MVP Health Care

HIPAA Transaction Standard Companion Guide

Refers to the TR3 Guides Based on ASC X12 version 005010

ANSI X12 270/271 Version 005010X212

Health Care Eligibility and Benefit Inquiry and Response:

Real-time

Disclosure Statement

MVP Health Care's goal is to ensure that our systems, supporting business processes, policies and procedures successfully meet the implementation standards and deadlines mandated by the United States Department of Health and Human Services (DHHS). Additionally, MVP Health Care is committed to maintaining the integrity and security of health care data in accordance with all applicable laws and regulations.

All instructions in this document were written using information known at the time of publication and may change. The most up-to-date version of the Companion Guide is available on the MVP Health Care Web site (http://www.mvphealthcare.com). Please be sure that any printed version you use is the same as the latest version available at the MVP Health Care Web site.

Preface

This Companion Guide to the v5010 ASC X12N Implementation Guides and associated errata adopted under HIPAA clarifies and specifies the data content when exchanging electronically with MVP Health Care. Transmissions based on this companion guide, used in tandem with the v5010 ASC X12N Implementation Guides, are compliant with both ASC X12 syntax and those guides. This Companion Guide is intended to convey information that is within the framework of the ASC X12N Implementation Guides adopted for use under HIPAA. The Companion Guide is not intended to convey information that in any way exceeds the requirements or usages of data expressed in the Implementation Guides.

EDITOR'S NOTE:

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1. INTRODUCTION

This companion guide provides guidance for the use of ASC X12 version 5010 270 and 271 transactions with MVP Health Care. It includes information on set up and communications, how to use the real-time transactions and specific transaction segment detail (transaction tables). This information is provided to supplement (not replace) the 5010 TR3 instructions. The transaction tables detail information that may:

1. Specify a sub-set of the TR3 internal code listings

2. Clarify the use of loops, segments, composite and simple data elements

3. Specify any other information tied directly to a loop, segment, and composite or simple data element pertinent to trading electronically with MVP Health Care

They include a row for each segment and one or more additional rows used to describe MVP Health Care's usage for composite and simple data elements and for any other information. Notes and comments can be found in description fields.

1.1. SCOPE

The purpose of this document is to provide the information necessary to submit Health Care Benefit Inquiry transactions *for real-time* that are submitted electronically to MVP Health Care. The HIPAA TR3s can be obtained from the Washington Publishing Company by calling 1-800-972-4334 or are available for download on their web site at www.wpc-edi.com.

1.2. OVERVIEW

This document provides information to assist in establishing the real-time 270 and 271 transactions with MVP Health Care. Its contents include information about trading partner set up and enrollment (section 2), establishing connectivity (section 4), understanding transaction detail (sections 6 and 10) and contact information (section 5). For a full listing of all sections of this companion guide, please refer to the Table of Contents.

1.3. REFERENCES

This section specifies additional documents useful for the read. For example, the X12N Implementation Guides adopted under HIPAA that this document is a companion to.

Workgroup for Electronic Data Interchange (WEDI) – **http://www.wedi.org**

United States Department of Health and Human Services (DHHS) – **http://aspe.hhs.gov/admnsimp/**

Centers for Medicare and Medicaid Services (CMS) – **http://www.cms.gov/**

Designated Standard Maintenance Organizations (DSMO) – **http://www.hipaa-dsmo.org/**

National Council of Prescription Drug Programs (NCPDP) – **http://www.ncpdp.org/**

National Uniform Billing Committee (NUBC) – **http://www.nubc.org/**

Accredited Standards Committee (ASC X12) – **http://www.x12.org/**

1.4. ADDITIONAL INFORMATION

This Companion Guide assumes the reader is familiar with the 270/271 Health Care Eligibility and Benefits Inquiry/Response transactions.

There are many benefits and advantages to using electronic transactions. Primary benefits include an overall reduction in manual effort required to conduct the transaction. This saves time, improves efficiency and accuracy, and ultimately saves costs. In addition, standardization of key electronic transactions within the health care industry has eliminated the need for providers/facilities to adapt to numerous proprietary formats. Electronic data exchanges should be consistent between providers/facilities and health care payers for such transactions.

2. GETTING STARTED

2.1. WORKING WITH MVP HEALTH CARE

MVP Healthcare partners with Post-n-Track for providers and clearinghouses to submit real-time transactions through a secure, free connection. Post-n-Track's Real-time Exchange System facilitates the secure exchange of healthcare claims and related transactions, supporting one-to-one and many-to-many real-time transactions.

One-to-One: Real-time transactions require trading partners to post a request, via HTTPS or Web Service, to a designated URL address, and receive an immediate response to the request.

To begin the process of setting up real-time transactions with Post-n-Track's Real-time Exchange System clients must do the following:

- Enroll in Post-n-Track
- Select Your Choice of Protocol
- Establish Authentication/Authorization

Once these tasks have been completed, clients can begin sending transactions.

2.2. TRADING PARTNER REGISTRATION

Refer to 2.3 to enroll in Post-n-Tack.

2.3. ENROLL IN POST-N-TRACK

To begin using Post-n-Track's Real-time System clients must create a profile by completing our enrollment process. Follow the steps listed below to sign up for real-time transactions.

2.4. HOW TO ENROLL FOR REAL-TIME

Real-time enrollment can be accessed from the Post-n-Track website. Step by step instructions are described below.

1. Open a Web browser and navigate to the Post-n-Track website:

http://www.Post-n-Track.com

2. Select *the Enroll Now!* option located at the top right corner of the home page. This will launch the Enrollment process.

3. Select *Option Four - Enhanced Services* by clicking on the check box and then select the *Continue* button at the bottom of the screen.

PostnTrack
Connect. Communicate. Collaborate.

STEP 1 - Please select the option that best describes the way you process your claims:

Option One - ANSI X12N 837 (HIPAA Mandated Health Care Claim Format) and/or ANSI X12N 835 (HIPAA Mandated Health Care Claim Payment/Advice)

☐ You have Internet access and want to register with Post-N-Track for the submission of claims and/or the receiving of payers' remittance advice:

- Your practice or billing system creates a HIPAA mandated claim format file in the ANSI X12N 837 format. You can identify and locate these files for transmission.
- You wish to receive the HIPAA mandated Health Care Claim Payment/Advice format file in the ANSI X12N 835 format.
  - Note that Internet Explorer (version 6 or later) is required to view the on-line reports available.

Please check the box to the left, then click "continue" (below).

Option Two -- CMS 1500 "Print Image" or NSF Files

☐ Your practice or billing system creates a claim file in the CMS 1500 "print image" or NSF format. You can identify and locate the file for transmission. Please note that this is not for manually entering data.

Please check the box to the left, then click "continue" (below).

Option Three -- Manual Claim Entry

☐ You have Internet access and want to manually enter each claim.

Please check the box to the left, then click "continue" (below).

Option Four -- Enhanced Services

☒ You have Internet access and want to register for Post-N-Tracks' enhanced services, such as realtime transactions, etc.

- Do not select this option for claims submissions (either electronic or manual). Use option one, two, or three for claim submissions.
- Do not select this option for 834 enrollments or payer proprietary enrollments.

Please check the box to the left and then click "continue" (below).

4. On the next screen enter your profile information (for example, your name, company name, etc.). Once all required fields have been completed select *Continue*.

5. A screen will display so you may confirm the profile information you entered. Review the information and select *Continue* to confirm.

6. Please read the license agreement, enter your name and e-mail address. Select *I Agree* or *I Disagree*, then select *Continue*.

2.5. COMMUNICATION PROTOCOL SPECIFICATIONS

Once you have completed the Post-n-Track enrollment process you must select the protocol you wish to use to send your data. If using Real-time one-to-one you must choose one of the following transaction methods.

- HTTPS
- Web Services

2.6. PASSWORDS

Post-n-Track requires client authentication and authorization prior to allowing the request to be processed. Authentication simply means that you are proving to Post-n-Track that you are who you claim

you are. In other words, Post-n-Track needs an indisputable way to determine that the request is from a legitimate trading partner. Authorization refers to what you are allowed to do once you are authenticated. Post-n-Track supports two methods of authentication:

- Username/Password
- Digital Certificate

Post-n-Track will allow access to Real-time Exchange System through the use of a username and password. These must be requested from Post-n-Track and will be sent to you via a secure email system. Please note that the HIPAA laws require that this information be sent secured at all times when using any means of electronic communication. This means that if you do a simple “Reply” to the email that you received using a non-secure system and the username and password have not been deleted from the email, then the integrity of the username and password will have been compromised. Post-n-Track will immediately disable the username and password and reissue them. Please contact Post-n-Track if you wish to use the username and password authentication. One will be sent to you via email or phone

2.7. OBTAINING A CERTIFICATE

Digital Certificate authentication refers to using an electronic document which utilizes a digital signature to bind together a public key with an identity, such as the name of a person or an organization, their address, etc.

Post-n-Track recommends using a Class 1 certificate and supports certificates issued by VeriSign and other Certification Authorities. However if you choose to use a Certification Authority other than VeriSign, please contact Post-n-Track prior to doing so. We will check that the Web of Trust for that Certification Authority is present on our servers, and if not, we will work with both you and them to do so.

IMPORTANT NOTE: *The certificate should be requested from the computer that will be used to communicate with Post-n-Track. This will ensure that the certificate will be properly installed into the correct certificate store on that computer*

3. TESTING WITH THE PAYER

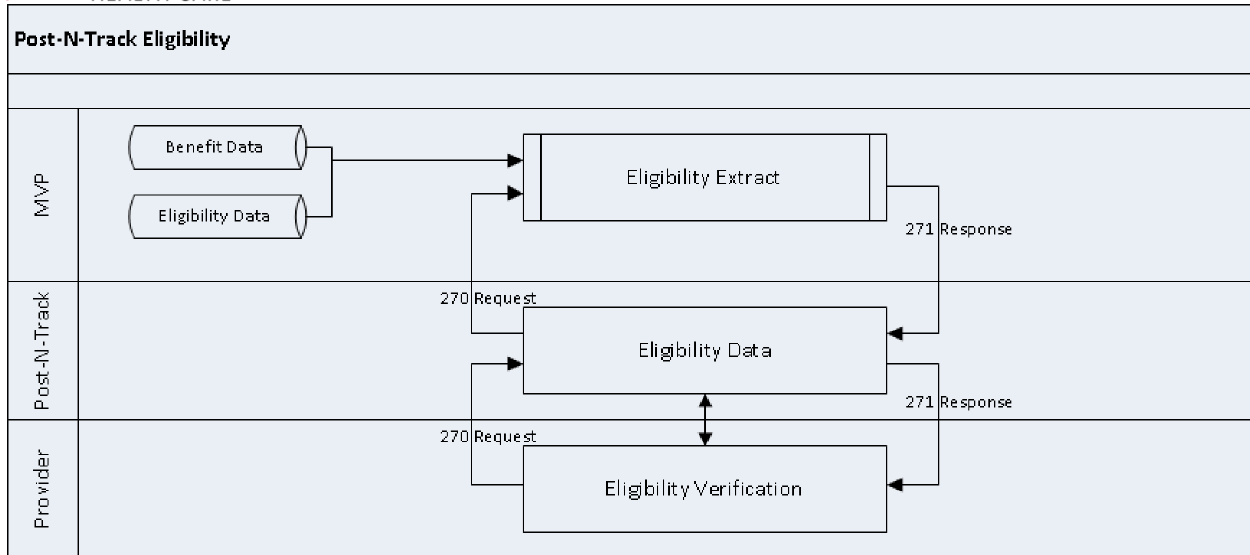
Testing should be completed with Post-n-Track. Post-n-Track can be contacted at:

realtimesupport@post-n-track.com

1-860-257-2030 – ask for real-time support.

4. CONNECTIVITY WITH THE PAYER/COMMUNICATIONS

PROCESS FLOWS



4.1. TRANSMISSION ADMINISTRATIVE PROCEDURES

The 270 Health Care Benefit Inquiry Request is designed to provide eligibility benefit information for subscribers and their dependents. Eligibility benefit information receivers should submit using the following criteria:

• Table 2 – Subscriber Level Detail will contain information on the requested individual. This individual can be either the subscriber or a dependent. (Loops 2100C and 2110C).
• Table 2 – Dependent Level Detail (Loops 2100D and 2110D) are **not** required. **Please do not send since MVP Members all have unique identifiers and must be reported in Loop 2100C and 2110C.**
• MVP search criteria (for subscriber/dependent validation) are:

Primary Search:

Required:

Patient's Member ID

Patient's First Name

Patient's Last Name

Patient's Date of Birth

Secondary Searches:

Member ID/Date of Birth/Last Name Search Option

Patient's Member ID Number

Patient's Date of Birth

Patient's Last Name

Member ID/Name Search Option

Patient's Member ID Number

Patient's First Name

Patient's Last Name

** Dates of Eligibility/Service (2100C – DTP03 or 2110C – DTP03) will be used for benefit information lookup, once the member has been uniquely identified.

** If the Eligibility/Service dates are not available, MVP will default to current processed date.

** Submitting requests with all of the above criteria fields will increase eligibility search success rate.

The 271, Health Care Benefit Information Response transaction is used to provide eligibility and benefit information back to the information receiver. MVP will provide the following level of detail:

• Benefit and eligibility information for the requested individual will be returned in Table 2 – Subscriber Level Detail. The requested individual can be either the subscriber or a dependent.
• MVP will provide co-payment and primary care provider information.
• The following reject reason codes are possible in the Subscriber – Request Validation Segment (Loop 2100C, Segment AAA, Element AAA03).
15 Required Application Data Missing 58 Invalid/Missing Date of Birth 42 Unable to Respond at Current Time 62 Date of Service Not Within Allowable Inquiry Period 64 Invalid/Missing Patient ID 65 Invalid/Missing Patient Name 66 Invalid/Missing Patient Gender Code 67 Patient Not Found 68 Duplicate Patient ID Number 71 Pt Birth Date Does Not Match Patient DOB in Database 72 Invalid/Missing Subscriber/Insured ID 73 Invalid/Missing Subscriber/Insured Name 74 Invalid/Missing Subscriber/Insured Gender Code 75 Subscriber / Insured Not Found 76 Duplicate Subscriber/Insured ID Number 77 Subscriber Found, Patient Not Found 78 Subscriber/Insured Not in Group/Plan Identified

4.2. DELIMITERS SUPPORTED

A delimiter is a character used to separate two data elements or sub-elements, or to terminate a segment. Delimiters are specified in the interchange header segment, ISA. The ISA segment is a 105 byte fixed length record. The data element separator is byte number 4; the component element separator is byte number 105; and the segment terminator is the byte that immediately follows the component element separator. Once specified in the interchange header, delimiters are not to be used in a data element value elsewhere in the transaction.

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

MVP will support t

hese default delimiters or any delimiter specified by the trading partner in the ISA/IEA envelope structure.

4.3. MAXIMUM LIMITATIONS

It is required that the 270 transaction contain only one patient request when using the transaction in real-time mode.

4.4. DOWN TIME

MVP Health care has regular scheduled Maintenance weekends. The following http://www.mvphealthcare.com/provider/documents/MVP_Health_Care_Planned_Maintenance_Downtime.pdf is not all inclusive and can vary. In the event there is unscheduled downtime or a date has changed we will notify Post-n-Track and all Trading Partners by email.

http://www.mvphealthcare.com/provider/documents/MVP_Health_Care_Planned_Maintenance_Downtime.pdf

4.5. RE-TRANSMISSION PROCEDURE

MVP will reject 270 transactions that fail HIPAA compliance validation at Levels 1 or 2. Rejected transactions at this level should be reviewed, corrected, and resubmitted for processing.

Compliance validation errors will be reported in the 999 Implementation Acknowledgement transactions. The compliance edits are based on the ANSI ASC X12N Technical Report Type 3 (TR3 Implementation Guide) requirements for the 5010 Errata version of the transaction. Validation at Levels 1 and 2 include the following:

Level 1 (X12 Syntax Integrity)

- Valid Segments
- Segment Order
- Data Element Attributes
- Numeric Validation
- X12 Syntax Validation
- X12 Rules

Level 2 (HIPAA Syntactical Requirement Testing)

- Repeat counts
- Used & Not Used Codes
- Elements and Segments
- Required or Intra-segment Situational Data Elements
- Validation of Non-medical Codes contained within TR3 Codes Referenced within the TR3 Guides

Although most dates submitted in the 270 transaction will be validated as part of the Level 1 edits, one exception applies. CORE Phase 2 requires invalid dates of birth to be returned using AAA code 58.

Transactions passing the preceding validation edits will be processed. Any subsequent errors identified will be reported in the 271 transaction through one or more AAA errors. Please consult the 271 TR3 Guide to determine what needs to be done for the specific AAA error reported. In some cases data may need to be corrected and resubmitted, and in other cases the AAA error may signify completion of the response in its entirety.

5. CONTACT INFORMATION

5.1. EDI CUSTOMER SERVICE

This companion guide supports the receipt of the 270, Health Care Benefit Inquiry Request and the 271, Health Care Benefit Inquiry Response, in real-time mode.

MVP Health Care eligibility transactions are facilitated by Post-N-Track, a free service. Please contact your Post-N-Track representative for instructions on communications, testing and implementation. They can also be contacted at:

Real-time Support

Post-n-Track Corporation

2080 Silas Deane Highway

Suite 302

Rocky Hill, CT 06067

860-257-2030

Realtimesupport@post-n-track.com

www.Post-n-track.com

MVP Health Care's EDI Services Department can be contacted at:

1-877-461-4911

EDIServices@mvphealthcare.com

5.2. EDI TECHNICAL ASSISTANCE

1-877-461-4911

EDIServices@mvphealthcare.com

5.3. PROVIDER SERVICE NUMBER

MVP Contact Number – Claim Status, Eligibility, and Benefits

Professional Relations Service Center

1-800-999-3920

5.4. APPLICABLE WEBSITES/E-MAIL

www.MVPHealthcare.com

www.Post-n-track.com

6. CONTROL SEGMENTS/ENVELOPES

6.1. ISA

The following tables contain the MVP trading partner identifier and the transaction specific identifiers. Please refer to Sections 10.1 and 10.2 for additional data element specifications.

270

Page	REQUIRED	ELEMENT	ELEMENT DESCRIPTION	VALUES	LENGTH	DESCRIPTION
511	R	ISA08	INTERCHANGE RECEIVER ID	141650868	15/15	MVP Tax ID

271

Page	REQUIRED	ELEMENT	ELEMENT DESCRIPTION	VALUES	LENGTH	DESCRIPTION
276	R	ISA06	INTERCHANGE SENDER ID	141650868	15/15	MVP Tax ID

6.2. GS

The following tables contain the MVP trading partner identifier and the transaction specific identifiers. Please refer to Sections 12.1 and 12.2 for additional data element specifications.

270

Page	REQUIRED	ELEMENT	ELEMENT DESCRIPTION	VALUES	LENGTH	DESCRIPTION
513	R	GS03	APPLICATION RECEIVER'S CODE	141650868	2/15	MVP Federal Tax ID
514	R	GS08	VERSION/RELEASE/INDUSTRY IDENTIFIER CODE	005010X0279A1	1/12	Version / Release / Industry Identifier Code

271

Page	REQUIRED	ELEMENT	ELEMENT DESCRIPTION	VALUES	LENGTH	DESCRIPTION
279	R	GS02	APPLICATION RECEIVER'S CODE	141650868	2/15	MVP Federal Tax ID
280	R	GS08	VERSION/RELEASE/INDUSTRY IDENTIFIER CODE	005010X0279A1	1/12	Version / Release / Industry Identifier Code

6.3. ST

The following tables contain the MVP trading partner identifier and the transaction specific identifiers. Please refer to Sections 12.1 and 12.2 for additional data element specifications.

270

Page	REQUIRED	ELEMENT	ELEMENT DESCRIPTION	VALUES	LENGTH	DESCRIPTION

61	R	ST03	IMPLEMENTATION CONVENTION REFERENCE	005010x0279A1	1/35	IMPLEMENTATION CONVENTION REFERENCE

271

Page	REQUIRED	ELEMENT	ELEMENT DESCRIPTION	VALUES	LENGTH	DESCRIPTION
210	R	ST03	IMPLEMENTATION CONVENTION REFERENCE	005010X0279A1	1/35	IMPLEMENTATION CONVENTION REFERENCE

7. PAYER SPECIFIC BUSINESS RULES AND LIMITATIONS

This section describes MVP Health Care's business rules, for example:

1. Billing for specific services such as DME, Ambulance, Home Health
2. Communicating payer specific edits
3. CORE Level of Certification

8. ACKNOWLEDGEMENTS AND/OR REPORTS

There are no acknowledgments or reports at this time.

8.1. REQUEST TRANSACTIONS SUPPORTED

This section is intended to identify the type and version of the ASC X 12 Health Care Benefit Inquiry transactions that MVP will accept.

- 270 Health Care Benefit Inquiry Request – **ASC X12N 270 (005010X0279A1)**

8.2. RESPONSE TRANSACTIONS SUPPORTED

This section is intended to identify the response transactions supported by the Health Care (MVP).

- 271 Health Care Benefit Inquiry Response - **ASC X12N 271 (005010X0279A1)**
- 999 Acknowledgement for Health Care Insurance – **ASC X12C 999 (005010X231A1)**

8.3. REPORT INVENTORY

None identified at this time.

9. TRADING PARTNER AGREEMENTS

MVP Health Care real-time transactions are submitted through Post-N-Track. Please contact Post-N-Track for information on Trading Partner Agreements.

10. TRANSACTION SPECIFIC INFORMATION

10.1. MVP Requirements for the ANSI X12 270 Transaction - Health Care Eligibility and Benefit Request

Note: the information in this table refers to the TR3.

Page	REQUIRED	ELEMENT	ELEMENT DESCRIPTION	VALUES	LENGTH	DESCRIPTION
			INTERCHANGE/FUNCTION HEADERS			
509	**R**	**ISA**	**INTERCHANGE CONTROL HEADER**			
510	R	ISA01	AUTHORIZATION INFORMATION QUALIFIER	00	2/2	No Authorization Information Present in I02
510	R	ISA02	AUTHORIZATION INFORMATION		10/10	Blank
510	R	ISA03	SECURITY INFORMATION QUALIFIER	00	2/2	No Security Information Present in I04
510	R	ISA04	SECURITY INFORMATION		10/10	Blank
510	R	ISA05	INTERCHANGE ID QUALIFIER	30	2/2	Federal Tax ID
510	R	ISA06	INTERCHANGE SENDER ID		15/15	Sender Tax ID
511	R	ISA07	INTERCHANGE ID QUALIFIER	30	2/2	Federal Tax ID
511	R	ISA08	INTERCHANGE RECEIVER ID	141650868	15/15	MVP Tax ID
511	R	ISA09	INTERCHANGE DATE	YYMMDD	6/6	Date of interchange
511	R	ISA10	INTERCHANGE TIME	HHMM	4/4	Time of interchange
511	R	ISA11	INTERCHANGE CONTROL STANDARDS IDENTIFIER	^	1/1	Repetition Separator

Page	REQUIRED	ELEMENT	ELEMENT DESCRIPTION	VALUES	LENGTH	DESCRIPTION
511	R	ISA12	INTERCHANGE CONTROL VERSION NUMBER	00501	5/5	Draft Standards Approved by ASC X12 thru October 1997
511	R	ISA13	INTERCHANGE CONTROL NUMBER		9/9	Must match IEA02
512	R	ISA14	ACKNOWLEDGMENT REQUESTED	0	1/1	0 = NO
512	R	ISA15	TEST INDICATOR	P OR T	1/1	P = production T= test
512	R	ISA16	COMPONENT ELEMENT SEPARATOR	:	1/1	Delimiter
513	**R**	**GS**	**FUNCTIONAL GROUP HEADER**			
513	R	GS01	FUNCTIONAL IDENTIFIER CODE	HS	2/2	Eligibility, Coverage or Benefit Inquiry
513	R	GS02	APPLICATION SENDER'S CODE		2/15	Sender's Code - agreed to by trading partners
513	R	GS03	APPLICATION RECEIVER'S CODE	141650868	2/15	MVP Federal Tax ID
513	R	GS04	DATE	CCYYMMDD	8/8	Group Creation Date
514	R	GS05	TIME	HHMM	4/8	Creation Time
514	R	GS06	GROUP CONTROL NUMBER		1/9	Assigned by Sender
514	R	GS07	RESPONSIBLE AGENCY CODE	X	½	Accredited Standards Committee X12
514	R	GS08	VERSION/RELEASE/INDUSTRY IDENTIFIER CODE	005010X0279A1	1/12	Version / Release / Industry Identifier Code

Page	REQUIRED	ELEMENT	ELEMENT DESCRIPTION	VALUES	LENGTH	DESCRIPTION
			TABLE 1 - TRANSACTION HEADER			
61	**R**	**ST**	**TRANSACTION SET HEADER**			
61	R	ST01	TRANSACTION SET IDENTIFIER CODE	270	3/3	Eligibility, Coverage or Benefit Inquiry
61	R	ST02	TRANSACTION SET CONTROL NUMBER		4/9	Must match SE02 control number
61	R	ST03	IMPLEMENTATION CONVENTION REFERENCE	005010x0279A1	1/35	IMPLEMENTATION CONVENTION REFERENCE
63	**R**	**BHT**	**BEGINNING OF HIERARCHICAL TRANSACTION**			**Define the business structure of the transaction set; identify business application purpose and reference data.**
63	R	BHT01	HIERARCHICAL STRUCTURE CODE	0022	4/4	Information Source, Information Receiver, Provider of Service, Subscriber, Dependent
64	R	BHT02	TRANSACTION SET PURPOSE CODE	13	2/2	Request
64	R	BHT03	SUBMITTER TRANSACTION IDENTIFIER		1/50	Batch control number assigned by submitter
64	R	BHT04	TRANSACTION SET CREATION DATE		8/8	Transaction set creation date (CCYYMMDD)
65	R	BHT05	TRANSACTION SET CREATION TIME		4/8	Transaction set creation time (HHMM)
65	S	BHT06	TRANSACTION TYPE CODE		2/2	Certain Medicaid programs support additional functionality for Spend Down or Medical Services Reservation.
			TABLE 2 – DETAIL, INFORMATION SOURCE LEVEL			

Page	REQUIRED	ELEMENT	ELEMENT DESCRIPTION	VALUES	LENGTH	DESCRIPTION
	R	**Loop 2000A**	**INFORMATION SOURCE LEVEL**			**MVP is the Information Source**
66	**R**	**HL**	**INFORMATION SOURCE LEVEL**			
67	R	HL01	HIERARCHICAL ID NUMBER		1/12	Unique number assigned by the sender to identify a particular data segment in the HL structure
67	NOT USED	HL02	HIERARCHICAL PARENT ID NUMBER		1/12	NOT USED
67	R	HL03	HIERARCHICAL LEVEL CODE	20	1/2	Information source
68	R	HL04	HIERARCHICAL CHILD CODE	1	1/1	Additional subordinate HL data segments in this hierarchical structure
Page	**R**	**Loop 2100A**	**INFORMATION SOURCE NAME**		**Length**	
69	**R**	**NM1**	**INFORMATION SOURCE NAME**			
69	R	NM101	ENTITY IDENTIFIER CODE	PR	2/3	Payer
70	R	NM102	ENTITY TYPE QUALIFIER	2	1/1	Non person entity
70	R	NM103	INFORMATION SOURCE LAST OR ORGANIZATION NAME	MVP	1/60	MVP's name
70	NOT USED	NM104	INFORMATION SOURCE FIRST NAME		1/35	NOT USED
70	NOT USED	NM105	INFORMATION SOURCE MIDDLE NAME		1/25	NOT USED
70	NOT USED	NM106	PREFIX		1/10	NOT USED
71	NOT USED	NM107	INFORMATION SOURCE NAME SUFFIX		1/10	NOT USED

Page	REQUIRED	ELEMENT	ELEMENT DESCRIPTION	VALUES	LENGTH	DESCRIPTION
71	R	NM108	IDENTIFICATION CODE QUALIFIER	FI	1/2	Federal Tax ID
71	R	NM109	INFORMATION SOURCE PRIMARY IDENTIFIER	141650868	2/80	MVP's Federal Tax ID
			TABLE 2 - DETAIL, INFORMATION RECEIVER LEVEL			
	R	**Loop 2000B**	**INFORMATION RECEIVER LEVEL**			**This entity expects response from the information source.**
72	**R**	**HL**	**INFORMATION RECEIVER LEVEL**			
73	R	HL01	HIERARCHICAL ID NUMBER		1/12	Unique number assigned by the sender to identify a particular data segment in the HL structure
73	R	HL02	HIERARCHICAL PARENT ID NUMBER		1/12	HL02 identifies the hierarchical ID number of the HL segment to which the current HL segment is subordinate.
74	R	HL03	HIERARCHICAL LEVEL CODE	21	1/2	Information Receiver
74	R	HL04	HIERARCHICAL CHILD CODE	1	1/1	Additional subordinate HL data segments in this hierarchical structure
	R	**Loop 2100B**	**INFORMATION RECEIVER NAME**			**Individual or organization requesting to receive the status information.**
75	**R**	**NM1**	**INFORMATION RECEIVER NAME**			
75	R	NM101	ENTITY IDENTIFIER CODE	1P	2/3	1P= Provider

Page	REQUIRED	ELEMENT	ELEMENT DESCRIPTION	VALUES	LENGTH	DESCRIPTION
76	R	NM102	ENTITY TYPE QUALIFIER	1, 2	1/1	1= Person 2=Non person entity
76	R	NM103	INFORMATION RECEIVER LAST OR ORGANIZATION NAME		1/60	Name of entity receiving the information
76	S	NM104	INFORMATION RECEIVER FIRST NAME		1/35	The first name is required when the value in NM102 is '1'
76	S	NM105	INFORMATION RECEIVER MIDDLE NAME		1/25	NOT USED
76	NOT USED	NM106	PREFIX		1/10	NOT USED
77	S	NM107	INFORMATION RECEIVER NAME SUFFIX		1/10	NOT USED
77	R	NM108	IDENTIFICATION CODE QUALIFIER	XX	1/2	NATIONAL PROVIDER ID
78	R	NM109	INFORMATION RECEIVER IDENTIFICATION NUMBER		2/80	Information Receiver Identification Number
79	**S**	**REF**	**INFORMATION RECEIVER ADDITIONAL IDENTIFICATION**			**Use this segment when needed to convey other or additional identification numbers for the information receiver.**
79	R	REF01	REFERENCE IDENTIFICATION QUALIFIER	TJ	2/3	TJ=Federal Tax ID
80	R	REF02	INFORMATION RECEIVER ADDITIONAL IDENTIFIER		1/50	Information Receiver Additional Identifier
			TABLE 2 - DETAIL, SUBSCRIBER LEVEL			
	R	**Loop 2000C**	**SUBSCRIBER LEVEL**			**Use this loop to request information on subscribers and dependents. MVP assigns unique identifiers to dependents, so the**

Page	REQUIRED	ELEMENT	ELEMENT DESCRIPTION	VALUES	LENGTH	DESCRIPTION
						dependent loop is not required.
86	**R**	**HL**	**SUBSCRIBER LEVEL**			
88	R	HL01	HIERARCHICAL ID NUMBER		1/12	Unique number assigned by the sender to identify a particular data segment in the HL structure
88	R	HL02	HIERARCHICAL PARENT ID NUMBER		1/12	HL02 identifies the hierarchical ID number of the HL segment to which the current HL segment is subordinate.
89	R	HL03	HIERARCHICAL LEVEL CODE	22	1/2	Subscriber
89	R	HL04	HIERARCHICAL CHILD CODE	0,1	1/1	0=No Subordinate HL Segment in This Hierarchical Structure 1=Additional Subordinate HL Data Segment in This Hierarchical Structure
90	**S**	**TRN**	**SUBSCRIBER TRACE NUMBER**			**Trace numbers assigned at the subscriber level are intended to allow tracing of an eligibility/benefit transaction when the subscriber or dependent is the patient. The information receiver may assign one TRN segment in this loop if the subscriber/dependent is the patient. A clearinghouse may assign one TRN segment in this loop if the subscriber/dependent is the patient.**
90	R	TRN01	TRACE TYPE CODE	1	1/2	Current Transaction Trace Numbers
91	R	TRN02	TRACE NUMBER		1/50	Use this **unique** number for the trace or reference number assigned by the information receiver.

Page	REQUIRED	ELEMENT	ELEMENT DESCRIPTION	VALUES	LENGTH	DESCRIPTION
91	R	TRN03	TRACE ASSIGNING ENTITY IDENTIFIER		10/10	Use this number for the identification number of the company that assigned the trace or reference number specified in the previous data element (TRN02). The first position must be either a “1" if an EIN is used, a ”3" if a DUNS is used or a “9" if a user assigned identifier is used.
Page	**R**	**Loop 2100C**	**SUBSCRIBER NAME**			**Use this loop to identify the patient (subscriber or dependent).**
92	**R**	**NM1**	**SUBSCRIBER NAME**			
92	R	NM101	ENTITY IDENTIFIER CODE	IL	2/3	IL=Insured or Subscriber
93	R	NM102	ENTITY TYPE QUALIFIER	1	1/1	1= Person
93	R	NM103	SUBSCRIBER LAST NAME		1/60	Use this name for the patient name (subscriber or dependent). Required if using for search criteria.
93	R	NM104	SUBSCRIBER FIRST NAME		1/35	Use this name for the patient name (subscriber or dependent). Required if using for search criteria.
94	NOT USED	NM105	SUBSCRIBER MIDDLE NAME		1/25	NOT USED
94	NOT USED	NM106	PREFIX		1/10	NOT USED
94	NOT USED	NM107	SUBSCRIBER NAME SUFFIX		1/10	NOT USED
95	S	NM108	IDENTIFICATION CODE QUALIFIER	MI	1/2	MI=Member ID Number
96	R	NM109	SUBSCRIBER PRIMARY IDENTIFIER		2/80	This is the primary number that the information source associates with the patient (subscriber or dependent). Required if using for search criteria. ***The 11 character MVP Member ID***

Page	REQUIRED	ELEMENT	ELEMENT DESCRIPTION	VALUES	LENGTH	DESCRIPTION
97	**S**	**REF**	**SUBSCRIBER ADDITIONAL IDENTIFICATION**			**Use this segment when needed to convey identification numbers other than or in addition to the Member Identification Number.**
98	R	REF01	REFERENCE IDENTIFICATION QUALIFIER	6P, SY	2/3	6P=Group Number SY= Subscriber SSN
99	R	REF02	SUBSCRIBER SUPPLEMENTAL IDENTIFIER		1/50	
	S	**N3**	**SUBSCRIBER'S ADDRESS**			
100	R	N301	SUBSCRIBER ADDRESS LINE		1/55	Subscriber Address Line
	S	N302	SUBSCRIBER ADDITIONAL ADDRESS LINE		1/55	Subscriber Address Line
Page	**S**	**N4**	**SUBSCRIBER CITY/STATE/ZIP CODE**			
101	S	N401	SUBSCRIBER CITY NAME		2/30	Subscriber City Name
102	S	N402	SUBSCRIBER STATE CODE		2/2	Subscriber State Code
102	S	N403	SUBSCRIBER ZIP CODE		3/15	Subscriber Postal Zone or ZIP Code
107	**R**	**DMG**	**SUBSCRIBER DEMOGRAPHIC INFORMATION**			
108	R	DMG01	DATE FORMAT QUALIFIER	D8	2/3	Date Expressed in Format CCYYMMDD
108	R	DMG02	SUBSCRIBER BIRTH DATE		1/35	Subscriber or dependent date of birth
109	S	DMG03	SUBSCRIBER GENDER CODE	F, M	1/1	F=Female, M=Male

Page	REQUIRED	ELEMENT	ELEMENT DESCRIPTION	VALUES	LENGTH	DESCRIPTION
	S	**DTP**	**SUBSCRIBER DATE**			**Use this segment to convey the eligibility, service or admission date(s) for the patient (subscriber/dependent).** **Absence of an Eligibility, Admission or Service date implies the request is for the date the transaction is processed.**
122	R	DTP01	DATE TIME QUALIFIER	102,291	3/3	Issue Date(per member id card), Plan Date
123	R	DTP02	DATE TIME PERIOD FORMAT QUALIFIER	D8, RD8	2/3	Date Expressed in Format CCYYMMDD, CCYYMMDD-CCYYMMDD
123	R	DTP03	DATE TIME PERIOD		1/35	Date Time Period
	S	**Loop 2110C**	**SUBSCRIBER ELIGIBILITY OR BENEFIT INQUIRY INFORMATION**			**Use the EQ loop/segment to verify the eligibility or benefits for the patient (subscriber/dependent).**
124	**S**	**EQ**	**SUBSCRIBER ELIGIBILITY INFORMATION**			
125	S	EQ01	SERVICE TYPE CODE	30, 1,35	1/2	Health Benefit Plan Coverage, Medical, Dental

Page	REQUIRED	ELEMENT	ELEMENT DESCRIPTION	VALUES	LENGTH	DESCRIPTION
144	**S**	**DTP**	**SUBSCRIBER ELIGIBILITY/BENEFIT DATE**			**Use this segment to convey eligibility, admission, or service dates associated with the information contained in the corresponding EQ segment. This segment is only to be used to override dates provided in Loop 2100C when the date differs from the date provided in the DTP segment in Loop 2100C. Dates that apply to the entire request should be placed in the DTP segment in Loop 2100C.**
144	R	DTP01	DATE TIME QUALIFIER	291	3/3	Plan
145	R	DTP02	DATE TIME PERIOD FORMAT QUALIFIER	D8, RD8	2/3	Date Expressed in Format CCYYMMDD, CCYYMMDD-CCYYMMDD
145	R	DTP03	DATE TIME PERIOD		1/35	Date Time Period
			TRANSACTION TRAILER			
200	**R**	**SE**	**TRANSACTION SET TRAILER**			
200	R	SE01	TRANSACTION SEGMENT COUNT		1/10	
200	R	SE02	TRANSACTION SET CONTROL NUMBER		4/9	Same as ST02
			FUNCTIONAL/INTERCHANGE TRAILERS			
515	**R**	**GE**	**FUNCTIONAL GROUP TRAILER**			
515	R	GE01	NUMBER OF TRANSACTION SETS INCLUDED		1/6	

515	R	GE02	GROUP CONTROL NUMBER		1/9	Same as GS06
516	**R**	**IEA**	**INTERCHANGE CONTROL TRAILER**			
516	R	IEA01	NUMBER OF INCLUDED FUNCTIONAL GROUPS		1/5	
516	R	IEA02	INTERCHANGE CONTROL NUMBER		9/9	Same as ISA13

10.2. MVP Requirements for the ANSI X12 271 Transaction - Health Care Eligibility and Benefit Response

Note: the information in this table refers to the TR3.

Page	REQUIRED	ELEMENT	ELEMENT DESCRIPTION	VALUES	LENGTH	DESCRIPTION
			INTERCHANGE/FUNCTION HEADERS			
275	**R**	**ISA**	**INTERCHANGE CONTROL HEADER**			
276	R	ISA01	AUTHORIZATION INFORMATION QUALIFIER	00	2/2	No Authorization Information Present in I02
276	R	ISA02	AUTHORIZATION INFORMATION		10/10	Blank
276	R	ISA03	SECURITY INFORMATION QUALIFIER	00	2/2	No Security Information Present in I04
276	R	ISA04	SECURITY INFORMATION		10/10	Blank
276	R	ISA05	INTERCHANGE ID QUALIFIER	30	2/2	Federal Tax ID
276	R	ISA06	INTERCHANGE SENDER ID	141650868	15/15	MVP Tax ID

Page	REQUIRED	ELEMENT	ELEMENT DESCRIPTION	VALUES	LENGTH	DESCRIPTION
277	R	ISA07	INTERCHANGE ID QUALIFIER	30	2/2	Federal Tax ID
277	R	ISA08	INTERCHANGE RECEIVER ID		15/15	Trading Partner Tax ID
277	R	ISA09	INTERCHANGE DATE	YYMMDD	6/6	Date of interchange
277	R	ISA10	INTERCHANGE TIME	HHMM	4/4	Time of interchange
277	R	ISA11	INTERCHANGE CONTROL STANDARDS IDENTIFIER	^	1/1	Repetition Separator
277	R	ISA12	INTERCHANGE CONTROL VERSION NUMBER	00501	5/5	Draft Standards Approved by ASC X12 thru October 1997
277	R	ISA13	INTERCHANGE CONTROL NUMBER		9/9	Must match IEA02
278	R	ISA14	ACKNOWLEDGMENT REQUESTED	0	1/1	0 = NO
278	R	ISA15	TEST INDICATOR	P or T	1/1	P = production T= test
278	R	ISA16	COMPONENT ELEMENT SEPARATOR	:	1/1	Delimiter
279	**R**	**GS**	**FUNCTIONAL GROUP HEADER**			
279	R	GS01	FUNCTIONAL IDENTIFIER CODE	HB	2/2	Healthcare Eligibility Benefit Inquiry Response (271)
279	R	GS02	APPLICATION SENDER'S CODE	141650868	2/15	MVP Federal Tax ID
279	R	GS03	APPLICATION RECEIVER'S CODE		2/15	Trading Partner Tax ID
280	R	GS04	DATE	CCYYMMDD	8/8	Group Creation Date

Page	REQUIRED	ELEMENT	ELEMENT DESCRIPTION	VALUES	LENGTH	DESCRIPTION
280	R	GS05	TIME	HHMM	4/8	Creation Time
280	R	GS06	GROUP CONTROL NUMBER		1/9	Assigned by MVP
280	R	GS07	RESPONSIBLE AGENCY CODE	X	1/2	Accredited Standards Committee X12
280	R	GS08	VERSION/RELEASE/INDUSTRY IDENTIFIER CODE	005010X0279A1	1/12	Version / Release / Industry Identifier Code
			TABLE 1 – TRANSACTION HEADER			
209	**R**	**ST**	**TRANSACTION SET HEADER**			
209	R	ST01	TRANSACTION SET IDENTIFIER CODE	271	3/3	Eligibility, Coverage, or Benefit Information (271)
209	R	ST02	TRANSACTION SET CONTROL NUMBER		4/9	Must match SE02 control number
210	R	ST03	IMPLEMENTATION CONVENTION REFERENCE	005010X0279A1	1/35	IMPLEMENTATION CONVENTION REFERENCE
211	**R**	**BHT**	**BEGINNING OF HIERARCHICAL TRANSACTION**			**Define the business structure of the transaction set; identify business application purpose and reference data.**
211	R	BHT01	HIERARCHICAL STRUCTURE CODE	0022	4/4	Information Source, Information Receiver, Provider Service, Subscriber, Dependent
211	R	BHT02	TRANSACTION SET PURPOSE CODE	11,06	2/2	Response, Cancellation Response

Page	REQUIRED	ELEMENT	ELEMENT DESCRIPTION	VALUES	LENGTH	DESCRIPTION
212	S	BHT03	SUBMITTER TRANSACTION ID		1/50	Assigned value by MVP
212	R	BHT04	TRANSACTION SET CREATION DATE	CCYYMMDD	8/8	System Date (CCYYMMDD)
212	R	BHT05	TRANSACTION SET CREATION TIME		4/8	System Time (HHMMSS)
			TABLE 2 – DETAIL, INFORMATION SOURCE LEVEL			
	R	**Loop 2000A**	**INFORMATION SOURCE LEVEL**			**MVP is the Information Source**
213	**R**	**HL**	**INFORMATION SOURCE LEVEL**			
214	R	HL01	HIERARCHICAL ID NUMBER		1/12	HL Counter
214	NOT USED	HL02	HIERARCHICAL PARENT ID NUMBER		1/12	NOT USED
214	R	HL03	HIERARCHICAL LEVEL CODE	20	1/2	Information source
214	R	HL04	HIERARCHICAL CHILD CODE	0,1	1/1	Additional subordinate HL data segments in this hierarchical structure. 0=No Subordinate HL Segment in This Hierarchical Structure 1=Additional Subordinate HL Data Segment in This Structure
215	**S**	**AAA**	**REQUEST VALIDATION**			**Use this segment when a request could not be processed at a system or application level and to indicate what action the originator of the request transaction should take.**
215	R	AAA01	VALID REQUEST INDICATOR	Y, N	1/1	Y=Yes Use this code to indicate that the request is valid, however the transaction has been rejected as identified by the code in AAA03. N=No Use this code to indicate that the request or an element in the request is not valid.

Page	REQUIRED	ELEMENT	ELEMENT DESCRIPTION	VALUES	LENGTH	DESCRIPTION
216	R	AAA03	REJECT REASON CODE	04,41, 42,79	2/2	04=Authorized Quantity Exceeded 41=Authorization/Access Restrictions 42=Unable to Respond at Current Time 79= Invalid participant ID
216	R	AAA04	FOLLOW-UP ACTION CODE	C, N	1/1	C=Correct and resubmit N=Resubmission not allowed
	R	**Loop 2100A**	**INFORMATION SOURCE NAME**			
218	**R**	**NM1**	**INFORMATION SOURCE NAME**			
218	R	NM101	ENTITY IDENTIFIER CODE	PR	2/3	Payer
219	R	NM102	ENTITY TYPE QUALIFIER	2	1/1	2=Non person entity
219	R	NM103	INFORMATION SOURCE LAST OR ORGANIZATION NAME	MVP	1/60	MVP's name. Use this name for the organization name if NM102 is “2".
220	R	NM108	IDENTIFICATION CODE QUALIFIER	FI	1/2	Federal Tax ID
220	R	NM109	INFORMATION SOURCE PRIMARY IDENTIFIER	141650868	2/80	MVP's Federal Tax ID
			TABLE 2 - DETAIL, INFORMATION RECEIVER LEVEL			
	S	**Loop 2000B**	**INFORMATION RECEIVER LEVEL**			**Entity receiving response from MVP**
229	**R**	**HL**	**INFORMATION RECEIVER LEVEL**			

Page	REQUIRED	ELEMENT	ELEMENT DESCRIPTION	VALUES	LENGTH	DESCRIPTION
230	R	HL01	HIERARCHICAL ID NUMBER		1/12	HL Counter
230	R	HL02	HIERARCHICAL PARENT ID NUMBER		1/12	Hierarchical Parent ID Number
231	R	HL03	HIERARCHICAL LEVEL CODE	21	1/2	Information Receiver
231	R	HL04	HIERARCHICAL CHILD CODE	0,1	1/1	Additional subordinate HL data segments in this hierarchical structure 1=Additional Subordinate HL Data Segment in This Structure
	R	**Loop 2100B**	**INFORMATION RECEIVER NAME**			**Use this segment to identify an entity by name and/or identification number. This NM1 loop is used to identify the eligibility/benefit information receiver.**
232	**R**	**NM1**	**INFORMATION RECEIVER NAME**			
232	R	NM101	ENTITY IDENTIFIER CODE	1P	2/3	1P= Provider
233	R	NM102	ENTITY TYPE QUALIFIER	1,2	1/1	1= Person 2=Non person entity
233	S	NM103	INFORMATION RECEIVER LAST OR ORGANIZATION NAME		1/60	Name of entity receiving the information
233	S	NM104	INFORMATION RECEIVER FIRST NAME		1/35	The first name is required when the value in NM102 is '1'
234	S	NM105	INFORMATION RECEIVER MIDDLE NAME		1/25	Information Receiver Middle
234	NOT USED	NM106	PREFIX		1/10	NOT USED
234	S	NM107	INFORMATION RECEIVER NAME SUFFIX		1/10	Information Receiver Suffix

Page	REQUIRED	ELEMENT	ELEMENT DESCRIPTION	VALUES	LENGTH	DESCRIPTION
234	R	NM108	IDENTIFICATION CODE QUALIFIER	XX	1/2	NPI
235	R	NM109	INFORMATION RECEIVER IDENTIFICATION NUMBER			Information Receiver Identification Number
236	**S**	**REF**	**INFORMATION RECEIVER ADDITIONAL IDENTIFICATION**			**Use this segment when needed to convey other or additional identification numbers for the information receiver.**
236	R	REF01	REFERENCE IDENTIFICATION QUALIFIER	TJ	2/3	TJ=Federal Tax ID
237	R	REF02	INFORMATION RECEIVER ADDITIONAL IDENTIFICATION		1/50	Information Receiver Additional Identifier

TABLE 2 - DETAIL, SUBSCRIBER LEVEL

	S	**Loop 2000C**	**SUBSCRIBER LEVEL**			**This loop will be used to supply eligibility information for the patient (subscriber or dependent). Dependents have unique identifiers in MVP's system.**
243	**S**	**HL**	**SUBSCRIBER LEVEL**			
244	R	HL01	HIERARCHICAL ID NUMBER		1/12	Unique number assigned by the sender to identify a particular data segment in the HL structure
244	R	HL02	HIERARCHICAL PARENT ID NUMBER		1/12	HL02 identifies the hierarchical ID number of the HL segment to which the current HL segment is subordinate.
245	R	HL03	HIERARCHICAL LEVEL CODE	22	1/2	Subscriber

Page	REQUIRED	ELEMENT	ELEMENT DESCRIPTION	VALUES	LENGTH	DESCRIPTION
245	**R**	**HL04**	HIERARCHICAL CHILD CODE	0,1	1/1	0=No Subordinate HL Segment in This Hierarchical Structure 1=Additional Subordinate HL Data Segment in This Hierarchical Structure
246	**S**	**TRN**	**SUBSCRIBER TRACE NUMBER**			**Use this segment to convey a unique trace or reference number for the patient (subscriber or dependent). If the subscriber is the patient, an information source may add one TRN segment to loop 2000C with a value of "1" in TRN01 and must identify them selves in TRN03.**
247	R	TRN01	TRACE TYPE CODE	1, 2	1/2	1=Current Transaction Trace Numbers 2=Referenced Transaction Trace Numbers
248	R	TRN02	TRACE NUMBER		1/50	TRN02 provides **unique** identification for the transaction.
248	R	TRN03	TRACE ASSIGNING ENTITY IDENTIFIER		10/10	If TRN01 is "2", this is the value received in the original 270. If TRN01 is "1", use this information to identify the organization that assigned this trace number. The first position must be either a "1" if an EIN is used, a "3" if a DUNS is used or a "9" if a user assigned identifier is used.
248	S	TRN04	TRACE ASSIGNING ENTITY ADDITIONAL IDENTIFIER		1/50	If TRN01 is "2", this is the value received in the original 270. If TRN01 is "1"Use this information if necessary to further identify a specific component of the company identified in the previous data element (TRN03).
	R	**Loop 2100C**	**SUBSCRIBER NAME**			**Use this loop to identify the patient (subscriber or dependent)**
249	**R**	**NM1**	**SUBSCRIBER NAME**			

Page	REQUIRED	ELEMENT	ELEMENT DESCRIPTION	VALUES	LENGTH	DESCRIPTION
249	R	NM101	ENTITY IDENTIFIER CODE	IL	2/3	IL=Insured or Subscriber
250	R	NM102	ENTITY TYPE QUALIFIER	1	1/1	1= Person
250	S	NM103	SUBSCRIBER LAST NAME		1/60	Required unless a rejection response is generated and this element was not valued in the request. Patient name - Subscriber or dependent
250	S	NM104	SUBSCRIBER FIRST NAME		1/35	Required unless a rejection response is generated and this element was not valued in the request. Patient name - Subscriber or dependent
250	S	NM105	SUBSCRIBER MIDDLE NAME		1/25	Subscriber Middle Name
250	NOT USED	NM106	PREFIX		1/10	NOT USED
251	S	NM107	SUBSCRIBER NAME SUFFIX		1/10	Subscriber Name Suffix
251	S	NM108	IDENTIFICATION CODE QUALIFIER	MI	1/2	MI=Member ID
252	S	NM109	SUBSCRIBER IDENTIFIER		2/80	Required unless a rejection response is generated and this element was not valued in the request. Patient MVP ID number (subscriber # or dependent #)
253	**S**	**REF**	**SUBSCRIBER ADDITIONAL IDENTIFICATION**			
254/255	R	REF01	REFERENCE IDENTIFICATION QUALIFIER	49, 6P	2/3	49=Family Unit Number (member suffix) 6P=Group Number
256	R	REF02	SUBSCRIBER SUPPLEMENTAL IDENTIFIER		1/50	MVP Member's 2 digit suffix (if less then 10 then 1 digit), MVP Group Number, MVP Member #, Subscriber's SSN, Patient Account number

Page	REQUIRED	ELEMENT	ELEMENT DESCRIPTION	VALUES	LENGTH	DESCRIPTION
257	**S**	**N3**	**SUBSCRIBER'S ADDRESS**			
257	R	N301	SUBSCRIBER ADDRESS LINE		1/55	Subscriber Address Line
258	S	N302	SUBSCRIBER ADDITIONAL ADDRESS LINE		1/55	Subscriber Address Line
259	**S**	**N4**	**SUBSCRIBER CITY/STATE/ZIP CODE**			
260	S	N401	SUBSCRIBER CITY NAME		2/30	Subscriber City Name
260	S	N402	SUBSCRIBER STATE CODE		2/2	Subscriber State Code
260	S	N403	SUBSCRIBER ZIP CODE		3/15	Subscriber Postal Zone or ZIP Code
262	**S**	**AAA**	**SUBSCRIBER REQUEST VALIDATION**			**Use this segment when a request could not be processed at a system or application level and to indicate what action the originator of the request transaction should take.**
262	R	AAA01	VALID REQUEST INDICATOR	Y, N	1/1	Y=Yes, Use this code to indicate that the request is valid; however the transaction has been rejected as identified by the code in AAA03. N=No, Use this code to indicate that the request or an element in the request is not valid.
263	R	AAA03	REJECT REASON CODE		2/2	Use this code for the reason why the transaction was unable to be processed successfully. This may indicate problems with the system, the application, or the data content. Refer to the 270/271 Implementation Guide for a full list of error codes.
264	R	AAA04	FOLLOW-UP ACTION CODE	C, R	1/1	C=Correct and resubmit, R=Resubmission Allowed

Page	REQUIRED	ELEMENT	ELEMENT DESCRIPTION	VALUES	LENGTH	DESCRIPTION
268	**S**	**DMG**	**SUBSCRIBER DEMOGRAPHIC INFORMATION**			
269	S	DMG01	DATE FORMAT QUALIFIER	D8	2/3	Date Expressed in Format CCYYMMDD
269	S	DMG02	SUBSCRIBER BIRTH DATE		1/35	Subscriber or Dependent DOB
269	S	DMG03	SUBSCRIBER GENDER CODE	F, M, U	1/1	F=Female M=Male U=Unknown
283	**S**	**DTP**	**SUBSCRIBER DATE**			**Use this segment to convey any relevant dates. The dates represented may be in the past, the current date, or a future date. The dates may also be a single date or a span of dates. Which date(s) to use is determined by the format qualifier in DTP02.**
283	R	DTP01	DATE TIME QUALIFIER	307, 472	3/3	Eligibility Date, Service Date
284	R	DTP02	DATE TIME PERIOD FORMAT QUALIFIER	D8, RD8	2/3	Date Expressed in Format CCYYMMDD Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD
284	R	DTP03	DATE TIME PERIOD		1/35	Date Time Period
289	**S**	**Loop 2110C**	**SUBSCRIBER ELIGIBILITY OR BENEFIT INQUIRY INFORMATION**			**This segment is required if the subscriber is the person whose eligibility or benefits are being described and the transaction is not rejected (see Section 1.3.9) or if the transaction needs to be rejected in this loop.**
289	**S**	**EB**	**SUBSCRIBER ELIGIBILITY**			

Page	REQUIRED	ELEMENT	ELEMENT DESCRIPTION	VALUES	LENGTH	DESCRIPTION
			INFORMATION			
291	R	EB01	SERVICE TYPE CODE	1, 6,	1/2	1=Active Coverage 6=Inactive
292	S	EB02	BENEFIT COVERAGE LEVEL CODE	FAM, SPC, DEP, ECH, EMP, ESP, SPO	3/3	Family, Spouse and Children, Dependents Only, Employee and Children, Employee Only, Employee and Spouse, Spouse Only
293	S	EB03	SERVICE TYPE CODE	1, 30, 33, 35, 47, 86, 88, 98, AL, MH, UC	1/2	Health Benefit Coverage, Medical Care, Chiropractic, Dental, Hospital, Emergency Services, Pharmacy, Professional (Physician Visit Office), Vision, Mental Health, Urgent Care.
298	S	EB04	INSURANCE TYPE CODE		1/3	Insurance Type Code
299	S	EB05	PLAN COVERAGE DESCRIPTION		1/50	Plan Coverage Description
299	S	EB06	TIME PERIOD QUALIFIER		1/2	Use this code for the time period category for the benefits being described when needed to qualify benefit availability.
300	S	EB07	MONETARY AMOUNT		1/18	Use this for Co-payment or Co-insurance Amounts
301	S	EB08	BENEFIT PERCENT		1/10	Use this percentage rate as qualified by EB01.
301	NOT USED	EB09	QUANTITY QUALIFIER		2/2	NOT USED
302	NOT USED	EB10	BENEFIT QUANTITY		1/15	NOT USED
302	NOT USED	EB11	AUTHORIZATION/CERTIFICATION INDICATOR		1/1	NOT USED
303	S	EB12	IN PLAN NETWORK INDICATOR		1/1	Use If it is necessary to indicate if benefits are considered In or Out of Plan-Network or not.

Page	REQUIRED	ELEMENT	ELEMENT DESCRIPTION	VALUES	LENGTH	DESCRIPTION
	S	**Loop 2115C**	**SUBSCRIBER ELIGIBILITY OR BENEFIT ADDITIONAL INFORMATION**			
328	**S**	**LS**	**LOOP HEADER**			**Use this segment to identify the beginning of the Subscriber Benefit Related Entity Name loop.**
328	R	LS01	LOOP IDENTIFIER CODE	2120	1/4	Loop Identifier Code
329	**S**	**Loop 2120C**	**SUBSCRIBER BENEFIT RELATED ENTITY NAME**			
329	**S**	**NM1**	**SUBSCRIBER BENEFIT RELATED ENTITY NAME**			**Use this segment to identify an entity by name and/or identification number. This NM1 loop is used to identify a provider (such as the primary care provider), an individual, another payer, or another information source when applicable to the eligibility response.**
330	R	NM101	ENTITY IDENTIFIER CODE	P3	2/3	Primary Care Provider
331	R	NM102	ENTITY TYPE QUALIFIER	1	1/1	1= Person
331	S	NM103	BENEFIT RELATED ENTITY LAST NAME		1/60	Benefit Related Entity Last or Organization Name
331	S	NM104	BENEFIT RELATED ENTITY FIRST NAME		1/35	Benefit Related Entity First Name
332	S	NM108	IDENTIFICATION CODE QUALIFIER	SV	1/2	Service Provider Number
333	S	NM109	BENEFIT RELATED ENTITY IDENTIFIER		2/80	Benefit Related Entity Identifier

Page	REQUIRED	ELEMENT	ELEMENT DESCRIPTION	VALUES	LENGTH	DESCRIPTION
335	**S**	**N3**	**SUBSCRIBER BENEFIT RELATED ENTITY ADDRESS**			
335	R	N301	SUBSCRIBER BENEFIT RELATED ENTITY ADDRESS LINE		1/55	Benefit Related Entity Address Line
335	S	N302	SUBSCRIBER ADDITIONAL ADDRESS LINE		1/55	Subscriber Address Line
336	**S**	**N4**	**SUBSCRIBER BENEFIT RELATED ENTITY CITY/STATE/ZIP CODE**			
336	R	N401	SUBSCRIBER BENEFIT RELATED ENTITY CITY NAME		2/30	Benefit Related Entity City Name
337	R	N402	SUBSCRIBER BENEFIT RELATED ENTITY STATE CODE		2/2	Benefit Related Entity State Code
337	R	N403	SUBSCRIBER BENEFIT RELATED ENTITY ZIP CODE		3/15	Benefit Related Entity Postal Zone or ZIP Code
339	**S**	**PER**	**Subscriber Benefit Related Entity Contact Information**			
340		PER01	Contact Function Code	IC	2/2	Information Contact

Page	REQUIRED	ELEMENT	ELEMENT DESCRIPTION	VALUES	LENGTH	DESCRIPTION
	R					
340	**S**	PER02	Name		1/60	Contact's Name
341	**R**	PER03	Communication Number Qualifier	TE	2/2	
341	**R**	PER04	Communication Number		1/256	The format for US domestic phone numbers is: AAABBBCCCC AAA = Area Code BBBCCCC = Local Number
344	**S**	**PRV**	**SUBSCRIBER BENEFIT RELATED ENTITY INFORMATION**			**Required if required under provider-payer contract.**
344	R	PRV01	PROVIDER CODE	PC	1/3	PC=Primary Care Physician
345	R	PRV02	REFERENCE ID QUALIFIER	9K	2/3	9K=Servicer
345	R	PRV03	PROVIDER TAXONOMY CODE		1/50	Provider Identifier
346	**S**	**LE**	**LOOP TRAILER**			**Use this segment to identify the end of the Subscriber Benefit Related Entity Name loop.**
			TRANSACTION TRAILER			
450	**R**	**SE**	**TRANSACTION SET TRAILER**			
450	R	SE01	TRANSACTION SEGMENT COUNT		1/10	TRANSACTION SEGMENT COUNT

Page	REQUIRED	ELEMENT	ELEMENT DESCRIPTION	VALUES	LENGTH	DESCRIPTION
450	R	SE02	TRANSACTION SET CONTROL NUMBER		4/9	Same as ST02
			FUNCTIONAL/INTERCHANGE TRAILERS			
	R	**GE**	**FUNCTIONAL GROUP TRAILER**			
281	R	GE01	NUMBER OF TRANSACTION SETS INCLUDED		1/6	NUMBER OF TRANSACTION SETS INCLUDED
281	R	GE02	GROUP CONTROL NUMBER		1/9	Same as GS06
	R	**IEA**	**INTERCHANGE CONTROL TRAILER**			
282	R	IEA01	NUMBER OF INCLUDED FUNCTIONAL GROUPS		1/5	NUMBER OF INCLUDED FUNCTIONAL GROUPS
282	R	IEA02	INTERCHANGE CONTROL NUMBER		9/9	Same as ISA13

11. APPENDICES

1. Implementation Checklist

- Review MVP Health Care companion guide for 270/271 real-time transactions
- Enroll in Post-n-Track
- Select Your Choice of Protocol
- Establish Authentication/Authorization
- Test with Post-n-Track
- Implement in production

2. Business Scenarios

Please refer to the business scenarios presented in the TR3 guide

3. Transmission Examples

Please refer to the transmission examples presented in the TR3 guide.

12. VERSION CHANGE LOG

Version	Date
Version 1.0 Original	**Published April 19, 2005**
Version 2.0 Updated for Single Brand Identity	**Published April 27, 2009**
Version 3.0 Updated for 5010 **Major changes include:** **Primary and Alternate search criteria** **Addition of 999 Implementation Acknowledgement** **Removal of Dependent loops** **Changes in response codes and qualifiers**	**Effective January 1, 2011**

Use of XX / NPI in NM108 / NM109.

Version 4.0 Updated for CORE Operating Rules **Published November 2012**

Content Changes

Format Changes