is the PCP or AMH/PCP 'CAREMGR' is returned when the entity is the Tailored Care Manager
2120C	PER	Subscriber Benefit Related Entity Contact Information		
PER02	Benefit Related Entity Contact Name		The Entity Contact Name is returned when present	PER02
	PER03	Communication Number Qualifier	TE	
	PER04	Communication Number		Used to report organizational or business phone number
	PER05	Communication Number Qualifier	TE	
	PER06	Communication Number		Used to report organizational or business after-hours phone number

Appendix A. 271 2110C EB05 Plan Coverage Descriptions

Plan Coverage Description	Description
ADAP	AIDS Drug Assistance Program
CAPCD	CAP/Children
CAPCH	CAP/Choice
CAPDA	CAP/Disabled Adults
CAPMR	CAP/ Mentally Retarded & Developmentally Disabled
EHDI	Early Hearing Detection & Intervention Program
HCCRV	Health Choice Managed Care – Carve out
HCSTD	Health Choice Managed Care – Standard Plan
HLTNT	HealthNet
HOSPICE	Hospice
ITP	Infant Toddler Program
MAFDN	Medicaid Family Planning
MCAID	Medicaid
MCCRV	Medicaid Managed Care – Carve out
MCSTD	Medicaid Managed Care – Standard Plan
MFP	Money Follows the Person
MQBB	Qualified Medicare Beneficiary – Part B Premium Only
MQBE	Qualified Medicare Beneficiary – Part B Premium Only
MQBQ	Qualified Medicare Beneficiary
NCHC	North Carolina Health Choice
OOP or AA2OOP	‘OOP’ or ‘AA2OOP’ is used when reporting Cost Sharing information
Opt-In Primary or Opt-In	Opt-In Primary or Opt-In Specialty is used for Opt-In Pharmacy
PACE	Program of All-inclusive Care for the Elderly
PHPB	Managed Care for Behavioral Health Services (PIHP)
PHPC	Innovations Waiver – CAP Services (PIHP)
PHHC	Behavioral Health Services for North Carolina Health Choice (PIHP)
SICKL	Sickle Cell
SVCLT44890	Service Limit – Mandatory office visit
SVCLT44900	Service Limit – Optional office visit
SVCLT53140	Service Limit – Home Health Skilled Nurse visit
SVCLT53150	Service Limit – Home Health Aide visit
SVCLT55100	Service Limit – T1999 Supplies
TPHC	Health Choice Managed Care - Tailored Plan
TPINV	Innovations Waiver Managed Care - Tailored Plan
TPL	Third Party Liability
TPTBI	Traumatic Brain Injury Managed Care - Tailored Plan
TPMC	Medicaid Managed Care - Tailored Plan
Yes or No	‘Yes’ or ‘No’ is used for Transfer of Assets
00	TPL – Major Medical Coverage
01	TPL – Basic Hospital with Surgical Coverage
02	TPL – Basic Hospital Coverage
03	TPL – Dental Coverage
04	TPL – Cancer Coverage
05	TPL – Accident Coverage
06	TPL – Inpatient Hospital Flat Rate Coverage

Plan Coverage Description	Description
07	TPL – Long Term Care Coverage
08	TPL – Basic Medicare Supplement Coverage
10	TPL – Major Medical And Dental Coverage
11	TPL – Major Medical And Long Term Care Coverage
12	TPL – Intensive Care Coverage
13	TPL – Hospital Outpatient Coverage
14	TPL – Physician Coverage
15	TPL – Heart Attack Coverage
16	TPL – Prescription Drugs Coverage
17	TPL – Vision Care Coverage
18	TPL – Major Medical With Prescription Drug Coverage
19	TPL – Casualty/ Trauma
20	TPL – Major Medical Without Prescription Drug Coverage
21	TPL – Commercial HMO

Change Summary

Date	Change	Responsible Party
September 1, 2023	Added Time Limit Override (TLO) information and identified PIHP Plan Coverages in Appendix A	CSRA under the direction of NC DHHS
May 1, 2023	Added additional Tailored Plan information	CSRA under the direction of NC DHHS
August 23, 2022	Added PHHC Benefit Plan	CSRA under the direction of NC DHHS
April 19, 2022	Updated CAP Plan Coverage Description in Appendix A	CSRA under the direction of NC DHHS
March 03, 2022	Updated for Tailored Plan and Managed Care Manager	CSRA under the direction of NC DHHS
June 09, 2021	Updates for Managed Care Transformation	CSRA under the direction of NC DHHS
April 1, 2021	Allow eligibility requests for one month in the future	CSRA under the direction of NC DHHS
March 3, 2021	Updated EDI Support email address and contact phone number	CSRA under the direction of NC DHHS
December 03, 2018	Updated from Division of Medical Assistance to Division of Health Benefits	CSRA under the direction of NC DHHS
April 26, 2017	Update Copyright statement	CSRA under the direction of NC DHHS
March 21, 2017	Update EDI contact information	CSRA under the direction of NC DHHS
March 5, 2017	Update to MSG segment: Residential County and EBCI	CSRA under the direction of NC DHHS
February 03, 2016	Update to Fiscal Agent name and logo	CSRA under the direction of NC DHHS
January 31, 2016	Updates to section 7.3 (date inquiry update), 2110C EB03 (note added), 2110C MSG01 (additional messages added), and Appendix A (TPL codes added)	CSC under the direction of NC DHHS
November 1, 2015	Addition of Service Limits	CSC under the direction of NC DHHS
January 2, 2015	Updates to the 2100B AAA03, 2110C EB03, and 2110C MSG01 segments	CSC under the direction of NC DHHS
November 2, 2014	Addition of COE and County Code	CSC under the direction of NC DHHS
June 18, 2014	Correction to Names/ Descriptions in Appendix A.	CSC under the direction of NC DHHS
May 29, 2014	Correction to EB04 segment	CSC under the direction of NC DHHS
March 17, 2014	CAQH-CORE Phase II	CSC under the direction of NC DHHS
July 1, 2013	Production version	CSC under the direction of NC DHHS
November 16, 2012	Initial trading partner test version	CSC under the direction of NC DHHS