STATE OF HAWAII

DEPARTMENT OF HUMAN SERVICES

MED-QUEST DIVISION

Companion Document
and
Transaction Specifications
for the HIPAA
270 Eligibility Request and 271 Eligibility Response Transactions

Version 3.2

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1. Introduction

Companion Documents

Companion Documents are intended to supplement the standard HIPAA Implementation Guides and are technical in nature. They are intended for technical staff members who are responsible for electronic transaction/file exchanges. This document provides specific information related to the fields and values reported in the Med-QUEST 270 and 271 transactions.

Disclaimer

This Companion Document is intended to be a technical document describing the specific technical and procedural requirements for interfaces between Med-QUEST and its trading partners. It does not supersede either health plan contracts or the specific procedure manuals for various operational processes. If there are conflicts between this document and either the health plan contracts or operational procedure manuals, the contract or procedure manual will prevail.

Substantial effort has been taken to minimize conflicts or errors; however, Med-QUEST, the Med-QUEST Systems Office, or its employees will not be liable or responsible for any errors or expenses resulting from the use of information in this document. If you believe there is an error in the document, please notify the Med-QUEST Systems Office immediately.

2. 270/271 Eligibility Verification Transactions

2.1 Transaction Overview

Eligibility Verification for MED-QUEST Recipients

Like other health care payers, Med-QUEST enables providers and other authorized trading partners to quickly determine whether patients are eligible for benefits. In the pre-HIPAA environment, eligibility verification is accomplished in the following ways:

- By person-to-person phone calls to Med-QUEST Customer Service
- By phone calls to the Automatic Voice Response System (AVRS)
- By dial-up connections to the Eligibility Verification System (EVS) maintained by an Med-QUEST contractor
- By swipe card interfaces with the Eligibility Verification System (EVS) maintained by an Med-QUEST contractor
- By a Web-based recipient eligibility verification system maintained on the Med-QUEST web site

These methods of eligibility verification are supplemented by the interactive and batch 270/271 Transactions developed by Med-QUEST and described in this Companion Document.

Interactive Web-based Transactions

The interactive versions of the transactions replace the pre-HIPAA, Web-based eligibility verification system with transactions that are data content compliant as defined in the Final Rule for HIPAA Transactions and Code Sets. Interactive Web-based eligibility verification transactions include all HIPAA data elements that are required for the sake of data content. For Reject Reason Codes, the interactive 271 Transaction makes use of the Reject Reasons specified in the 270/271 HIPAA Implementation Guide rather than the error codes and messages formerly used by Med-QUEST.

Interactive 270 Request Transactions are limited to one patient (2000C Subscriber Level Loop) per transaction. There is a limit of one year to the length of the date range for which information can be requested. There is no limit to the number of Eligibility, Enrollment, Medicare, and TPL segments that can be returned on a response transaction within the one year date range limit. A special feature of interactive eligibility responses is use of the Request From Date as the Begin Date for a period of eligibility or enrollment that actually begins prior to the Request From Date.

Batch Transactions

Batch 270/271 Transactions are data format as well as data content compliant with HIPAA Transaction and Code Set requirements. Batch eligibility verification submitters submit 270 Transactions with any number of 2000C Subscriber Level Loops, each 2000C Loop containing within it a single 2100C Subscriber Name Loop (and subservient loops) for a separate eligibility inquiry.

On the day after submission of batch requests, Med-QUEST posts a 271 Response Transaction for the 270 Request submitted. Responses can be downloaded into requester systems; the appropriate acknowledgement file is returned also. Eligibility responses carry identification, demographic, eligibility, enrollment, Medicare, and TPL information about recipients. Responses use HIPAA Reject Reason Codes to tell requesters when information is not available (e.g., "Patient not Found"). Each of the patient eligibility requests on a batch 270 Transaction receives some kind of response on the 271 Transaction returned by Med-QUEST.

For further information, please refer to MQD's EDI Manual found in the HIPAA section of the Med-QUEST website at http://www.med-quest.us/HIPAA/documentsanddeliverables/technical.html.

2.2 270/271 Recipient Eligibility Request and Response Transactions

270 Eligibility Request Transaction

Names with Special Characters

First names that contain more than 10 characters have the 10th character replaced with an asterisk (*) to indicate the name has been truncated.
A period (.) is used in place of a first or last name when an individual does not have a legal given first or last name.

Interactive 270 Requests

The interactive or online Web-based eligibility request transaction consists of a basic set of data elements used to identify Med-QUEST. Recipient identification data elements serve as search criteria for recipient eligibility information within one of the following sets:

- HAWI/Med-QUEST Recipient ID (10 digits)
- Recipient Last Name (limited to 17 characters), Recipient First Name (limited to 10 characters – see *Names with Special Characters* above), Recipient Date of Birth, and Recipient Gender
  (Note: The system will error if a first name that is more than 10 or a last name that is more than 17 characters long. Please enter the name as it appears on the State of Hawaii, Department of Human Services Medicaid ID card.)
- Recipient Social Security Number (9 digits)

Batch 270 Requests

In the batch mode, the same recipient search criteria and eligibility date determinations are used on incoming 270 Transactions, but without the one patient per 270 Request limitation necessary for immediate response in the interactive mode. Use of "sets" of search criteria is the same as described above for interactive 270 Requests. Like interactive Requests, batch 270 Requests can be for any date or date range that does not include future dates.

Data elements in the batch 270 Transaction occur within the transaction's format as documented in the 270/271 Implementation Guide. They include control and qualifier data elements that are not needed in the interactive version of the transaction.

The batch transaction is HIPAA compliant in terms of both data format and data content. Med-QUEST offers the transaction without charge to trading partners that want to submit eligibility requests as HIPAA compliant transactions. Trading partners can also submit HIPAA compliant 270/271 Transactions to the Med-QUEST EVS contractor but have to pay the contractor for its services.

271 Eligibility Response Transaction

Interactive 271 Responses

Like the interactive 270 Request Transaction, the interactive 271 Response is data content but not data format compliant with HIPAA Transaction and Code Set requirements. Data content compliance is what the Final Rule asks of Web-based data interchanges that are considered “person-to-computer” rather than “computer-to-computer” exchanges of data. Since most of the data transmitted on interactive eligibility responses does not require translation, interactive eligibility responses do not differ greatly from the pre-HIPAA environment. The same one-patient-per-request limitation continues to apply.

3. Technical Infrastructure and Procedures

3.1 Technical Environment

Trading Partner Setup

Authorized users of Web-based 270 and 271 Eligibility Transactions submit 270 Request Transactions and view 271 Response Transactions on DHS Medicaid Online or download 271 Response Transactions via Med-QUEST SHIERA FTP. To access DHS Medicaid Online, an eligibility verification requester needs a User Name and Password. All valid Med-QUEST providers can register a User Name and Password when creating an account on the Department of Human Services Medicaid Online web site (https://hiweb.statemedicaid.us). A Med-QUEST assigned Provider ID Number and a Federal Tax ID Number are required.

Med-QUEST verifies provider identification data before authorizing the creation of an account and assigning a User Name and Password. Once this information is validated, Med-QUEST mails a letter containing an Authentication Code to the provider's correspondence address. Providers cannot make interactive or batch eligibility requests until they receive the Authentication Code, which is required to activate their account. Web-based encryption software provides additional security.

The DHS Medicaid Online User Manual can be obtained in the Provider section of the Med-QUEST web site (http://www.med-quest.us). This document explains how to submit and retrieve 270/271 files interactively. For further information on the batch process, refer to MQD's EDI Manual in the HIPAA section of the Med-QUEST web site (http://www.med-quest.us). Additional information about the account creation process for 270/271 Eligibility Verification Transactions can be found on the DHS/MQD Online Overview page of the Department of Human Services Medicaid Online web site (https://hiweb.statemedicaid.us).

Technical Assistance and Help

The Provider Inquiry Unit or Call Center maintained by Affiliated Computer Services (ACS), the Med-QUEST Fiscal Agent, coordinates technical assistance related to questions about data communications interfaces. All calls result in Ticket Number assignment and problem tracking. Contact information is:

- **Telephone Number:** Oahu: (808) 952-5583
  Neighbor Islands: (888) 333-5641
- **Hours:** 7:30 AM – 4:30 PM Hawaii Standard Time, Mondays through Fridays
- **Information required for initial call:**
  - Customer Name
  - Organization Name
  - Customer Email Address
  - Customer Telephone Number
  - Health Plan ID/Provider ID/Submitter ID
  - Transaction ID Inquiring About
  - Applicable ISA/GS Control Numbers
  - Topic/Nature of Problem (setup, connectivity, etc.)
- **Information required for follow up call(s):**
  - Ticket Number assigned by the Provider Call Center

3.2 File Naming Conventions

File Naming Conventions (FTP Batches)

FTP Batch 270 Request

There is no required naming convention for FTP Batch 270 Requests at this time.

FTP Batch 271 Responses:

This is the batch 271 response file available for download (in X12 format). Refer to Section 2.2, 270/271 Recipient Eligibility Request and Response Transactions, Batch 271 Responses, for more information.

XXD271-pppppp-yymmdd-nnnnnnnnn.TXT

- XX is the State – HI
- D271 is for a Daily 271 response file
- pppppp is the 6-digit MQD Provider ID
- yymmdd is the Process Date
- nnnnnnnnn is the ISA13 from the 270 file
- TXT is the file extension

Under normal situations, the file name for a batch 271 response reflects the same date as the date on which the batch was submitted. Occasionally, the system may process files after midnight resulting with a 271 response file with a date following the submission date.

Acknowledgment files are sent in response to the inbound 270.

824 Application Reporting

XXD.pppppp.yymmdd.nnnnnnnnn.824

- XX is the State – HI
- D is for Daily
- pppppp is the 6-digit MQD Provider ID
- yymmdd is the Process Date
- nnnnnnnnn is the ISA13 from the 270 file
- 824 is the file extension

997 Acknowledgment

XXD.pppppp.yymmdd.nnnnnnnnn.997

- XX is the State – HI
- D is for Daily
- pppppp is the 6-digit MQD Provider ID
- yymmdd is the Process Date
- nnnnnnnnn is the ISA13 from the 270 file
- 997 is the file extension

The file is placed in the submitter's assigned outbound directory.

Transmission Schedules

Web-based interactive eligibility requests can be submitted at any time of the day or night. Responses are returned in real time.

Batch 270 Request Transactions should be posted to Med-QUEST SHIERA FTP by 6:00 PM HST with 271 Response Transactions available through Med-QUEST SHIERA FTP by 8:00 AM the next morning.

4. Transaction Specifications

4.1 General Information

Overview

270 Eligibility Request Transaction

The purpose of these Transaction Specifications is to identify and describe the data elements used by requesters of electronic eligibility verification from Med-QUEST on 270 Eligibility Request Transactions. Both interactive and batch versions of the transaction are accommodated in the 270 Transaction Specifications Matrix. Elements used in interactive transactions are bulleted in the matrix.

Most of the data elements used by Med-QUEST on the 270 Transaction are either identification and control elements required by the Implementation Guide or recipient selection criteria. There is, however, one additional 270 data segment that is used in a particular and significant way by Med-QUEST. It is the Subscriber Trace Number TRN Segment in the Subscriber Level 2000C Loop. On batch 270 Transactions with multiple patient requests, the patient level Trace Number in the TRN Segment appears on both 270 Requests and 271 Responses. Med-QUEST trading partners can use it to manually or automatically associate patient requests with responses.

271 Eligibility Response Transaction

The purpose of these Transaction Specifications is to identify the data elements used in the interactive and batch versions of the Med-QUEST 271 Response Transaction. In both versions, the 271 Response has many more data elements than the 270 Request. This is true for two reasons:

- Med-QUEST uses the 271 Response Transaction to give requesters extensive eligibility, enrollment, Medicare, and TPL data for Med-QUEST recipients. These elements do not appear on the 270 Request.
- Request Verification AAA Segments on 271 Transactions tell receivers why their 270 Request Transactions are in error. Additional data elements are needed to accomplish this.

There are also significant data variations between interactive and batch transactions, especially for the 271 Response. Control fields and qualifiers are not needed for data content compliance but are needed for the batch 270 and 271 formats. In addition, batch responses accommodate more data than interactive responses. Use the Batch and Online columns in the 271 Eligibility Verification Response Transaction Specifications Matrix to identify which elements are used in each transaction.

2110C Loops for Benefit Information

On batch 271 Responses, Med-QUEST uses the 2110C Subscriber Eligibility or Benefit Information Loop on the 271 Transaction in 13 different ways, depending on the kind of information available for the recipient. Except for lock-in provider loops (on which all information is current), 2110C Loops are populated with date sensitive data valid on the requested date(s) of service for each recipient. The maximum date of service range that may be requested is one year.

Some types of 2110C loops may be passed multiple times to accommodate the variety of data to be passed for a requested date or date range.

If information is needed beyond these occurrences, providers are welcome to submit separate transactions within a batch request or perform additional online inquiries to obtain more information over a different date span. Even so, verification responses are not intended to be used for reconciliation between the provider system and that of Med-QUEST.

The following 13 types of 2110C Eligibility or Benefit Loops can appear on 271 batch Response Transactions. Transaction receivers can identify the types of loops by the data element attributes indicated:

- **Med-QUEST Eligibility**
  EB03 (Service Type Code) = "30" (Health Benefit Plan Coverage)
  EB04 (Insurance Type Code) = "MC" (Medicaid)
  EB05 (Plan Coverage Description) = Eligibility Description (X[38]) or "NO DATA"
  DTP01 (Date Time Qualifier) = "307" (Eligibility Date)
- **Medical Health Plan Enrollment**
  EB03 = "30" (Health Benefit Plan Coverage)
  EB04 = "HM" (HMO)
- **Dental Health Plan Enrollment**
  EB03 = "35" (Dental)
- **Behavioral Health Plan Enrollment**
  EB03 = "A4" (Psychiatric)
- **Nursing Home Provider**
  EB03 = "54" (Long Term Care)
- **Share of Cost**
  EB01 (Eligibility or Benefit Information) = "G" (Out of Pocket [Stop Loss])
- **Lock-in Provider**
  EB03 = "1" (Medical Care)
- **Penalized Nursing Home (PNH) Indicator**
  MSG01 (Free-form Message Text) = "Y" (Yes – PNH Indicator is present)
- **Qualified Medicare Beneficiary (QMB) Dual Eligibility**
  EB04 = "QM" (QMB)

- **Medicare Part A Eligibility**
  EB04 = "MA" (Medicare A)
- **Medicare Part B Eligibility**
  EB04 = "MB" (Medicare B)
- **Medicare Part D Eligibility**
  EB03 = "30" (Health Benefit Plan Coverage)
  EB04 = "MP" (Medicare Primary)
- **Third Party Liability**
  EB04 = "C1" (Commercial)

Error Codes

The following HIPAA compliant Reject Reason Codes and messages can appear in AAA Request Validation Segments on 271 Transactions in both interactive and batch modes. For a complete listing of the HIPAA Reject Reason codes and their descriptions, please refer to the Implementation Guide for this transaction set.

- 15 Required Application Data Missing
- 42 Unable to Respond at Current Time
- 43 Invalid/Missing Provider Identification
- 51 Provider not on File
- 57 Invalid/Missing Date(s) of Service
- 58 Invalid/Missing Date-of-Birth
- 60 Date of Birth Follows Date(s) of Service
- 63 Date of Service in Future
- 64 Invalid/Missing Patient ID
- 65 Invalid/Missing Patient Name
- 66 Invalid/Missing Patient Gender Code
- 67 Patient Not Found. Please correct and resubmit.
- 72 Invalid/Missing Subscriber/Insured ID
- 76 Duplicate Subscriber / Insured ID Number

In addition to the Reject Reason Codes (AAA02) and messages listed above, AAA Request Validation Segments carry Valid Request Indicators (AAA01) and Follow-up Action Codes (AAA03). The Valid Request Indicator must be either "Y" or "N". The "Y" value means that there is nothing wrong with the 270 Request. It occurs only in the interactive mode when the Reject Reason Code is "42" (Unable to respond at the current time). An "N" value means that there is something wrong with the transaction.

For Med-QUEST, the Follow-up Action Code is either "P" (Please resubmit original transaction [for a Reject Reason Code of "42"]), "C" (Please Correct and Resubmit [for most other Reject Reason Codes]), or "N" (Resubmission not allowed [for "Patient Not Found" error messages]).

Other Standards

Member Search

Med-QUEST requests that Trading Partners include any of the following minimum data sets within a 270 request to perform a member search:

- Med-QUEST ID + Member Name
- Med-QUEST ID + DOB
- Med-QUEST ID + SSN
- Member Name + DOB
- Member Name + SSN
- DOB + SSN

Delimiter Notes

For the purposes of the 270/271 Transaction, an asterisk (*) cannot be used as a delimiter. As a standard practice, if the first name of the recipient is more than 10-characters, HPMMIS truncates the remaining letters and replaces the 10th character with an asterisk. This asterisk is then passed through all transactions indicating that the name was longer than appears. Use of an asterisk as a delimiter causes translation issues.

Transaction Specifications Table

Definitions of table columns follow:

Loop ID

The Implementation Guide's identifier for a data loop within a transaction. The outer envelopes (ISA/IEA and GS/GE segments) do not have loops and are always labeled "NA".

Segment ID

The Implementation Guide's identifier for a data segment within a loop.

Element ID

The Implementation Guide's identifier for a data element within a segment.

Element Name

A data element name as shown in the Implementation Guide. When the industry name differs from the Data Element Dictionary name, the more descriptive industry name is used.

Element Definition/Length

How the data element is defined in the Implementation Guide.
For ISA and IEA Segments only, fields are of fixed lengths and are present whether or not they are populated. For this reason, field lengths are provided in this column after element definitions.

Valid Values

The valid values from the Implementation Guide that are used by

Med-QUEST.

Definition/Format
Definitions of valid values used by Med-QUEST and additional information about Med-QUEST data element requirements.

4.2 270 Eligibility Request Transaction Specifications

ISA INTERCHANGE CONTROL ENVELOPE SPECIFICATIONS						
Loop ID	**Seg ID**	**Element ID**	**Element Name**	**Element Definition/Length**	**Valid Values**	**Definition/Format**
ISA INTERCHANGE HEADER						
NA	ISA	ISA01	AUTHORIZATION INFORMATION QUALIFIER	Code to identify the type of information in the Authorization Information Element/2 Characters	00	No Authorization Information Present
NA	ISA	ISA02	AUTHORIZATION INFORMATION	Information used for additional identification or authorization of the interchange sender or the data in the interchange; the type of information is set by the Authorization Information Qualifier/10 characters		Leave field blank – not used by Med-QUEST.
NA	ISA	ISA03	SECURITY INFORMATION QUALIFIER	Code to identify the type of information in the Security Information/2 characters	00	No Security Information present
NA	ISA	ISA04	SECURITY INFORMATION	This field is used for identifying the security information about the interchange sender and the data in the interchange; the type of information is set by the Security Information Qualifier/10 characters		Leave field blank – not used by Med-QUEST.
NA	ISA	ISA05	INTERCHANGE ID QUALIFIER	Qualifier to designate the system/method of code structure used to designate the sender or receiver ID element being qualified/2 characters	ZZ	Mutually Defined
NA	ISA	ISA06	INTERCHANGE SENDER ID	Identification code published by the sender for other parties to use as the receiver ID to route data to them; the sender always codes this value in the sender ID element/15 characters		For 270 Request Transactions, a fifteen-digit field comprised of the six-digit Provider or Health Plan ID assigned by Med-QUEST to the trading partner and nine digits of spaces. For 271 Response Transactions, a fifteen-digit field comprised of the three-digit "MQD", the nine-digit Med-QUEST Federal Tax ID number "996001089" and three digits of spaces.
NA	ISA	ISA07	INTERCHANGE ID QUALIFIER	Qualifier to designate the system/method of code structure used to designate the sender or receiver ID element being qualified/2 characters	ZZ	Mutually Defined
NA	ISA	ISA08	INTERCHANGE	Identification code published by the receiver of the data;		For 270 Request Transactions, a fifteen-

ISA INTERCHANGE CONTROL ENVELOPE SPECIFICATIONS						
Loop ID	**Seg ID**	**Element ID**	**Element Name**	**Element Definition/Length**	**Valid Values**	**Definition/Format**
			RECEIVER ID	When sending, it is used by the sender as their sending ID, thus other parties sending to them will use this as a receiving ID to route data to them/15 characters		digit field comprised of the three-digit "MQD", the nine-digit Med-QUEST Federal Tax ID number "996001089" and three digits of spaces. For 271 Response Transactions, a fifteen-digit field comprised of the six-digit Provider or Health Plan ID assigned by Med-QUEST to the trading partner and nine digits of spaces.
NA	ISA	ISA09	INTERCHANGE DATE	Date of the interchange/6 characters		The Interchange Date in YYMMDD format
NA	ISA	ISA10	INTERCHANGE TIME	Time of the interchange/4 characters		The Interchange Time in HHMM format
NA	ISA	ISA11	INTERCHANGE CONTROL STANDARDS IDENTIFIER	Code to identify the agency responsible for the control standard used by the message that is enclosed by the interchange header and trailer/1 character	U	U.S. EDI Community of ASC X12, TDCC, and UCS
NA	ISA	ISA12	INTERCHANGE CONTROL VERSION NUMBER	This version number covers the interchange control segments/5 characters	00401	Draft Standards for Trial Use Approved for Publication by ASC X12 Procedure Review Board through October 1997
NA	ISA	ISA13	INTERCHANGE CONTROL NUMBER	A control number assigned by the interchange sender/9 characters		The Interchange Control Number. ISA13 must be identical to the control number in associated Interchange Trailer field IEA02. The outbound ISA13 value is generated from the translator and will differ from the inbound ISA13. X(9)
NA	ISA	ISA14	ACKNOWLEDGEMENT REQUESTED	Code sent by the sender to request an Interchange Acknowledgement (TA1)/1 character	0	No Acknowledgement Requested Med-QUEST does not require TA1 Interchange Acknowledgement Segments from its trading partners. If trading partners send them, however, the Med-QUEST translator will receive them and notify Med-QUEST staff of their receipt.
NA	ISA	ISA15	USAGE INDICATOR	Code to indicate whether data enclosed is test, production or information/1 character	P	Production Data

ISA INTERCHANGE CONTROL ENVELOPE SPECIFICATIONS						
Loop ID	**Seg ID**	**Element ID**	**Element Name**	**Element Definition/Length**	**Valid Values**	**Definition/Format**
					T	Test Data
NA	ISA	ISA16	COMPONENT ELEMENT SEPARATOR	The delimiter value used to separate components of composite data elements/1 character	|	A “pipe” (the symbol above the backslash on most keyboards) is the value used by Med-QUEST for component separation. Segment and element level delimiters are defined by usage in the ISA Segment and do not require separate ISA elements to identify them. Delimiter values, by definition, cannot be used as data, even within free-form messages. The following separator or delimiter values are used by Med-QUEST on outgoing transactions: Segment Delimiter - “~” (tilde – hexadecimal value X”7E”) Element Delimiter - “{“ (left rounded bracket – hexadecimal value X”7B”) Composite Component Delimiter (ISA16) - “|” (pipe – hexadecimal value X”7C”) These values are used because they are not likely to occur within transaction data.

GS FUNCTIONAL GROUP ENVELOPE SPECIFICATIONS							
Loop ID	**Seg ID**	**Element ID**	**Element Name**	**Element Definition/Length**	**Valid Value**	**Definition/Format**	**Source**
GS FUNCTIONAL GROUP HEADER							
NA	GS	GS01	FUNCTIONAL IDENTIFIER CODE	Code identifying a group of application related transaction sets	HS HB	Eligibility, Coverage or Benefit Inquiry (270 Requests). Eligibility Coverage or Benefit Information (271 Responses)	HIPAA Code Set
NA	GS	GS02	APPLICATION SENDER'S CODE	Code identifying party sending transmission; codes agreed to by trading partners		For 270 Request Transactions, the Provider or Health Plan ID assigned by Med-QUEST to the trading partner. For 271 Response Transactions, "MQD" followed by the nine-digit Med-QUEST Federal Tax ID number	Transmission sender
NA	GS	GS03	APPLICATION RECEIVER'S CODE	Codes identifying party receiving transmission. Codes agreed to by trading partners		For 270 Request Transactions, "MQD" followed by the nine-digit Med-QUEST Federal Tax ID number For 271 Response Transactions, the Provider or Health Plan ID assigned by Med-QUEST to the trading partner.	Transmission sender
NA	GS	GS04	DATE	Date expressed as CCYYMMDD		The functional group creation date.	Transmission sender
NA	GS	GS05	TIME	Time on a 24-hour clock in HHMM format.		The functional group creation time.	Transmission sender
NA	GS	GS06	GROUP CONTROL NUMBER	Assigned number originated and maintained by the sender		A control number for the functional group of transactions.	Transaction sender
NA	GS	GS07	RESPONSIBLE AGENCY CODE	Code used in conjunction with Element GS08 to identify the issuer of the standard	X	Accredited Standards Committee X12	HIPAA Code Set

GS FUNCTIONAL GROUP ENVELOPE SPECIFICATIONS							
Loop ID	**Seg ID**	**Element ID**	**Element Name**	**Element Definition/Length**	**Valid Value**	**Definition/Format**	**Source**
NA	GS	GS08	VERSION/ RELEASE/ INDUSTRY IDENTIFIER CODE	Code that identifies the version of the transaction(s) in the functional group		004010X092A1 Med-QUEST uses Addenda versions of all HIPAA Transactions. This Version Number incorporates the final Addenda.	HIPAA Code Set

270 ELIGIBILITY VERIFICATION REQUEST TRANSACTION SPECIFICATIONS								
Loop ID	**Segment ID**	**Element ID**	**Element Name**	**Element Definition**	**Batch**	**Online**	**Valid Values**	**Definition/Format**
N/A	ST	ST01	Transaction Set Identifier Code	Code uniquely identifying a Transaction Set	●		270	Eligibility, Coverage or Benefit Inquiry
N/A	ST	ST02	Transaction Set Control Number	The unique identification number within a transaction set functional group	●	●		An identification number for the 270 transaction that is unique within the transaction's functional group. As implemented by Med-QUEST, 270 Transactions must occur within functional groups defined by ASC X12 GS/GE envelopes. The value in ST02 must be repeated in the SE02 Element at the end of the transaction.
N/A	BHT	BHT01	Hierarchical Structure Code	Code indicating the hierarchical application structure of a transaction set that utilizes the HL segment to define the structure of the transaction set	●		0022	Information Source, Information Receiver, Subscriber, Dependent The "0022" value is required in the 270/271 Implementation Guide even when Dependent Segments are not present.
N/A	BHT	BHT02	Transaction Set Purpose Code	Code identifying purpose of transaction set	●		13	Request
N/A	BHT	BHT03	Submitter Transaction Identifier	Trace or control number assigned by the originator of the transaction		●		A Transaction Identification Number assigned by the interactive 270 requester. Not used on batch transactions.
N/A	BHT	BHT04	Transaction Set Creation Date	Identifies the date the submitter created the transaction	●	●		The date on which the 270 Transaction is created in CCYYMMDD format.
N/A	BHT	BHT05	Transaction Set Creation Time	Time file is created for transmission	●			The time at which the transaction is created in HHMMSS format
2000A	HL	HL01	Hierarchical ID Number	A unique number assigned by the sender to identify a particular data segment in a hierarchical structure	●		1	For Med-QUEST, the Agency is the sole source of information and this required element is always populated with a value of "1".
2000A	HL	HL03	Hierarchical Level Code	Code defining the characteristic of a level in a hierarchical structure	●		20	Information Source

270 ELIGIBILITY VERIFICATION REQUEST TRANSACTION SPECIFICATIONS								
Loop ID	**Segment ID**	**Element ID**	**Element Name**	**Element Definition**	**Batch**	**Online**	**Valid Values**	**Definition/Format**
2000A	HL	HL04	Hierarchical Child Code	Code indicating if there are hierarchical child data segments subordinate to the level being described	●		1	Additional subordinate HL Data Segment in this hierarchical structure
2100A	NM1	NM101	Entity Identifier Code	Code identifying an organizational entity, a physical location, property or an individual	●		PR	Payer
2100A	NM1	NM102	Entity Type Qualifier	Code qualifying the type of entity	●		2	Non-Person Entity
2100A	NM1	NM103	Information Source Last or Organization Name	The organization name or the last name of an individual who is the source of the information	●		MED-QUEST	The Organization Name of the information source
2100A	NM1	NM108	Identification Code Qualifier	Code designating the system/method of code structure used for Identification Code	●		FI	Federal Taxpayer's Identification Number
2100A	NM1	NM109	Information Source Primary Identifier	Identifies the number by which the information source is known to the information receiver	●		996001089	The DHS/Med-QUEST Federal Tax ID of the information source
2000B	HL	HL01	Hierarchical ID Number	A unique number assigned by the sender to identify a particular data segment in a hierarchical structure	●		2	The HL Segment within the 2000B Information Receiver Level Loop is always for the second HL Segment in the transaction.
2000B	HL	HL02	Hierarchical Parent ID Number	Identification number of the next higher hierarchical data segment that the data segment being described is subordinate to	●		1	The level of the HL Segment to which this HL Segment is subordinate.
2000B	HL	HL03	Hierarchical Level Code	Code defining the characteristic of a level in a hierarchical structure	●		21	Information Receiver
2000B	HL	HL04	Hierarchical Child Code	Code indicating if there are hierarchical child data segments subordinate to the level being described	●		1	Additional subordinate HL Data Segment in this hierarchical structure
2100B	NM1	NM101	Entity Identifier Code	Code identifying an organizational entity, a physical location, property or an individual	●		1P	Provider
2100B	NM1	NM102	Entity Type Qualifier	Code qualifying the type of entity	●		2	Non-Person Entity
2100B	NM1	NM103	Information Receiver Last or Organization Name	The name of the organization or last name of the individual that expects to receive information or is receiving information	●			The "Organization Name" of the requester within this up to 35-character field even if the requester is an individual.

270 ELIGIBILITY VERIFICATION REQUEST TRANSACTION SPECIFICATIONS								
Loop ID	**Segment ID**	**Element ID**	**Element Name**	**Element Definition**	**Batch**	**Online**	**Valid Values**	**Definition/Format**
2100B	NM1	NM108	Identification Code Qualifier	Code designating the system/method of code structure used for Identification Code	●			Med-QUEST expects the NPI in NM109 in accordance with the standard HIPAA Implementation Guide. If the Provider has an NPI but does not provide it in NM109, the submission will be rejected during processing. XX XX = National Provider ID, Provider XV XV = National Provider ID, Payer (If HCFA National Plan ID mandated) SV SV = Service Provider Number for those who do not qualify for a National Provider ID (only)
2100B	NM1	NM109	Information Receiver Identification Number	The identification number of the individual or organization who expects to receive information in response to a query	●	●		The 10-character National Provider ID of the requestor (or the six-character Med-QUEST Provider ID Number of the requestor if requestor does not have an NPI).
2000C	HL	HL01	Hierarchical ID Number	A unique number assigned by the sender to identify a particular data segment in a hierarchical structure	●		3 - nnn	For Med-QUEST, this is the final HL Level within the 270 Transaction. For interactive requests, HL01 in the 2000C Loop will always have a value of “3”. For a batch 270 Transaction, with any number of patient eligibility requests, the value of HL01 in Loop 2000C begins with 3 and increases by 1.
2000C	HL	HL02	Hierarchical Parent ID Number	Identification number of the next higher hierarchical data segment that the data segment being described is subordinate to	●		2	For Med-QUEST, the 2000C Subscriber Loop is always subordinate to the 2000B Information Receiver Loop.
2000C	HL	HL03	Hierarchical Level Code	Code defining the characteristic of a level in a hierarchical structure	●		22	Subscriber

270 ELIGIBILITY VERIFICATION REQUEST TRANSACTION SPECIFICATIONS								
Loop ID	**Segment ID**	**Element ID**	**Element Name**	**Element Definition**	**Batch**	**Online**	**Valid Values**	**Definition/Format**
2000C	HL	HL04	Hierarchical Child Code	Code indicating if there are hierarchical child data segments subordinate to the level being described	●		0	No subordinate HL Segment in this hierarchical structure A subordinate segment would be at the dependent level – not used by Med-QUEST.
2000C	TRN	TRN01	Trace Type Code	Code identifying which transaction is being referenced	●		1	Current Transaction Trace Numbers
2000C	TRN	TRN02	Trace Number	Unique identification for the patient request (2000C Loop)	●			On batch 270 Requests, a number assigned by the request submitter that is unique within the transaction. This number is returned on the 271 Response Transaction and can be used to link patient level requests and responses.
2000C	TRN	TRN03	Trace Assigning Entity Identifier	A unique identifier for the submitting entity	●			The number “1” following by the requester’s nine-digit Federal Tax ID.
2100C	NM1	NM101	Entity Identifier Code	Code identifying an organizational entity, a physical location, property or an individual	●		IL	Insured or Subscriber
2100C	NM1	NM102	Entity Type Qualifier	Code qualifying the type of entity	●		1	Person
2100C	NM1	NM103	Subscriber Last Name	The surname of the insured individual or subscriber to the coverage	●	●		The patient’s Last Name if Last Name is used as a search criterion.
2100C	NM1	NM104	Subscriber First Name	The first name of the insured individual or subscriber to the coverage	●	●		The patient’s First Name if First Name is used as a search criterion.
2100C	NM1	NM108	Identification Code Qualifier	Code designating the system/method of code structure used for Identification Code	●		MI	Member Identification Number Use this qualifier on batch transactions if the patient’s HAWI/Med-QUEST ID is used as a search criterion.
2100C	NM1	NM109	Subscriber Primary Identifier	Primary identification number of the subscriber to the coverage	●	●		The patient’s HAWI/Med-QUEST ID if HAWI/Med-QUEST Recipient ID is used as a search criterion.
2100C	REF	REF01	Reference Identification Qualifier	Code qualifying the reference identification	●		SY	Social Security Number Use this qualifier on batch transactions if the patient’s Social Security Number is used as a search criterion.

270 ELIGIBILITY VERIFICATION REQUEST TRANSACTION SPECIFICATIONS								
Loop ID	**Segment ID**	**Element ID**	**Element Name**	**Element Definition**	**Batch**	**Online**	**Valid Values**	**Definition/Format**
2100C	REF	REF02	Subscriber Supplemental Identifier	Identifies another or additional distinguishing code number associated with the subscriber	●	●		The patient's Social Security Number if SSN is used as a search criterion. Note that the recipient's Social Security Number is not returned on Med-QUEST 271 Transactions, even when it is used as a search criterion on a 270 Transaction.
2100C	DMG	DMG01	Date Time Period Format Qualifier	Code indicating the date format, time format, or date and time format	●		D8	Date expressed in format CCYYMMDD
2100C	DMG	DMG02	Subscriber Birth Date	The date of birth of the subscriber to the indicated coverage or policy	●	●		The patient's Date of Birth if Date of Birth is used as a search criterion.
2100C	DMG	DMG03	Subscriber Gender Code	Code indicating the sex of the subscriber to the indicated coverage or policy	●	●	M F	Male Female The patient's Gender if Gender is used as a search criterion
2100C	DTP	DTP01	Date Time Qualifier	Code specifying the type of date or time or both date and time	●		102 307 435 472	Card Issue Date Eligibility Admission Service Date or Date Range
2100C	DTP	DTP02	Date Time Period Format Qualifier	Code indicating the date format, time format, or date and time format	●		D8 RD8	Date expressed in format CCYYMMDD Range of dates expressed in format CCYYMMDDCCYYMMDD

270 ELIGIBILITY VERIFICATION REQUEST TRANSACTION SPECIFICATIONS								
Loop ID	**Segment ID**	**Element ID**	**Element Name**	**Element Definition**	**Batch**	**Online**	**Valid Values**	**Definition/Format**
2100C	DTP	DTP03	Date Time Period	Expression of a date, a time, or a range of dates, times, or dates and times	●	●		The date or date range for which data is requested. If DTP01=102 and DTP02=D8, then the 271 response bypasses the date provided and uses the process date as the begin date and end date. If DTP01=472, 307 or 435 and DTP02=D8, then the 271 response returns DTP01=472 and DTP02=RD8. The date provided on the 270 batch is used as the begin date and the file's process date as the end date. For specific information regarding 1 day, RD8 should be used with an end date equal to the begin date. It is recommended that RD8 be used to ensure that the corresponding eligibility, enrollment and other coverage is returned on the response.
2100C	EQ	EQ01	Service Type Code	Code identifying the classification of service	●	●	30	Health Plan Benefit Coverage If Subscriber is Patient (presence of 2000C TRN Segment)
N/A	SE	SE01	Transaction Segment Count	A tally of all segments between the ST and the SE segments including the ST and SE segments	●			The number of segments in the 270 Transaction, including ST and SE Segments
N/A	SE	SE02	Transaction Set Control Number	The unique identification number within a transaction set	●	●		The same control number that appears in Element ST02 at the beginning of the transaction

GE FUNCTIONAL GROUP ENVELOPE SPECIFICATIONS							
Loop ID	**Seg ID**	**Element ID**	**Element Name**	**Element Definition/Length**	**Valid Value**	**Definition/Format**	**Source**
GE FUNCTIONAL GROUP TRAILER							
NA	GE	GE01	NUMBER OF TRANSACTION SETS INCLUDED	The number of transactions in the functional group ended by this trailer segment			Transmission sender
NA	GE	GE02	GROUP CONTROL NUMBER	Assigned number originated and maintained by the sender		This number must match the control number in GS06.	Transmission sender

IEA INTERCHANGE CONTROL ENVELOPE SPECIFICATIONS						
Loop ID	**Seg ID**	**Element ID**	**Element Name**	**Element Definition/Length**	**Valid Values**	**Definition/Format**
IEA INTERCHANGE TRAILER						
NA	IEA	IEA01	NUMBER OF INCLUDED FUNCTIONAL GROUPS	A count of the number of functional groups included in an interchange/5 characters		The number of functional groups of transactions in the interchange
NA	IEA	IEA02	INTERCHANGE CONTROL NUMBER	A control number assigned by the interchange sender/9 characters		A control number identical to the header-level Interchange Control Number in ISA13. X(9)

4.3 271 Eligibility Response Transaction Specifications

ISA INTERCHANGE CONTROL ENVELOPE SPECIFICATIONS						
Loop ID	**Seg ID**	**Element ID**	**Element Name**	**Element Definition/Length**	**Valid Values**	**Definition/Format**
ISA INTERCHANGE HEADER						
NA	ISA	ISA01	AUTHORIZATION INFORMATION QUALIFIER	Code to identify the type of information in the Authorization Information Element/2 Characters	00	No Authorization Information Present
NA	ISA	ISA02	AUTHORIZATION INFORMATION	Information used for additional identification or authorization of the interchange sender or the data in the interchange; the type of information is set by the Authorization Information Qualifier/10 characters		Leave field blank – not used by Med-QUEST.
NA	ISA	ISA03	SECURITY INFORMATION QUALIFIER	Code to identify the type of information in the Security Information/2 characters	00	No Security Information present
NA	ISA	ISA04	SECURITY INFORMATION	This field is used for identifying the security information about the interchange sender and the data in the interchange; the type of information is set by the Security Information Qualifier/10 characters		Leave field blank – not used by Med-QUEST.
NA	ISA	ISA05	INTERCHANGE ID QUALIFIER	Qualifier to designate the system/method of code structure used to designate the sender or receiver ID element being qualified/2 characters	ZZ	Mutually Defined
NA	ISA	ISA06	INTERCHANGE SENDER ID	Identification code published by the sender for other parties to use as the receiver ID to route data to them; the sender always codes this value in the sender ID element/15 characters		For 270 Request Transactions, a fifteen-digit field comprised of the six-digit Provider or Health Plan ID assigned by Med-QUEST to the trading partner and nine digits of spaces. For 271 Response Transactions, a fifteen-digit field comprised of the three-digit "MQD", the nine-digit Med-QUEST Federal Tax ID number "996001089" and three digits of spaces.
NA	ISA	ISA07	INTERCHANGE ID QUALIFIER	Qualifier to designate the system/method of code structure used to designate the sender or receiver ID element being qualified/2 characters	ZZ	Mutually Defined
NA	ISA	ISA08	INTERCHANGE	Identification code published by the receiver of the data;		For 270 Request Transactions, a fifteen-

ISA INTERCHANGE CONTROL ENVELOPE SPECIFICATIONS						
Loop ID	**Seg ID**	**Element ID**	**Element Name**	**Element Definition/Length**	**Valid Values**	**Definition/Format**
			RECEIVER ID	When sending, it is used by the sender as their sending ID, thus other parties sending to them will use this as a receiving ID to route data to them/15 characters		digit field comprised of the three-digit "MQD", the nine-digit Med-QUEST Federal Tax ID number "996001089" and three digits of spaces. For 271 Response Transactions, a fifteen-digit field comprised of the six-digit Provider or Health Plan ID assigned by Med-QUEST to the trading partner and nine digits of spaces.
NA	ISA	ISA09	INTERCHANGE DATE	Date of the interchange/6 characters		The Interchange Date in YYMMDD format
NA	ISA	ISA10	INTERCHANGE TIME	Time of the interchange/4 characters		The Interchange Time in HHMM format
NA	ISA	ISA11	INTERCHANGE CONTROL STANDARDS IDENTIFIER	Code to identify the agency responsible for the control standard used by the message that is enclosed by the interchange header and trailer/1 character	U	U.S. EDI Community of ASC X12, TDCC, and UCS
NA	ISA	ISA12	INTERCHANGE CONTROL VERSION NUMBER	This version number covers the interchange control segments/5 characters	00401	Draft Standards for Trial Use Approved for Publication by ASC X12 Procedure Review Board through October 1997
NA	ISA	ISA13	INTERCHANGE CONTROL NUMBER	A control number assigned by the interchange sender/9 characters		The Interchange Control Number. ISA13 must be identical to the control number in associated Interchange Trailer field IEA02. The outbound ISA13 value is generated from the translator and will differ from the inbound ISA13. X(9)
NA	ISA	ISA14	ACKNOWLEDGEMENT REQUESTED	Code sent by the sender to request an Interchange Acknowledgement (TA1)/1 character	0	No Acknowledgement Requested Med-QUEST does not require TA1 Interchange Acknowledgement Segments from its trading partners. If trading partners send them, however, the Med-QUEST translator will receive them and notify Med-QUEST staff of their receipt.
NA	ISA	ISA15	USAGE INDICATOR	Code to indicate whether data enclosed is test, production or information/1 character	P	Production Data

ISA INTERCHANGE CONTROL ENVELOPE SPECIFICATIONS						
Loop ID	**Seg ID**	**Element ID**	**Element Name**	**Element Definition/Length**	**Valid Values**	**Definition/Format**
					T	Test Data
NA	ISA	ISA16	COMPONENT ELEMENT SEPARATOR	The delimiter value used to separate components of composite data elements/1 character	|	A “pipe” (the symbol above the backslash on most keyboards) is the value used by Med-QUEST for component separation. Segment and element level delimiters are defined by usage in the ISA Segment and do not require separate ISA elements to identify them. Delimiter values, by definition, cannot be used as data, even within free-form messages. The following separator or delimiter values are used by Med-QUEST on outgoing transactions: Segment Delimiter - “~” (tilde – hexadecimal value X”7E”) Element Delimiter - “{“ (left rounded bracket – hexadecimal value X”7B”) Composite Component Delimiter (ISA16) - “|” (pipe – hexadecimal value X”7C”) These values are used because they are not likely to occur within transaction data.

GS FUNCTIONAL GROUP ENVELOPE SPECIFICATIONS							
Loop ID	**Seg ID**	**Element ID**	**Element Name**	**Element Definition/Length**	**Valid Value**	**Definition/Format**	**Source**
GS FUNCTIONAL GROUP HEADER							
NA	GS	GS01	FUNCTIONAL IDENTIFIER CODE	Code identifying a group of application related transaction sets	HS HB	Eligibility, Coverage or Benefit Inquiry (270 Requests). Eligibility Coverage or Benefit Information (271 Responses)	HIPAA Code Set
NA	GS	GS02	APPLICATION SENDER'S CODE	Code identifying party sending transmission; codes agreed to by trading partners		For 270 Request Transactions, the Provider or Health Plan ID assigned by Med-QUEST to the trading partner. For 271 Response Transactions, "MQD" followed by the nine-digit Med-QUEST Federal Tax ID number	Transmission sender
NA	GS	GS03	APPLICATION RECEIVER'S CODE	Codes identifying party receiving transmission. Codes agreed to by trading partners		For 270 Request Transactions, "MQD" followed by the nine-digit Med-QUEST Federal Tax ID number For 271 Response Transactions, the Provider or Health Plan ID assigned by Med-QUEST to the trading partner.	Transmission sender
NA	GS	GS04	DATE	Date expressed as CCYYMMDD		The functional group creation date.	Transmission sender
NA	GS	GS05	TIME	Time on a 24-hour clock in HHMM format.		The functional group creation time.	Transmission sender
NA	GS	GS06	GROUP CONTROL NUMBER	Assigned number originated and maintained by the sender		A control number for the functional group of transactions.	Transaction sender
NA	GS	GS07	RESPONSIBLE AGENCY CODE	Code used in conjunction with Element GS08 to identify the issuer of the standard	X	Accredited Standards Committee X12	HIPAA Code Set

GS FUNCTIONAL GROUP ENVELOPE SPECIFICATIONS							
Loop ID	**Seg ID**	**Element ID**	**Element Name**	**Element Definition/Length**	**Valid Value**	**Definition/Format**	**Source**
NA	GS	GS08	VERSION/ RELEASE/ INDUSTRY IDENTIFIER CODE	Code that identifies the version of the transaction(s) in the functional group		004010X092A1 Med-QUEST uses Addenda versions of all HIPAA Transactions. This Version Number incorporates the final Addenda.	HIPAA Code Set

271 ELIGIBILITY VERIFICATION RESPONSE TRANSACTION SPECIFICATIONS								
Loop ID	**Seg ID**	**Element ID**	**Element Name**	**Element Definition**	**Batch**	**Online**	**Valid Values**	**Definition/Format**
N/A	ST	ST01	Transaction Set Identifier Code	Code uniquely identifying a Transaction Set	●		271	Eligibility, Coverage or Benefit Information
N/A	ST	ST02	Transaction Set Control Number	The unique identification number within a transaction set's functional group	●	●		The Transaction Set Control Number used in the ST02 Element of the 270 Request Transaction to which this 271 Transaction is sent in response.
N/A	BHT	BHT01	Hierarchical Structure Code	Code indicating the hierarchical application structure of a transaction set that utilizes the HL segment to define the structure of the transaction set	●		0022	Information Source, Information Receiver, Subscriber, Dependent The "0022" values is required in the 270/271 Implementation Guide even when Dependent Segments are not present.
N/A	BHT	BHT02	Transaction Set Purpose Code	Code identifying purpose of transaction set	●		11	Response
N/A	BHT	BHT03	Submitter Transaction Identifier	Trace or control number assigned by the originator of the transaction		●		On interactive Response Transactions, BHT03 is the Transaction Identification Number submitted on the 270 Transaction. This element is not required on batch 271 Response Transactions.
N/A	BHT	BHT04	Transaction Set Creation Date	Identifies the date the submitter created the transaction	●			The date on which the 271 Transaction is created in CCYYMMDD format.
N/A	BHT	BHT05	Transaction Set Creation Time	Time file is created for transmission	●			The time at which the transaction is created in HHMMSSDD format
2000A	HL	HL01	Hierarchical ID Number	A unique number assigned by the sender to identify a particular data segment in a hierarchical structure	●		1	The 2000A Information Source Level Loop can occur multiple times, with different sequential values in Element HL01 when information on 271 Response Transactions is from multiple sources. For Med-QUEST, the Agency is the sole source of information and this required element is always populated with a value of "1".
2000A	HL	HL03	Hierarchical Level Code	Code defining the characteristic of a level in a hierarchical structure	●		20	Information Source

271 ELIGIBILITY VERIFICATION RESPONSE TRANSACTION SPECIFICATIONS								
Loop ID	**Seg ID**	**Element ID**	**Element Name**	**Element Definition**	**Batch**	**Online**	**Valid Values**	**Definition/Format**
2000A	HL	HL04	Hierarchical Child Code	Code indicating if there are hierarchical child data segments subordinate to the level being described	●		1	Additional subordinate HL Data Segment in this hierarchical structure
2000A	AAA	AAA01	Valid Request Indicator	Code indicating if the information request or portion of the request is valid or invalid	●	●	Y	Yes Use the AAA Request Validation data if a valid Request Transaction cannot be processed due to a connection problem. Only interactive transactions will be able to generate this data. Batch transaction processes, unlike interactive processes, are always "able to respond" when they are being executed by HPMMIS. Data in this AAA Segment is used only on interactive Eligibility Response Transactions.
2000A	AAA	AAA03	Reject Reason Code	Code assigned by issuer to identify reason for rejection	●	●	42	Unable to respond at the current time Data in this AAA Segment is used only on interactive Eligibility Response Transactions.
2000A	AAA	AAA04	Follow-up Action Code	Code identifying follow-up actions allowed	●	●	P	Please resubmit original transaction Data in this AAA Segment is used only on interactive Eligibility Response Transactions.
2100A	NM1	NM101	Entity Identifier Code	Code identifying an organizational entity, a physical location, property or an individual	●		PR	Payer
2100A	NM1	NM102	Entity Type Qualifier	Code qualifying the type of entity	●		2	Non-Person Entity
2100A	NM1	NM103	Information Source Last or Organization Name	The organization name or the last name of an individual who is the source of the information	●		MED-QUEST	The Organization Name of the information source
2100A	NM1	NM108	Identification Code Qualifier	Code designating the system/method of code structure used for Identification Code	●		FI	Federal Taxpayer's Identification Number

271 ELIGIBILITY VERIFICATION RESPONSE TRANSACTION SPECIFICATIONS								
Loop ID	**Seg ID**	**Element ID**	**Element Name**	**Element Definition**	**Batch**	**Online**	**Valid Values**	**Definition/Format**
2100A	NM1	NM109	Information Source Primary Identifier	Identifies the number by which the information source is known to the information receiver	●		996001089	The DHS/Med-QUEST Federal Tax ID
2100A	AAA	AAA01	Valid Request Indicator	Code indicating if the information request or portion of the request is valid or invalid	●	●	Y	Yes Use the AAA Request Validation Segment in Loop 2100A if a valid 270 Transaction cannot be processed due to a connection problem. Only interactive transactions will be able to generate this data. Batch transaction processes, unlike interactive processes, are always “able to respond” when they are being executed by HPMMIS. Data in this AAA Segment is used only on interactive Eligibility Response Transactions.
2100A	AAA	AAA03	Reject Reason Code	Code assigned by issuer to identify reason for rejection	●	●	42	Unable to respond at the current time Data in this AAA Segment is used only on interactive Eligibility Response Transactions.
2100A	AAA	AAA04	Follow-up Action Code	Code identifying follow-up actions allowed	●	●	P	Please resubmit original transaction Data in this AAA Segment is used only on interactive Eligibility Response Transactions.
2000B	HL	HL01	Hierarchical ID Number	A unique number assigned by the sender to identify a particular data segment in a hierarchical structure	●		2	The HL Segment within the 2000B Information Receiver Level Loop is always for the second HL Segment in the transaction. MED-QUEST does not accept or respond to 270 Transactions from multiple requesters or “information receivers.”

271 ELIGIBILITY VERIFICATION RESPONSE TRANSACTION SPECIFICATIONS								
Loop ID	**Seg ID**	**Element ID**	**Element Name**	**Element Definition**	**Batch**	**Online**	**Valid Values**	**Definition/Format**
2000B	HL	HL02	Hierarchical Parent ID Number	Identification number of the next higher hierarchical data segment that the data segment being described is subordinate to	●		1	The level of the HL Segment to which this HL Segment is subordinate.
2000B	HL	HL03	Hierarchical Level Code	Code defining the characteristic of a level in a hierarchical structure	●		21	Information Receiver
2000B	HL	HL04	Hierarchical Child Code	Code indicating if there are hierarchical child data segments subordinate to the level being described	●		1	Additional subordinate HL Data Segment in this hierarchical structure
2100B	NM1	NM101	Entity Identifier Code	Code identifying an organizational entity, a physical location, property or an individual	●		1P	Provider
2100B	NM1	NM102	Entity Type Qualifier	Code qualifying the type of entity	●		2	Non-Person Entity
2100B	NM1	NM103	Information Receiver Last or Organization Name	The name of the organization or last name of the individual that expects to receive information or is receiving information	●	●		The “Organization Name” of the requester from the 270 Request.
2100B	NM1	NM108	Identification Code Qualifier	Code designating the system/method of code structure used for Identification Code	●		XX XV SV	XX = National Provider ID, Provider XV = National Provider ID, Payer SV = Service Provider Number for those who do not qualify for a National Provider ID (only)
2100B	NM1	NM109	Information Receiver Identification Number	The identification number of the individual or organization who expects to receive information in response to a query	●	●		The 10-character National Provider ID of the requestor (or the six-character Med-Quest Provider ID Number of the requestor if requestor does not have an NPI).
2100B	AAA	AAA01	Valid Request Indicator	Code indicating if the information request or portion of the request is valid or invalid	●	●	N	No If the transaction is rejected due to a data error within the 2100B Loop, AAA01 has a value of “N”.

271 ELIGIBILITY VERIFICATION RESPONSE TRANSACTION SPECIFICATIONS								
Loop ID	**Seg ID**	**Element ID**	**Element Name**	**Element Definition**	**Batch**	**Online**	**Valid Values**	**Definition/Format**
2100B	AAA	AAA03	Reject Reason Code	Code assigned by issuer to identify reason for rejection	●	●	15	Required application data missing (appears when there is missing data on the 270 submitter)
							41	Authorization/Access Restrictions (appears when submitter has a reimbursement type of '04')
							43	Missing/Invalid Provider Identification (appears when submitter has an NPI but submitted with his Med-QUEST Provider ID instead)
							51	Provider not on file (appears when the requesting provider is not recognized by Med-QUEST)
2100B	AAA	AAA04	Follow-up Action Code	Code identifying follow-up actions allowed	●	●	C	Please Correct and Resubmit
							N	Resubmission Not Allowed
2000C	HL	HL01	Hierarchical ID Number	A unique number assigned by the sender to identify a particular data segment in a hierarchical structure	●		3 - nnn	For Med-QUEST, this is the final HL Level within the 270 Transaction. For interactive requests, HL01 in the 2000C Loop will always have a value of "3". For batch 270 Transactions, with any number of patient eligibility requests, the value of HL01 in Loop 2000C begins with 3 and increases by 1.
2000C	HL	HL02	Hierarchical Parent ID Number	Identification number of the next higher hierarchical data segment that the data segment being described is subordinate to	●		2	For Med-QUEST, the 2000C Subscriber Loop is always subordinate to the 2000B Information Receiver Loop.
2000C	HL	HL03	Hierarchical Level Code	Code defining the characteristic of a level in a hierarchical structure	●		22	Subscriber

271 ELIGIBILITY VERIFICATION RESPONSE TRANSACTION SPECIFICATIONS								
Loop ID	**Seg ID**	**Element ID**	**Element Name**	**Element Definition**	**Batch**	**Online**	**Valid Values**	**Definition/Format**
2000C	HL	HL04	Hierarchical Child Code	Code indicating if there are hierarchical child data segments subordinate to the level being described	●		0	No subordinate HL Segment in this hierarchical structure A subordinate segment would be at the dependent level – not used by Med-QUEST.
2000C	TRN	TRN01	Trace Type Code	Code identifying which transaction is being referenced	●		2	Referenced Transaction Trace Numbers
2000C	TRN	TRN02	Trace Number	Unique identification for the patient request (2000C Loop)	●			On batch 271 Responses, a number assigned by the request submitter that is unique within the 270 Transaction. This number is returned on the 271 Response Transaction and can be used to link patient level requests and responses.
2000C	TRN	TRN03	Trace Assigning Entity Identifier	A unique identifier for the submitting entity	●			The number “1” following by the requester’s nine-digit Federal Tax ID. Transferred from the Request.
2100C	NM1	NM101	Entity Identifier Code	Code identifying an organizational entity, a physical location, property or an individual	●		IL	Insured or Subscriber
2100C	NM1	NM102	Entity Type Qualifier	Code qualifying the type of entity	●		1	Person
2100C	NM1	NM103	Subscriber Last Name	The surname of the insured individual or subscriber to the coverage	●	●		The recipient’s Last Name
2100C	NM1	NM104	Subscriber First Name	The first name of the insured individual or subscriber to the coverage	●	●		The recipient’s First Name
2100C	NM1	NM105	Subscriber Middle Name	The middle name of the subscriber to the indicated coverage or policy	●	●		The recipients Middle Initial (if present)
2100C	NM1	NM108	Identification Code Qualifier	Code designating the system/method of code structure used for Identification Code	●		MI	Member Identification Number
2100C	NM1	NM109	Subscriber Primary Identifier	Primary identification number of the subscriber to the coverage	●	●		The recipient’s HAWI/Med-QUEST ID
2100C	REF	REF01	Reference Identification Qualifier	Code qualifying the reference identification	●	●	NQ	Medicaid Recipient Identification Number
2100C	REF	REF02	Information Source Additional Plan Identifier	Insured's or subscriber's unique identification number assigned by a payer	●	●		The recipient’s secondary HAWI/Med-QUEST ID, if present.

271 ELIGIBILITY VERIFICATION RESPONSE TRANSACTION SPECIFICATIONS								
Loop ID	**Seg ID**	**Element ID**	**Element Name**	**Element Definition**	**Batch**	**Online**	**Valid Values**	**Definition/Format**
2100C	AAA	AAA01	Valid Request Indicator	Code indicating if the information request or portion of the request is valid or invalid	●	●	N	No If the transaction is rejected due to a data error within the 2100C Loop, AAA01 has a value of "N".
2100C	AAA	AAA03	Reject Reason Code	Code assigned by issuer to identify reason for rejection	●	●	15	Required Application Data Missing (appears when there is missing recipient search data on the 270 Request that is not otherwise specified)
							42	Unable to Respond at the Current Time (online responses only)
							58	Invalid/Missing Date of Birth (appears when a Date of Birth on the 270 Request is invalid or is missing when related search elements [First Name, Last Name, and Gender] are present)
							65	Invalid/Missing Patient Name (appears when a First Name or Last Name on the 270 Request is invalid or is missing when related search elements [Date of Birth and Gender] are present)
							66	Invalid/Missing Patient Gender Code (appears when a Gender Code on the 270 Request is invalid or is missing when related search elements [Last Name, First Name, and Gender] are present)
							67	Patient Not Found (Appears when search criteria are present but cannot be used to identify an Med-QUEST recipient)
2100C	AAA	AAA04	Follow-up Action Code	Code identifying follow-up actions allowed	●	●	C	Please correct and resubmit
							N	Resubmission not allowed (when AAA03 is "Patient Not Found")

271 ELIGIBILITY VERIFICATION RESPONSE TRANSACTION SPECIFICATIONS								
Loop ID	**Seg ID**	**Element ID**	**Element Name**	**Element Definition**	**Batch**	**Online**	**Valid Values**	**Definition/Format**
2100C	DMG	DMG01	Date Time Period Format Qualifier	Code indicating the date format, time format, or date and time format	●		D8	Date expressed in format CCYYMMDD
2100C	DMG	DMG02	Subscriber Birth Date	The date of birth of the subscriber to the indicated coverage or policy	●	●		The patient's Date of Birth if Date of Birth from the Med-QUEST Database
2100C	DMG	DMG03	Subscriber Gender Code	Code indicating the sex of the subscriber to the indicated coverage or policy	●	●	M F	Male Female The patient's Gender from the Med-QUEST Database
2100C	DTP	DTP01	Date Time Qualifier	Code specifying the type of date or time or both date and time	●		472	Service Date or Date Range
2100C	DTP	DTP02	Date Time Period Format Qualifier	Code indicating the date format, time format, or date and time format	●		D8 RD8	Date expressed in format CCYYMMDD Range of dates expressed in format CCYYMMDDCCYYMMDD

271 ELIGIBILITY VERIFICATION RESPONSE TRANSACTION SPECIFICATIONS								
Loop ID	**Seg ID**	**Element ID**	**Element Name**	**Element Definition**	**Batch**	**Online**	**Valid Values**	**Definition/Format**
2100C	DTP	DTP03	Date Time Period	Expression of a date, a time, or a range of dates, times, or dates and times	●			The date or date range for which recipient data was requested on the 270 Request Transaction. If the 270 request has DTP01=102 and DTP02=D8, then the 271 response bypasses the date provided and uses the process date as the begin date and end date. If the 270 request has DTP01=472, 307 or 435 and DTP02=D8, then the 271 response returns DTP01=472 and DTP02=RD8. The date provided on the 270 batch is used as the begin date and the file's process date as the end date. Specific information for 1 day, should have the 270 request set DTP02=RD8 with an end date equal to the begin date.

271 ELIGIBILITY VERIFICATION RESPONSE TRANSACTION SPECIFICATIONS								
Loop ID	**Seg ID**	**Element ID**	**Element Name**	**Element Definition**	**Batch**	**Online**	**Valid Values**	**Definition/Format**
2110C	EB	EB01	Eligibility or Benefit Information	Benefit status of the individual or benefit related category to be further described in the transaction	●			The EB Segment and the EB01 Element begin the 2110C Subscriber Eligibility or Benefit Loop. This loop is used by Med-QUEST to carry eligibility, health plan enrollment, Medicare, TPL , Share of Cost, and other data, depending on the value of EB01, EB03, EB04 and other data elements. See the discussion of 2110C Loops for Benefit Information early in Section 4.1 General Information, for further details. The 2110C Loop can occur any number of times for a recipient.
							1	Active Coverage (Med-QUEST eligibility - Returned when an DTP03 End Date is not present or is on or after the Request Begin Date)
							6	Inactive (Med-QUEST eligibility and health plan enrollment - Returned when no data is found for a specific EB Loop).
							G	Out of Pocket (Stop Loss)
							R	Other or Additional Payer (Medicare – Can have a Begin Date and/or an End Date in DTP03)
2110C	EB	EB02	Benefit Coverage Level Code	Code indicating which family members are provided coverage for this insured	●		IND	Individual Med-QUEST recipients are always considered individuals rather than dependents of a primary subscriber.

271 ELIGIBILITY VERIFICATION RESPONSE TRANSACTION SPECIFICATIONS								
Loop ID	**Seg ID**	**Element ID**	**Element Name**	**Element Definition**	**Batch**	**Online**	**Valid Values**	**Definition/Format**
2110C	EB	EB03	Service Type Code	Code identifying the classification of service	●		1	Medical Care (used when NM101 [Entity Qualifier Code] within Loop 2120C = "1P" [Provider])
							30	Health Benefit Plan Coverage (used when EB04 = "MA" [Medicare A], "MB" [Medicare B], "MP" [Medicare (D) Primary] or "QM" [QMB])
							35	Dental (used when EB04 = "HM" [HMO] and the health plan is a dental health plan)
							54	Long Term Care (used when NM101 [Entity Qualifier Code] within Loop 2120C = "FA" [Facility])
							A4	Psychiatric (used when EB04 = "HM" [HMO] and the health plan is a behavioral health plan)

271 ELIGIBILITY VERIFICATION RESPONSE TRANSACTION SPECIFICATIONS								
Loop ID	**Seg ID**	**Element ID**	**Element Name**	**Element Definition**	**Batch**	**Online**	**Valid Values**	**Definition/Format**
2110C	EB	EB04	Insurance Type Code	Code identifying the type of insurance	●			With help from EB03, DTP01 and NM101 this element identifies the kind of eligibility or benefit information that appears in each occurrence of the 2110C Eligibility or Benefit Loop. For Med-QUEST, EB04 defines six of the seven basic types of 2110C Loops that can be present for each recipient. The EB04 valid values listed below are used by Med-QUEST:
							C1	Commercial (the 2110C Loop is for third party coverage) Note that all TPL records (whether active or inactive) will be returned for a recipient regardless of the request date(s).
							HM	HMO (the 2110C Loop is for enrollment in a medical, dental, or behavioral health plan)
							MA	Medicare Part A (the 2110C Loop is for Medicare Part A eligibility)
							MB	Medicare Part B (the 2110C Loop is for Medicare Part B eligibility)
							MC	Medicaid (the 2110C Loop is for Med-QUEST eligibility or Health Care Facility)
							MP	Medicare Primary (for Medicare Part D eligibility)
							QM	Qualified Medicare Beneficiary (the 2110C Loop is for QMB Dual eligibility)

271 ELIGIBILITY VERIFICATION RESPONSE TRANSACTION SPECIFICATIONS								
Loop ID	**Seg ID**	**Element ID**	**Element Name**	**Element Definition**	**Batch**	**Online**	**Valid Values**	**Definition/Format**
2110C	EB	EB05	Plan Coverage Description	A description or number that identifies the plan or coverage	●	●		On Med-QUEST Eligibility EB Segments (when EB03 = “30”, EB04 = “MC” and DTP01 = “307” or “318”), EB05 is the Eligibility Description (X[38]). Note that, for Batch 271, only the Eligibility information for up to the last three active segment(s) intersecting the DOS is returned. On Health Plan Enrollment EB Segments (when EB04 = “HM”), EB05 is the Contract Type Code (X[12]). Note that, for Batch 271, only the Enrollment information for up to the last three active segment(s) intersecting the DOS is returned. If the DTP segment is not passed for either the Eligibility or Enrollment loops above, then no eligibility or enrollment data is available for the requested date(s). This element is set equal to “NO DATA” for Batch 271. On Med-QUEST QMB Dual EB Segments (when EB04 = “QM”), EB05 is a QMB Dual Indicator (X[1], value “Y”) On Med-QUEST Share of Cost Segments (when EB01 = “G”), EB05 = “SOC”. Note that only the Share of Cost information for up to the recipient’s most recent active segment(s) intersecting the DOS is returned. This situational element does not appear for other types of EB Segments.

271 ELIGIBILITY VERIFICATION RESPONSE TRANSACTION SPECIFICATIONS								
Loop ID	**Seg ID**	**Element ID**	**Element Name**	**Element Definition**	**Batch**	**Online**	**Valid Values**	**Definition/Format**
2110C	EB	EB07	Benefit Amount	A monetary amount	●			On Share of Cost 2110C Loops (When EB05 = "SOC"), the Share of Cost Amount for the SOC month, if present. Share of Cost 2110C Loops are created for up to three of the recipient's most recent Share of Cost months. Note that a Share of Cost amount equal to "0" is valid.
2110C	REF	REF01	Reference Identification Qualifier	Code qualifying the reference identification	●			The Subscriber Additional Information REF Segment in the 2110C Loop is used in the situations described below. Otherwise, the REF Segment is not created.
							F6	Health Insurance Claim Number – used when EB04 = "MA" or (Medicare A), "MB" (Medicare B)
							1L	Policy Number – used when EB04 = "C1" (other carrier)
2110C	REF	REF02	Subscriber Eligibility or Benefit Identifier	Number associated with the subscriber for the eligibility or benefit being described	●			For a Medicare 2110C Loop (EB04 = "MA", "MB", or "QM"), the Medicare Claim ID Number.(X[12]). For a TPL 2110C Loop (EB04 = "C1"), the other carrier's Policy Number (X[20]). "NO POLICY ID" appears if no Policy Number exists.
2110C	REF	REF03	Plan Sponsor Name	The name of the entity providing coverage to the subscriber	●			For a TPL 2110C Loop (EB04 = "C1"), the name of the TPL carrier (X[30]).

271 ELIGIBILITY VERIFICATION RESPONSE TRANSACTION SPECIFICATIONS								
Loop ID	**Seg ID**	**Element ID**	**Element Name**	**Element Definition**	**Batch**	**Online**	**Valid Values**	**Definition/Format**
2110C	DTP	DTP01	Date Time Qualifier	Code specifying the type of date or time or both date and time	●			The Subscriber Eligibility/Benefit Date DTP Segment in the 2110C Loop is used in the situations described below.
							307	Eligibility Date (s) when EB04 = "MC" [Medicaid] and EB05 is the Eligibility Description (X[38])
							290	Coordination of Benefit (when EB04 = "C1" [Other carrier])

							292	Health Plan Enrollment Date(s)
								(when EB 04 = "HM" [HMO]; "MA" [Medicare A]; "MB" [Medicare B]); "MP" [Medicare Primary]; "QM" [QMB Dual];
								or when EB04 = "MC" [Medicaid] and EB05 = "SOC" [Share of Cost];
								or when EB04 = "MC" [Medicaid] and EB03 = "1" [Medical Care];
								or when EB04 = "MC" [Medicaid] and EB03 = "54" [Long Term Care])

271 ELIGIBILITY VERIFICATION RESPONSE TRANSACTION SPECIFICATIONS								
Loop ID	**Seg ID**	**Element ID**	**Element Name**	**Element Definition**	**Batch**	**Online**	**Valid Values**	**Definition/Format**
2110C	DTP	DTP02	Date Time Period Format Qualifier	Code indicating the date format, time format, or date and time format	●		D8 RD8	Date expressed in format CCYYMMDD Range of dates expressed in format CCYYMMDD-CCYYMMDD Med-QUEST uses one of these values, depending on whether the information is current or historical. SOC (when EB05=”SOC”) always passes a Begin and End Date – the value expressed as a date range (RD8). Medicare (when EB04=”MA”, “MB” or “MP”) passes a single date (D8) if no Medicare End Date is present. If an Medicare End Date is present, then the date range (RD8) is used. Nursing Home Provider loops (when EB03=”54”) always pass a Begin and End Date – the value expressed as a date range (RD8) – for the last active Nursing Home information intersecting the DOS.
2110C	DTP	DTP03	Eligibility or Benefit Date Time Period	Date or period associated with the eligibility or benefit being described	●			The date or date range identified by the qualifier in DTP02. (See Appendix for clarifying examples.)
2110C	AAA	AAA01	Valid Request Indicator	Code indicating if the information request or portion of the request is valid or invalid	●	●	N	No If the transaction is rejected due to a data error within the 2110C Loop, AAA01 has a value of “N”.

271 ELIGIBILITY VERIFICATION RESPONSE TRANSACTION SPECIFICATIONS								
Loop ID	**Seg ID**	**Element ID**	**Element Name**	**Element Definition**	**Batch**	**Online**	**Valid Values**	**Definition/Format**
2110C	AAA	AAA03	Reject Reason Code	Code assigned by issuer to identify reason for rejection	●	●	15	Required Application Data Missing (appears when there is missing recipient search data on the 270 Request that is not otherwise specified)
							57	Invalid/Missing Dates of Service (appears when a selection Date of Service on the 270 Request is invalid or missing)
							63	Date of Service in Future (appears when a Date of Service is in the future)
2110C	AAA	AAA04	Follow-up Action Code	Code identifying follow-up actions allowed	●	●	C	Please correct and resubmit
2110C	MSG	MSG01	Free-form Message Text	A free-form message	●			On 2110C Loops for health plan enrollments (EB04 = “HM”), MSG01 (X[30]) = {the Rate Code (X[4]), Space (X[1]) and the Rate Code Description (X[25])}. However, if the recipient has no enrollment (EB-1 = “6” [Inactive]) then MSG01 will have its value set to “NO DATA”. This element can be set equal to “Y” for the Penalized Nursing Home Indicator (X[1]), if present on the recipient’s record. 06-23-2006: On 2110C Loops for health plan enrollments (EB04 = “C1”), MSG01 (X[30]) = {the TPL Coverage Code (X(1)} However, if the TPL-Coverage-Code has no value then MSG01 will not be generated.

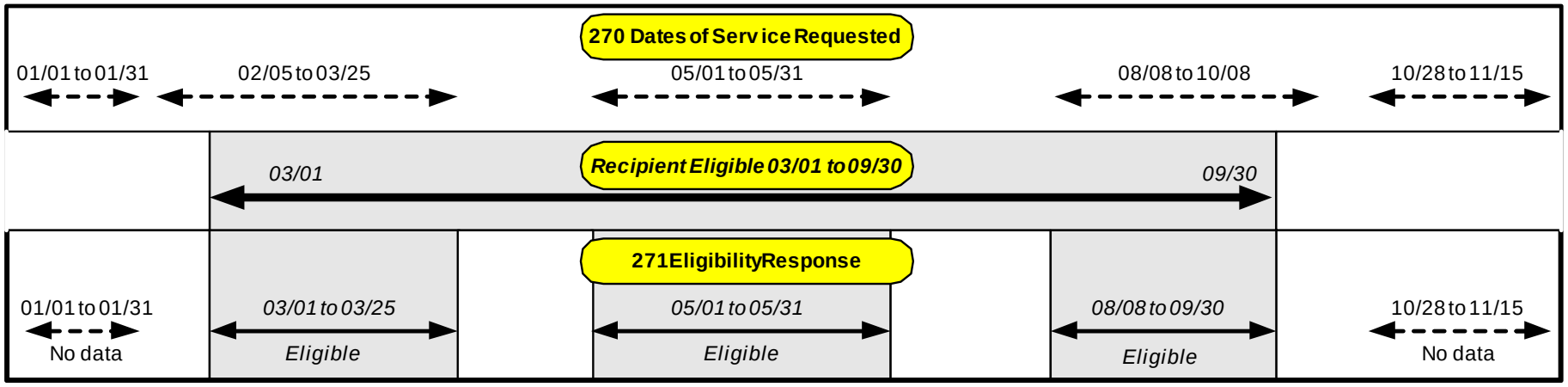
271 ELIGIBILITY VERIFICATION RESPONSE TRANSACTION SPECIFICATIONS								
Loop ID	**Seg ID**	**Element ID**	**Element Name**	**Element Definition**	**Batch**	**Online**	**Valid Values**	**Definition/Format**
2110C	LS	LS01	Loop Identifier Code	The loop ID number given on the transaction set diagram is the value for this data element in segments LS and LE	●		2120	A value assigned by the Implementation Guide to identify the beginning of the 2120C Subscriber Benefit Related Entity Name Loop. Med-QUEST uses the 2120C Loop in three ways: The 2120C Loop is used to identify the health plan name (when EB04 = HM [HMO]) corresponding to the type of enrollment specified in EB03 (EB03 = 30 [Medical], EB03 = 35 [Dental], or EB03 = A4 [Behavioral Health]). The 2120C Loop is used to identify lock-in providers for locked in recipients (when EB01 = 1 [Medical Care]). Lock-in provider names appear within the NM1 segment on up to three separate 2110C Loops. The 2120C Loop is used to identify nursing home providers for recipients who are nursing home residents. Nursing home 2120C Loops occur within nursing home 2110C Loops (when EB03 = 54 [LTC]).
2120C	NM1	NM101	Entity Identifier Code	Code identifying an organizational entity, a physical location, property or an individual	●		13 1P FA	Contracted Service Provider (used for Medical, Dental, Behavioral Health plan names) Provider (used for lock-in providers) Facility (used for nursing home residents)
2120C	NM1	NM102	Entity Type Qualifier	Code qualifying the type of entity	●		2	Non-Person Entity

271 ELIGIBILITY VERIFICATION RESPONSE TRANSACTION SPECIFICATIONS								
Loop ID	**Seg ID**	**Element ID**	**Element Name**	**Element Definition**	**Batch**	**Online**	**Valid Values**	**Definition/Format**
2120C	NM1	NM103	Benefit Related Entity Last or Organization Name	Last name or organization name of the benefit related entity associated with an individual subscriber or dependent	●			This element may contain the name of a Health Plan, if present, or “NO DATA”, if EB05 = “NO DATA”, when NM101 = 13 [Enrollment]. This element may contain the name of the Lock-In Provider (when NM101 = 1P) or Nursing Home (when NM101 = FA). Note: Although the Lock-In Provider may return information for up to the last three active segment(s) intersecting the DOS, the Nursing Home information is returned for the last active segment intersecting the DOS only.
2110C	LE	LE01	Loop Identifier Code	The loop ID number given on the transaction set diagram is the value for this data element in segments LS and LE	●		2120	A value assigned by the Implementation Guide to identify the end of the 2120C Subscriber Benefit Related Entity Name Loop
N/A	SE	SE01	Transaction Segment Count	A tally of all segments between the ST and the SE segments including the ST and SE segments	●			The number of segments in the 271 Transaction
N/A	SE	SE02	Transaction Set Control Number	The unique identification number within a transaction set	●			The same control number that is present in ST02 at the beginning of the transaction

GE FUNCTIONAL GROUP ENVELOPE SPECIFICATIONS							
Loop ID	**Seg ID**	**Element ID**	**Element Name**	**Element Definition/Length**	**Valid Value**	**Definition/Format**	**Source**
GE FUNCTIONAL GROUP TRAILER							
NA	GE	GE01	NUMBER OF TRANSACTION SETS INCLUDED	The number of transactions in the functional group ended by this trailer segment			Transmission sender
NA	GE	GE02	GROUP CONTROL NUMBER	Assigned number originated and maintained by the sender		This number must match the control number in GS06.	Transmission sender

IEA INTERCHANGE CONTROL ENVELOPE SPECIFICATIONS						
Loop ID	**Seg ID**	**Element ID**	**Element Name**	**Element Definition/Length**	**Valid Values**	**Definition/Format**
IEA INTERCHANGE TRAILER						
NA	IEA	IEA01	NUMBER OF INCLUDED FUNCTIONAL GROUPS	A count of the number of functional groups included in an interchange/5 characters		The number of functional groups of transactions in the interchange
NA	IEA	IEA02	INTERCHANGE CONTROL NUMBER	A control number assigned by the interchange sender/9 characters		A control number identical to the header-level Interchange Control Number in ISA13. X(9)

Appendix: Date of Service Eligibility Request Examples



270 Date Range Requested		271 Date Response Returned		Explanation
Begin	End	Begin	End	
01/01	01/31	NO DATA		If Request (End) Date < Eligibility Begin Date, then EB05 = "NO DATA" and no DTP segment is passed.
02/05	03/25	03/01	03/25	Only the portion of the recipient's eligibility that overlaps the Request Dates is returned. If Request (Begin) Date ≤ Eligibility Begin Date, then DTP03 = Eligibility Begin Date.
05/01	05/31	05/01	05/31	Full Request Date range returned since recipient's eligibility completely envelops Request Dates
08/08	10/08	08/08	09/30	Only the portion of the recipient's eligibility that overlaps the Request Dates is returned. If Request (End) Date ≥ Eligibility End Date, then DTP03 = Eligibility End Date.
10/28	11/15	NO DATA		If Request (Begin) Date > Eligibility End Date, then EB05 = "NO DATA" and no DTP segment is passed.

270/271 Companion Document v3.2
Change Summary

#	Location	Previously Stated	V3.2 Revision
1	Entire document	-	<revised to eliminate redundant and dated information>
2	p.9, § 3.2 File Naming Conventions, File Naming Conventions section	<section title only> File Naming Conventions	<section title only> File Naming Conventions (FTP Batches)
3	p.9, § 3.2 File Naming Conventions, File Naming Conventions section	<entire section revised>	<entire section revised>
4	p.14, § 4.1 General Information, Other Standards section, 1st paragraph	-	Member Search Med-QUEST requests that Trading Partners include any of the following minimum data sets within a 270 request to perform a member search: • Med-QUEST ID + Member Name • Med-QUEST ID + DOB • Med-QUEST ID + SSN • Member Name + DOB • Member Name + SSN • DOB + SSN