TennCare

Standard Companion Guide Transaction Information

Instructions related to Transactions based on ASC X12 Implementation Guides, version 005010

271 Transaction

Companion Guide Version Number: 1.0

7/15/2013

Preface

Companion Guides (CG) may contain two types of data, instructions for electronic communications with the publishing entity (Communications/Connectivity Instructions) and supplemental information for creating transactions for the publishing entity while ensuring compliance with the associated ASC X12 IG (Transaction Instructions). Either the Communications/Connectivity component or the Transaction Instruction component must be included in every CG. The components may be published as separate documents or as a single document.

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

The Transaction Instruction component is included in the CG when the publishing entity wants to clarify the IG instructions for submission of specific electronic transactions. The Transaction Instruction component content is limited by ASCX12's copyrights and Fair Use statement.

Express permission to use ASC X12 copyrighted materials has been granted to TennCare related to this CG. The underlying TR3 that is used as the basis for this CG can be purchased at http://store.X12.org.

Table of Contents

Transaction Instruction (TI)

1 TI Introduction

1.1 Background

1.1.1 Overview of HIPAA Legislation

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 carries provisions for administrative simplification. This requires the Secretary of the Department of Health and Human Services (HHS) 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 HIPAA serves to:

- Create better access to health insurance
- Limit fraud and abuse
- Reduce administrative costs

1.1.2 Compliance according to HIPAA

The HIPAA regulations at 45 CFR 162.915 require that covered entities not enter into a trading partner agreement that would do any of the following:

- Change the definition, data condition, or use of a data element or segment in a standard.
- Add any data elements or segments to the maximum defined data set.
- Use any code or data elements that are marked "not used" in the standard's implementation specifications or are not in the standard's implementation specification(s).
- Change the meaning or intent of the standard's implementation specification(s).

1.1.3 Compliance according to ASC X12

ASC X12 requirements include specific restrictions that prohibit trading partners from:

- Modifying any defining, explanatory, or clarifying content contained in the implementation guide.
- Modifying any requirement contained in the implementation guide.

1.2 Intended Use

The Transaction Instruction component of this companion guide must be used in conjunction with an associated ASC X12 Implementation Guide. The instructions in this companion guide are not intended to be stand-alone requirements documents. This companion guide conforms to all the requirements of any associated ASC X12 Implementation Guides and is in conformance with ASC X12's Fair Use and Copyright statements.

2 Included ASC X12 Implementation Guides

This table lists the X12N Implementation Guides for which specific transaction Instructions apply and which are included in Section 3 of this document.

Unique ID	Name
005010X279A1	Eligibility, Coverage or Benefit Information (271)

3 Instruction Tables

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

Legend
SHADED rows represent "segments" in the X12N implementation guide.
NON-SHADED rows represent "data elements" in the X12N implementation guide.

V5010X279A1 Eligibility, Coverage or Benefit Information

Loop ID	Reference	Name	Codes	Notes/Comments
2100A	NM1	Information Source Name		TennCare identifies itself as the information source, as follows: NM1*PR*2*TennCare****FI*626001445~
2110C	EB	Subscriber Eligibility or Benefit Information		TennCare supports a wide variety of programs beyond conventional Medicaid and Medicare crossovers. Detailed information on TennCare reporting can be found in section 4.4 Other Resources.
2000D	HL	Dependent Level		All TennCare recipients are considered individual subscribers. TennCare does not provide information at the dependent level.

4 TI Additional Information

4.1 Business Scenarios

(Intentionally left blank.)

4.2 Payer Specific Business Rules and Limitations

The trading partner id for TennCare is "626001445TC" and will be used in ISA06 and GS02.

The TennCare-assigned trading partner id for the recipient will be used in ISA08 and GS03.

4.3 Frequently Asked Questions

(Intentionally left blank.)

4.4 Other Resources

20130326   Supplemental Information Documentation for the 5010 271

EB01	EB02	EB03	EB04	EB05	EB06	EB07	Comment	DTP Qualifier
1	IND	30	OT	Eligibility category number & name			TennCare Eligibility	307
1	IND	30	HS	99 - Special Low Income Medicare Beneficiary (+)			SLMB or SLMB+ (reported like Parts A&B)	307
1	IND	30	QM	42 - Qualified Medicare Beneficiary			QMB (reported like Parts A&B)	307
1	IND	30	MA	MEDICARE PART A			Medicare Part A	307
1	IND	30	MB	MEDICARE PART B			Medicare Part B	307
1	IND	30	HN	DSNP Part C Carrier Name			An REF segment with REF01=18 & REF02=Part C plan name is also included	291 (request date forward)
1	IND	88	HN	DSNP Part D Carrier Name			An REF segment with REF01=18 & REF02=Part D plan name is also included	291 (request date forward)
1	IND	30|88	HN	DSNP Part C - Part D Carrier Name (This single line replaces separate lines when the Part C & Part D carrier are the same entity.)			An REF segment with REF01=18 & REF02=Part C - Part D plan name is also included	291 (request date forward)
6		30					No eligibility	N/A
D	IND	60	OT	Choices benefit plan & description			Choices Eligibility Type plus REF01=**N6** & REF02 = plan indicator (Values are grandfathered, regular,interim, conditional) See 834 HD04 for details	307 & 435 (Admission)
C	IND	60	OT	Choices Patient Liability	34	amount	Deductible amount	307
B	IND	30	MC	COPAY CODE --(00, 01, 02)	27	amount	Copay indicator & amount	N/A
A	IND	30	OT	Coinsurance	34	**EB08 = 0**	Coinsurance percentage (always 0)	N/A
MC	IND	30	HM	MCO number & MCO name			Managed Care Organization	307
MC	IND	MH	HM	BHO number & BHO name			Mental Health	307
MC	IND	35	HM	DBM number & DBM name			Dental Benefit Manager	307
MC	IND	88	HM	PBM number & PBM name			Pharmacy Benefit Manager	307
MC	IND	30	HM	PACE			Program of All-inclusive Care for the Elderly	307
1	IND	60	LC	MFP information			MFP info like 834 HD04 with no |separator	307
1	IND	54	LC	DIDD information			DIDD info like 834 HD04 with no |separator	307
R	per tpl policy			TPL policy information			TPL reported to TennCare for COB usage	290

As the sender, TennCare identifies itself in ISA06 with the value "626001445TC". The receiver is identified in ISA08 with a unique trading partner ID assigned by TennCare.

A valid eligibility request date span can be up to 366 days in length per CORE changes.

TennCare returns at least an EB03 value of 30 for all requests since our health benefit coverage plan is not broken out by service type.

All TennCare coverage is at the subscriber level.

The SSN is TennCare's primary key and reported in NM109, the recipient ID in REF02 where REF01 = NQ and the HICN in REF02 where REF02 = F6.

5 TI Change Summary

There are no previous versions in this format.