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MVP HEALTH CARE

MVP Health Care

Testing and Implementation Guide

ANSI X12 270/271 Version 5010X279A1
Health Care Eligibility/Benefit Request and Response:

Real - time

Guide Version 3.0 February, 2012

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VERSION CHANGE LOG

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** **Use of XX / NPI in NM108 / NM109.** **Member ID/Name/Address Search Option**	**Effective January 1, 2011**

INTRODUCTION

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

PURPOSE

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. **This companion guide is to be used in conjunction with the ANSI X12N implementation guides (TR3s).** The companion guide supplements, but does not contradict or replace any requirements in the implementation guide. The HIPAA implementation guides can be obtained from the Washington Publishing Company by calling 1-800-972-4334 or are available for download on their web site at www.wpc-edi.com/hipaa/. Other important websites:

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

SPECIAL CONSIDERATIONS

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)**

Response Transactions Supported

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

- 271 Health Care Benefit Inquiry Response - **ASC X12N 271 (005010X0279A1)**

- 999 Acknowledgement for Health Care Insurance – **ASC X12C 999 (005010X231A1)**

Communication Specifications

This companion guide supports the receipt of the 270, Health Care Benefit Inquiry Request and 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. You may also contact:

Amy Hokett
Realtime Account Manager
Post-n-Track
1155 Silas Deane Hwy.
Wethersfield CT 06109
860-257-2030 x139
realtimesupport@post-n-track.com

Use of the 270 Health Care Benefit Inquiry Request

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!**
- 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

Member ID/Name/Address Search Option
Patient's Member ID Number
Patient's First Name
Patient's Last Name
Patient's Address (required for Member ID beginning with "A")

** 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.

Level of Detail Expected by the Health Care Benefit Information Receiver

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 42 Unable to Respond at Current Time 75 Subscriber / Insured Not Found

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

Maximum Limitations

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

Implementation of Eligibility Submission

There will be four phases of implementation.

1. Development Phase - An MVP appointed IT (Information Technology) Representative will contact the client's IT Representative to review these procedures. MVP will set up a client specific profile to receive eligibility requests, process eligibility requests and send eligibility responses. The client will create or modify their programs as necessary to provide MVP with the required data and to receive required data from MVP.

2. Test Phase – The client must notify MVP when they are ready to begin submitting test files. MVP and the client will set up a schedule to receive and send data across the desired media. Upon receiving the file, MVP will validate the file format and data for accuracy. MVP will run the file through the eligibility request process, which will do a series of error checking. Upon completion of the eligibility request process an eligibility response will be created. MVP will identify any errors that will assist client with submitting clean eligibility requests. The MVP IT Representative will test and identify all technical errors. During the testing phase, the EDI Coordinator will be responsible for the education of providers/hospitals with regard to EDI errors/failures. The MVP IT Representative will work closely with the EDI Coordinator to address all aspects of clean eligibility requests submission for the client. Client will review and discuss any questions or problems with MVP. The goal will be to achieve a 100% HIPAA compliant eligibility request submission prior to going live.

3. Production - Once testing has reached a 100% acceptance level and both parties have signed off, MVP will move the process into production and go live with the eligibility request and response submissions. MVP will have an eligibility request submission cut off time of 5:00pm. Files received before 5:00pm will be processed that night. Any requests received after 5:00pm will be processed after 5:00pm the next business day. Eligibility Response files will be available after 8:30am the following morning. Providers/hospitals may contact Member Services at 1-888-MVP-MBRS with questions regarding individual eligibility request and response errors. All transaction error questions should be directed to the EDI Coordinators: 877-461-4911.

4. Post Production - MVP will closely monitor the client's eligibility requests submissions for a period of two weeks. MVP will insure that the client's eligibility requests are being received and processed; an eligibility response is created and delivered to the client's mailbox properly.

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

REQUIRED	ELEMENT	ELEMENT DESCRIPTION	VALUES	DESCRIPTION
		INTERCHANGE/FUNCTION HEADERS		
R	**ISA**	**INTERCHANGE CONTROL HEADER**		
R	ISA01	AUTHORIZATION INFORMATION QUALIFIER	00	No Authorization Information Present in I02
R	ISA02	AUTHORIZATION INFORMATION		Blank
R	ISA03	SECURITY INFORMATION QUALIFIER	00	No Security Information Present in I04
R	ISA04	SECURITY INFORMATION		Blank
R	ISA05	INTERCHANGE ID QUALIFIER	30	Federal Tax ID
R	ISA06	INTERCHANGE SENDER ID		Sender Tax ID
R	ISA07	INTERCHANGE ID QUALIFIER	30	Federal Tax ID
R	ISA08	INTERCHANGE RECEIVER ID	141650868	MVP Tax ID
R	ISA09	INTERCHANGE DATE	YYMMDD	Date of interchange
R	ISA10	INTERCHANGE TIME	HHMM	Time of interchange
R	ISA11	INTERCHANGE CONTROL STANDARDS IDENTIFIER	^	Repetition Separator
R	ISA12	INTERCHANGE CONTROL VERSION NUMBER	00501	Draft Standards Approved by ASC X12 thru October 1997
R	ISA13	INTERCHANGE CONTROL NUMBER		Must match IEA02
R	ISA14	ACKNOWLEDGMENT REQUESTED	0	0 = NO
R	ISA15	TEST INDICATOR	P OR T	P = production T= test
R	ISA16	COMPONENT ELEMENT SEPARATOR	:	Delimiter
R	**GS**	**FUNCTIONAL GROUP HEADER**		
R	GS01	FUNCTIONAL IDENTIFIER CODE	HS	Eligibility, Coverage or Benefit Inquiry
R	GS02	APPLICATION SENDER'S CODE		Sender's Code - agreed to by trading partners
R	GS03	APPLICATION RECEIVER'S CODE	141650868	MVP Federal Tax ID
R	GS04	DATE	CCYYMMDD	Group Creation Date
R	GS05	TIME	HHMM	Creation Time
R	GS06	GROUP CONTROL NUMBER		Assigned by Sender
R	GS07	RESPONSIBLE AGENCY CODE	X	Accredited Standards Committee X12

REQUIRED	ELEMENT	ELEMENT DESCRIPTION	VALUES	DESCRIPTION
R	GS08	VERSION/RELEASE/INDUSTRY IDENTIFIER CODE	005010X0279A1	Version / Release / Industry Identifier Code
		TABLE 1 - TRANSACTION HEADER		
R	**ST**	**TRANSACTION SET HEADER**		
R	ST01	TRANSACTION SET IDENTIFIER CODE	270	Eligibility, Coverage or Benefit Inquiry
R	ST02	TRANSACTION SET CONTROL NUMBER		Must match SE02 control number
R	ST03	IMPLEMENTATION CONVENTION REFERENCE	005010x0279A1	IMPLEMENTATION CONVENTION REFERENCE
R	**BHT**	**BEGINNING OF HIERARCHICAL TRANSACTION**		**Define the business structure of the transaction set; identify business application purpose and reference data.**
R	BHT01	HIERARCHICAL STRUCTURE CODE	0022	Information Source, Information Receiver, Provider of Service, Subscriber, Dependent
R	BHT02	TRANSACTION SET PURPOSE CODE	13	Request
R	BHT03	SUBMITTER TRANSACTION IDENTIFIER		Batch control number assigned by submitter
R	BHT04	TRANSACTION SET CREATION DATE		Transaction set creation date (CCYYMMDD)
R	BHT05	TRANSACTION SET CREATION TIME		Transaction set creation time (HHMM)
S	BHT06	TRANSACTION TYPE CODE		Certain Medicaid programs support additional functionality for Spend Down or Medical Services Reservation.
		TABLE 2 – DETAIL, INFORMATION SOURCE LEVEL		
Loop 2000A	**R**	**INFORMATION SOURCE LEVEL**		**MVP is the Information Source**
R	**HL**	**INFORMATION SOURCE LEVEL**		
R	HL01	HIERARCHICAL ID NUMBER		Unique number assigned by the sender to identify a particular data segment in the HL structure
NOT USED	HL02	HIERARCHICAL PARENT ID NUMBER		NOT USED
R	HL03	HIERARCHICAL LEVEL CODE	20	Information source
R	HL04	HIERARCHICAL CHILD CODE	1	Additional subordinate HL data segments in this hierarchical structure

Loop 2100A	**R**	**INFORMATION SOURCE NAME**		
R	**NM1**	**INFORMATION SOURCE NAME**		
R	NM101	ENTITY IDENTIFIER CODE	PR	Payer
R	NM102	ENTITY TYPE QUALIFIER	2	Non person entity
R	NM103	INFORMATION SOURCE LAST OR ORGANIZATION NAME	MVP	MVP's name
NOT USED	NM104	INFORMATION SOURCE FIRST NAME		NOT USED
NOT USED	NM105	INFORMATION SOURCE MIDDLE NAME		NOT USED
NOT USED	NM106	PREFIX		NOT USED
NOT USED	NM107	INFORMATION SOURCE NAME SUFFIX		NOT USED
R	NM108	IDENTIFICATION CODE QUALIFIER	FI	Federal Tax ID
R	NM109	INFORMATION SOURCE PRIMARY IDENTIFIER	141650868	MVP's Federal Tax ID
		TABLE 2 - DETAIL, INFORMATION RECEIVER LEVEL		
Loop 2000B	**R**	**INFORMATION RECEIVER LEVEL**		**This entity expects response from the information source.**
R	**HL**	**INFORMATION RECEIVER LEVEL**		
R	HL01	HIERARCHICAL ID NUMBER		Unique number assigned by the sender to identify a particular data segment in the HL structure
R	HL02	HIERARCHICAL PARENT ID NUMBER		HL02 identifies the hierarchical ID number of the HL segment to which the current HL segment is subordinate.
R	HL03	HIERARCHICAL LEVEL CODE	21	Information Receiver
R	HL04	HIERARCHICAL CHILD CODE	1	Additional subordinate HL data segments in this hierarchical structure
Loop 2100B	**R**	**INFORMATION RECEIVER NAME**		**Individual or organization requesting to receive the status information.**
R	**NM1**	**INFORMATION RECEIVER NAME**		
R	NM101	ENTITY IDENTIFIER CODE	1P	1P= Provider
R	NM102	ENTITY TYPE QUALIFIER	1, 2	1= Person 2=Non person entity
R	NM103	INFORMATION RECEIVER LAST OR ORGANIZATION NAME		Name of entity receiving the information
S	NM104	INFORMATION RECEIVER FIRST NAME		The first name is required when the value in NM102 is ‘1’
S	NM105	INFORMATION RECEIVER MIDDLE NAME		NOT USED
NOT USED	NM106	PREFIX		NOT USED
S	NM107	INFORMATION RECEIVER NAME SUFFIX		NOT USED
R	NM108	IDENTIFICATION CODE QUALIFIER	XX	NATIONAL PROVIDER ID

R	NM109	INFORMATION RECEIVER IDENTIFICATION NUMBER		Information Receiver Identification Number
S	**REF**	**INFORMATION RECEIVER ADDITIONAL IDENTIFICATION**		**Use this segment when needed to convey other or additional identification numbers for the information receiver.**
R	REF01	REFERENCE IDENTIFICATION QUALIFIER	TJ	TJ=Federal Tax ID
R	REF02	INFORMATION RECEIVER ADDITIONAL IDENTIFIER		Information Receiver Additional Identifier
		TABLE 2 - DETAIL, SUBSCRIBER LEVEL		
Loop 2000C	**R**	**SUBSCRIBER LEVEL**		**Use this loop to request information on subscribers and dependents. MVP assigns unique identifiers to dependents, so the dependent loop is not required.**
R	**HL**	**SUBSCRIBER LEVEL**		
R	HL01	HIERARCHICAL ID NUMBER		Unique number assigned by the sender to identify a particular data segment in the HL structure
R	HL02	HIERARCHICAL PARENT ID NUMBER		HL02 identifies the hierarchical ID number of the HL segment to which the current HL segment is subordinate.
R	HL03	HIERARCHICAL LEVEL CODE	22	Subscriber
R	HL04	HIERARCHICAL CHILD CODE	0,1	0=No Subordinate HL Segment in This Hierarchical Structure 1=Additional Subordinate HL Data Segment in This Hierarchical Structure
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.**
R	TRN01	TRACE TYPE CODE	1	Current Transaction Trace Numbers
R	TRN02	TRACE NUMBER		Use this **unique** number for the trace or reference number assigned by the information receiver.
R	TRN03	TRACE ASSIGNING ENTITY IDENTIFIER		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.

Loop 2100C	**R**	**SUBSCRIBER NAME**		**Use this loop to identify the patient (subscriber or dependent).**
R	**NM1**	**SUBSCRIBER NAME**		
R	NM101	ENTITY IDENTIFIER CODE	IL	IL=Insured or Subscriber
R	NM102	ENTITY TYPE QUALIFIER	1	1= Person
R	NM103	SUBSCRIBER LAST NAME		Use this name for the patient name (subscriber or dependent). Required if using for search criteria.
R	NM104	SUBSCRIBER FIRST NAME		Use this name for the patient name (subscriber or dependent). Required if using for search criteria.
NOT USED	NM105	SUBSCRIBER MIDDLE NAME		NOT USED
NOT USED	NM106	PREFIX		NOT USED
NOT USED	NM107	SUBSCRIBER NAME SUFFIX		NOT USED
S	NM108	IDENTIFICATION CODE QUALIFIER	MI	MI=Member ID Number
R	NM109	SUBSCRIBER PRIMARY IDENTIFIER		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***
S	**REF**	**SUBSCRIBER ADDITIONAL IDENTIFICATION**		**Use this segment when needed to convey identification numbers other than or in addition to the Member Identification Number.**
R	REF01	REFERENCE IDENTIFICATION QUALIFIER	6P, SY	6P=Group Number SY= Subscriber SSN
R	REF02	SUBSCRIBER SUPPLEMENTAL IDENTIFIER		
S	**N3**	**SUBSCRIBER'S ADDRESS**		
R	N301	SUBSCRIBER ADDRESS LINE		Subscriber Address Line
S	N302	SUBSCRIBER ADDITIONAL ADDRESS LINE		Subscriber Address Line

S	**N4**	**SUBSCRIBER CITY/STATE/ZIP CODE**		
S	N401	SUBSCRIBER CITY NAME		Subscriber City Name
S	N402	SUBSCRIBER STATE CODE		Subscriber State Code
S	N403	SUBSCRIBER ZIP CODE		Subscriber Postal Zone or ZIP Code
R	**DMG**	**SUBSCRIBER DEMOGRAPHIC INFORMATION**		
R	DMG01	DATE FORMAT QUALIFIER	D8	Date Expressed in Format CCYYMMDD
R	DMG02	SUBSCRIBER BIRTH DATE		Subscriber or dependent date of birth
S	DMG03	SUBSCRIBER GENDER CODE	F, M	F=Female, M=Male
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.**
R	DTP01	DATE TIME QUALIFIER	102,291	Issue Date(per member id card), Plan Date
R	DTP02	DATE TIME PERIOD FORMAT QUALIFIER	D8, RD8	Date Expressed in Format CCYYMMDD, CCYYMMDD-CCYYMMDD
R	DTP03	DATE TIME PERIOD		Date Time Period
Loop 2110C	**S**	**SUBSCRIBER ELIGIBILITY OR BENEFIT INQUIRY INFORMATION**		**Use the EQ loop/segment to verify the eligibility or benefits for the patient (subscriber/dependent).**
S	**EQ**	**SUBSCRIBER ELIGIBILITY INFORMATION**		
S	EQ01	SERVICE TYPE CODE	30, 1,35	Health Benefit Plan Coverage, Medical, Dental
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.**
R	DTP01	DATE TIME QUALIFIER	291	Plan

R	DTP02	DATE TIME PERIOD FORMAT QUALIFIER	D8, RD8	Date Expressed in Format CCYYMMDD, CCYYMMDD-CCYYMMDD
R	DTP03	DATE TIME PERIOD		Date Time Period
		TRANSACTION TRAILER		
R	**SE**	**TRANSACTION SET TRAILER**		
R	SE01	TRANSACTION SEGMENT COUNT		
R	SE02	TRANSACTION SET CONTROL NUMBER		Same as ST02
		FUNCTIONAL/INTERCHANGE TRAILERS		
R	**GE**	**FUNCTIONAL GROUP TRAILER**		
R	GE01	NUMBER OF TRANSACTION SETS INCLUDED		
R	GE02	GROUP CONTROL NUMBER		Same as GS06
R	**IEA**	**INTERCHANGE CONTROL TRAILER**		
R	IEA01	NUMBER OF INCLUDED FUNCTIONAL GROUPS		
R	IEA02	INTERCHANGE CONTROL NUMBER		Same as ISA13

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

REQUIRED	ELEMENT	ELEMENT DESCRIPTION	VALUES	DESCRIPTION
		INTERCHANGE/FUNCTION HEADERS		
R	**ISA**	**INTERCHANGE CONTROL HEADER**		
R	ISA01	AUTHORIZATION INFORMATION QUALIFIER	00	No Authorization Information Present in I02
R	ISA02	AUTHORIZATION INFORMATION		Blank
R	ISA03	SECURITY INFORMATION QUALIFIER	00	No Security Information Present in I04
R	ISA04	SECURITY INFORMATION		Blank
R	ISA05	INTERCHANGE ID QUALIFIER	30	Federal Tax ID
R	ISA06	INTERCHANGE SENDER ID	141650868	MVP Tax ID
R	ISA07	INTERCHANGE ID QUALIFIER	30	Federal Tax ID
R	ISA08	INTERCHANGE RECEIVER ID		Trading Partner Tax ID
R	ISA09	INTERCHANGE DATE	YYMMDD	Date of interchange
R	ISA10	INTERCHANGE TIME	HHMM	Time of interchange
R	ISA11	INTERCHANGE CONTROL STANDARDS IDENTIFIER	^	Repetition Separator
R	ISA12	INTERCHANGE CONTROL VERSION NUMBER	00501	Draft Standards Approved by ASC X12 thru October 1997
R	ISA13	INTERCHANGE CONTROL NUMBER		Must match IEA02
R	ISA14	ACKNOWLEDGMENT REQUESTED	0	0 = NO
R	ISA15	TEST INDICATOR	P or T	P = production T= test
R	ISA16	COMPONENT ELEMENT SEPARATOR	:	Delimiter
R	**GS**	**FUNCTIONAL GROUP HEADER**		
R	GS01	FUNCTIONAL IDENTIFIER CODE	HB	Healthcare Eligibility Benefit Inquiry Response (271)
R	GS02	APPLICATION SENDER'S CODE	141650868	MVP Federal Tax ID
R	GS03	APPLICATION RECEIVER'S CODE		Trading Partner Tax ID
R	GS04	DATE	CCYYMMDD	Group Creation Date
R	GS05	TIME	HHMM	Creation Time
R	GS06	GROUP CONTROL NUMBER		Assigned by MVP
R	GS07	RESPONSIBLE AGENCY CODE	X	Accredited Standards Committee X12
R	GS08	VERSION/RELEASE/INDUSTRY IDENTIFIER CODE	005010X0279A1	Version / Release / Industry Identifier Code
		TABLE 1 - TRANSACTION HEADER		
R	**ST**	**TRANSACTION SET HEADER**		
R	ST01	TRANSACTION SET IDENTIFIER CODE	271	Eligibility, Coverage, or Benefit Information (271)
R	ST02	TRANSACTION SET CONTROL NUMBER		Must match SE02 control number

REQUIRED	ELEMENT	ELEMENT DESCRIPTION	VALUES	DESCRIPTION
R	ST03	IMPLEMENTATION CONVENTION REFERENCE	005010X0279A1	IMPLEMENTATION CONVENTION REFERENCE
R	**BHT**	**BEGINNING OF HIERARCHICAL TRANSACTION**		**Define the business structure of the transaction set; identify business application purpose and reference data.**
R	BHT01	HIERARCHICAL STRUCTURE CODE	0022	Information Source, Information Receiver, Provider Service, Subscriber, Dependent
R	BHT02	TRANSACTION SET PURPOSE CODE	11,06	Response, Cancellation Response
S	BHT03	SUBMITTER TRANSACTION ID		Assigned value by MVP
R	BHT04	TRANSACTION SET CREATION DATE	CCYYMMDD	System Date (CCYYMMDD)
R	BHT05	TRANSACTION SET CREATION TIME		System Time (HHMMSS)
		TABLE 2 - DETAIL, INFORMATION SOURCE LEVEL		
Loop 2000A	**R**	**INFORMATION SOURCE LEVEL**		**MVP is the Information Source**
R	**HL**	**INFORMATION SOURCE LEVEL**		
R	HL01	HIERARCHICAL ID NUMBER		HL Counter
NOT USED	HL02	HIERARCHICAL PARENT ID NUMBER		NOT USED
R	HL03	HIERARCHICAL LEVEL CODE	20	Information source
R	HL04	HIERARCHICAL CHILD CODE	0,1	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
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.**
R	AAA01	VALID REQUEST INDICATOR	Y, N	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.
R	AAA03	REJECT REASON CODE	04,41, 42,79	04=Authorized Quantity Exceeded 41=Authorization/Access Restrictions 42=Unable to Respond at Current Time 79= Invalid participant ID
R	AAA04	FOLLOW-UP ACTION CODE	C, N	C=Correct and resubmit N=Resubmission not allowed
Loop 2100A	**R**	**INFORMATION SOURCE NAME**		
R	**NM1**	**INFORMATION SOURCE NAME**		
R	NM101	ENTITY IDENTIFIER CODE	PR	Payer
R	NM102	ENTITY TYPE QUALIFIER	2	2=Non person entity

REQUIRED	ELEMENT	ELEMENT DESCRIPTION	VALUES	DESCRIPTION
R	NM103	INFORMATION SOURCE LAST OR ORGANIZATION NAME	MVP	MVP's name. Use this name for the organization name if NM102 is “2".
R	NM108	IDENTIFICATION CODE QUALIFIER	FI	Federal Tax ID
R	NM109	INFORMATION SOURCE PRIMARY IDENTIFIER	141650868	MVP's Federal Tax ID
S	**REF**	**INFORMATION SOURCE ADDITIONAL IDENTIFICATION**		**Use this segment when needed to convey other or additional information.**
R	REF01	REFERENCE IDENTIFICATION QUALIFIER	18	18=Plan Number
R	REF02	INFORMATION RECEIVER ADDITIONAL IDENTIFICATION		Information Source Additional Plan Identifier
S	REF03	DESCRIPTION		Plan Name
		TABLE 2 - DETAIL, INFORMATION RECEIVER LEVEL		
Loop 2000B	**S**	**INFORMATION RECEIVER LEVEL**		**Entity receiving response from MVP**
R	**HL**	**INFORMATION RECEIVER LEVEL**		
R	HL01	HIERARCHICAL ID NUMBER		HL Counter
R	HL02	HIERARCHICAL PARENT ID NUMBER		Hierarchical Parent ID Number
R	HL03	HIERARCHICAL LEVEL CODE	21	Information Receiver
R	HL04	HIERARCHICAL CHILD CODE	0,1	Additional subordinate HL data segments in this hierarchical structure 1=Additional Subordinate HL Data Segment in This Structure
Loop 2100B	**R**	**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.**
R	**NM1**	**INFORMATION RECEIVER NAME**		
R	NM101	ENTITY IDENTIFIER CODE	1P	1P= Provider
R	NM102	ENTITY TYPE QUALIFIER	1,2	1= Person 2=Non person entity
S	NM103	INFORMATION RECEIVER LAST OR ORGANIZATION NAME		Name of entity receiving the information
S	NM104	INFORMATION RECEIVER FIRST NAME		The first name is required when the value in NM102 is ‘1’
S	NM105	INFORMATION RECEIVER MIDDLE NAME		Information Receiver Middle
NOT USED	NM106	PREFIX		NOT USED
S	NM107	INFORMATION RECEIVER NAME SUFFIX		Information Receiver Suffix
R	NM108	IDENTIFICATION CODE QUALIFIER	XX	NPI
R	NM109	INFORMATION RECEIVER IDENTIFICATION NUMBER		Information Receiver Identification Number
S	**REF**	**INFORMATION RECEIVER**		**Use this segment when needed to**

REQUIRED	ELEMENT	ELEMENT DESCRIPTION	VALUES	DESCRIPTION
		ADDITIONAL IDENTIFICATION		**convey other or additional identification numbers for the information receiver.**
R	REF01	REFERENCE IDENTIFICATION QUALIFIER	TJ	TJ=Federal Tax ID
R	REF02	INFORMATION RECEIVER ADDITIONAL IDENTIFICATION		Information Receiver Additional Identifier
		TABLE 2 - DETAIL, SUBSCRIBER LEVEL		
Loop 2000C	**S**	**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.**
S	**HL**	**SUBSCRIBER LEVEL**		
R	HL01	HIERARCHICAL ID NUMBER		Unique number assigned by the sender to identify a particular data segment in the HL structure
R	HL02	HIERARCHICAL PARENT ID NUMBER		HL02 identifies the hierarchical ID number of the HL segment to which the current HL segment is subordinate.
R	HL03	HIERARCHICAL LEVEL CODE	22	Subscriber
R	HL04	HIERARCHICAL CHILD CODE	0,1	0=No Subordinate HL Segment in This Hierarchical Structure 1=Additional Subordinate HL Data Segment in This Hierarchical Structure

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.**
R	TRN01	TRACE TYPE CODE	1, 2	1=Current Transaction Trace Numbers 2=Referenced Transaction Trace Numbers
R	TRN02	TRACE NUMBER		TRN02 provides **unique** identification for the transaction.
R	TRN03	TRACE ASSIGNING ENTITY IDENTIFIER		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.
S	TRN04	TRACE ASSIGNING ENTITY ADDITIONAL IDENTIFIER		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).
Loop 2100C	**R**	**SUBSCRIBER NAME**		**Use this loop to identify the patient (subscriber or dependent)**
R	**NM1**	**SUBSCRIBER NAME**		
R	NM101	ENTITY IDENTIFIER CODE	IL	IL=Insured or Subscriber
R	NM102	ENTITY TYPE QUALIFIER	1	1= Person
S	NM103	SUBSCRIBER LAST NAME		Required unless a rejection response is generated and this element was not valued in the request. Patient name - Subscriber or dependent
S	NM104	SUBSCRIBER FIRST NAME		Required unless a rejection response is generated and this element was not valued in the request. Patient name - Subscriber or dependent
S	NM105	SUBSCRIBER MIDDLE NAME		Subscriber Middle Name
NOT USED	NM106	PREFIX		NOT USED
S	NM107	SUBSCRIBER NAME SUFFIX		Subscriber Name Suffix
S	NM108	IDENTIFICATION CODE QUALIFIER	MI	MI=Member ID
S	NM109	SUBSCRIBER IDENTIFIER		Required unless a rejection response is generated and this element was not valued in the request. Patient MVP ID number (subscriber # or dependent #)
S	**REF**	**SUBSCRIBER ADDITIONAL IDENTIFICATION**		
R	REF01	REFERENCE IDENTIFICATION QUALIFIER	49, 6P	49=Family Unit Number (member suffix) 6P=Group Number

R	REF02	SUBSCRIBER SUPPLEMENTAL IDENTIFIER		MVP Member's 2 digit suffix (if less then 10 then 1 digit), MVP Group Number, MVP Member #, Subscriber's SSN, Patient Account number
S	**N3**	**SUBSCRIBER'S ADDRESS**		
R	N301	SUBSCRIBER ADDRESS LINE		Subscriber Address Line
S	N302	SUBSCRIBER ADDITIONAL ADDRESS LINE		Subscriber Address Line
S	**N4**	**SUBSCRIBER CITY/STATE/ZIP CODE**		
S	N401	SUBSCRIBER CITY NAME		Subscriber City Name
S	N402	SUBSCRIBER STATE CODE		Subscriber State Code
S	N403	SUBSCRIBER ZIP CODE		Subscriber Postal Zone or ZIP Code
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.**
R	AAA01	VALID REQUEST INDICATOR	Y, N	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.
R	AAA03	REJECT REASON CODE		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.
R	AAA04	FOLLOW-UP ACTION CODE	C, R	C=Correct and resubmit, R=Resubmission Allowed
S	**DMG**	**SUBSCRIBER DEMOGRAPHIC INFORMATION**		
S	DMG01	DATE FORMAT QUALIFIER	D8	Date Expressed in Format CCYYMMDD
S	DMG02	SUBSCRIBER BIRTH DATE		Subscriber or Dependent DOB
S	DMG03	SUBSCRIBER GENDER CODE	F, M, U	F=Female M=Male U=Unknown
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.**
R	DTP01	DATE TIME QUALIFIER	307, 472	Eligibility Date, Service Date
R	DTP02	DATE TIME PERIOD FORMAT QUALIFIER	D8, RD8	Date Expressed in Format CCYYMMDD Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD
R	DTP03	DATE TIME PERIOD		Date Time Period

Loop 2110C	**S**	**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.**
S	**EB**	**SUBSCRIBER ELIGIBILITY INFORMATION**		
R	EB01	SERVICE TYPE CODE	1, 6,	1=Active Coverage 6=Inactive
S	EB02	BENEFIT COVERAGE LEVEL CODE	FAM, SPC, DEP, ECH, EMP, ESP, SPO	Family, Spouse and Children, Dependents Only, Employee and Children, Employee Only, Employee and Spouse, Spouse Only
S	EB03	SERVICE TYPE CODE	1, 30, 33, 35, 47, 86, 88, 98, AL, MH, UC	Health Benefit Coverage, Medical Care, Chiropractic, Dental, Hospital, Emergency Services, Pharmacy, Professional (Physician Visit Office), Vision, Mental Health, Urgent Care.
S	EB04	INSURANCE TYPE CODE		Insurance Type Code
S	EB05	PLAN COVERAGE DESCRIPTION		Plan Coverage Description
S	EB06	TIME PERIOD QUALIFIER		Use this code for the time period category for the benefits being described when needed to qualify benefit availability.
S	EB07	MONETARY AMOUNT		Use this for Co-payment or Co-insurance Amounts
S	EB08	BENEFIT PERCENT		Use this percentage rate as qualified by EB01.
NOT USED	EB09	QUANTITY QUALIFIER		NOT USED
NOT USED	EB10	BENEFIT QUANTITY		NOT USED
NOT USED	EB11	AUTHORIZATION/CERTIFICATION INDICATOR		NOT USED
S	EB12	IN PLAN NETWORK INDICATOR		Use If it is necessary to indicate if benefits are considered In or Out of Plan-Network or not.

Loop 2115C	**S**	**SUBSCRIBER ELIGIBILITY OR BENEFIT ADDITIONAL INFORMATION**		
S	**LS**	**LOOP HEADER**		**Use this segment to identify the beginning of the Subscriber Benefit Related Entity Name loop.**
R	LS01	LOOP IDENTIFIER CODE	2120	**Loop Identifier Code**
Loop 2120C	**S**	**SUBSCRIBER BENEFIT RELATED ENTITY NAME**		
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.**
R	NM101	ENTITY IDENTIFIER CODE	P3	Primary Care Provider
R	NM102	ENTITY TYPE QUALIFIER	1	1= Person
S	NM103	BENEFIT RELATED ENTITY LAST NAME		Benefit Related Entity Last or Organization Name
S	NM104	BENEFIT RELATED ENTITY FIRST NAME		Benefit Related Entity First Name
S	NM108	IDENTIFICATION CODE QUALIFIER	SV	Service Provider Number
S	NM109	BENEFIT RELATED ENTITY IDENTIFIER		Benefit Related Entity Identifier
S	**N3**	**SUBSCRIBER BENEFIT RELATED ENTITY ADDRESS**		
R	N301	SUBSCRIBER BENEFIT RELATED ENTITY ADDRESS LINE		Benefit Related Entity Address Line
S	N302	SUBSCRIBER ADDITIONAL ADDRESS LINE		Subscriber Address Line
S	**N4**	**SUBSCRIBER BENEFIT RELATED ENTITY CITY/STATE/ZIP CODE**		
R	N401	SUBSCRIBER BENEFIT RELATED ENTITY CITY NAME		Benefit Related Entity City Name
R	N402	SUBSCRIBER BENEFIT RELATED ENTITY STATE CODE		Benefit Related Entity State Code
R	N403	SUBSCRIBER BENEFIT RELATED ENTITY ZIP CODE		Benefit Related Entity Postal Zone or ZIP Code
S	**PER**	**Subscriber Benefit Related Entity Contact Information**		
R	PER01	Contact Function Code	IC	Information Contact
S	PER02	Name		Contact's Name
R	PER03	Communication Number Qualifier	TE	
R	PER04	Communication Number		The format for US domestic phone numbers is:

				AAABBBCCCC AAA = Area Code BBBCCCC = Local Number
S	**PRV**	**SUBSCRIBER BENEFIT RELATED ENTITY INFORMATION**		**Required if required under provider-payer contract.**
R	PRV01	PROVIDER CODE	PC	PC=Primary Care Physician
R	PRV02	REFERENCE ID QUALIFIER	9K	9K=Servicer
R	PRV03	PROVIDER TAXONOMY CODE		Provider Identifier
S	**LE**	**LOOP TRAILER**		**Use this segment to identify the end of the Subscriber Benefit Related Entity Name loop.**
		TRANSACTION TRAILER		
R	**SE**	**TRANSACTION SET TRAILER**		
R	SE01	TRANSACTION SEGMENT COUNT		TRANSACTION SEGMENT COUNT
R	SE02	TRANSACTION SET CONTROL NUMBER		Same as ST02
		FUNCTIONAL/INTERCHANGE TRAILERS		
R	**GE**	**FUNCTIONAL GROUP TRAILER**		
R	GE01	NUMBER OF TRANSACTION SETS INCLUDED		NUMBER OF TRANSACTION SETS INCLUDED
R	GE02	GROUP CONTROL NUMBER		Same as GS06
R	**IEA**	**INTERCHANGE CONTROL TRAILER**		
R	IEA01	NUMBER OF INCLUDED FUNCTIONAL GROUPS		NUMBER OF INCLUDED FUNCTIONAL GROUPS
R	IEA02	INTERCHANGE CONTROL NUMBER		Same as ISA13