



**DEPARTMENT OF HEALTH & MENTAL HYGIENE**

**MEDICAL CARE PROGRAM**

**COMPANION GUIDE FOR  
270/271 - HEALTH CARE ELIGIBILITY BENEFIT  
INQUIRY AND RESPONSE  
VERSION 005010X279A1**

**January 1, 2013**

**Draft Version 2**

**Disclosure Statement**

This document is intended for the use by Trading Partners to exchange HIPAA compliant transactions with the State of Maryland's Medicaid Program.

**Preface**

This Companion Guide to the v5010 ASC X12N TR3 guide and associated errata(s) and/or addenda(s) adopted under HIPAA clarifies and specifies the data content when exchanging HIPAA transactions electronically with the State of Maryland's Medicaid Program. Transmissions based on this companion guide, used in tandem with the v5010 ASC X12N TR3 guide, 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 v5010 ASC X12N TR3 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 v5010 ASC X12N TR3 guides.

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## **Health Care Eligibility Benefit Inquiry and Response 270/271**

### **1 INTRODUCTION**

This Companion Guide governs electronic transmission of eligibility information contained within the ASC X12 270/271 – Health Care Eligibility Benefit Inquiry and Response (005010X279A1) transactions.

The first section of this companion guide contains a subset of the data content established for the Health Care Eligibility Benefit Inquiry transaction set (270). The 270 transaction is used to transmit health care eligibility benefit inquiries from providers of health care services to Maryland Medicaid, either directly or through an intermediary (i.e., clearinghouses, etc.). The 271 transaction is used to respond to Health Care Eligibility benefit inquiry and is contained in the second section of this companion guide.

#### **SCOPE**

This guide is not to be used as a substitution for the 270/271 Health Care Eligibility Benefit Inquiry and Response TR3 (Technical Report Type 3). The objective of this document is to clarify what information is needed or provided by Maryland Medicaid where multiple values exist and specific values are required or needed to be defined.

#### **270 OVERVIEW**

All alpha characters must be in upper case. Data must be in ASCII format. Do not suppress leading zeros for data elements such as Provider Number, Recipient ID, etc. This type of data should be handled as alphanumeric. Transactions not complying with ASC X12N formatting or data compliance will be rejected prior to response. An ASC X12N 999 transaction will be used to convey the rejection and may include an associated reason. A compliant 270 transaction will not generate an ASC X12N 999 acknowledgement transaction. ASC X12N 271 response transaction will be returned in response to a compliant 270 transaction.

The transaction set should not include any inquiries with a 2000D Dependent level loop. 270 transactions containing 2000D Dependent level loop segments will be rejected. An ASC X12N 999 transaction will be used to convey the rejection and may include an associated reason(s).

While the TRN segment is listed as situational in the 270/271 Health Care Eligibility Benefit Inquiry and Response TR3, Maryland Medicaid recommends that a TRN segment be included within the 270 transaction to provide tracking capabilities and to assist with any research and analysis.

**Loop Limits**

For batch mode, a maximum of 99 subscriber loops per transaction can be processed.

For real-time transactions, one subscriber inquiry per transaction can be submitted.

**271 OVERVIEW**

All alpha characters will be in upper case and will be in ASCII format. Leading zeros are not suppressed.

In the event a 270 Inquiry Transaction was rejected, an ASC X12N 999 transaction will have been used to convey the rejection and may have included an associated reason.

Maryland Medicaid will create and return a unique TRN segment as the last TRN with a TRN01 value of '1':

- If the original 270 inquiry transaction did not contain a TRN segment,  
The Maryland Medicaid generated TRN segment will be the only TRN segment returned.
- If the original 270 inquiry transaction contained a single TRN segment,  
The Maryland Medicaid generated TRN segment will be the second TRN segment.
- If the original 270 inquiry transaction contained two TRN segments,  
The Maryland Medicaid generated TRN segment will be the third TRN segment.

A 270 inquiry may contain multiple eligibility requests. The flexibility of the 270 transaction allows the grouping of multiple requests to be submitted in more than one way. A 271 response will be generated for each ST/SE pair found within a 270 transaction.

**Note:** A positive 271 response that returns current eligibility does not guarantee claim payment.

**REFERENCES**

ASC X12 Standards for Electronic Data Interchange  
Technical Report Type 3

ASC X12 270/271 – Health Care Eligibility Benefit Inquiry and Response (270/271), Dated April 2008

\* Erratas dated January 2009 and June 2010

**CAQH\CORE Compliance:**

Effective January 1, 2013, Maryland Medicaid's 270/271 batch and real-time interfaces will be in compliance with the Centers for Medicare & Medicaid mandated CAQH\CORE Operating Rules for the 270/271. One intent of the changes mandated by the Operating Rules is to provide additional eligibility information for 12 specific services. DHMH's approach to comply with these operating rules is to provide the current 271 response information plus the additional mandated services in subsequent EB loops. The mandate also stipulates that 270 inquires can be made in the future up to the last day of the current month. DHMH will comply with providing eligibility information up to the end of the current month but **DHMH still requires Providers to verify eligibility on the Date of Service**. Failure to check eligibility on the Date of Service could result in non-payment of claims.

**Note:** A 271 response that returns current eligibility does not guarantee claim payment.

Information regarding the CAQH\CORE Operating Rules for the 270/271 can be found on the CMS's website:

[http://www.caqh.org/ORMandate\\_Eligibility.php](http://www.caqh.org/ORMandate_Eligibility.php)

This Companion Guide will be found on the State of Maryland Department of Health and Mental Hygiene website:

<http://dhmh.maryland.gov/hipaa/sitepages/transandcodesets.aspx>

**ADDITIONAL INFORMATION**

Additional information can be found at:

<http://dhmh.maryland.gov/>

<http://cms.gov>

**2 GETTING STARTED****WORKING WITH STATE OF MARYLAND'S MEDICAID PROGRAM**

To enroll as a submitter/Trading Partner to exchange HIPAA transactions, send an email requesting enrollment to [dhmh.hipaaeditest@maryland.gov](mailto:dhmh.hipaaeditest@maryland.gov). Also, see the DHMH's website for further information on enrollment and requirements at <http://dhmh.maryland.gov/hipaa/sitepages/transandcodesets.aspx>

**TRADING PARTNER REGISTRATION**

The HIPAAEDITEST team assists Trading Partners during the enrollment process. Communication is done via email with the HIPAAEDITEST team, they can be reached at: [dhmh.hipaaeditest@maryland.gov](mailto:dhmh.hipaaeditest@maryland.gov)

**TESTING OVERVIEW**

Testing is conducted in two phases. The first phase is done through DHMH's CommerceDesk, once completed the Trading Partner is released to the second phase of testing on the DHMH's WebPortal.

**3 TESTING WITH THE PAYER**

Details of testing and migration to production will be communicated through the HIPAAEDITEST team.

**4 CONNECTIVITY WITH THE PAYER/COMMUNICATIONS**

The HIPAAEDITEST team will provide a Trading Partner Connectivity document that will provide details about access to the DHMH portals. A User ID and a default password will be assigned.

## **5 CONTACT INFORMATION**

### **EDI TECHNICAL ASSISTANCE**

Forward all **Production** issues and/or questions to:

[DHMH.EDIOPS@Maryland.gov](mailto:DHMH.EDIOPS@Maryland.gov)

Any **Testing** issues and/or questions may be forwarded to:

[DHMH.HIPAAEDITEST@Maryland.gov](mailto:DHMH.HIPAAEDITEST@Maryland.gov)

DHMH assumes that a Trading Partner or their assignee has technical staff to resolve testing and production issues.

### **PROVIDER SERVICE NUMBER**

Providers can obtain contact numbers to DHMH's Provider Relations at

<http://mmcp.dhmh.maryland.gov/SitePages/Provider%20Relations%20Call%20Center.aspx>

### **APPLICABLE WEBSITES/E-MAIL**

Trading Partners and providers will need to reference other information from DHMH on billing procedures that can be found through this link:

<http://mmcp.dhmh.maryland.gov/SitePages/About%20Our%20Programs.aspx>

## **6 CONTROL SEGMENTS/ENVELOPES**

### **ISA-IEA**

The State of Maryland's Medicaid Program allows and uses the separators and delimiters and interchange control segments in accordance with the Appendices C - EDI Control Directory and B - Nomenclature of the HIPPA TR3 guidelines. ISA Sender and Receiver codes and qualifiers are exchanged during the Trading Partner Enrollment process which is handled by the HIPAAEDITEST team. ISA Control Numbers should be unique for each transmission submitted to properly identify files received by the State of Maryland's Medicaid Program.

### **GS-GE**

The State of Maryland's Medicaid Program allows and uses the functional group control segments in accordance with the Appendices C - EDI Control Directory and B - Nomenclature of the HIPPA TR3 guidelines. GS Sender and Receiver codes are exchanged during the Trading Partner Enrollment process which is handled by the HIPAAEDITEST team. GS Control Numbers should be unique for each transmission sent in order to properly acknowledge with an ASC X12N 999 transaction set.

### **ST-SE**

The State of Maryland's Medicaid Program allows and uses transaction set control numbers in accordance with the Appendices C - EDI Control Directory and B - Nomenclature of the HIPPA TR3 guidelines. ST Control Numbers should be unique within a GS control number group.

## **7 PAYER SPECIFIC BUSINESS RULES AND LIMITATIONS**

State of Maryland's Medicaid Program billing instructions and limitations for claims processing can be found through this link:  
<http://mmcp.dhmh.maryland.gov/SitePages/About%20Our%20Programs.aspx>

## **8 ACKNOWLEDGEMENTS AND/OR REPORTS**

Transactions containing non-compliant ASC X12N data will be rejected with an ASC X12N 999 transaction. The ASC X12N 999 transaction will be used to convey the rejection and may include an associated reason. A compliant 270 transaction will not generate a Functional Acknowledgement transaction but will return an ASC X12N 271 response transaction in response to the compliant 270 transaction.

## **9 TRADING PARTNER AGREEMENTS**

State of Maryland's Medicaid Program Trading Partner Agreement can be found through this link:

<http://dhmh.maryland.gov/hipaa/sitepages/transandcodesets.aspx>

**10 TRANSACTION SPECIFIC INFORMATION**

**Maryland Medicaid Companion Guide – (270) Health Care Eligibility Benefit Inquiry**

<b>LEGEND:</b>
<i>SHADED rows represent "segments" in the X12N implementation guide</i>
<i>NON-SHADED rows represent "data elements" in the X12N implementation guide</i>

Implementation Guide Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
<b>C.3</b>			<b>Interchange Control Header</b>			
C.4		ISA01	Authorization Information Qualifier	00		
C.4		ISA03	Security Information Qualifier	00		
C.4		ISA05	Interchange ID Qualifier			Agreed upon during trading partner set-up
C.4		ISA06	Interchange Sender ID			Agreed upon during trading partner set-up
C.5		ISA07	Interchange ID Qualifier	ZZ		
C.5		ISA08	Interchange Receiver ID			526002033MCPP – Production 526002033MCPT – Test
C.6		ISA14	Acknowledgment Requested	0		No TA1 returned. Note: A Negative 997 will be returned containing the appropriate rejection code when the 270 is rejected due to compliance errors.
C.6		ISA15	Usage Indicator			T for Test Data P for Production Data
<b>C.7</b>			<b>Functional Group Header</b>			

Implementation Guide Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
C.7		GS02	Application Sender's Code			Agreed upon during trading partner set-up
C.7		GS03	Applications Receiver's Code			MMISELIG
C.8		GS08	Version/Release/Industry Identifier Code			005010X279A1
<b>63</b>			<b>Beginning of Hierarchical Transaction</b>			
64		BHT02	Transaction Set Purpose Code	13		Request
<b>69</b>	<b>2100A</b>		<b>Information Source Name</b>			
71		NM108	Entity Identifier Code	FI		Federal Taxpayer's Identification Code
71		NM109				526002033
<b>75</b>	<b>2100B</b>		<b>Information Receiver</b>			
77		NM108	Identification Code Qualifier	XX		Indicates NPI
78		NM109	Identification Code		10	NPI
<b>79</b>	<b>2100B</b>		<b>Information Receiver Additional Information</b>			<b>This REF segment with REF01 = 1D and REF02 containing Provider's Medicaid ID may be provided but 2100B NM108 must contain "XX" and NM109 must contain NPI.</b>
79		REF01	Reference Identification Qualifier	1D		Indicates Medicaid Provider Number
80		REF02	Reference Identification		9	Medicaid Provider Number
<b>92</b>	<b>2100C</b>		<b>Subscriber Name</b>			
93		NM103	Name Last			Last name required for Medicaid recipient look up
95		NM108	Identification Code Qualifier	MI		Member Identification Number

Implementation Guide Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
96		NM109	Identification Code		11	Recipient's Medicaid ID (either Recipient ID or Social Security Number required)
<b>97</b>	<b>2100C</b>		<b>Subscriber Additional Identification</b>			
98		REF01	Reference Identification Qualifier	SY		Social Security Number (either Social Security Number or Recipient ID required)
99		REF02	Reference Identification		9	Recipient's Social Security number
<b>122</b>	<b>2100C</b>		<b>Subscriber Date</b>			
123		DTP02	Date Time Period Format	D8 RD8		D8 Date Expressed in Format CCYYMMDD RD8 Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD <b>Note:</b> Inquiries containing date ranges (DTP02 = RD8) are treated as single date inquiries using the begin date. It is recommended that submitters utilize the D8 format.
123		DTP03	Date Time Period		8	Date, expressed in Format CCYYMMDD, for which eligibility information is being requested. <b>Note:</b> Inquiries containing date ranges (DTP02 = RD8) are treated as single date inquiries using the begin date.
<b>124</b>	<b>2110C</b>		<b>Subscriber Eligibility or Benefit Inquiry Information</b>			
125		EQ01	Service Type Code	30		Health Benefit Plan Coverage

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**Maryland Medicaid Companion Guide – (271) Health Care Eligibility Benefit Response**


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**LEGEND:**

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

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Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
<b>C.3</b>			<b>Interchange Control Header</b>			
C.4		ISA01	Authorization Information Qualifier	00		
C.4		ISA03	Security Information Qualifier	00		
C.4		ISA05	Interchange ID Qualifier	ZZ		
C.4		ISA06	Interchange Sender ID			526002033MCPP – Production 526002033MCPT – Test
C.5		ISA07	Interchange ID Qualifier			Agreed upon during trading partner set-up
C.5		ISA08	Interchange Receiver ID			Agreed upon during trading partner set-up
C.6		ISA14	Acknowledgment Requested	0		No Acknowledgement Requested
C.6		ISA15	Usage Indicator			T for Test Data P for Production Data
<b>C.7</b>			<b>Functional Group Header</b>			
C.7		GS02	Application Sender's Code			MMISELIG
C.7		GS03	Applications Receiver's Code			Agreed upon during trading partner set-up

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
C.8		GS08	Version/Release/Industry Identifier Code			005010X279A1
<b>215</b>	<b>2000A</b>		<b>Request Validation</b>			<b>2000A AAA Segment Not Supported</b>
<b>218</b>	<b>2100A</b>		<b>Information Source Name</b>			
218		NM101	Entity Identifier Code			Value received on original 270 inquiry
220		NM108	Entity Identifier Code			Value received on original 270 inquiry
220		NM109				Value received on original 270 inquiry
<b>226</b>	<b>2100A</b>		<b>Request Validation</b>			<b>2100A AAA-Code not supported</b>
226		AAA01	Yes/No Condition or Response Code	N		No – Request is not valid
227		AAA03	Reject Reason Code	79		Indicates that the Information Source data provided is missing or invalid. Must contain: 526002033 in NM109.
228		AAA04	Follow-up Action Code	C		Please Correct and Resubmit
<b>232</b>	<b>2100B</b>		<b>Information Receiver</b>			
232		NM101	Entity Identifier Code			The Information Receiver data received on the 270 Inquiry transaction will be echoed back on the associated 271 Response transaction
233		NM102	Entity Type Qualifier			
233		NM103	Name Last or Organization Name			
233		NM104	Name First			
234		NM105	Name Middle			

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
234		NM107	Name Suffix			
234		NM108	Identification Code Qualifier			The Information Receiver data received on the 270 Inquiry transaction will be echoed back on the associated 271 Response transaction.
235		NM109	Identification Code			
<b>236</b>	<b>2100B</b>		<b>Information Receiver Additional Information</b>			
236		REF01	Reference Identification Qualifier	1D		Value received on original 270 inquiry
237		REF02	Reference Identification		9	Value received on original 270 inquiry
<b>238</b>	<b>2100B</b>		<b>Request Validation</b>			
238		AAA01	Yes/No Condition or Response Code	N		No – Request is not valid
239		AAA03	Reject Reason Code	43		Indicates that the Provider ID(s) received on the 270 were missing or could not be validated against MD Medicaid Data.
239		AAA04	Follow-up Action Code	C		Please Correct and Resubmit
<b>246</b>	<b>2000C</b>		<b>Subscriber Trace Number</b>			
247		TRN01	Trace Type Code	1 2		1 If this contains the MD Medicaid Generated TRN 2 If this contains a TRN received on the originating 270 transaction being returned on the 271.
248		TRN02			1/30	If TRN01 = 1 Value echoed from 270 transaction If TRN01 = 2 Unique TRN generated by MD Medicaid)
248		TRN03			10	If TRN01 = 1 Value echoed from 270 transaction If TRN01 = 2 0526002033 (MD Medicaid)
<b>249</b>	<b>2100C</b>		<b>Subscriber Name</b>			
250		NM103	Name Last			If Recipient found in Maryland Medicaid Database Then Recipient Last Name on record with MD Medicaid Else Recipient Last Name received on original 270 inquiry

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
250		NM104	Name First			If Recipient found in Maryland Medicaid Database Then Recipient First Name on record with MD Medicaid Else Recipient First Name received on original 270 inquiry
250		NM105	Name Middle			If Recipient found in Maryland Medicaid Database Then Recipient Middle Initial on record with MD Medicaid Else Recipient Middle Name received on original 270 inquiry
251		NM108	Identification Code Qualifier	MI		Member Identification Number
252		NM109	Identification Code		11	If Recipient found in Maryland Medicaid Database Then Recipient ID on record with MD Medicaid Else Recipient ID received on original 270 inquiry
<b>253</b>	<b>2100C</b>		<b>Subscriber Additional Identification</b>			
254		REF01	Reference Identification Qualifier	SY GH		SY: Social Security Number GH: Identification Card Serial Number
256		REF02	Reference Identification		9 1/2	<b>SY</b> Recipient's Social Security number <b>If received on the originating 270 Inquiry transaction.</b> <b>GH</b> Duplicate Card Number if replacement card has been issued.
<b>257</b>	<b>2100C</b>		<b>Subscriber Address</b>			
257		N301	Address Information		1/55	If Recipient found in Maryland Medicaid Database Then Recipient Address Line 1 on record with MD Medicaid Else Recipient Address Line 1 received on original 270 Inquiry
258		N302	Address Information		1/55	If Recipient found in Maryland Medicaid Database Then Recipient Address Line 2 on record with MD Medicaid Else Recipient Address Line 2 received on original 270 Inquiry
<b>259</b>	<b>2100C</b>		<b>Subscriber City/State/Zip Code</b>			
260		N401	City Name		2/30	If Recipient found in Maryland Medicaid Database Then Recipient City on record with MD Medicaid Else Recipient City received on original 270 Inquiry
260		N402	State		2	If Recipient found in Maryland Medicaid Database Then Recipient State on record with MD Medicaid Else Recipient State received on original 270 Inquiry
260		N403	Postal Code		5	If Recipient found in Maryland Medicaid Database Then Recipient Zip Code on record with MD Medicaid Else Recipient Zip Code on original 270 Inquiry

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
260		N405	Location Qualifier	CY		County
260		N406	Location Identifier		2	If Recipient found in Maryland Medicaid Database Then Recipient County Code on record with MD Medicaid Else Recipient County Code on original 270 Inquiry
<b>262</b>	<b>2100C</b>		<b>Request Validation</b>			
262		AAA01	Yes/No Condition or Response Code	N		No – Request is not valid
263		AAA03	Reject Reason Code	57 62 63 72 73	2	57 Date of Service was missing or invalid. 62 Date of Service greater than 12 months in the past 63 Date of Service in the future 72 Invalid/Missing Subscriber/Insured ID (using criteria provided, Recipient is not found or missing/invalid ID) 73 Name Code/Last Name do not match the Name Code/Last Name on record for recipient id received.
264		AAA04	Follow-up Action Code	C		Please Correct and Resubmit
<b>268</b>	<b>2100C</b>		<b>Subscriber Demographic Information</b>			
269		DMG02	Date Time Period		8	If Recipient found in Maryland Medicaid Database Then Recipient Birth Date on record with MD Medicaid Else Recipient Birth Date received on original 270 inquiry
269		DMG03	Gender Code		1	If Recipient found in Maryland Medicaid Database Then Recipient Gender on record with MD Medicaid Else Recipient Gender received on original 270 inquiry
<b>283</b>	<b>2100C</b>		<b>Subscriber Date</b>			
283		DTP01	Date/Time Qualifier	307		Eligibility
284		DTP02	Date Time Period Format	D8		Date Expressed in Format CCYYMMDD

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
284		DTP03	Date Time Period		8	Date, in CCYYMMDD format, for which this response is pertinent to.
<b>314</b>	<b>2110C</b>		<b>Subscriber Additional Identification</b>			
315		REF01	Reference Identification Qualifier	1L	2	Group or Policy Number
316		REF02	Reference Identification		9	Policy Number associated with Third Party Liability Insurance Carrier(s).
<b>317</b>	<b>2110C</b>		<b>Subscriber Eligibility/Benefit Date</b>			<b>This date segment will provide the eligibility date.</b>
317		DTP01	Date/Time Qualifier	307		Eligibility
318		DTP02	Date Time Period Format	D8		Date Expressed in Format CCYYMMDD
318		DTP03	Date Time Period		8	Date, in CCYYMMDD format, for which this response is pertinent to.
<b>319</b>	<b>2110C</b>		<b>Subscriber Request Validation</b>			<b>2110C AAA Segment Not Supported</b>
<b>329</b>	<b>2120C</b>		<b>Subscriber Benefit Related Entity Name</b>			
330		NM101	Entity Identifier Code	1P FA PRP		1P Provider FA Facility PRP Primary Payer
331		NM102	Entity Type Qualifier	2		Non-Person Entity
331		NM103	Name Last or Organization Name			If NM101 = 1P Populated with the MCO Name If NM101 = FA Populated with the Facility Name If NM101 = PRP Populated with the Primary Payer Name

**APPENDICES**

**1. Frequently Asked Questions**

FAQs for HIPPA EDI Transactions can be found under Hot Issues at <http://dhmh.maryland.gov/hipaa/sitepages/transandcodesets.aspx>

**2. Change Summary**

Version	Date Released	Description of Changes
Draft 2.0	January 1, 2013	Initial Release of the new compliant CAQH/CORE Companion Guide