National Standards Group

Administrative Simplification

COMPLIANCE REVIEW RELATED TO

271 Health Care Eligibility Benefit Response

Reason for review

271 2110C EB Subscriber Eligibility or Benefit Information segment

Type of entity reviewed

Health Plans

Process

Transaction testing completed during compliance reviews revealed health plans did not adhere to the requirements specified in the X12 270/271 Implementation Guide – Type 3 (TR3) 005010x279A1. Health plans did not satisfy the minimum data requirements for the EB segment in their responses.

The paired transaction of X12's 270/271 allows a submitter, the information receiver, to initiate an inquiry using the 270 transaction and to receive a response from the information source organization via the 271 transaction. As the information source, health plans returning benefit information to the submitter did not provide the minimum compliant responses as specified in item #2 of Front Matter Section 1.4.7.1 of the 271 transaction's TR3 which states: "For each plan for which the individual has active or inactive coverage, a 2110C/D loop is required with EB01 Status = 1, 2, 3, 4, 5, 6, 7 or 8 with 2110C/D EB03 Service Type Code = 30 (Health Benefit Plan Coverage) and Plan Name in EB05 if one exists."

When a health plan fails to populate the 271-response transaction's 2110C/D loop with the details specified in item #2 of section 1.4.7.1, the Administrative Simplification Enforcement and Testing Tool (ASETT)

identifies the violation and displays the following error message:

• Segment EB is missing with EB01 as '1'-'8' and EB03 as '30'. It is required to satisfy minimum data requirements for response.

Resolution

To maintain compliance with the adopted 271 transaction standard, health plans must return an EB segment with EB03 (STC) = 30, an EB01 (Status) of 1-8, and an EB05 (plan name) if one exists. For example, whether an information receiver requests an explicit service type code in the 270 transaction, the information source must provide a 271 transaction as outlined in item #2 of section 1.4.7.1.

Benefit information returned in the 2110C/D loop that does not adhere to the requirements outlined in item #2 of the X12 271 transaction's TR3 Front Matter section 1.4.7.1 will be identified as a violation of item 2 of section 1.4.7.1 in a compliance review and may result in corrective action.

For more information related to 271 transaction compliance and how to meet the minimum requirements specified in item #2 of section 1.4.7.1, please see the guidance provided in the following X12 publications:

• 005010x279A1 Health Care Eligibility Benefit Inquiry and Response (270/271)

• Requests for Interpretation (RFI) response number 1123