



270/271 Health Care Eligibility Benefit Inquiry and Response Companion Guide

Version 1.1

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INTRODUCTION

In an effort to reduce the administrative costs of health care across the nation, the Health Insurance Portability and Accountability Act (HIPAA) was passed in 1996. This legislation requires that health insurance payers in the United States comply with the electronic data interchange (EDI) standards for health care, established by the Secretary of Health and Human Services (HHS). For the health care industry to achieve the potential administrative cost savings with EDI, standard transactions and code sets have been developed and need to be implemented consistently by all organizations involved in the electronic exchange of data. The ANSI X12N 270/271 Health Care Eligibility Benefit Inquiry and Response transactions implementation guide provides the standardized data requirements to be implemented for all health care eligibility benefit inquiries and responses conducted electronically.

PURPOSE

The purpose of this document is to provide the information necessary to submit an eligibility benefit inquiry and receive an eligibility benefit response electronically to/from ValueOptions, Inc. This companion guide is to be used in conjunction with the ANSI X12N implementation guides. The companion guide supplements, but does not contradict or replace any requirements in the implementation guide. The implementation guides can be obtained from the Washington Publishing Company by calling 1-800-972-4334 or are available for download on their web site at <http://www.wpc-edi.com/hipaa/>. Other important websites:

Workgroup for Electronic Data Interchange (WEDI) – <http://www.wedi.org>
United States Department of Health and Human Services (DHHS) – <http://aspe.hhs.gov/>
Centers for Medicare and Medicaid Services (CMS) – <http://www.cms.gov/hipaa/hipaa2/>
Designated Standard Maintenance Organizations (DSMO) – <http://www.hipaa-dsmo.org/>
National Council of Prescription Drug Programs (NCPDP) – <http://www.ncdp.org/>
National Uniform Billing Committee (NUBC) – <http://www.nubc.org/>
Accredited Standards Committee (ASC X12) – <http://www.x12.org/>

SPECIAL CONSIDERATIONS

Inbound Transactions Supported

This section is intended to identify the type and version of the ASC X12 270 Eligibility Benefit Inquiry transaction that the health plan will accept.

- 270 Health Care Eligibility Benefit Inquiry – **ASC X12N 270 (004010X092A1)** ☒

Response Transactions Supported

This section is intended to identify the response transactions supported by the health plan.

- TA1 Interchange Acknowledgement ☒
- 997 Functional Acknowledgement ☒
- 271 Health Care Eligibility Benefit Response–**ASC X12N 271 (004010X092A1)** ☒

NOTE: The TA1 and 997 acknowledgements will be supported for real-time transactions.

Delimiters Supported

A delimiter is a character used to separate two data elements or sub-elements, or to terminate a segment. Delimiters are specified in the interchange header segment, ISA. The ISA segment is a

105 byte fixed length record. The data element separator is byte number 4; the component element separator is byte number 105; and the segment terminator is the byte that immediately follows the component element separator. Once specified in the interchange header, delimiters are not to be used in a data element value elsewhere in the transaction.

Description	Default Delimiter
Data element separator	* Asterisk
Sub-element separator	: Colon
Segment Terminator	~ Tilde

ValueOptions will support these default delimiters or any delimiter specified by the trading partner in the ISA/IEA envelope structure.

Search Criteria

The 270 transaction allows the user to provide whatever patient information they have on hand to identify them to an information source. The Implementation Guide defines a maximum data set that an information source may require and further identifies additional elements that the information source may use, if they are provided, to identify the patient in the information source's system. ValueOptions requires the following elements to uniquely identify a member in their system.

Required Search Options:

- Subscriber's Member ID
- Patient's First Name
- Patient's Last Name
- Patient's Date of Birth

The Patient's First and Last Names, although not required, should be provided if available. They will assist ValueOptions in identifying the member, if a unique match is not found based on the Member ID and DOB or if one or more of the required elements are unavailable.

Inquiry/Response Level Supported

The 270/271 Health Care Eligibility Benefit Inquiry and Response transaction contains a super set of data segments, elements and codes that represent its full functionality. Receivers of the 271 transactions need to design their systems to receive all of the data segments and data elements identified in the 271 transactions.

However, the information source has the flexibility to determine the amount of information returned on the 271-response transaction. The information source is not required to generate an explicit response to an explicit request, if their system is not capable of handling such requests. At a minimum the information source must support a generic request for eligibility and respond with either an acknowledgement that the individual has active or inactive coverage or that the individual was not found in their system. The response will be for the date the transaction is processed, unless a specific date was used from the DTP segment of the EQ loop.

ValueOptions will support only the basic request for eligibility. Their response will identify the eligibility status of the patient as either active, inactive or not on file for the date requested (or the process date of the transaction if no date is specified in the request).

Maximum Limitations

The 270 Health Care Eligibility Benefit Inquiry transaction is designed to inquire on the eligibility status of one or more subscribers/dependents transmitted within the transaction set. The 271

Health Care Eligibility Benefit Response provides the eligibility benefit status for the requested subscribers/dependents.

In the event that multiple matches are found in the database, ValueOptions will return the AAA segment used to indicate duplicates found, and if possible provide the missing data elements necessary to provide an exact match.

The structure of the transaction is as follows:

Information Source

Information Receiver

Subscriber

Dependent (may be provided if the dependent does not have a unique identifier)

Eligibility Benefit (inquiry 270, or information 271)

Subscriber

Eligibility Benefit (inquiry 270, or information 271)

Each transaction set contains groups of logically related data in units called segments. The number of times a loop or segment may repeat in the transaction set structure is defined in the implementation guide.

Batch Mode:

ValueOptions has no file size limitations. The Interchange Control structure (ISA/IEA envelope) will be treated as one file. Each Interchange Control structure may consist of multiple Functional Groups (GS/GE envelopes). ValueOptions requires that the Interchange Control structure is limited to one type of Functional Group, such as 270 Health Care Eligibility Benefit Inquiry Requests. ValueOptions will validate and accept or reject the entire Interchange Control structure (ISA/IEA envelope).

Batch files will be processed and the response file will be available within 24 hours of receipt.

Real-Time Mode:

ValueOptions expects a single transaction for only one patient in a real-time inquiry; however, they will not reject a transaction with more than one patient. Response time will be proportionate to the number of patients included in the eligibility inquiry.

Definition Of Terms

The participants in the hierarchical level structure described above are as follows:

- **Information Source** – The entity that answers the questions being asked in the 270 transaction. The entity that maintains the information regarding the patient's coverage. The information source typically is the insurer or payer.
- **Information Receiver** – The entity that asks the questions in the 270 transaction. The information receiver typically is the medical service provider (i.e. physician, hospital, laboratory, etc).
- **Subscriber** – A person who can be uniquely identified to an information source. Traditionally referred to as a member.

- **Dependent** – A person who cannot be uniquely identified to an information source, but can be identified by an information source when associated with a subscriber.
- **Patient** – There is no HL loop dedicated to the patient, rather, the patient can be either the subscriber or the dependent. Different types of information sources identify patients in different manners depending upon how their eligibility system is structured.
 1. Approach 1 – Each member of the family is assigned a unique ID number. In this approach, the patient will be identified at the Subscriber hierarchical level because a unique ID number exists to access eligibility information.
 2. Approach 2 – The actual member (insured) is assigned a number or uses their SSN or EIN to identify the member. Any related spouse, children or dependents are identified through the subscriber's identification number. They have no unique identification number of their own. In this case the patient would be identified at the dependent level inside the subscriber loop.

Telecommunication Specifications

Trading partners wishing to submit electronic Eligibility Benefit Inquiries (270 transactions) to ValueOptions must have a valid ValueOptions Submitter ID/Password. If you do not have a Submitter ID you may obtain one by completing the Account Request form available on the ValueOptions website at <http://www.valueoptions.com/provider/handbooks/forms.htm>

ValueOptions can accommodate multiple submission methods for the 270 Health Care Eligibility Benefit Inquiry transaction. Please refer to the ETS (Electronic Transport System) Electronic Data Exchange Overview document on the ValueOptions website at <http://www.valueoptions.com/provider/compliance.htm> for further details.

If you have any questions please contact the ValueOptions EDI help desk.

E-mail: e-supportservices@valueoptions.com
 Telephone: 888-247-9311 (8am-6pm, Monday-Friday)
 FAX: 866-698-6032

Compliance Testing Specifications

The Workgroup for Electronic Data Interchange (WEDI) and the Strategic National Implementation Process (SNIP) have recommended seven types HIPAA compliance testing, these are:

1. Integrity Testing – This is testing the basic syntax and integrity of the EDI transmission to include: valid segments, segment order, element attributes, and numeric values in numeric data elements, X12 syntax and compliance with X12 rules.
2. Requirement Testing – This is testing for HIPAA Implementation Guide specific syntax such as repeat counts, qualifiers, codes, elements and segments. Also testing for required or intra-segment situational data elements and non-medical code sets whose values are noted in the guide via a code list or table.
3. Balance Testing – This is testing the transaction for balanced totals, financial balancing of claims or remittance advice and balancing of summary fields.
4. Situational Testing – This is testing of inter-segment situations and validation of situational fields based on rules in the Implementation Guide.
5. External Code Set Testing – This is testing of external code sets and tables specified within the Implementation Guide. This testing not only validates the code value but also verifies that the usage is appropriate for the particular transaction.

6. Product Type or Line of Service Testing – This is testing that the segments and elements required for certain health care services are present and formatted correctly. This type of testing only applies to a trading partner candidate that conducts the specific line of business or product type.
7. Implementation Guide-Specific Trading Partners Testing – This is testing of HIPAA requirements that pertain to specific trading partners such as Medicare, Medicaid and Indian Health. Compliance testing with these payer specific requirements is not required from all trading partners. If the trading partner intends to exchange transactions with one of these special payers, this type of testing is required.

The WEDI/SNP white paper on Transaction Compliance and Certification and other white papers are found at <http://www.wedi.org/snip/public/articles/index.shtml>

ValueOptions' Recommendations:

According to the Centers for Medicare and Medicaid Services (CMS), you are responsible for ensuring that your EDI transactions are conducted in compliance with HIPAA regulations. In an effort to help you address your HIPAA EDI obligations as efficiently as possible, we recommend Claredi™, the nation's leading provider of HIPAA transaction and code set testing and certification. Claredi is an independent certifying agency, and the only testing and certification entity selected by CMS for their own compliance. As an additional benefit, using the same certification organization as ValueOptions greatly reduces the potential for any future discrepancies with transactions.

Trading Partner Acceptance Testing Specifications

To submit a test file to ValueOptions, you must have a valid Submitter ID/Password. Please refer to the Telecommunications Specifications section on page 6 of this document for details on obtaining a Submitter ID/Password.

When testing the Eligibility Benefit Inquiry transaction (270), for more reliable results, it is recommended to have the transaction inquire against production data. Please set the Usage Indicator (ISA15) to 'P' for Production. The inquiry will then go to the production area to verify the eligibility status of the patient.

270 HEALTH CARE ELIGIBILITY BENEFIT INQUIRY TRANSACTION SPECIFICATIONS

INTERCHANGE CONTROL HEADER SPECIFICATIONS (270 TRANSACTION)

Seg	Data Element	Name	Usage	Comments	Expected Value
HEADER					
ISA		Interchange Control Header	R		
	ISA01	Authorization Information Qualifier	R	Valid values: '00' No Authorization Information Present '03' Additional Data Identification	Use '03' Additional Data Identification to indicate that a login ID will be present in ISA02.
	ISA02	Authorization Information	R	Information used for additional identification or authorization.	Use the ValueOptions submitter ID as the login ID. Maximum 10 characters.
	ISA03	Security Information Qualifier	R	Valid values: '00' No Security Information Present '01' Password	Use '01' Password to indicate that a password will be present in ISA04.
	ISA04	Security Information	R	Additional security information identifying the sender.	Use the ValueOptions submitter ID password. Maximum 10 characters.
	ISA05	Interchange ID Qualifier	R		Refer to the implementation guide for a list of valid qualifiers.
	ISA06	Interchange Sender ID	R		Refer to the implementation guide specifications.
	ISA07	Interchange ID Qualifier	R		Use 'ZZ' Mutually Defined.
	ISA08	Interchange Receiver ID	R		Use 'FHC &Affiliates'.
	ISA09	Interchange Date	R	Date format YYMMDD.	Refer to the implementation guide specifications.

ISA10	Interchange Time	R	Time format HHMM.	Refer to the implementation guide specifications.
ISA11	Interchange Control Standards Identifier	R	Code to identify the agency responsible for the control standard used by the message. Valid value: 'U' U.S. EDI Community of ASC X12	Use the value specified in the implementation guide.
ISA12	Interchange Control Version Number	R	Valid value: '00401' Draft Standards for Trial Use Approved for Publication by ASC X12 Procedures Review Board through October 1997.	Use the current standard approved for the ISA/IEA envelope. Other standards will not be accepted.
ISA13	Interchange Control Number	R	The interchange control number in ISA13 must be identical to the associated interchange trailer IEA02.	This value is defined by the sender's system. If the sender does not wish to define a unique identifier zero fill this element.
ISA14	Acknowledgement Requested	R	This pertains to the TA1 acknowledgement. Valid values: '0' No Acknowledgement Requested '1' Interchange Acknowledgement Requested	ValueOptions will send a TA1 Interchange Acknowledgement for real-time inquiries only.
ISA15	Usage Indicator	R	Valid values: 'P' Production 'T' Test .	Use 'P' Production.
ISA16	Component Element Separator	R	The delimiter must be a unique character not found in any of the data included in the transaction set. This element contains the delimiter that will be used to separate component data elements within a composite data structure. This value must be different from the data element separator and the segment terminator.	ValueOptions will accept any delimiter specified by the sender. The uniqueness of each delimiter will be verified.

Seg	Element	Name	Usage	Comments	Expected Value
TRAILER					
IEA	IEA01	Interchange Control Trailer Number of Included Functional Groups	R	Count of the number of functional groups in the interchange.	This is the count of the GS/GE functional groups included in the interchange structure. Limit the ISA/IEA envelope to one type of functional group i.e. functional identifier code 'HS' Eligibility, Coverage or Benefit Inquiry (270).
	IEA02	Interchange Control Number	R	The interchange control number in IEA02 must be identical to the associated interchange header value sent in ISA13.	The interchange control number in IEA02 will be compared to the number sent in ISA13. If the numbers do not match the file will be rejected.

FUNCTIONAL GROUP HEADER SPECIFICATIONS (270 TRANSACTION)

Seg	Data Element	Name	Usage	Comments	Expected Value
HEADER					
GS		Functional Group Header			
	GS01	Functional Identifier Code	R	Code identifying a group of application related transaction sets. Valid value: 'HS' Eligibility, Coverage or Benefit Inquiry (270)	Use the value specified in the implementation guide.
	GS02	Application Sender's Code	R		The sender defines this value. ValueOptions will not be validating this value.
	GS03	Application Receiver's Code	R		This field will identify how the file is received by ValueOptions. Use 'EDI' for electronic transfer.
	GS04	Date	R	Date format CCYYMMDD.	Refer to the implementation guide specifications.
	GS05	Time	R	Time format HHMM.	Refer to implementation guide specifications.
	GS06	Group Control Number	R	The group control number in GS06, must be identical to the associated group trailer GE02. .	This value is defined by the sender's system. For real-time inquiries, ValueOptions will use this number to identify the functional group, if a 997 is generated to reject a noncompliant functional group.

Seg	Data Element	Name	Usage	Comments	Expected Value
	GS07	Responsible Agency Code	R	Code identifying the issuer of the standard. Valid value: 'X' Accredited Standards Committee X12	Use the value specified in the implementation guide.
	GS08	Version/Release Industry ID Code	R	Valid value: Addenda Approved for Publication by ASC X12: '004010X092A1'	Use the current standard approved for publication by ASC X12. Other standards will not be accepted.

FUNCTIONAL GROUP TRAILER SPECIFICATIONS (270 TRANSACTION)

Seg	Data Element	Name	Usage	Comments	Expected Value
TRAILER					
GE		Functional Group Trailer	R		
	GE01	Number of Transaction Sets Included	R	Count of the number of transaction sets in the functional group.	This is the count of the ST/SE transaction sets in the functional group.
	GE02	Group Control Number	R	The group control number in GE02 must be identical to the associated functional group header value sent in GS06.	The group control number in GE02 will be compared to the number sent in GS06. If the numbers do not match the entire file will be rejected.

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Seg	Data Element	Name	Usage	Comments	Expected Value
BHT	BHT02	Beginning of Hierarchical Transaction Transaction Set Purpose Code	R R	<p>Valid values:</p> <p>'01' Cancellation Use this code to cancel a previously submitted 270 transaction. Only 270 transactions that used a BHT06 code of either 'RT' or 'RU' can be cancelled. The cancellation 270 transaction must contain the same BHT06 code as the previously submitted 270 transaction.</p> <p>'13' Request</p> <p>'36' Authority to Deduct (Reply) Some health plans, Medicaid in particular, limit the number of certain services allowed during a certain period of time. These services are typically deducted from the count at the time an eligibility request is sent (if there are services remaining). A positive response in a 271 not only indicates that the inquired benefit exists but that the count for the service has been reduced by one (unless a specific number of services greater than one are requested in the request). If the service is not rendered, a cancellation 270 must be submitted (using BHT02 code '01').</p>	Use '13' Request. ValueOptions' Medicaid clients do not support Spend Down or Medical Services Reservations.
HEADER					

Seg	Data Element	Name	Usage	Comments	Expected Value
LOOP 2100A – INFORMATION SOURCE NAME					
NM1		Information Source Name			
	NM101	Entity Identifier Code	R	Valid values: '2B' Third Party Administrator '36' Employer 'GP' Gateway Provider 'P5' Plan Sponsor 'PR' Payer	Use 'PR' Payer.
	NM102	Entity Type Qualifier	R	Valid values: '1' Person '2' Non Person Entity	Use '2' Non-Person Entity.
	NM103	Name Last or Organization Name	S	Use this name for the organization's name if the entity type qualifier is a non-person entity. Otherwise, use this name for the individual's last name. Use if name information is needed to identify the source of eligibility or benefit information.	Use 'ValueOptions, Inc.'
	NM108	Identification Code Qualifier	R	Valid values: '24' Employer's Identification Number '46' Electronic Transmitter Identification Number (ETIN) 'FI' Federal Taxpayer's ID number 'NI' National Association of Insurance Commissioners (NAIC) Identification 'PI' Payer Identification 'PP' Pharmacy Processor Number 'XV' Health Care Financing Administration 'XX' National PlanID (Required if mandated) 'XX' Health Care Financing Administration National Provider ID (Required if mandated)	Use 'PI' Payer Identification.
	NM109	Payer Identifier	R	Use the reference number as qualified by the preceding data element (NM108).	Use 'FHC &Affiliates'.

Seg	Data Element	Name	Usage	Comments	Expected Value
LOOP 2100C - SUBSCRIBER NAME					
NM1		Subscriber Name	R		
	NM103	Subscriber Last Name	S	Use this name if the subscriber is the patient and if utilizing the HIPAA search option.	Use the Subscriber's Last Name if available.
	NM104	Subscriber First Name	S	Use this name if the subscriber is the patient and if utilizing the HIPAA search option.	Use the Subscriber's First Name if available.
	NM108	Identification Code Qualifier	S	Use this element if utilizing the HIPAA search option. Valid values: 'MI' Member Identification Number 'ZZ' Mutually Defined HIPAA Individual Identifier (required when mandated)	Use 'MI' Member Identification Number.
	NM109	Subscriber Identifier	S	Use this element if utilizing the HIPAA search option.	Use the ValueOptions Subscriber ID or Medicaid ID if applicable. Required search criteria must be provided if available.
DMG		Subscriber Demographic Information	S	Use this segment when needed to convey birth date or gender information for the subscriber.	
	DMG02	Subscriber Birth Date	S	Use this element if the subscriber is the patient and if utilizing the HIPAA search option.	Use the Subscriber's DOB. Required search criteria must be provided for the patient if available.
DTP		Subscriber Date	S	Use this segment to convey the eligibility, service or admission date(s) for the subscriber or for the issue date of the subscriber's ID card.	If this segment is sent, ValueOptions will verify eligibility for the date specified.

Seg	Data Element	Name	Usage	Comments	Expected Value
LOOP 2110C - SUBSCRIBER ELIGIBILITY OR BENEFIT INQUIRY INFORMATION					
EQ		Subscriber Eligibility or Benefit Inquiry Information	S	Use the EQ loop/segment when the subscriber is the patient whose eligibility or benefits are being verified. When the subscriber is not the patient, this loop must not be used.	
	EQ01	Service Type Code	S	If the EQ segment is used, either EQ01 or EQ02 must be used. The information source must support a generic request for Eligibility. This is accomplished by submitting a Service type Code of '30' Health Benefit Plan Coverage in EQ01. The information source may specify the codes, other than '30' that it supports.	Use '30' Health Benefit Plan Coverage.
DTP		Subscriber Eligibility/Benefit Date	S	Use this segment to convey the eligibility, service or admission date(s) for the information contained in the corresponding EQ segment. This segment is only to be used to override dates provided in loop 2100C.	If this segment is sent, ValueOptions will verify eligibility for the date specified.
LOOP 2100D - DEPENDENT NAME					
NM1		Dependent Name	R	Loop 2000D Dependent Level is SITUATIONAL and will be present only if the patient is a dependent of a member and cannot be uniquely identified to the information source without the member's information in the Subscriber Level.	
	NM103	Dependent Last Name	S	Use this name if the dependent is the patient and if utilizing the HIPAA search option.	Use the Dependent's Last Name if available.
	NM104	Dependent First Name	S	Use this name if the dependent is the patient and if utilizing the HIPAA search option.	Use the Dependent's First Name if available.

Seg	Data Element	Name	Usage	Comments	Expected Value
DMG		Dependent Demographic Information	S	Use this segment when needed to convey birth date or gender information for the dependent.	
	DMG02	Dependent Birth Date	S	Use this element if the dependent is the patient and if utilizing the HIPAA search option.	Use the Dependent's DOB. Required search criteria for the patient must be provided if available.
DTP		Dependent Date	S	Use this segment to convey the eligibility, service or admission date(s) for the subscriber or for the issue date of the subscriber's ID card.	If this segment is sent, ValueOptions will verify eligibility for the date specified.
LOOP 2110D - DEPENDENT ELIGIBILITY OR BENEFIT INQUIRY INFORMATION					
EQ		Dependent Eligibility or Benefit Inquiry Information	R	Use the EQ loop/segment when the subscriber is the patient whose eligibility or benefits are being verified. When the subscriber is not the patient, this loop must not be used.	
	EQ01	Service Type Code	S	If the EQ segment is used, either EQ01 or EQ02 must be used. The information source must support a generic request for Eligibility. This is accomplished by submitting a Service type Code of '30' Health Benefit Plan Coverage in EQ01. The information source may specify the codes, other than '30' that it supports.	Use '30' Health Benefit Plan Coverage.
DTP		Dependent Eligibility/Benefit Date	S	Use this segment to convey the eligibility, service or admission date(s) for the information contained in the corresponding EQ segment. This segment is only to be used to override dates provided in loop 2100C.	If this segment is sent, ValueOptions will verify eligibility for the date specified.

**271 HEALTH CARE ELIGIBILITY BENEFIT
RESPONSE
TRANSACTION SPECIFICATIONS**

INTERCHANGE CONTROL HEADER SPECIFICATIONS (271 TRANSACTION)

Seg	Data Element	Name	Usage	Comments	ValueOptions 271 Implementation
HEADER					
ISA		Interchange Control Header	R		
	ISA01	Authorization Information Qualifier	R	Valid values: '00' No Authorization Information Present '03' Additional Data Information	ValueOptions will use '00' No Authorization Information Present.
	ISA02	Authorization Information	R	Information used for additional identification or authorization.	ValueOptions will zero fill.
	ISA03	Security Information Qualifier	R	Valid values: '00' No Security Information Present '01' Password	ValueOptions will use '00' No Security Information Present.
	ISA04	Security Information	R	Additional security information identifying the sender.	ValueOptions will zero fill.
	ISA05	Interchange ID Qualifier	R		ValueOptions will use 'ZZ' Mutually Defined.
	ISA06	Interchange Sender ID	R		ValueOptions will use 'FHC &Affiliates'.
	ISA07	Interchange ID Qualifier	R		ValueOptions will use the Interchange ID Qualifier sent in the status request (ISA05).
	ISA08	Interchange Receiver ID	R		ValueOptions will use the Interchange Sender ID sent in the status request (ISA06).

Seg	Data Element	Name	Usage	Comments	ValueOptions 271 Implementation
	ISA09	Interchange Date	R	Date format YYMMDD.	Creation Date.
	ISA10	Interchange Time	R	Time format HHMM.	Creation Time.
	ISA11	Interchange Control Standards Identifier	R	Code to identify the agency responsible for the control standard used by the message. Valid value: 'U' U.S. EDI Community of ASC X12	ValueOptions will use 'U' U.S. EDI Community of ASC X12.
	ISA12	Interchange Control Version Number	R	Valid value: '00401' Draft Standards for Trial Use Approved for Publication by ASC X12 Procedures Review Board through October 1997.	ValueOptions will use the current standard approved for the ISA/IEA envelope.
	ISA13	Interchange Control Number	R	The interchange control number in ISA13 must be identical to the associated interchange trailer IEA02.	ValueOptions will use the Interchange Control Number specified by the sender in the status request (ISA13).
	ISA14	Acknowledgement Requested	R	This pertains to the TA1 acknowledgement. Valid values: '0' No Acknowledgement Requested '1' Interchange Acknowledgement Requested	ValueOptions will use '0' No Acknowledgement Requested.
	ISA15	Usage Indicator	R	Valid values: 'P' Production 'T' Test	ValueOptions will use a 'P' Production.

Seg	Data Element	Name	Usage	Comments	ValueOptions 271 Implementation
	ISA16	Component Element Separator	R	<p>The delimiter must be a unique character not found in any of the data included in the transaction set.</p> <p>This element contains the delimiter that will be used to separate component data elements within a composite data structure. This value must be different from the data element separator and the segment terminator.</p>	<p>ValueOptions will use the default delimiters specified in the 270/271 Implementation Guide. See Delimiters Supported on page 5.</p>

INTERCHANGE CONTROL TRAILER SPECIFICATIONS (271 TRANSACTION)

Seg	Data Element	Name	Usage	Comments	ValueOptions 271 Implementation
TRAILER					
IEA		Interchange Control Trailer	R		
	IEA01	Number of Included Functional Groups	R	Count of the number of functional groups in the interchange.	This is the count of the GS/GE functional groups included in the interchange structure. ValueOptions will return the same number of functional groups in the 271-response transaction as was received in the 270-inquiry transaction.
	IEA02	Interchange Control Number	R	The interchange control number in IEA02 must be identical to the associated interchange header value sent in ISA13.	ValueOptions will use the same value as the value in ISA13.

FUNCTIONAL GROUP HEADER SPECIFICATIONS (271 TRANSACTION)

Seg	Data Element	Name	Usage	Comments	ValueOptions 271 Implementation
HEADER					
GS		Functional Group Header	R		
	GS01	Functional Identifier Code	R	Code identifying a group of application related transaction sets. Valid value: 'HB' Eligibility, Coverage or Benefit Information (271)	ValueOptions will use 'HB' Eligibility, Coverage or Benefit Information (271).
	GS02	Application Sender's Code	R		ValueOptions will use 'FHC &Affiliates'.
	GS03	Application Receiver's Code	R		ValueOptions will zero fill.
	GS04	Date	R	Date format CCYYMMDD.	Creation Date.
	GS05	Time	R	Time format HHMM.	Creation Time.
	GS06	Group Control Number	R	The group control number in GS06, must be identical to the associated group trailer GE02.	ValueOptions will generate a unique sequential number for each functional group in the ISA/IEA envelope.
	GS07	Responsible Agency Code	R	Code identifying the issuer of the standard. Valid value: 'X' Accredited Standards Committee X12	ValueOptions will use 'X' Accredited Standards Committee X12.
	GS08	Version/Release Industry ID Code	R	Valid value:	ValueOptions will use the current standard approved for publication

Seg	Data Element	Name	Usage	Comments	ValueOptions 271 Implementation
				Addenda Approved for Publication by ASC X12. '004010X092A1'	by ASC X12.

FUNCTIONAL GROUP TRAILER SPECIFICATIONS (271 TRANSACTION)

FUNCTIONAL GROUP TRAILER SPECIFICATIONS (271 TRANSACTION)

Seg	Data Element	Name	Usage	Comments	ValueOptions 271 Implementation
TRAILER					
GE	GE01	Functional Group Trailer Number of Transaction Sets Included	R	Count of the number of transaction sets in the functional group.	This is the count of the ST/SE transaction sets included in the functional group. ValueOptions will return the same number of transaction sets, per functional group, in the 271-response transaction as was received in the 270-inquiry transaction.
	GE02	Group Control Number	R	The group control number in GE02 must be identical to the associated functional group header value sent in GS06.	ValueOptions will use the same value as the value in GS06.

271 HEALTH CARE ELIGIBILITY BENEFIT RESPONSE TRANSACTION SPECIFICATIONS

Seg	Data Element	Name	Usage	Comments	ValueOptions 271 Implementation
HEADER					
BHT	BHT03	Beginning of Hierarchical Transaction Submitter Transaction Identifier	R S	This element is only to be used if the transaction is processed in Real Time. This element is to be used to trace the transaction from one point to another.	ValueOptions will use the Submitter Transaction Identifier received in the 270-eligibility benefit inquiry transaction, for Real Time transactions.
LOOP 2100A – INFORMATION SOURCE NAME					
NM1	NM101	Information Source Name Entity Identifier Code	R R	Valid values: '2B' Third Party Administrator '36' Employer 'GP' Gateway Provider 'P5' Plan Sponsor 'PR' Payer	ValueOptions will use 'PR' Payer.
	NM102	Entity Type Qualifier	R	Valid values: '1' Person '2' Non-Person Entity	ValueOptions will use '2' Non-Person Entity.
	NM103	Name Last or Organization Name	S	Use this name for the organization's name if the entity type qualifier is a non-person entity. Otherwise, use this name for the individual's last name. Use if name information is needed to identify the source of eligibility or benefit information.	ValueOptions will use 'ValueOptions, Inc.'
	NM108	Identification Code Qualifier	R	Valid values: '24' Employer's Identification Number '46' Electronic Transmitter Identification Number (ETIN)	ValueOptions will use '24' Employer's Identification Number

Seg	Data Element	Name	Usage	Comments	ValueOptions 271 Implementation
				'F' Federal Taxpayer's ID number 'NI' National Association of Insurance Commissioners (NAIC) Identification 'PI' Payer Identification 'XV' Health Care Financing Administration National PlanID (Required if mandated) 'XX' Health Care Financing Administration National Provider ID (Required if mandated)	ValueOptions will use 'PI' Payer Identification.
	NM109	Payer Identifier	R	Use the reference number as qualified by the preceding data element (NM108).	ValueOptions will use 'FHC &Affiliates'.
LOOP 2000C - SUBSCRIBER LEVEL					
TRN		Subscriber Trace Number	S	Use this segment to convey a unique trace or reference number.	
	TRN01	Trace Type Code	R	Valid values: '1' Current Transaction Trace Numbers '2' Referenced Transactions Trace Numbers	ValueOptions will use '2' Referenced Transaction Trace Numbers, if any trace numbers were received, in the 270 eligibility benefit inquiry transaction.
	TRN02	Trace Number	R		ValueOptions will use the trace number(s) received in the 270 eligibility benefit inquiry transaction. ValueOptions may decide at a future date to also assign a Current Transaction Trace Number to the transaction.
	TRN03	Trace Assigning Entity Identifier	R	The first position must be either a '1' if an EIN is used, a '3' if a DUNS is used or a '9' if a user assigned identifier is used.	ValueOptions will use the Trace Assigning Entity Identifier received in the 270 eligibility benefit inquiry transaction

Seg	Data Element	Name	Usage	Comments	ValueOptions 271 Implementation
	TRN04	Trace Assigning Entity Additional Identifier	S		ValueOptions will use the Trace Assigning Entity Additional Identifier received in the 270 eligibility benefit inquiry transaction.
LOOP 2100C – SUBSCRIBER NAME					
NM1		Subscriber Name	R		
	NM103	Subscriber Last Name	S	Required unless a rejection response is generated and this element was not valued in the request.	ValueOptions will use the Subscriber's Last Name from their Eligibility file. The value, if present, from the 270 request will be returned on rejection responses.
	NM104	Subscriber First Name	S	Required unless a rejection response is generated and this element was not valued in the request.	ValueOptions will use the Subscriber's First Name from their Eligibility file. The value, if present, from the 270 request will be returned on rejection responses.
	NM105	Subscriber Middle Name	S	Required if this is available from the information source's database unless a rejection response is generated.	ValueOptions will use the Subscriber's Middle Name from their Eligibility file. The value, if present, from the 270 request will be returned on rejection responses.
	NM108	Identification Code Qualifier	S	Required unless a rejection response is generated and this element was not valued in the request. Valid Values: 'MI' Member Identification Number 'ZZ' Mutually Defined HIPAA Individual Identifier (required when mandated)	ValueOptions will use 'MI' Member Identification Number.

Seg	Data Element	Name	Usage	Comments	ValueOptions 271 Implementation
	NM109	Subscriber Identifier	S	Required unless a rejection response is generated and this element was not valued in the request.	ValueOptions will use the Subscriber's ID from their Eligibility file. The value, if present, from the 270 request will be returned on rejection responses.
N3		Subscriber Address	S	Use of this segment is required if the transaction is not rejected and the address info. is available from the information source's database. Do not return address information from the 270 request.	
	N301	Subscriber Address Line	R	First line of address information.	ValueOptions will use the Subscriber's Address from their Eligibility file.
	N302	Subscriber Address Line	S	Required if second address line exists.	ValueOptions will use the Subscriber's Address from their Eligibility file.
N4		Subscriber City/State/Zip Code	S	Use of this segment I required if the transaction is not rejected and the address info. is available from the information source's database.	

Seg	Data Element	Name	Usage	Comments	ValueOptions 271 Implementation
				Do not return address information from the 270 request.	
	N401	City Name	S		ValueOptions will use the Subscriber's City from their Eligibility file.
	N402	State or Province Code	S		ValueOptions will use the Subscriber's State from their Eligibility file.
	N403	Postal Code	S		ValueOptions will use the Subscriber's Zipcode from their Eligibility file.
DMG		Subscriber Demographic Information	S	Use only if subscriber is the patient and if the information is available in database, unless a rejection response is generated and elements were not valued in the request.	
	DMG01	Date Time Period Qualifier	S	Valid value: 'D8' Date expressed in format CCYYMMDD	ValueOptions will use 'D8' Date Expressed in format CCYYMMDD.
	DMG02	Subscriber Birth Date	S	Required if available from the information source's database.	ValueOptions will use the Subscriber's DOB from their Eligibility file. The value, if present, from the 270 request will be returned on rejection responses.
	DMG03	Subscriber Gender Code	S	Required if available from the information source's database.	ValueOptions will use the Subscriber's Gender from their Eligibility file. The value, if present, from the 270 request will be returned on rejection responses.

Seg	Data Element	Name	Usage	Comments	ValueOptions 271 Implementation
LOOP 2110C - SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION					
EB		Subscriber Eligibility or Benefit Information	S	This segment is required if the subscriber is the person whose eligibility or benefits are being described and the transaction is not rejected or if the transaction needs to be rejected in this loop.	
	EB01	Eligibility or Benefit Information	R	The minimum data for a HIPAA compliant response for a person that has been located is 1-Active Coverage or 6 – Inactive. See Implementation Guide for complete list of codes.	ValueOptions will use either: '1' Active Coverage '6' Inactive
	EB03	Service Type Code	S	The Information Source must respond with at least 30-Health Benefit Plan Coverage.	ValueOptions will use '30' Health Benefit Plan Coverage.
DTP		Subscriber Eligibility/Benefit Date	S	Use this segment to convey dates associated with the information contained in the corresponding eligibility or benefit information (EB) loop.	
	DTP01	Date Time Qualifier	R	Refer to the Implementation Guide for a list of valid values.	ValueOptions will use '307' Eligibility. The value, if present, from the 270 request will be returned on rejection responses.
	DTP02	Date Time Period Format Qualifier	R	Valid values: 'D8' Date Expressed in format CCYYMMDD 'RD8' Range of Dates	ValueOptions will use 'D8' Date Expressed in format CCYYMMDD. The value, if present, from the 270 request will be returned on rejection responses.
	DTP03	Eligibility or Benefit Date Time Period	R		ValueOptions will use the Eligibility date from their Eligibility file. The value, if present, from the 270 request will be returned on rejection responses.

LOOP 2000D- DEPENDENT LEVEL

TRN	Dependent Trace Number	S	Use this segment to convey a unique trace or reference number.	
TRN01	Trace Type Code	R	Valid values: '1' Current Transaction Trace Numbers '2' Referenced Transaction Trace Numbers	ValueOptions will use '2' Referenced Transaction Trace Numbers, if any trace numbers were received, in the 270 eligibility benefit inquiry transaction.
TRN02	Trace Number	R		ValueOptions will use the trace number(s) received in the 270 eligibility benefit inquiry transaction. ValueOptions may decide at a future date to also assign a Current Transaction Trace Number to the transaction.
TRN03	Trace Assigning Entity Identifier	R	The first position must be either a '1' if an EIN is used, a '3' if a DUNS is used or a '9' if a user assigned identifier is used.	ValueOptions will use the Trace Assigning Entity Identifier received in the 270 eligibility benefit inquiry transaction.
TRN04	Trace Assigning Entity Additional Identifier	S		ValueOptions will use the Trace Assigning Entity Additional Identifier received in the 270 eligibility benefit inquiry transaction.

Seg	Data Element	Name	Usage	Comments	ValueOptions 271 Implementation
LOOP 2100D - DEPENDENT NAME					
NM1		Dependent Name	R		
	NM103	Dependent Last Name	S	Required unless a rejection response is generated and this element was not valued in the request.	ValueOptions will use the Dependent's Last Name from their Eligibility file. The value, if present, from the 270 request will be returned on rejection responses.
	NM104	Dependent First Name	S	Required unless a rejection response is generated and this element was not valued in the request.	ValueOptions will use the Dependent's First Name from their Eligibility file. The value, if present, from the 270 request will be returned on rejection responses.
	NM105	Dependent Middle Name	S	Required if this is available from the information source's database unless a rejection response is generated.	ValueOptions will use the Dependent's Middle Name from their Eligibility file. The value, if present, from the 270 request will be returned on rejection responses.
	NM108	Identification Code Qualifier	S	Required when available. Valid values: 'MI' Member Identification Number 'ZZ' Mutually Defined HIPAA Individual Identifier (required when mandated)	ValueOptions will use 'MI' Member Identification Number.

Seg	Data Element	Name	Usage	Comments	ValueOptions 271 Implementation
	NM109	Dependent Identifier	S	Required when available.	ValueOptions will use the Dependent's ID from their Eligibility file. The value, if present, from the 270 request will be returned on rejection responses.
N3		Dependent Address	S	Use of this segment is required if the transaction is not rejected and the address info is available from the information source's database. Do not return address information from the 270 request.	
	N301	Dependent Address Line	R	First line of address information.	ValueOptions will use the Dependent's Address from their Eligibility file.
	N302	Dependent Address Line	S	Required if second address line exists.	ValueOptions will use the Dependent's Address from their Eligibility file.
N4		Dependent City/State/Zip Code	S	Use of this segment is required if the transaction is not rejected and the address info. is available from the information source's database. Do not return address information from the 270 request.	
	N401	City Name	S		ValueOptions will use the Dependent's City from their Eligibility file.

Seg	Data Element	Name	Usage	Comments	ValueOptions 271 Implementation
	N402	State or Province Code	S		ValueOptions will use the Dependent's State from their Eligibility file.
	N403	Postal Code	S		ValueOptions will use the Dependent's Zipcode from their Eligibility file.
DMG		Dependent Demographic Information	S	Use only if Dependent is the patient and if the information is available in database, unless a rejection response is generated and elements were not valued in the request.	
	DMG01	Date Time Period Qualifier	S	Valid value: 'D8' Date Expressed informat CCYYMMDD	ValueOptions will use 'D8' Date Expressed in format CCYYMMDD.
	DMG02	Dependent Birth Date	S	Required if available from the information source's database.	ValueOptions will use the Dependent's DOB from their Eligibility file. The value, if present, from the 270 request will be returned on rejection responses.
	DMG3	Dependent Gender Code	S	Required if available from the information source's database.	ValueOptions will use the Dependent's Gender from their Eligibility file. The value, if present, from the 270 request will be returned on rejection responses.
LOOP 2110D - DEPENDENT ELIGIBILITY OR BENEFIT INFORMATION					
EB		Dependent Eligibility or Benefit Information	S	This segment is required if the Dependent is the person whose eligibility or benefits are being described and the transaction is not rejected or if the transaction needs to be rejected in this loop.	

Seg	Data Element	Name	Usage	Comments	ValueOptions 271 Implementation
	EB01	Eligibility or Benefit Information	R	The minimum data for a HIPAA compliant response for a person that has been located is 1-Active Coverage or 6 – Inactive. See Implementation Guide for complete list of codes.	ValueOptions will use either: '1' Active Coverage '6' Inactive
	EB03	Service Type Code	S	The Information Source must respond with at least 30-Health Benefit Plan Coverage.	ValueOptions will use '30' Health Benefit Plan Coverage.
DTP		Dependent Eligibility/Benefit Date	S	Use this segment to convey dates associated with the information contained in the corresponding eligibility or benefit information (EB) loop.	
	DTP01	Date Time Qualifier	R	Refer to the Implementation Guide for a list of valid values.	ValueOptions will use '307' Eligibility. The value, if present, from the 270 request will be returned on rejection responses.
	DTP02	Date Time Period Format Qualifier	R	Valid values: 'D8' Date Expressed in format CCYYMMDD 'RD8' Range of Dates	ValueOptions will use 'D8' Date Expressed in format CCYYMMDD. The value, if present, from the 270 request will be returned on rejection responses.
	DTP03	Eligibility or Benefit Date Time Period	R		ValueOptions will use the Eligibility date from their Eligibility file. The value, if present, from the 270 request will be returned on rejection responses.

