Benefits Coordination & Recovery Center (BCRC)

270/271 Health Care Eligibility Benefit Inquiry and Response Companion Guide for Mandatory Reporting Non-GHP Entities

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Introduction

The Health Insurance Portability and Accountability Act (HIPAA) requires health insurers nationwide comply with Electronic Data Interchange (EDI) standards for health care, established by the Secretary of Health and Human Services (HHS) Published rules for standard transactions and code sets must be followed by all health care entities during the electronic exchange of health care data. The Health Care Eligibility Benefit Inquiry and Response Implementation Guide and the National Electronic Data Interchange Transaction Set Implementation Guide provide the standards that must be followed when using 270 and 271 Transaction Sets.

The 270 Transaction Set is used to transmit health care eligibility benefit inquiries from health care providers, insurers, clearinghouses and other health care adjudication processors. The 270 Transaction Set can be used to make an inquiry about the Medicare eligibility of an individual.

The 271 Transaction Set is the appropriate response mechanism for health care eligibility benefit inquiries. There are several levels (i.e. Information Source, Information Receiver, Subscriber, etc.) at which a transaction can be rejected for incomplete or erroneously formatted inquiry information. The AAA Request Validation segment is used to communicate the reason for the failure at the appropriate level. For a detailed analysis of the AAA segment and its use, please refer the 270/271 Health Care Eligibility Benefit Inquiry and Response Implementation Guide.

The Medicare Benefits Coordination & Recovery Center (BCRC) has developed Medicare COB System Interface Specifications in accordance with HIPAA requirements that will support the electronic data exchange between the COB and non-group health plans (NGHPs) processing systems.

Additional information on the Final Rule for Standards for Electronic Transmissions can be found at https://aspe.hhs.gov/admnsimp/final/txfin00.htm. The HIPAA Implementation Guides can be accessed at https://www.wpc-edi.com.

Purpose

This guide provides the Medicare COB System Interface Specifications for use by Medicare Secondary Payer (MSP) Non-GHP entities, e.g., liability insurance (including self-insurance), no-fault insurance and workers' compensation Responsible Reporting Entities (RREs), reporting under Section 111 of the Medicare, Medicaid, and SCHIP Extension Act of 2007 (MMSEA Section 111).

The process requirements detailed in this guide must be followed by Non-GHP entities in order to submit an eligibility benefit inquiry to the BCRC and receive an eligibility benefit response. This guide is intended to be used as a companion document to the National Electronic Data Interchange Transaction Set Implementation Guide and the Health Care Eligibility Benefit Inquiry and Response, ASC X12N 270/271 (005010X279A1) Implementation Guide. The specifications listed are clarifications that are allowed within established HIPAA transaction sets. The BCRC will only accept and send data in the allowed ASCX12 transaction format that is allowed by HIPAA regulations and guidelines.

This document does not outline all data segments and elements that are in the HIPAA transaction set guide. This document only addresses segments as they apply to the BCRC.

Changes for This Release

The email address for contacting an Electronic Data Interchange (EDI) Representative has changed to COBVA@bcrcgdit.com. However, COBVA emails coming from CMS now show the address as COBVA@mail.cms.hhs.gov (Customer Support).

Special Notes - Applicable to the Entire Transaction

Syntax

- Always use a tilde (~) as the segment terminator, an asterisk (*) as the element separator and a colon (:) as the sub-element separator. Alpha characters should always be submitted in ALL CAPS.
- Syntax: Please make sure that the (ISA13/IEA02) and (GS06/GE02) control numbers match and are identical in format. Please see examples listed under Eligibility Transaction Set and Response Transaction Set.
- Syntax: As of this release X12 version 5010 now will be using a pipe '|' in the (ISA11) and has added field (ST03).

File Formatting

- The 270 file must be formatted to a record length of 80 bytes wrapped.
- The 271 file will also be sent in an 80-byte wrapped format.

Eligibility Transaction Set

For the 270, the BCRC uses multiple eligibility requests in one transaction set (ST/SE), one functional group (GS/GE), and one interchange (ISA/IEA) per file.

Example

ISA

GS

ST

    Eligibility Request
    Eligibility Request
    Eligibility Request
    Eligibility Request

SE

GS

IEA

Response Transaction Set

For the 271, the BCRC uses multiple eligibility responses in one transaction set (ST/SE), one functional group (GS/GE) and one interchange (ISA/IEA) per file.

Example

ISA

GS

ST

    Eligibility Response
    Eligibility Response
    Eligibility Response
    Eligibility Response

SE

GS

IEA

270/271 File Translation

The BCRC has HEW (HIPAA Eligibility Wrapper) software available for translating the COB Medicare eligibility Query Input and Response files into and out of the 270/271 formats. This software is available in both a mainframe and a PC-compatible format to Responsible Reporting Entities (RREs) under Section 111 Mandatory Reporting.

Note: The HEW software uses a line feed (LF; \n, 0x0A in hexadecimal or 10 in decimal) rather than a carriage return (CRLF) to separate records.

If you choose to use a different translator, you will need to ensure that the information used to create the file is compatible with the COB processing as defined in the following file specification. Please note that the HEW software can only be used for translation of the COB Medicare eligibility query file format.

Customer Support

Contact your assigned EDI Representative for assistance with your technical questions. If you have not yet been assigned an EDI Representative, please contact the EDI Department at 646-458-6740 for assistance. The EDI Representatives are available to provide you with high-quality and efficient service from 8:30 a.m. through 6:30 p.m., Eastern Time (EST), Monday through Friday, except holidays and can be reached via e-mail at COBVA@bcrcgdit.com.

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Table 1: Interchange Control Header

Fixed length section - include spaces to fill entire field.

Element ID	Element Name	Segment ID	Loop ID	Valid Value(s)	Format Example
ISA01	Authorization Information Qualifier	ISA	N/A	'00' (zero, zero) – No Authorization Information Present (No meaningful information in ISA02)	00
ISA02	Authorization Information	ISA	N/A	Blank (fill with 10 spaces)	-
ISA03	Security Information Qualifier	ISA	N/A	'00' (zero, zero) – No Authorization Information Present (No meaningful information in ISA04)	00
ISA04	Security Information	ISA	N/A	Blank (fill with 10 spaces)	-
ISA05	Interchange ID Qualifier	ISA	N/A	'ZZ' (for Mutually Defined)	ZZ
ISA06	Interchange Sender ID	ISA	N/A	9-digit Responsible Reporting Entity (RRE) number assigned by COB. This field must be 15 bytes in length. The 9-digit RRE number should be left justified within the field. Leading zeros should be used to populate the 9 digits. The remaining 6 bytes should be filled with spaces.	012345678
ISA07	Interchange ID Qualifier	ISA	N/A	'ZZ' (for Mutually Defined)	ZZ
ISA08	Interchange Receiver ID	ISA	N/A	'CMS' – Field must be 15 bytes and left justified. Fill balance of field with spaces.	CMS
ISA09	Interchange Date	ISA	N/A	Interchange Creation Date in YYMMDD format	090427
ISA10	Interchange Time	ISA	N/A	Interchange Creation Time in HHMM format	1734
ISA11	Interchange Control Repetition Separator	ISA	N/A	'|' (for U.S. EDI Community of ASC X12, TDCC and UCS)	'|' pipe
ISA12	Interchange Control Version Number	ISA	N/A	'00501'	00501

Element ID	Element Name	Segment ID	Loop ID	Valid Value(s)	Format Example
ISA13	Interchange Control Number	ISA	N/A	Unique number that should start with 1 and increment by 1 with each ISA record submitted. The number should be 9 digits.	000000001
ISA14	Acknowledgment Requested	ISA	N/A	'0' (zero for no Interchange Acknowledgment Requested)	0
ISA15	Usage Indicator	ISA	N/A	'P' (for Production Data) * Data Set name determines whether file will be processed as production or test. Always use 'P'	P
ISA16	Component Element Separator	ISA	N/A	A ':' (colon) must be sent in this field.	:

Table 2: Functional Group Header

Variable length section.

Element ID	Element Name	Segment ID	Loop ID	Valid Value(s)	Format Example
GS01	Functional Identifier Code	GS	N/A	'HS' (for Eligibility, Coverage or Benefit Inquiry- 270)	HS
GS02	Application Sender's Code	GS	N/A	The RRE number must contain 9 digits. Populate leading positions with zeros.	012345678
GS03	Application Receiver's Code	GS	N/A	Value = 'CMS'	CMS
GS04	Date	GS	N/A	Functional Group Creation date in CCYYMMDD format	20090428
GS05	Time	GS	N/A	Functional Group Creation time in HHMM or HHMMSS format	1425 or 142530
GS06	Group Control Number	GS	N/A	Unique number within the interchange that must be identical to value in GE02 (should begin with '1' and increment by 1 for each GS-GE)	Examples: '1' '01' '0001' Must match GE02
GS07	Responsible Agency Code	GS	N/A	'X' (from Accredited Standards Committee X12)	X

Element ID	Element Name	Segment ID	Loop ID	Valid Value(s)	Format Example
GS08	Version/Release/Industry Identifier Code	GS	N/A	'005010X279A1'	005010X279A1

Table 3: Transaction Set Header

This indicates the start of the Transaction Set (variable length section).

Element ID	Element Name	Segment ID	Loop ID	Valid Value(s)	Format Example
ST01	Transaction Set Identifier	ST	N/A	'270' (for Eligibility, Coverage, or Benefit Inquiry)	270
ST02	Transaction Set Control Number	ST	N/A	Unique number to the interchange that must be identical to value in SE02 (should begin with '0001' and increment by 1 for each ST-SE).	0001
ST03	Transaction Set Version	ST	N/A	'005010X279A1'	005010X279A1

Table 4: Beginning of Hierarchical Transaction

First segment of the 270 Transaction Set (variable length section).

Element ID	Element Name	Segment ID	Loop ID	Valid Value(s)	Format Example
BHT01	Hierarchical Structure Code	BHT	N/A	'0022' (for Information Source, Information Receiver, Subscriber, Dependent)	0022
BHT02	Transaction Set Purpose	BHT	N/A	'13' (for request)	13
BHT04	Transaction Set Creation Date	BHT	N/A	Creation date of file expressed in CCYYMMDD format	20090428
BHT05	Transaction Set Creation Time	BHT	N/A	Creation time of file expressed in HHMM format	1411

Table 5: 2000A – Information Source Level

Please refer to the 270/271 Implementation Guide for Notes and Gray Box comments regarding use of the 2000A-HL segment (variable length).

Element ID	Element Name	Segment ID	Loop ID	Valid Value(s)	Format Example
HL01	Hierarchical ID Number	HL	2000A	HL01 must begin with the number one (1) and increase by 1 for each subsequent HL segment. Only numeric values are allowed in HL01.	1
HL03	Hierarchical Level code	HL	2000A	'20' (for Information Source).	20
HL04	Hierarchical Child code	HL	2000A	'1' (to indicate that subordinate HL segments will follow).	1

Table 6: 2100A – Information Source Name

The Information Source will be identified with the 2100A NM1 segment. This table defines specific requirements for the information source data.

Element ID	Element Name	Segment ID	Loop ID	Valid Value(s)	Format Example
NM101	Entity Identifier Code	NM1	2100A	'PR' (for payer)	PR
NM102	Entity Type Qualifier	NM1	2100A	'2' (for Non-Person Entity)	2
NM108	Identification Code Qualifier	NM1	2100A	'PI' (for Payer Information)	PI
NM109	Information Source Primary Identifier	NM1	2100A	'CMS'	CMS

Table 7: 2000B – Information Receiver Level

Please refer to the 270/271 Implementation Guide for Notes and Gray Box comments regarding use of the 2000B-HL segment (variable length).

Element ID	Element Name	Segment ID	Loop ID	Valid Value(s)	Format Example
HL01	Hierarchical ID Number	HL	2000B	HL01 value at this loop should be '2'. Only numeric values are allowed in HL01.	2
HL02	Hierarchical Parent ID Number	HL	2000B	Should always be '1' at this loop	1
HL03	Hierarchical Level code	HL	2000B	'21' (for Information Receiver)	21

Element ID	Element Name	Segment ID	Loop ID	Valid Value(s)	Format Example
HL04	Entity Child Code	HL	2000B	'1' (for Additional Subordinate HL Data Segment in this Hierarchical Structure – refers to Subscriber info in 2000C loop)	1

Table 8: 2100B – Information Receiver Name

The Information Receiver will be identified with the 2100B NM1 segment. This table defines specific requirements for the Information Receiver Level data.

Element ID	Element Name	Segment ID	Loop ID	Valid Value(s)	Format Example
NM101	Entity Identifier Code	NM1	2100B	'P5' (for Plan Sponsor)	P5
NM102	Entity Type Qualifier	NM1	2100B	'2' (for Non-Person entity)	2
NM108	Identification Code Qualifier	NM1	2100B	'PI' (for Payer Information)	PI
NM109	Information Receiver Identification Number	NM1	2100B	9-digit Responsible Reporting Entity (RRE) number assigned by COB. The RRE number must contain 9 digits. Populate leading positions with zeros.	012345678

Table 9: 2000C – Subscriber Level

Please refer to the 270/271 Implementation Guide for Notes and Gray Box comments regarding use of the 2000C-HL segment (variable length).

Element ID	Element Name	Segment ID	Loop ID	Valid Value(s)	Format Example
HL01	Hierarchical ID Number	HL	2000C	HL01 value at this loop should begin with '3' and increment by one for each new transaction in the transaction set. Only numeric values are allowed in HL01.	3
HL02	Hierarchical Parent ID Number	HL	2000C	Should always be '2' at this loop	2
HL03	Hierarchical Level code	HL	2000C	'22' (for Subscriber)	22

Element ID	Element Name	Segment ID	Loop ID	Valid Value(s)	Format Example
HL04	Entity Child Code	HL	2000C	'0' (for No Subordinate HL Segment in this Hierarchical Structure – refers to the fact that the Subscriber is always the Recipient/Patient	0

Table 10: 2100C – Subscriber Name

The Subscriber will be identified with the 2100C NM1, 2100C REF, and 2100C DMG segments. This table defines specific requirements for the Subscriber Name data.

Element ID	Element Name	Segment ID	Loop ID	Valid Value(s)	Format Example
NM101	Entity Identifier Code	NM1	2100C	'IL' (for insured or subscriber)	IL
NM102	Entity Type Qualifier	NM1	2100C	'1' (for Person)	1
NM103	Subscriber Last Name	NM1	2100C	First 6 bytes of Last Name of subscriber (insured)	LANCAS
NM104	Subscriber First Name	NM1	2100C	First initial of subscriber (insured)	J
NM108	Identification Code Qualifier	NM1	2100C	'MI' (for member identification number)	MI
NM109	Subscriber Primary Identifier	NM1	2100C	Member's Medicare ID (HICN or MBI)	123456789A 1AA0AA0AA00
REF01	Reference Identification Qualifier	REF	2100C	'IG' (for insurance policy number)	IG
REF02	Subscriber Supplemental Identifier	REF	2100C	Plan enrollee's Social Security Number (9 digits or last 5 digits). Do not include hyphens. If entering a partial 5-digit SSN, fill in the first 4 positions with spaces followed by the last 5 digits.	999999999 or 99999
REF01	Reference Identification Qualifier	REF	2100C	'NQ' Medical Recipient Identification Number	NQ
REF02	Subscriber Supplemental Identifier	REF	2100C	Primary RRE defined DCN for tracking of this beneficiary	0987654321098765432109987 654321
REF01	Reference Identification Qualifier	REF	2100C	'EA' Medical Record Identification Number	EA

Element ID	Element Name	Segment ID	Loop ID	Valid Value(s)	Format Example
REF02	Subscriber Supplemental Identifier	REF	2100C	Secondary RRE defined DCN for tracking of this beneficiary	123456789012345678901234 567890
DMG01	Date Time Period Format	DMG	2100C	'D8' (for Date Expressed in format CCYYMMDD)	D8
DMG02	Subscriber Birth Date	DMG	2100C	Member's Date of Birth in format CCYYMMDD	19351215
DMG03	Subscriber Gender Code	DMG	2100C	'F' (for female) 'M' (for male)	F

Table 11: Transaction Set Trailer

This indicates the end of the Transaction Set.

Element ID	Element Name	Segment ID	Loop ID	Valid Value(s)	Format Example
SE01	Transaction Segment Count	SE	N/A	Total Number of segments included in a transaction set (including the ST and SE segments)	42
SE02	Transaction Set Control Number	SE	N/A	Unique number to the interchange that must be identical to the value in ST02	0001

Table 12: Functional Group Trailer

Element ID	Element Name	Segment ID	Loop ID	Valid Value(s)	Format Example
GE01	Number of Transaction Sets Included	GE	N/A	Total Number of transaction sets included in the functional group	1
GE02	Group Control Number	GE	N/A	Unique number assigned by the sender that must be identical to GS06	Examples '1' '01' '0001' Must match GS06

Table 13: Interchange Control Trailer

Element ID	Element Name	Segment ID	Loop ID	Valid Value(s)	Format Example
IEA01	Number of Included Functional Groups	IEA	N/A	Count of the number of functional groups included in an interchange	1
IEA02	Interchange Control Number	IEA	N/A	Control number assigned by the interchange sender that should be 9 characters and be identical to the value in ISA13	000000001

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Table 14: Interchange Control Header

Fixed length section - include spaces to fill entire field.

Element ID	Element Name	Segment ID	Loop ID	Valid Value(s)	Format Example
ISA01	Authorization Information Qualifier	ISA	N/A	'00' (zero, zero) – No Authorization Information Present (No meaningful information in ISA02)	00
ISA02	Authorization Information	ISA	N/A	Blank (fill with 10 spaces)	-
ISA03	Security Information Qualifier	ISA	N/A	'00' (zero, zero) – No Authorization Information Present (No meaningful information in ISA04)	00
ISA04	Security Information	ISA	N/A	Blank (fill with 10 spaces)	-
ISA05	Interchange ID Qualifier	ISA	N/A	'ZZ' (for Mutually Defined)	ZZ
ISA06	Interchange Sender ID	ISA	N/A	'COB' – Field must be 15 bytes and left justified. Fill balance of field with spaces.	COB
ISA07	Interchange ID Qualifier	ISA	N/A	'ZZ' (for Mutually Defined)	ZZ
ISA08	Interchange Receiver ID	ISA	N/A	9-digit Responsible Reporting Entity (RRE) number assigned by COB. This field must be 15 bytes and left justified. Fill balance of field with spaces.	012345678
ISA09	Interchange Date	ISA	N/A	Interchange Creation Date in YYMMDD format	090427
ISA10	Interchange Time	ISA	N/A	Interchange Creation Time in HHMM format	1734
ISA11	Interchange Control Repetition Separator	ISA	N/A	'|' (for U.S. EDI Community of ASC X12, TDCC and UCS)	'|' pipe
ISA12	Interchange Control Version Number	ISA	N/A	'00501'	00501
ISA13	Interchange Control Number	ISA	N/A	Unique number that should start with 1 and increment by 1 with each ISA record submitted. The number should be 9 digits and identical to IEA02.	000000001
ISA14	Acknowledgment Requested	ISA	N/A	'0' (zero for no Interchange Acknowledgment Requested)	0

Element ID	Element Name	Segment ID	Loop ID	Valid Value(s)	Format Example
ISA15	Usage Indicator	ISA	N/A	'P' (for Production Data) * Data Set name determines whether file will be processed as production or test. Always use 'P.'	P
ISA16	Component Element Separator	ISA	N/A	A ':' (colon) must be sent in this field.	:

Table 15: Functional Group Header

Element ID	Element Name	Segment ID	Loop ID	Valid Value(s)	Format Example
GS01	Functional Identifier Code	GS	N/A	'HB' (for Eligibility, Coverage or Benefit Information - 271)	HB
GS02	Application Sender's Code	GS	N/A	COB	COB
GS03	Application Receiver's Code	GS	N/A	9-digit Responsible Reporting Entity (RRE) number assigned by COB.	012345678
GS04	Date	GS	N/A	Functional Group Creation date in CCYYMMDD format	20090428
GS05	Time	GS	N/A	Functional Group Creation time in HHMM or HHMMSS format	1425 or 142530
GS06	Group Control Number	GS	N/A	Unique number within the interchange. Will begin with 0001 and will increment by 1 for each ISA sent, and will be identical to GE02)	Examples '1' '01' '0001' Must match GE02
GS07	Responsible Agency Code	GS	N/A	'X' (from Accredited Standards Committee X12)	X
GS08	Version/Release/Industry Identifier Code	GS	N/A	'005010X279A1'	005010X279A1

Table 16: Transaction Set Header

This indicates the start of the transaction set.

Element ID	Element Name	Segment ID	Loop ID	Valid Value(s)	Format Example
ST01	Transaction Set Identifier	ST	N/A	'271' (for Eligibility, Coverage or Benefit Information)	271
ST02	Transaction Set Control Number	ST	N/A	Unique number to the interchange that must be identical to the value in SE02 (should begin with '0001' and increment by 1 for each ST-SE)	0001
ST03	Transaction Set Version	ST	N/A	'005010X279A1'	005010X279A1

Table 17: Beginning of Hierarchical Transaction

First segment of the 271 transaction set.

Element ID	Element Name	Segment ID	Loop ID	Valid Value(s)	Format Example
BHT01	Hierarchical Structure Code	BHT	N/A	'0022' (for Information Source, Information Receiver, Subscriber, Dependent)	0022
BHT02	Transaction Set Purpose Code	BHT	N/A	'11' (for response)	11
BHT03	Reference Identification	BHT	N/A	Number assigned by the originator to identify the transaction. Populate with 9-digit Responsible Reporting Entity (RRE) number assigned by COB.	012345678
BHT04	Date	BHT	N/A	Creation date of file expressed in CCYYMMDD format	20090428
BHT05	Time	BHT	N/A	Creation time of file expressed in HHMMSS format	141125

Table 18: 2000A – Information Source Level

Please refer to the 270/271 Implementation Guide for Notes and Gray Box comments regarding use of the 2000A-HL segment (variable length).

Element ID	Element Name	Segment ID	Loop ID	Valid Value(s)	Format Example
HL01	Hierarchical ID Number	HL	2000A	HL01 must begin with the number one (1) and increase by 1 for each subsequent HL segment. Only numeric values are allowed in HL01.	1
HL03	Hierarchical Level code	HL	2000A	'20' (for Information Source)	20
HL04	Hierarchical Child code	HL	2000A	'1' (to indicate that subordinate HL segments will follow)	1

Table 19: 2100A – Information Source Name

The Information Source will be identified with the 2100A NM1 segment. This table defines specific requirements for the Information Source data.

Element ID	Element Name	Segment ID	Loop ID	Valid Value(s)	Format Example
NM101	Entity Identifier Code	NM1	2100A	'PR' (for Payer)	PR
NM102	Entity Type Qualifier	NM1	2100A	'2' (for Non-Person Entity)	2
NM108	Identification Code Qualifier	NM1	2100A	'PI' (for Payer Information)	PI
NM109	Information Source Primary Identifier	NM1	2100A	'CMS'	CMS

Table 20: 2000B – Information Receiver Level

Please refer to the 270/271 Implementation Guide for Notes and Gray Box comments regarding use of the 2000B-HL segment (variable length).

Element ID	Element Name	Segment ID	Loop ID	Valid Value(s)	Format Example
HL01	Hierarchical ID Number	HL	2000B	HL01 must begin with the number one (1) and increase by 1 for each subsequent HL segment. Only numeric values are allowed in HL01.	2
HL02	Hierarchical Parent ID Number	HL	2000B	'1' to identify hierarchical ID number of the HL segment to which current segment is subordinate	1
HL03	Hierarchical Level code	HL	2000B	'21' (for Information Receiver)	21

Element ID	Element Name	Segment ID	Loop ID	Valid Value(s)	Format Example
HL04	Hierarchical Child code	HL	2000B	'1' (to indicate that subordinate HL segments will follow)	1

Table 21: 2100B – Information Receiver Name

The Information Receiver will be identified with the 2100B NM1 segment. This table defines specific requirements for the Information Receiver Level data.

Element ID	Element Name	Segment ID	Loop ID	Valid Value(s)	Format Example
NM101	Entity Identifier Code	NM1	2100B	'P5' (for Plan Sponsor)	P5
NM102	Entity Type Qualifier	NM1	2100B	'2' (for Non-Person Entity)	2
NM108	Identification Code Qualifier	NM1	2100B	'PI' (for Payer Identification)	PI
NM109	Information Receiver Primary Identifier	NM1	2100B	9-digit Responsible Reporting Entity (RRE) number assigned by COB.	012345678

Table 22: 2000C – Subscriber Level

Please refer to the 270/271 Implementation Guide for Notes and Gray Box comments regarding use of the 2000C-HL segment (variable length).

Element ID	Element Name	Segment ID	Loop ID	Valid Value(s)	Format Example
HL01	Hierarchical ID Number	HL	2000C	HL01 must begin with the number one (3) and increase by 1 for each subsequent HL segment. Only numeric values are allowed in HL01.	3
HL02	Hierarchical Parent ID Number	HL	2000C	HL02 identifies the Hierarchical ID number of the HL segment to which the current HL segment is subordinate.	2
HL03	Hierarchical Level code	HL	2000C	'22' (for Subscriber)	22
HL04	Hierarchical Child code	HL	2000C	'0' (to indicate that no subordinate HL segments will follow)	0
TRN01	Trace Type Code	TRN	2000C	'1' (for Current Transaction Trace Numbers) –refers to trace or reference number assigned by the creator of the 271 transaction (the information source)	1

Element ID	Element Name	Segment ID	Loop ID	Valid Value(s)	Format Example
TRN02	Trace Number	TRN	2000C	Reference number sent in the 270 Inquiry transaction (when '2' qualifier is present in TRN01) or new reference number (when '1' qualifier is present in TRN01) document control number	123456789
TRN03	Originating Company ID	TRN	2000C	The number '9' plus the RRE number. The RRE number must contain 9 digits. Populate leading positions with zeros.	9002345678

Table 23: 2100C – Subscriber Name

The Subscriber will be identified with the 2100C NM1, 2100C REF, and 2100C DMG Segments. This table defines specific requirements for the Subscriber Name data.

Element ID	Element Name	Segment ID	Loop ID	Valid Value(s)	Format Example
NM101	Entity Identifier Code	NM1	2100C	'IL' (for insured or subscriber)	IL
NM102	Entity Type Qualifier	NM1	2100C	'1' (for Person)	1
NM103	Subscriber Last Name	NM1	2100C	First 6 bytes of Last Name of subscriber (insured)	DOE
NM104	Subscriber First Name	NM1	2100C	First initial of subscriber (insured)	J
NM108	Identification Code Qualifier	NM1	2100C	'MI' (for member identification number)	MI
NM109	Subscriber Primary Identifier	NM1	2100C	Member's Medicare ID (HICN or MBI) – current Medicare ID will be returned if an older one was submitted	123456789A 1AA0AA0AA00
REF01	Reference Identification Qualifier	REF	2100C	'IG' Insurance Policy Number	IG
REF02	Subscriber Supplemental Identifier	REF	2100C	Subscriber's Social Security Number (9 digits or last 5 digits) The response file will display the 5-digit or 9-digit SSN, depending on what was submitted. If the SSN provided does not match the SSN on file, zeros will be returned.	999999999 or 99999

Element ID	Element Name	Segment ID	Loop ID	Valid Value(s)	Format Example
REF01	Reference Identification Qualifier	REF	2100C	'NQ' Medical Recipient Identification Number	NQ
REF02	Subscriber Supplemental Identifier	REF	2100C	Primary RRE defined DCN for tracking of this beneficiary	0987654321098765432 10987654321
REF01	Reference Identification Qualifier	REF	2100C	'EA' Medical Record Identification Number	EA
REF02	Subscriber Supplemental Identifier	REF	2100C	Secondary RRE defined DCN for tracking of this beneficiary	1234567890123456789 01234567890
DMG01	Date Time Period Format	DMG	2100C	'D8' (for Date Expressed in format CCYYMMDD)	D8
DMG02	Subscriber Birth Date	DMG	2100C	Member's Date of Birth in format CCYYMMDD	19351215
DMG03	Subscriber Gender Code	DMG	2100C	'F' (for female) 'M' (for male) 'U' (for unknown)	F

Table 24: Subscriber Request Validation

Situational - only included if insured not found. If segment is not included a match was found.

Element ID	Element Name	Segment ID	Loop ID	Valid Value(s)	Format Example
AAA01	Valid Request Indicator	AAA	2100C	'Y' (for yes)	Y
AAA03	Reject Reason Code	AAA	2100C	'75' (for subscriber/ insured not found) '76' (for duplicate subscriber/insured ID number)	75 or 76
AAA04	Follow-up Action Code	AAA	2100C	'C' (for correct and resubmit)	C

Table 25: Part A and Part B Plan-Level Eligibility

Element ID	Element Name	Segment ID	Loop ID	Valid Value(s)	Format Example
EB01	Subscriber Eligibility or Benefit Information	EB	2110C	'1' (for Active coverage)	1
EB04	Insurance Type Code	EB	2110C	'MA' (for Medicare Part A)	MA
DTP01	Date Time Qualifier	DTP	2110C	'356' (for Start Date)	356
DTP02	Date Time Period Format	DTP	2110C	'D8' Date Format = CCYYMMDD	D8
DTP03	Date	DTP	2110C	Part A Entitlement Date	20091215
DTP01	Date Time Qualifier	DTP	2110C	'357' (for End Date)	357

Element ID	Element Name	Segment ID	Loop ID	Valid Value(s)	Format Example
DTP02	Date Time Period Format	DTP	2110C	'D8' Date Format = CCYYMMDD	D8
DTP03	Date	DTP	2110C	Part A Termination Date	20201215
EB01	Subscriber Eligibility or Benefit Information	EB	2110C	'1' (for Active coverage)	1
EB04	Insurance Type Code	EB	2110C	'MB' (for Medicare Part B)	MB
DTP01	Date Time Qualifier	DTP	2110C	'356' (for Start Date)	356
DTP02	Date Time Period Format	DTP	2110C	'D8' Date Format = CCYYMMDD	D8
DTP03	Date	DTP	2110C	Part B Entitlement Date	20091215
DTP01	Date Time Qualifier	DTP	2110C	'357' (for End Date)	357
DTP02	Date Time Period Format	DTP	2110C	'D8' Date Format = CCYYMMDD	D8
DTP03	Date	DTP	2110C	Part B Termination Date	20201215

Table 26: Part C Medicare Advantage Enrollment Data

Element ID	Element Name	Segment ID	Loop ID	Valid Value(s)	Format Example
EB01	Eligibility or Benefit Information	EB	2110C	'R' (for Other or Additional Payer)	R
EB04	Insurance Type Code	EB	2110C	'HM' (for Medicare Part C)	HM
REF01	Reference Identification Qualifier	REF	2110C	'18' ID Qualifier for Contract Number	18
REF02	Subscriber Eligibility or Benefit Identifier	REF	2110C	Part C Contract Number	12345
REF01	Reference Identification Qualifier	REF	2110C	'N6' ID Qualifier for Plan Network Identification Number	N6
REF02	Subscriber Eligibility or Benefit Identifier	REF	2110C	Part C PBP Number	001
DTP01	Date Time Qualifier	DTP	2110C	'290' Date Qualifier for Coordination of Benefits (Start/End dates)	290
DTP02	Date Time Period Format	DTP	2110C	'D8' Date Format = CCYYMMDD (single) 'RD8' Date Format = CCYYMMDD - CCYYMMDD (range)	D8 or RD8
DTP03	Date	DTP	2110C	Part C Plan Enrollment and Termination Dates	CCYYMMDD or CCYYMMDD - CCYYMMDD

Element ID	Element Name	Segment ID	Loop ID	Valid Value(s)	Format Example
LS01	Loop Identifier Code	LS	2115C	'2120' to identify the beginning of the Subscriber Benefit Related Entity Name loop	2120
NM101	Entity Identifier Code	NM1	2120C	'PR' (for payer)	PR
NM102	Entity Type Qualifier	NM1	2120C	'2' (for Non-Person Entity)	2
NM103	Benefit Related Entity Last or Organization Name	NM1	2120C	Part C Contract Name	Example Name
N301	Benefit Related Entity Address Line	N3	2120C	Part C Contact Address Line 1	123 Main Street
N302	Benefit Related Entity Address Line	N3	2120C	Part C Contact Address Line 2	Suite 123
N401	Benefit Related Entity City Name	N4	2120C	Part C Contact City Name	City
N402	Benefit Related Entity State Code	N4	2120C	Part C Contact State Code	XX
N403	Benefit Related Entity Postal Zone or Zip Code	N4	2120C	Part C Contact Postal ZIP Code	123456789
LE01	Loop Identifier Code	LE	2115C	'2120' to identify the end of the Subscriber Benefit Related Entity Name loop	2120

Table 27: Part D Prescription Drug Enrollment Data

Element ID	Element Name	Segment ID	Loop ID	Valid Value(s)	Format Example
EB01	Eligibility or Benefit Information	EB	2110C	'R' Other or Additional Payer	R
EB04	Eligibility or Benefit Information	EB	2110C	'OT' Insurance Type Code for Other	OT
REF01	Reference Identification Qualifier	REF	2110C	'18' ID Qualifier for Contract Number	18
REF02	Subscriber Eligibility or Benefit Identifier	REF	2110C	Part D Contract Number	12345
REF01	Reference Identification Qualifier	REF	2110C	'N6' ID Qualifier for Plan Network Identification Number	N6
REF02	Subscriber Eligibility or Benefit Identifier	REF	2110C	Part D PBP Plan Number (if available)	001
DTP01	Date Time Qualifier	DTP	2110C	'290' Date Qualifier for Coordination of Benefits (Start/End dates)	290

Element ID	Element Name	Segment ID	Loop ID	Valid Value(s)	Format Example
DTP02	Date Time Period Format	DTP	2110C	'D8' Date Format = CCYYMMDD (single) 'RD8' Date Format = CCYYMMDD - CCYYMMDD (range)	D8 or RD8
DTP03	Date	DTP	2110C	Part D Enrollment and Termination Dates	CCYYMMDD or CCYYMMDD - CCYYMMDD
LS01	Loop Identifier Code	LS	2115C	'2120' to identify the beginning of the Subscriber Benefit Related Entity Name loop	2120
NM101	Entity Identifier Code	NM1	2120C	'PR' (for payer)	PR
NM102	Entity Type Qualifier	NM1	2120C	'2' (for Non-Person Entity)	2
NM103	Benefit Related Entity Last or Organization Name	NM1	2120C	Part D Contract Name	Example Name
N301	Benefit Related Entity Address Line	N3	2120C	Part D Contact Address Line 1	123 Main Street
N302	Benefit Related Entity Address Line	N3	2120C	Part D Contact Address Line 2	Suite 123
N401	Benefit Related Entity City Name	N4	2120C	Part D Contact City Name	City
N402	Benefit Related Entity State Code	N4	2120C	Part D Contact State Code	XX
N403	Benefit Related Entity Postal Zone or Zip Code	N4	2120C	Part D Contact Postal ZIP Code	123456789
LE01	Loop Identifier Code	LE	2115C	'2120' to identify the end of the Subscriber Benefit Related Entity Name loop	2120

Table 28: Transaction Set Trailer

This indicates the end of the transaction set.

Element ID	Element Name	Segment ID	Loop ID	Valid Value(s)	Format Example
SE01	Transaction Segment Count	SE	N/A	Total Number of segments included in a transaction set (including the ST and SE segments)	42
SE02	Transaction Set Control Number	SE	N/A	Unique number to the interchange that must be identical to the value in ST02	0001

Table 29: Functional Group Trailer

Element ID	Element Name	Segment ID	Loop ID	Valid Value(s)	Format Example
GE01	Number of Transaction Sets Included	GE	N/A	Total Number of transaction sets included in the functional group	1
GE02	Group Control Number	GE	N/A	Unique number assigned by the sender that must be identical to GS06	Examples '1' '01' '0001' Must match GS06

Table 30: Interchange Control Trailer

Element ID	Element Name	Segment ID	Loop ID	Valid Value(s)	Format Example
IEA01	Number of Included Functional Groups	IEA	N/A	Count of the number of functional groups included in an interchange.	1
IEA02	Interchange Control Number	IEA	N/A	Control number assigned by the interchange sender that should be 9 characters and be identical to the value in ISA13.	000000001