

**MICHIGAN DEPARTMENT OF
COMMUNITY HEALTH**

**COMPANION GUIDE
FOR THE HIPAA
270/271 HEALTH CARE ELIGIBILITY
BENEFIT INQUIRY AND RESPONSE
ADDENDA VERSION 4010A1**

**July 17, 2003
Revised May 2008**

*Michigan Department
of Community Health*





**COMPANION GUIDE FOR THE 270/271 HEALTH CARE ELIGIBILITY INQUIRY
AND RESPONSE, VERSION 4010A1**

i

DATE

05-09-08

This document is intended as a companion to the **National Electronic Data Interchange Transaction Set Implementation Guide, Health Care Eligibility Benefit Inquiry and Response, ASC X12N 270/271 (004010X092)**, dated May 2000, and the modifications implemented with the adopted Addenda to these transactions (**004010X092A1**), dated October 2002. It contains data clarifications authorized by the Department of Health and Human Services on September 17, 2001. The clarifications include:

- identifiers to use when a national standard has not been adopted [and]
- parameters in the implementation guide that provide options

The Implementation Guide and Addenda can be found at http://www.wpc-edi.com/hipaa/hipaa_40.asp. Information regarding data clarifications can be found at <http://aspe.os.dhhs.gov/admnsimp/q0321.htm>.)

This document is for use by Michigan Department of Community Health (MDCH) contracted Eligibility Service Providers and Medicaid enrolled providers. For a list of Eligibility Service Providers that offer EDI services, please see the Eligibility Verification section in the Directory Appendix of the Medicaid Provider Manual. The Medicaid Provider Manual can be found at <http://www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf> . Please note that the information contained within this document is based on existing MDCH eligibility program information and is subject to change.

Eligibility Service Providers, as representatives of MDCH, are required to offer and support HIPAA-compliant 270/271 transactions. To be compliant, these entities should be able to receive all data segments and data elements identified as used or situational, and they should account for the number of times a data segment can repeat. However, an Eligibility Service Provider is not required to generate an explicit response to an explicit request. As noted in the X12N 270/271 (004010X092) Implementation Guide, Eligibility Service Providers only need to support the minimum requirements for HIPAA compliance. These minimum requirements are as follows:

- 270 – Support, at a minimum, a generic request for eligibility (service type code of “30” in the EQ segment).
- 271 – Include appropriate EB segment eligibility information or applicable AAA segments in the response.
 - EB segment – Identifies the recipient’s applicable eligibility information.
 - AAA segment(s) – Specifies an inability to provide eligibility information due to “recipient not being found” or errors encountered within the original 270 Request transaction.

Included in this document are the following topics of information:

- Search Options
- Batch and Real Time Business Uses and Linkage
- 270 and 271 Interchange Control Header and Trailer
- 270 and 271 Functional Group Header and Trailer
- 270 Transaction Set Segment and Data Elements
- 271 Transaction Set Segment and Data Elements
- Appendix A: Communication of MDCH Program Information
- Appendix B: Crosswalk of Programs to EB01, EB03, EB04, and EB05



COMPANION GUIDE FOR THE 270/271 HEALTH CARE ELIGIBILITY INQUIRY AND RESPONSE, VERSION 4010A1

ii

DATE
05-09-08

December 16, 2005, revisions to the Companion Guide for the 270/271 Health Care Eligibility Inquiry and Response, Version 4010A1:

1. Updated Comments fields for:
 - Loop 2100C – NM109 Subscriber Primary Identifier (p.1 and 3)
 - Loop 2110C – REF02 Subscriber Eligibility or Benefit Identifier (p.5)
 - Loop 2110C – MSG01 Free-form Message Text (p.6)
2. Added Data Element:
 - Loop 2100C – NM109 – Subscriber Primary Identifier: Added eight-digit CIN recipient identification number for MICHild inquiries (p.1)
 - Loop 2100C – NM109 – Subscriber Primary Identifier: Added eight-digit CIN recipient identification number for MICHild inquiries (p.1)
3. Modified program crosswalks in Appendix B which include the following:
 - Removed Medicare OI codes from the Qualified Medicare and Specified Low Income Medicare /Additional Low Income/Disabled Working Medicare categories (p.11 and 12).
 - Updated TPL/ Medicare Payer Coverage Information category comments in the Applicable Coverage and Reporting Information columns (p.12): added EB 04 'MA' and 'MB' and updated comments in the "Applicable Coverage" and "Reporting of Additional Information" columns
 - Changed current Healthy Kids Dental Categories: Delta Premier or Delta Preferred Option applicable for dates of service prior to 01/01/2006 (pg.14)
 - Added new Healthy Kids Dental Category effective for date of services greater than 01/01/06: Delta Dental Plan (p. 14) with new message: Delta Dental Plan

October 05, 2005, revisions to the Companion Guide for the 270/271 Health Care Eligibility Inquiry and Response, Version 4010A1:

1. Additional Information added to the following pages:
 - Page i - second paragraph: "For a list of Eligibility Service Providers that offer EDI services, please see the Eligibility Verification section in the Directory Appendix of the Medicaid Provider Manual. The Medicaid Provider Manual can be found at http://www.michigan.gov/mdch/0,1607,7-132-2945_5100-87572--,00.html . "
 - Page v - under Search Options: "Note: There are MDCH Eligibility Service Providers that offer the SSN as an Alternate Search Option. Contact the Eligibility Service Providers for more Information."
2. Updated Comments fields for:
 - Loop 2100C - REF01 Reference Identification Qualifier (p. 1)
 - Loop 2100C - DMG02 – Date Time Period (p. 1)
 - Loop 2100C - REF03 – Description (p. 3)
 - Loop 2100C - N405 – Location Qualifier (p. 4)
 - Loop 2100C – N406 – Location Identification Code (p. 4)
 - Loop 2100C - PER02 – Subscriber Contact Name (p. 4)
 - Loop 2100C - PER03 – Communication Number Qualifier (p. 4)
 - Loop 2100C - PER04 – Subscriber Contact Number (p. 4)
 - Loop 2110C - REF02 – Subscriber Eligibility or Benefit Identifier (p. 5)
 - Loop 2110C - DTP01 – Date/Time Qualifier (p. 5)
3. Deleted Data Element:
 - Loop 2100C - REF01 – Reference Identification Qualifier (p.3): Removed "F6" (Medicare HIC number)
4. Added Data Element:
 - Loop 2110C - REF01 – Reference Identification Qualifier (p. 5): Added "F6" (Medicare HIC number)
 - Loop 2110C - DTP01 – Date/Time Qualifier (p.5): Added "307" and "636"
5. Additional modified program crosswalks in Appendix B which include the following:
 - Added Pending Eligibility and MICHild EB segment examples (p.7)
 - Added the Family Planning Program category (p.8)
 - Added new ABW category (LOC 32): No Coverage for date of service 03/01/05 and greater(p.8)
 - Added following statement in Applicable Coverage column for ABW Inpatient Hospital only: "Applicable for dates of service prior to 03/01/2005" (p.8)
 - Removed SMP categories (p.9, 11, and 12)



COMPANION GUIDE FOR THE 270/271 HEALTH CARE ELIGIBILITY INQUIRY AND RESPONSE, VERSION 4010A1

iii

DATE
05-09-08

- Changed Spend-down terminology to Deductible (p.11)
- Added additional comments to the Other/TPL Payer Coverage category (p.12)
- Added additional Dental categories with updated message for the following policy change effective on 10/01/05: Dental coverage reinstated for beneficiaries 21 and older (p.13 and 14).
- Removed Coverage code 'T' from the FFS Dental categories on p. 13 and added to the Delta Dental Categories on p. 14.
- Added Pending Eligibility category (p.14)

February 02, 2004, revisions to the Companion Guide for the 270/271 Health Care Eligibility Inquiry and Response, Version 4010A1, dated November 7, 2003, include:

1. Updated Comments fields for:
 - Loop 2120C NM101 – Entity Identifier Code (HIPAA IG p. 250; this document p. 5).
 - Loop 2120C NM103 – Last Name or Organization Name (HIPAA IG p. 251; this document p. 5).
 - Loop 2120C NM108 – Identification Code Qualifier (HIPAA IG p. 253; this document p. 6).
 - Loop 2120C NM109 – Identification Code (HIPAA IG p. 253, this document p. 6).
2. Removed Loop 2000D and subsequent loops 2100D, 2110D, and 2120D segments (HIPAA IG pp. 265 through 335; this document pp. 6 and 7).
3. Additional modified program crosswalks in Appendix B.

November 7, 2003, revisions to the Companion Guide for the 270/271 Health Care Eligibility Inquiry and Response, Version 4010A1, dated October 1, 2003, include:

1. Added Data Elements:
 - Loop 2100C DMG02 – Date Time Period (HIPAA IG p. 84; this document p. 1).
2. Updated Comments fields for:
 - Loop 2100C NM108 – Identification Code Qualifier (HIPAA IG p. 73; this document p. 1).
 - Loop 2100C NM109 – Subscriber Primary Identifier (HIPAA IG p. 73; this document p. 1).
 - Loop 2110C EQ03 – Coverage Level Code (HIPAA IG p. 97; this document p. 2).
 - Loop 2100C NM109 – Subscriber Primary Identifier (HIPAA IG p. 195; this document p. 3).
 - Loop 2100C REF01 – Reference Identification Qualifier (HIPAA IG p. 197; this document p.3).
 - Loop 2110C EB02 – Coverage Level Code (HIPAA IG p. 221; this document p. 4).
 - Loop 2120C NM101 – Entity Identifier Code (HIPAA IG p. 250; this document p. 5).
3. Additional modified program crosswalks in Appendix B, including the addition of MICHild coverage.

October 1, 2003, revisions to the Companion Guide for the 270/271 Health Care Eligibility Inquiry and Response, Version 4010A1, dated July 17, 2003, include:

1. Deleted Data Elements:
 - Loop 2100D REF01 – Reference Identification Qualifier (HIPAA IG p. 275)
 - Loop 2100D REF02 – Reference Identification (HIPAA IG p. 275)
2. Added Data Elements:
 - Loop 2110D REF01 – Reference Identification Qualifier (HIPAA IG p. 314; this document p.5).
 - Loop 2100D REF01 – Reference Identification (HIPAA IG p. 275; this document p. 5).
3. Updated Comments fields for:
 - Loop 2100C DTP03 – Date/Time Period (HIPAA IG p. 88; this document p. 1).
 - Loop 2110C REF01 – Reference Identification Qualifier (HIPAA IG p. 239; this document p.5).
 - Loop 2110C REF02 – Subscriber Eligibility or Benefit Identifier (HIPAA IG p. 239; this document, p 5).
 - Loop 2110C DTP01 – Date/Time Qualifier (HIPAA IG p. 240; this document p. 5).
 - Loop 2120C NM101 – Entity Identifier Code (HIPAA IG p. 250; this document p. 5).
 - Loop 2000D – Dependent Level (HIPAA IG p. 265; this document p. 6).
 - Loop 2100D DTP01 – Date Time Qualifier (HIPAA IG p. 317; this document p. 6).
4. Additional and modified program crosswalks in Appendix B.
5. Minor formatting and editorial changes.

May 9th, 2008: Following Companion Guide revisions/changes/updates were made:



**COMPANION GUIDE FOR THE 270/271 HEALTH CARE ELIGIBILITY INQUIRY
AND RESPONSE, VERSION 4010A1**

iv

DATE
05-09-08

- 1.) Minor formatting and editorial changes.
- 2.) Updated the The Medicaid Provider Manual link (pg i).
- 3.) Following 270 changes:
 - Loop 2100B NM108 – Identification Code Qualifier: ‘XX’ (NPI)
 - Loop 2100B NM109 – Information Receiver Identification Number: NPI required effective 10/01/07
 - Loop 2100C NM109 – Subscriber Primary Identifier: 10-digit beneficiary ID required effective 01/16/08
- 4.) Following 271 changes:
 - Loop 2100B NM108 – Identification Code Qualifier: Added ‘XX’ (NPI)
 - Loop 2100B NM109 – Information Receiver Identification Number: NPI required effective 10/01/07
 - Loop 2100C NM109 – Subscriber Primary Identifier: 10-digit beneficiary ID required effective 01/16/08
 - Loop 2110C MSG01 – Free-form Message Text: revised TPL messages and added a PCP message.
 - Loop 2120C NM101 – Entity Identifier Code : added code “PR” (Payer)
 - Loop 2120C NM109 – Identification Code NPI will be provided for LOC 02, or 16 if on file, else all 9s.
- 5.) Following Appendix B changes/revisions:
 - Formatting changes.
 - Coverage Categories were organized by the following: MA related programs (Medicaid, ABW, Plan First, etc), MA Dental (FFS, PACE, & Healthy Kids), Other Programs (MOMS, CSHCS, & MICHild), Other Insurance (TPL & Medicare) and Pending.
 - New Categories added: Health PCP Response, PACE Dental, Medicare Coverage (Other Ins.) and Medicare Excluded Alien (Other Ins.)
 - Modified Existing Categories: ABW (Updated Coverage names, EB04 coding and removed obsolete category), Changed ‘Limited Medicaid Coverage’ name to ‘Medicaid ESO’, Deductible Category names, Healthy Kids Dental (removed obsolete categories), CSHCS (new response messages including Authorized Provider names and removing obsolete category SHP), MICHild (Removed leading zeros from EB05 response), TPL (Created separate categories for Medicare), and Pending (removed leading zero’s in EB05).
 - Added minimum data EB requirements for each Category not reporting the appropriate EB01 (1 - Active Coverage or 6 - Inactive) and EB 03 (30 - Health Benefit Plan Coverage) values.



COMPANION GUIDE FOR THE 270/271 HEALTH CARE ELIGIBILITY INQUIRY AND RESPONSE, VERSION 4010A1		v
		DATE 05-09-08

Search Options

MDCH Eligibility Service Providers must support the data set search criteria outlined on pages 21 to 23 of the X12N 270/271 (004010X092) Implementation Guide. Note: There are MDCH Eligibility Service Providers that offer the SSN as an Alternate Search Option. Contact the Eligibility Service Providers for more information.

Batch and Real Time Business Uses and Linkage

MDCH Eligibility Service Providers may choose to offer batch and/or real time methods for receiving 270 inquiries and sending 271 response transactions. Whichever they choose, providers must support the batch or real time requirements beginning on page 13 of the X12N 270/271 (004010X092) Implementation Guide. In addition, the providers must support the linkage requirements beginning on page 18 of the guide.

270 and 271 Interchange Control Header and Trailer

MDCH Eligibility Service Providers must support the Interchange Control Header and Trailer requirements on pages B.3 through B.7 of the X12N 270/271 (004010X092) Implementation Guide. Providers must define the parameters to be used by them and their trading partners, including Medicaid enrolled providers, in accordance with these compliance requirements.

270 and 271 Functional Group Header and Trailer

MDCH Eligibility Service Providers will support the Functional Group Header and Trailer requirements as outlined on pages B.8 through B.10 of the X12N 270/271 (004010X092) Implementation Guide. MDCH Eligibility Service Providers will define the parameters to be used by them and their trading partners, including Medicaid enrolled providers, in accordance with these compliance requirements.



270 Transaction Set Segment and Data Elements

Page	Loop	Segment	Data Element	Comments
39	Beginning of Hierarchical Transaction	BHT – Beginning of Hierarchical Transaction	BHT02 – Transaction Set Purpose Code	<ul style="list-style-type: none"> Use “13” (Request). “01” (Cancellation) and “36” (Authority to Deduct (Reply)) are currently not supported.
44	2100A – Information Source Name	NM1 – Information Source Name	NM101 – Entity Identifier Code	Use “PR” (Payer).
46	2100A – Information Source Name	NM1 – Information Source Name	NM108 – Identification Code Qualifier	Use “PI” (Payor Identification).
46	2100A – Information Source Name	NM1 – Information Source Name	NM109 – Information Source Primary Identifier	Use “D00111” for MDCH.
52	2100B – Information Receiver Name	NM1 – Information Receiver Name	NM108 – Identification Code Qualifier	<ul style="list-style-type: none"> Use “SV” (Service Provider Number) Effective 10/01/07; Use “XX” (Health Care Financing Administration National Provider Identifier) to identify NPI unless exempt.
52	2100B – Information Receiver Name	NM1 – Information Receiver Name	NM109 – Information Receiver Identification Number	<ul style="list-style-type: none"> Use the nine-digit provider ID assigned by MDCH (two-digit type followed by the seven-digit provider ID) only if HIPAA exempt. Effective 10/01/2007, 10 digit NPI will be required unless HIPAA exempt.
73	2100C – Subscriber Name	NM1 – Subscriber Name	NM108 – Identification Code Qualifier	Use “MI” (Member Identification Number).
73	2100C – Subscriber Name	NM1 – Subscriber Name	NM109 – Subscriber Primary Identifier	Identify the beneficiary’s ID in this segment if using as search option: <ul style="list-style-type: none"> • MICchild Inquires (if EQ03 value “CHD”): Use 8-digit Client Identification Number (CIN) • All other Inquires (if EQ03 value “IND”): Use the assigned 10-digit beneficiary ID. Note: Eight-digit IDs should be entered with two leading zeroes.
75	2100C – Subscriber Name	REF – Subscriber Additional Information	REF01 – Reference Identification Qualifier and REF02 - Reference Identification	Identify the beneficiary’s SSN in this segment if using as search option: <ul style="list-style-type: none"> • REF01: Use “SY” (Social Security Number). • REF02: Identify the beneficiary’s SSN in this segment if using as search option.



**COMPANION GUIDE FOR THE 270/271 HEALTH CARE ELIGIBILITY INQUIRY
AND RESPONSE, VERSION 4010A1**

2

270 TRANSACTION SET SEGMENT AND DATA ELEMENTS

DATE
05-09-08

Page	Loop	Segment	Data Element	Comments
84	2100C – Subscriber Name	DMG – Subscriber Demographic Information	DMG01 - Date Time Period Format Qualifier DMG02 – Date Time Period	Identify the beneficiary's date of birth in this segment if using as search option: <ul style="list-style-type: none"> •DMG01: Use "D8" •DMG02: Enter beneficiary's date of birth
88	2100C – Subscriber Name	DTP – Subscriber Date	DTP01 – Date/Time Qualifier	The following codes are recommended: "307" (Eligibility) "435" (Admission) "472" (Service) Code "102" Issue, is not currently supported.
88	2100C – Subscriber Name	DTP – Subscriber Date	DTP03 – Date/Time Period	Date can be a minimum of one year prior or up to the last day of the current month. MDCH currently does not provide eligibility information for dates greater than one year or beyond the last day of the current month.
90	2110C – Subscriber Eligibility or Benefit Inquiry Information	EQ – Subscriber Eligibility or Benefit Inquiry	EQ01 – Service Type Code	For all inquiry types, MDCH recommends using value "30" (Health Benefit Plan Coverage). Any value reported in this data element will result in the 271 Response containing EB segments applicable to the recipient's MDCH program coverage.
97	2110C – Subscriber Eligibility or Benefit Inquiry Information	EQ – Subscriber Eligibility or Benefit Inquiry	EQ03 – Coverage Level Code	<ul style="list-style-type: none"> • MICHild inquiries: Use "CHD" (Children Only) • All other inquiries: Use "IND" (Individual)



**COMPANION GUIDE FOR THE 270/271 HEALTH CARE ELIGIBILITY INQUIRY
AND RESPONSE, VERSION 4010A1**

3

271 TRANSACTION SET SEGMENT AND DATA ELEMENTS

DATE

05-09-08

271 Transaction Set Segment and Data Elements

Page	Loop	Segment	Data Element	Comments
163	2100A – Information Source Name	NM1 – Information Source Name	NM101 – Entity Identifier Code	“PR” (Payer)
165	2100A – Information Source Name	NM1 – Information Source Name	NM108 – Identification Code Qualifier	“PI” (Payor Identification)
165	2100A – Information Source Name	NM1 – Information Source Name	NM109 – Identification Code	“D00111” (for MDCH)
180	2100B – Information Receiver Name	NM1 – Information Receiver Name	NM108 – Identification Code Qualifier	<ul style="list-style-type: none"> • “SV” (Service Provider Number) will be returned for exempt Providers if nine-digit provider ID provided in 270. • “XX” (NPI)
181	2100B – Information Receiver Name	NM1 – Information Receiver Name	NM109 – Information Receiver Identification Number	The nine-digit provider identifier or 10-digit NPI submitted on the 270 Request transaction will be returned.
195	2100C – Subscriber Name	NM1 – Subscriber Name	NM108 – Identification Code Qualifier	“MI” (Member Identification Number)
195	2100C – Subscriber Name	NM1 – Subscriber Name	NM109 – Subscriber Primary Identifier	<ul style="list-style-type: none"> • MICild Inquires: CIN returned. • All other Inquires: 10-digit beneficiary ID will be returned.
197	2100C – Subscriber Name	REF – Subscriber Additional Information	REF01 – Reference Identification Qualifier	<p>The following codes are returned, as applicable:</p> <ul style="list-style-type: none"> “3H” (Case Number) “EJ” (Patient Account Number) “F6” (Medicare HIC number) “SY” (Social Security Number) <p>“1L” (Group/Policy Number) is only used for reporting TPL Information and the subscriber is not the recipient.</p>
199	2100C – Subscriber Name	REF – Subscriber Additional Information	REF03 – Description	REF01: “3H” identifies DHS Worker Load Number followed by a space and the descriptive term “Worker Load Number” (e.g., 12345678901 WORKER LOAD NUMBER).
202	2100C – Subscriber Name	N4 – Subscriber City/State/Zip Code	N405 – Location Qualifier	“CY” (County/Parish) code will be returned when reporting MA, MOMS and CSHCS program eligibility information.



**COMPANION GUIDE FOR THE 270/271 HEALTH CARE ELIGIBILITY INQUIRY
AND RESPONSE, VERSION 4010A1**

4

271 TRANSACTION SET SEGMENT AND DATA ELEMENTS

DATE

05-09-08

Page	Loop	Segment	Data Element	Comments
202	2100C – Subscriber Name	N4 – Subscriber City/State/Zip Code	N406 – Location Identification Code	The two-character MDCH county code followed by a space and the corresponding county name will be returned (e.g., 82 WAYNE).
204	2100C – Subscriber Name	PER – Subscriber Contact Information	PER02 – Subscriber Contact Name	Defaults to “DHS OFFICE” when the DHS Office telephone number is returned in PER04. Note: Returned only when reporting Title XIX and ABW program eligibility information.
204	2100C – Subscriber Name	PER – Subscriber Contact Information	PER03 – Communication Number Qualifier	“WP” (Work Phone Number [DHS Office])
205	2100C – Subscriber Name	PER – Subscriber Contact Information	PER04 – Subscriber Contact Number	The corresponding DHS Office telephone number will be returned.
216	2100C – Subscriber Name	DTP – Subscriber Date	DTP01 – Date/Time Qualifier	The following codes will be returned as applicable: “307” (Eligibility) “435” (Admission) “472” (Service) Code “102” (Issue) is not currently supported.
219	2110C – Subscriber Eligibility or Benefit Inquiry Information	EB – Subscriber Eligibility or Benefit Inquiry	EB01 – Eligibility or Benefit Information	The Eligibility or Benefit Information Codes outlined in Appendix B of this document will be returned as applicable.
221	2110C – Subscriber Eligibility or Benefit Inquiry Information	EB – Subscriber Eligibility or Benefit Inquiry	EB02 – Coverage Level Code	<ul style="list-style-type: none"> • “CHD” (Children only) will be returned when the EB segment pertains to MIChild coverage. • “IND” (Individual) will be returned when the EB segment pertains to MDCH-related coverage and/or pending eligibility.
221	2110C – Subscriber Eligibility or Benefit Inquiry Information	EB – Subscriber Eligibility or Benefit Inquiry	EB03 – Service Type Code	The Service Type Codes outlined in Appendix B will be returned as applicable.
226	2110C – Subscriber Eligibility or Benefit Inquiry Information	EB – Subscriber Eligibility or Benefit Inquiry	EB04 – Insurance Type Code	The Insurance Type Codes outlined in Appendix B will be returned as applicable.



**COMPANION GUIDE FOR THE 270/271 HEALTH CARE ELIGIBILITY INQUIRY
AND RESPONSE, VERSION 4010A1**

5

271 TRANSACTION SET SEGMENT AND DATA ELEMENTS

DATE

05-09-08

Page	Loop	Segment	Data Element	Comments
228	2110C – Subscriber Eligibility or Benefit Inquiry Information	EB – Subscriber Eligibility or Benefit Inquiry	EB05 – Plan Coverage Description	Refer to Appendix A and B of this document.
229	2110C – Subscriber Eligibility or Benefit Inquiry Information	EB – Subscriber Eligibility or Benefit Inquiry	EB07 – Benefit Amount	Patient pay amounts for Hospice (LOC 16), Long Term Care (LOC 02), Medicaid Inpatient (LOC 10), and Medicaid - Client in ICF/MR or AIS Home (LOC 08) will be returned as applicable.
239	2110C – Subscriber Eligibility or Benefit Inquiry Information	REF – Subscriber Additional Identification	REF01 – Reference Identification Qualifier	“1L” (Insurance Policy Number) “1W” (Member ID) “F6” (Medicare HIC number) These are only used when the preceding EB segment indicates Other Insurance eligibility information. (See Appendix B.)
239	2110C – Subscriber Eligibility or Benefit Inquiry Information	REF – Subscriber Additional Identification	REF02 – Subscriber Eligibility or Benefit Identifier	If applicable, the recipient's policy number or member ID under another insurer when the recipient is the known subscriber (i.e., recipient name matches policyholder name or policyholder name is blank and there is TPL Payer Information available). The Medicare HIC number will be indicated if Medicare Carrier on file for DOS.
240	2110C – Subscriber Eligibility or Benefit Inquiry Information	DTP – Subscriber Eligibility Benefit Date	DTP01 – Date/Time Qualifier	“307” (Eligibility) will be returned when reporting eligibility pertinent to the corresponding EB segment. “356” (Eligibility Begin) and “357” (Eligibility End) will be returned when reporting eligibility pertinent to the corresponding EB segment and DOS submitted in the 270 record. “636” (Date of Last Update) will be returned when reporting pending eligibility in the corresponding EB segment. “292” (Benefit) will be returned when the corresponding EB segment provides TPL and/or Health Plan PCP information (single DOS request and if DOS is date of inquiry).
244	2110C – Subscriber Eligibility or Benefit Inquiry Information	MSG – Message Text	MSG01 – Free-form Message Text	If applicable, the following information will be reported in a MSG segment: <ul style="list-style-type: none"> • TPL carrier Health Scope (HS) code, OI Code, Control number. • Carrier ID = to ‘77777777’: Carrier Name, and Carrie ID. • Health Plan-PCP Not Available message: See Appendix B:



**COMPANION GUIDE FOR THE 270/271 HEALTH CARE ELIGIBILITY INQUIRY
AND RESPONSE, VERSION 4010A1**

6

271 TRANSACTION SET SEGMENT AND DATA ELEMENTS

DATE

05-09-08

Page	Loop	Segment	Data Element	Comments
250	2120C – Subscriber Benefit Related Entity Name	NM1 – Subscriber Benefit Related Entity Name	NM101 – Entity Identifier Code	The following codes will be returned if applicable: “FA” (Facility) “IL” (Insured/Subscriber) – when the TPL subscriber is not the recipient. “P3” (Primary Care Provider) “PR” (Payer) “1P” Provider
251	2120C – Subscriber Benefit Related Entity Name	NM1 – Subscriber Benefit Related Entity Name	NM103 – Name Last or Organization Name	The last name or organization name of the Medicaid Health Plan, County Health Plan, Delta Dental, Primary Care Provider, CSHCS Authorized Provider and/or TPL carrier Information will be returned as applicable.
253	2120C – Subscriber Benefit Related Entity Name	NM1 – Subscriber Benefit Related Entity Name	NM108 – Identification Code Qualifier	The following codes will be returned if applicable: “MI” (Member ID) “PI” (Payor Identification) “SV” (Service Provider Number) “XX” (NPI) effective 10/01/07 for LOC 02, or 16. “PI” will be used to designate a TPL Carrier, Medicaid Health Plans, County Health Plans, Delta Dental, etc.
253	2120C – Subscriber Benefit Related Entity Name	NM1 – Subscriber Benefit Related Entity Name	NM109 – Identification Code	<ul style="list-style-type: none"> • Carrier ID and name will be returned for TPL Information including the member ID if on file. • Nine-digit ID (two-digit provider type & seven-digit provider ID; e.g., 171234567) will be returned (LOC 07 or 11) • NPI effective 10/01/07 (LOC 02, or 16).



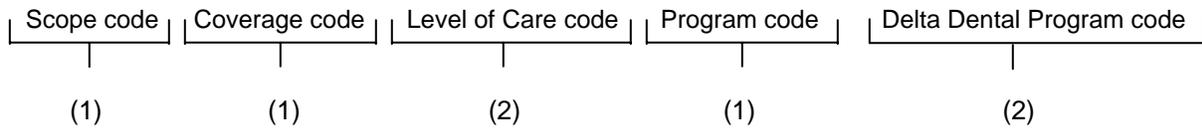
APPENDIX A: COMMUNICATION OF MDCH PROGRAM INFORMATION

DATE 05-09-08

Appendix A: Communication of MDCH Program Information

The communication of applicable MDCH Program information in the Health Care Eligibility Benefit Response (271) transaction is accommodated in the EB segment of Loop 2110C. To communicate the recipient's MDCH program information properly, the first 7 positions of the EB05 data element will contain a 7-position, fixed-length data string. This data string contains the applicable codes for scope (1), coverage (1), level of care (2), and the applicable program code (1). The remaining two (2) positions are the Delta Dental program code.

The program information string is followed by a space and then the applicable program benefit information outlined in Appendix B. The format for this string is as follows:



In the event that one of the above elements is not applicable to the specified program, zeros (not spaces) are used. The EB segment is repeated when the recipient qualifies for eligibility under more than one program. Each EB segment contains the corresponding program string and information in the EB05 data element. Following are examples of the EB segment format:

EB*1*IND*60*MC*1F07C00 MEDICAID FEE FOR SERVICE~

EB*1*IND*69*OT*0000200 MATERNITY OUTPATIENT MEDICAL SERVICES ELIG~

EB*1*IND*60*SP*2C06C00 QMB MEDICARE COPAY AND DED ONLY~

EB*1**35*OT*2F00C11 DELTA PREMIER~

EB*8**30**0000000 PENDING ELIGIBILITY~

EB*1*CHD*60*HM*0000000 MICHILD ELIGIBLE~

Refer to Appendix B for information regarding applicable codes for the EB01, EB03, EB04, and EB05 data elements.



COMPANION GUIDE FOR THE 270/271 HEALTH CARE ELIGIBILITY INQUIRY AND RESPONSE, VERSION 4010A1

8

APPENDIX B: CROSSWALK OF PROGRAMS TO EB01, EB03, EB04, AND EB05

DATE **05-09-08**

Appendix B: Crosswalk of Programs to EB01, EB03, EB04, and EB05

The following tables identify the applicable EB01, EB03, and EB04 codes. The EB05 data element includes the MDCH program information described in Appendix A followed by the applicable program benefit explanations outlined below. Repeats of the 2110C loop may be needed to communicate additional eligibility, service, or insurance type information. In some instances there is no applicable code for the EB03 data element. These are denoted with an asterisk (*) in the EB03 column.

MA Related Programs												
Applicable Coverage	Scope	Cov	LOC	County	ES code	EB 01	EB 03	EB01	EB03	EB04	EB05 7-character code plus text	Reporting of additional information
Family Planning Waiver	1	Y	Any	Any	Any	1	30	1	82	OT	Plan First-Family Planning Waiver Eligible	
ABW County Health Plan	3	G	11	Any	Not 7	N/A	N/A	1	30	HM	ABW Eligible – County Hlth Plan	Plan Name, ID, address, and phone are reported in loop 2120C
ABW-ESO	3	E	Any	Any	Not 7	1	30	1	86	OT	ABW ER only	
ABW-FFS	3	G	Blank or Not 07/11	Any	Not 7	N/A	N/A	1	30	OT	ABW Eligible	
ABW (Effective 03/01/05)	3	G	32	Any	Not 7	6	30	1	30	HM	No Coverage	
Medicaid - Beneficiary Pharmacy Monitoring Program	1,2 or 4	D,F, K,P or T	13	Any	Not 7	1	30	1	60	MC	Pharmaceutical Lock-In	
Medicaid - Beneficiary Utilization Review Program	1,2 or 4	D,F, K,P or T	14	Any	Not 7	1	30	N	60	MC	Restricted Provider Control	Provider name and phone are reported in loop 2120C
Medicaid - Health Plan Enrollee	1,2 or 4	D,F, K,P or T	07	Any	Not 7	1	30	1	60	HM	Medicaid HMO Enrollee	Plan Name, ID, address, and phone are reported in loop 2120C
Health Plan - PCP Response: Reported in separate EB segment if DOS is date of inquiry and PCP record on file.	1,2 or 4	D,F, K,P or T	07	Any	Not 7	1	30	L	60	HM	Medicaid Health Plan PCP	PCP name and Phone are reported in 2120C loop
Health Plan - PCP Not Available Response: No PCP record on file for DOS.	1,2 or 4	D,F, K,P or T	07	Any	Not 7	1	30	L	60	HM	Medicaid Health Plan PCP	2110C Loop; MSG message: Primary Care Physician Information Not Available, Contact The Medicaid Health Plan
Medicaid - ESO	1,2 or 4	E,U or V	blank	Any	Not 7	1	30	F	86	MC	Urgent-ER services only	
Medicaid - FFS	1,2 or 4	D,F, K,P or T	88 or Blank	Any	Not 7	1	30	1	60	MC	Medicaid Fee for Service	



COMPANION GUIDE FOR THE 270/271 HEALTH CARE ELIGIBILITY INQUIRY AND RESPONSE, VERSION 4010A1

9

APPENDIX B: CROSSWALK OF PROGRAMS TO EB01, EB03, EB04, AND EB05

DATE **05-09-08**

Medicaid - Inpatient Hospital Services only	1,2 or 4	D,F, K,P or T	32	Any	Not 7	1	30	F	48	MC	Inpatient Hospital Services Only	
Medicaid - Client in ICF/MR or AIS Home	1,2 or 4	D,F, K,P or T	08	Any	Not 7	1	30	1	60	MC	Developmnt disabled in ICF/MR or AIS home	EB07 specifies a patient amount when 2 nd EB01 value is B (co-payment)
Medicaid - Inpatient patient obligation	1,2 or 4	D,F, K,P or T	10	Any	Not 7	1	30	1 or B	48	MC	Pt pay amount for IP hospital acute care	EB07 specifies a patient amount when 2 nd EB01 value is B (co-payment)
Medicaid - Nursing Home	1,2 or 4	D,F, K,P or T	02	Any	Not 7	1	30	1 or B	60	LC	Nursing Facility Services	EB07 specifies a patient amount when 2 nd EB01 value is B (co-payment). LTC NPI reported in 2120C Loop.
Medicaid - Nursing Home	1,2 or 4	D,F, K,P or T	55	Any	Not 7	1	30	1	60	MC	Need for LTC has been disapproved.	
Medicaid - Nursing Home	1,2 or 4	D,F, K,P or T	56	Any	Not 7	1	30	1	60	MC	LTC facility or waiver service not covered.	
Medicaid - Hospice	1,2 or 4	D,F, K,P or T	16	Any	Not 7	1	30	1 or B	45	MC	Hospice	EB07 specifies a patient amount when 2 nd EB01 value is B (co-payment). NPI reported in 2120C Loop.
Medicaid - MI Choice Waiver Program	1,2 or 4	D,F, K,P or T	22	Any	Not 7	1	30	1	60	MC	MIChoice	
Resident County Hospitalization	3	R	Any	Any	Not 7	1	30	1	*	OT	Resident County Hospitalization	
QMB	1,2 or 4	B	Any	Any	Not 7	1	30	1	60	SP	QMB Medicare Copay and Ded only	
QMB with Deductible	1,2 or 4	B	Any	Any	7	1	30	I	60	SP	QMB Deductible not met.	
SLMB, ALMB or QDWI with Deductible	1 or 2	C,H, J or Q	Blank	Any	7	6	30	I	Blank	SP	No coverage exists. Deductible not met.	
SLMB, ALMB or QDWI	1 or 2	C,H, J or Q	Blank	Any	Not 7	6	30	I	Blank	HS	No Medicaid coverage exists.	
Deductible not Met (No Medicaid Coverage.)	1,2 or 4	0	Any	Any	Any	6	30	I	60	MC	Deductible NOT met for DOS.	
Deductible Met (Full Medicaid Coverage)	1,2 or 4	F	Blank	Any	7	1	30	Y	60	MC	Deductible met for DOS. Medicaid FFS	



COMPANION GUIDE FOR THE 270/271 HEALTH CARE ELIGIBILITY INQUIRY AND RESPONSE, VERSION 4010A1

10

APPENDIX B: CROSSWALK OF PROGRAMS TO EB01, EB03, EB04, AND EB05

DATE **05-09-08**

Deductible Met (Medicaid ESO only)	1,2 or 4	E	Blank	Any	7	1	30	Y	86	MC	Deductible met for DOS. Urgent/ER only	
MA Dental												
Applicable Coverage	Scope	Cov	LOC	Delta File	EB 01	EB 03	EB01	EB03	EB04	EB05 7-character code plus text	Reporting of additional information	
Medicaid Dental	1, 2 or 4	P, D or K	Any	N/A	1	30	1	35	MC	Fee for Service Dental		
PACE Dental (Auth ProvlD = to 4070184, 4735835, 5210127, 5238807)	1, 2 or 4	F, T, P, D or K,	07	N/A	1	30	1	35	OT	Pace Dental Coverage	PACE Provider name and Phone are reported in loop 2120C	
Healthy Kids Dental	1, 2 or 4	For T	Any	Program Type Code (field 25-26): 11 and 35	1	30	1	35	OT	Delta Dental Plan	Plan name and Phone reported in Loop 2120C	
Other Programs												
MOMS												
Applicable Coverage	Prog Elig code	Eligibility and Authorization				EB 01	EB 03	EB01	EB03	EB04	EB05	Reporting of additional information
MOMS	2	DOS between MOMS coverage begin/end date				1	30	1	69	OT	MOMS	
CSHCS												
Applicable Coverage	Prog Elig code	Eligibility and Authorization				EB 01	EB 03	EB01	EB03	EB04	EB05	Reporting of additional information
CSHCS (additional coverage information if Provider Authorized)	1	CSHCS Eligibility on file for DOS; NPI and Authorization on file for DOS.				1	30	1	1	OT	CSHCS This NPI is listed. See CSHCS guidelines.	Authorized Provider Names on file for DOS provided in 2120C Loop-NM1 segments. Repeat if more than one authorized provider on file for DOS.
CSHCS (Provider Not Authorized)	1	CSHCS Eligibility on file for DOS; NPI on file with no authorization for DOS or NPI not on file.				1	30	I	1	OT	CSHCS This NPI not listed. See CSHCS guidelines.	
MiChild												
Applicable Coverage	Eligibility and Authorization				EB 01	EB 03	EB01	EB03	EB04	EB05	Reporting of additional information	
MI-Child Medical Plan	DOS between coverage begin/end date				1	30	1	60	HM	MiChild Eligible	Plan name, address and phone number are reported in loop 2120C	
MI-Child Dental Plan	DOS between coverage begin/end date				1	30	1	35	OT	MI Child Eligible	Plan name, address and phone number are reported in loop 2120C	



COMPANION GUIDE FOR THE 270/271 HEALTH CARE ELIGIBILITY INQUIRY AND RESPONSE, VERSION 4010A1

11

APPENDIX B: CROSSWALK OF PROGRAMS TO EB01, EB03, EB04, AND EB05

DATE 05-09-08

Other Insurance												
Applicable Coverage	Scope	Cov	LOC	County	ES code	EB 01	EB 03	EB01	EB03	EB04	EB05	Reporting of additional information
TPL (only reported if Medical coverage on file for DOS)	N/A	N/A	N/A	N/A	N/A	1	30	R	*	OT	TPL	Carrier Name, Carrier ID, Address, and Phone (if available) reported in 2120C Loop. HS code, OI Code, Control number reported in 2110C Loop (MSG)
Medicare Coverage (only reported if Medical coverage on file for DOS)	N/A	N/A	N/A	N/A	N/A	1	30	R	*	MA, MB, or OT	Medicare	Carrier Name, Carrier ID, Part D or C Plan (if 'OT') name/phone reported in 2120C Loop. HS code, OI Code, Control number reported in 2110C Loop (MSG)
Medicare Excluded Alien (only reported if Medical coverage on file for DOS)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Carrier Name, Carrier ID, HS code, and OI Code reported in 2110C Loop; MSG segment.
Pending												
Applicable Coverage	Scope	Cov	LOC	County	ES code	EB 01	EB 03	EB01	EB03	EB04	EB05	Reporting of additional information
Pending Eligibility	N/A	N/A	N/A	N/A	N/A	6	30	8	30	*	Pending Eligibility	