



Healthy BlueSM

BlueChoice[®] HealthPlan of SC

Healthy Connections



270/271 Health Care Eligibility Benefit Inquiry and Response (Real-Time) Companion Document

270/271

270/271 Health Care Eligibility Benefit Inquiry and Response — Real-Time

This companion document is for informational purposes only to describe certain aspects and expectations regarding the transaction and is not a complete guide. The details contained in this document are supplemental and should be used in conjunction with the ASC X12 Standards for Electronic Data Interchange Technical Report Type 3 (TR3) as published by the Washington Publishing Company.

Section 1 – 270/271 Eligibility Benefit Inquiry and Response: Basic Instructions

Section 2 – 270/271 Eligibility Benefit Inquiry and Response: Enveloping

Section 3 – 270/271 Eligibility Benefit Inquiry and Response: Charts for Situational Rules

Any questions?

Contact E-Solutions

e-solutions.support@amerigroup.com

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Release 9 (March 2019)
005010X279A1



Section 1 - Basic Instructions

1.1 Council for Affordable Quality Health Care (CAQH)

CAQH is a non-profit alliance of health plans and trade associations focused on achievable, concrete initiatives designed to strengthen the nation's health care system and simplify health care administration. The CAQH CORE Phase I & II operating rules have been adopted by the Department of Health and Human Services as necessary business rules and guidelines for the electronic exchange of information. These operating rules are incorporated into this companion document.

1.2 Business Purpose

The purpose of generating a 270 Inquiry is to allow providers to determine if, and what, benefits and coverage a Healthy Blue member with an ID card has for a specific period of time. To obtain the highest possibility of a patient match for eligibility, the following five primary identifiers should be supplied:

- Patient's First Name, in its entirety (10 characters): Loop 2100D, NM104 (if subscriber is the patient); Loop 2100C, NM104 (if dependent is the patient)
- Patient's Last Name: Loop 2100D or Loop 2100C, NM103
- Patient's Date of Birth: DMG02
- Subscriber ID Number exactly as it appears on the ID card including alphanumeric prefix, if applicable: NM109
- Dates of Eligibility requested by Provider: DTP03

When the criteria are not met, the AAA segments of the 271 Response will indicate the reason for why the 270 Inquiry has been rejected.

1.3 Delimiters

Healthy Blue only accepts the following delimiters as defined by the ANSI standards of the basic character set:

- Data Element Separator, Asterisk (*)
- Repetition Separator (ISA11), Caret (^)
- Sub-Element Separator, Colon (:)
- Segment Terminator, Tilde (~)

NOTE! Since the listed values are the only delimiters supported, the use of any other values will yield a file level rejection. Using values from the extended character set is not permitted without a mutual written agreement between Healthy Blue and trading partner.

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1.4 System Hours of Availability

As a CORE-certified health plan, Healthy Blue follows the guidelines as set forth under Section 1 of the CAQH CORE System Availability Rule. Regularly scheduled system downtime/maintenance will be reserved for Sundays and the following holidays:

| | |
|---|---|
| <ul style="list-style-type: none"> ▪ New Year’s Day (01/01/CCYY) ▪ Memorial Day (Last Monday in May) ▪ Independence Day (07/04/CCYY) | <ul style="list-style-type: none"> ▪ Labor Day (First Monday in September) ▪ Thanksgiving Day (Fourth Thursday in November) ▪ Christmas Day (12/25/CCYY) |
|---|---|

1.5 Uppercase Letters

Healthy Blue requests that all data be entered in UPPERCASE letters only.

1.6 Communication Protocol Specifications

- Transactions Per Second (TPS) Threshold. Must be no more than 20 transactions per second. This rate is a guideline and is not the rate Healthy Blue expects regularly. Do not use the TPS threshold to send transaction bursts or mimic batch processes. The TPS threshold is a combined maximum across all concurrent threads your application may establish.
- HTTPS Connectivity. HTTPS connectivity is available through the internet.
- HTTPS Setup Steps. Contact E-Solutions to begin the process of getting setup for HTTPS.
 - 1) E-Solutions will collect information about your organization.
 - 2) You will be assigned a User ID and Password.
 - 3) You will perform the necessary testing and then be promoted to production.
- Web Address. Below is the HTTPS URL address where an embedded 270 message may be sent using the HTTPS protocol for a 271 response.

Real-Time URL: <https://www.edirealtime.com/edirealtimeph2/edirealtime>
(single inquiry only)

HTTPS Message Format. Input parameters (see table, HTTPS and SOAP metadata) for real-time needs to be submitted on the 270 request data in order to receive a 271 response message.

SOAP Message Format. SOAP used the same field descriptions as HTTPS, but in SOAP format. You must request WSDL files for SOAP processing.

SOAP URL: <https://www.hipaaiaswebservice.com/wsedirealtime/wsedirealtime>

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| HTTPS and SOAP Metadata (Real-Time) | | | |
|-------------------------------------|--|---|-------------------------------------|
| Field Name | Description | Format | Example |
| PayloadType | Specifies the type of payload included within a request. | Text | X12_270_Request_005010X279A1 |
| ProcessingMode | Indicates Batch or Real-Time processing mode. | Text | RealTime |
| PayloadID | Identifies the request submitted. | Alphanumeric, may contain hyphen | |
| EncType | Form Data Type | multipart/form-data | |
| TimeStamp | Time and Date specifying when a message is created and sent to a receiver. | Universal Time (UTC) http://www.w3.org/TR/xmlsc hema11-2/#date/Time | 2010-02-22T15:15:52Z |
| UserName | Is used to log into the account. A password will be associated with the User which allows a request to complete. Username is assigned. | 6-12 characters; not case sensitive | |
| Password | Pairs with the <i>User</i> field to allow access to the eligibility request system. Password is assigned. | 6-12 characters; case sensitive | |
| SenderID | Represents the Sender ID (ISA06) from the X12 file being submitted. | Alphanumeric | |
| ReceiverID | Represents the Receiver ID (ISA08) from the X12 file being submitted. | Alphanumeric | 383 |
| CORERuleVersion | Represents the CORE Rule version; can be used to maintain backward compatibility when parsing/processing messages. | Version number | 2.2.0 |
| Payload | Contains the file with the X12 request data. | HIPAA X12 Compliant | |

HTTPS Error Messages

The following are the different message responses and error notifications that may be received when submitting 270 requests.

- **HTTP 202 Ok.** When authorization is passed and interface is successful with eligibility systems, HTTP 202 Ok status code and the 271 response X12 data content will be returned by the application.
- **Authorization Errors.** If the username and/or password included in the request are not valid, HTTP 403 Forbidden error response with no data will be returned by the application.
- **Server Errors.** When the CAQH connectivity application is not able to process a real-time request due to interface failures or Eligibility system unavailability etc., standard 5xx series error such as HTTP 500 Internal Server Error or HTTP 503 Service will be returned by the application. In this scenario, the 270 request submitter will need to resubmit the request since the application process for 271 message reply failed.

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1.7 Acknowledgements and/or Reports

Submitting a 270 transaction, you will receive only one of the following responses:

- TA1 (X12) when the ISA-IEA envelope cannot be processed;
- 999 when submitted 270 does not pass Level 2 HIPAA validation; or
- 271 is returned in all other cases to indicate the claim status.

Sample TA1 File:

```

ISA*00*                *00*                *ZZ*RECEIVER          *ZZ*SENDER          *110531*1508**^*00501*000000001*0*T*:~
TA1*723010535*061024*1006*R*023~
TA1*723010535*061024*1006*R*001~
TA1*723010535*061024*1006*R*021~
TA1*723010535*061024*1006*R*009~
TA1*723010535*061024*1006*R*024~
IEA*0*000000001~

```

Sample 999 File

```

ISA*00*                *00*                *ZZ*RECEIVER          *ZZ*SENDER          *110726*0702**^*00501*000003072*0*T*:~
GS*FA*RECEIVER*SENDER*20110726*070241*30720001*X*005010X231A1~
ST*999*0001*005010X231A1~
AK1*HS*98705996*005010X279A1~
AK2*270*0001*005010X279A1~
IK5*A*5~
AK9*A*1*1*1~
SE*6*0001~
GE*1*30720001~
IEA*1*000003072~

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1.8 Individual Service Types Supported

Healthy Blue will respond with specific eligibility and benefit information when an inquiry is submitted with one of the following service type codes.

| EQ01 Service Type Request | | EB03 Service Type(s) Response | | Definition / Comment |
|---------------------------|------------------------------------|-------------------------------|------------------------------------|---|
| 1 | Medical Care | 1 | Medical Care | Medical services and supplies to diagnose and/or treat a medical condition, illness, or injury and provided by a physician or other healthcare provider. |
| | | 2 | Surgical | |
| | | 42 | Home Health Care | |
| | | 45 | Hospice | |
| | | 69 | Maternity | |
| | | 76 | Dialysis | |
| | | 83 | Infertility | |
| | | AG | Skilled Nursing Care | |
| | | BT | Gynecological | |
| | | BU | Obstetrical | |
| | | DM | Durable Medical Equipment | |
| 2 | Surgical | 2 | Surgical | Surgical services provided by a physician or other healthcare provider. |
| | | 7 | Anesthesia | |
| | | 8 | Surgical Assistance | |
| | | 20 | Second Surgical Opinion | |
| 4 | Diagnostic X-Ray | 4 | Diagnostic X-Ray | Diagnostic x-ray provided or ordered and billed by a physician or other healthcare provider. |
| 5 | Diagnostic Lab | 5 | Diagnostic Lab | Diagnostic lab provided or ordered and billed by a physician or other healthcare provider. |
| 6 | Radiation Therapy | 6 | Radiation Therapy | Radiation therapy or x-ray therapy provided or ordered and billed by a physician or other healthcare provider. |
| 7 | Anesthesia | 7 | Anesthesia | Anesthesia services related to inpatient or outpatient surgery provided or ordered and billed by a physician or other healthcare provider. |
| 8 | Surgical Assistance | 8 | Surgical Assistance | Assistant surgeon/surgical assistance provided by a physician if required because of the complexity of the surgical procedures. |
| 12 | Durable Medical Equipment Purchase | 12 | Durable Medical Equipment Purchase | Purchase of medically necessary equipment and supplies prescribed by a physician or other healthcare provider that can withstand repeated use, is medically necessary for the patient, is not useful if the patient is not ill or injured, and can be used in the home. |
| 13 | Ambulatory Service Center Facility | 13 | Ambulatory Service Center Facility | A facility that provides services on an outpatient basis, primarily for the purpose of performing medical, surgical or renal dialysis procedures. |
| 18 | Durable Medical Equipment Rental | 18 | Durable Medical Equipment Rental | Rental of medically necessary equipment and supplies prescribed by a physician or other healthcare provider that can withstand repeated use, is medically necessary for the patient, is not useful if the patient is not ill or injured, and can be used in the home. |
| 20 | Second Surgical Opinion | 20 | Second Surgical Opinion | Additional professional opinion sought to verify or confirm the necessity for surgical procedures. |

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| EQ01 Service Type Request | | EB03 Service Type(s) Response | | Definition / Comment |
|---------------------------|---|-------------------------------|---|---|
| 30 | Health Benefit Plan Coverage | 1 | Medical Care | General high-level summary of the healthcare benefits of the member's policy or contract. |
| | | 33 | Chiropractic | |
| | | 35 | Dental Care | |
| | | 47 | Hospital | |
| | | 51 | Hospital - Emergency Accident | |
| | | 52 | Hospital - Emergency Medical | |
| | | 86 | Emergency Medical | |
| | | 88 | Pharmacy | |
| | | 98 | Office Visit | |
| | | AL | Vision/Optometry | |
| | | BZ | Professional Visit Office: Well | |
| | | MH | Mental Health | |
| | | UC | Urgent Care | |
| 98 | Professional (Physician) Visit - Office MSG01="SPECIALIST" | | | |
| 33 | Chiropractic | 4 | Diagnostic X-Ray | Professional services which may include office visits, manipulations, x-rays, and supplies. |
| | | 33 | Chiropractic | |
| 35 | Dental Care | 35 | Dental Care | Benefits for services, supplies or appliances for care of teeth. |
| 40 | Oral Surgery | 40 | Oral Surgery | Medical coverage for oral surgical procedures that involves diagnosis and treatment of disorders of the mouth, teeth, jaws and facial structure, including surgical correction of facial deformity and fractures. |
| 42 | Home Health Care | 42 | Home Health Care | Healthcare services prescribed by a physician and rendered in the home by a qualified healthcare provider. Common healthcare services include nursing services; speech, physical, occupational and rehabilitation therapy; social services and home infusion therapy. |
| | | A3 | Professional (Physician) Visit - Home | |
| 45 | Hospice | 45 | Hospice | Prescribed by a physician, an integrated set of services and supplies to provide palliative and supportive care to terminally ill patients. |
| 47 | Hospital | 47 | Hospital | Hospital Inpatient and Outpatient services (excluding Hospital – Emergency Accident; Hospital – Emergency Medical; and Hospital – Ambulatory Surgical)and supplies for a patient who may or may not have been admitted to a hospital, for the purpose of receiving medical care or other health services. |
| | | 51 | Hospital - Emergency Accident | |
| | | 52 | Hospital - Emergency Medical | |
| | | 53 | Hospital - Ambulatory Surgical | |
| 48 | Hospital - Inpatient | 48 | Hospital - Inpatient | Hospital services and supplies for a patient who has been admitted to a hospital for the purpose of receiving medical care or other health services. |
| | | 99 | Professional (Physician) Visit - Inpatient | |
| 50 | Hospital - Outpatient | 50 | Hospital Outpatient | Hospital services and supplies for a patient who has not been admitted to a hospital, for the purpose of receiving medical care or other health services. |
| | | 51 | Hospital - Emergency Accident | |
| | | 52 | Hospital - Emergency Medical | |
| | | A0 | Professional (Physician) Visit - Outpatient | |
| 51 | Hospital - Emergency Accident | 51 | Hospital - Emergency Accident | Hospital services and supplies for the treatment of a sudden and unexpected medical injury caused by an external force or element which requires immediate medical attention. |

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| EQ01 Service Type Request | | EB03 Service Type(s) Response | | Definition / Comment |
|---------------------------|--------------------------------|-------------------------------|--------------------------------|---|
| 52 | Hospital - Emergency Medical | 52 | Hospital - Emergency Medical | Hospital services and supplies for the treatment of a sudden and unexpected medical or psychiatric condition which requires immediate medical attention. |
| 53 | Hospital - Ambulatory Surgical | 53 | Hospital - Ambulatory Surgical | Outpatient surgery and related services performed and billed for by a hospital. |
| 60 | General Benefits | 60 | General Benefits | Indicates whether a patient has active or inactive medical coverage for the service date requested. |
| 61 | In-vitro Fertilization | 61 | In-vitro Fertilization | Inpatient and outpatient services to treat infertility using IVF (In-vitro Fertilization) procedures. |
| 62 | MRI/CAT Scan | 62 | MRI/CAT Scan | Diagnostic MRI (Magnetic Resonance Imaging) and/or CAT (Computed Axial Tomography) Scan services provided or ordered and billed by a physician or other healthcare provider. |
| 65 | Newborn Care | 65 | Newborn Care | Professional and facility charges for newborn care including nursery care and inpatient hospital visits. |
| 68 | Well Baby Care | 68 | Well Baby Care | Medical services and physician visits which are recommended by the American Pediatric Association as appropriate and routine care for a child to a specific age limit. |
| | | 80 | Immunizations | |
| | | BH | Pediatric | |
| 69 | Maternity | 69 | Maternity | Complete maternity (obstetrical) care including related conditions resulting in childbirth or miscarriage when provided, or ordered and billed by a physician or nurse midwife. |
| 73 | Diagnostic Medical | 4 | Diagnostic X-Ray | Diagnostic x-ray tests provided or ordered and billed by a physician or other healthcare provider. |
| | | 5 | Diagnostic Lab | |
| | | 62 | MRI/CAT Scan | |
| | | 73 | Diagnostic Medical | |
| 76 | Dialysis | 76 | Dialysis | Outpatient dialysis services furnished by a Hospital, Community Health Center, free-standing dialysis facility or physician. This coverage may also include dialysis services rendered on an inpatient basis or in the patient's home. |
| 78 | Chemotherapy | 78 | Chemotherapy | Outpatient chemotherapy services furnished by a Hospital, Community Health Center, free-standing radiation therapy and chemotherapy facility, physician or nurse practitioner. |
| 80 | Immunizations | 80 | Immunizations | Services and supplies provided by physicians, hospitals, and other healthcare providers for the administration of preventative vaccines. |
| 81 | Routine Physical | 81 | Routine Physical | Routine medical exams provided by physicians, hospitals, and other healthcare providers. |
| 82 | Family Planning | 82 | Family Planning | Consultations related to the use of contraceptive methods that have been approved by the U.S. Food and Drug Administration. |
| 83 | Infertility | 83 | Infertility | Inpatient and outpatient services to diagnose and/or treat infertility. Covered services may include assisted reproductive technology procedures. |
| | | 61 | In-vitro Fertilization | |
| 84 | Abortion | 84 | Abortion | Inpatient and outpatient procedures, related to the termination of a pregnancy. |

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| EQ01 Service Type Request | | EB03 Service Type(s) Response | | Definition / Comment |
|---------------------------|---|-------------------------------|---|---|
| 86 | Emergency Services | 51 | Hospital - Emergency Accident | Medical services and supplies provided by physicians, hospitals, and other healthcare providers for the treatment of a sudden and unexpected medical condition or injury which requires immediate medical attention. |
| | | 52 | Hospital - Emergency Medical | |
| | | 86 | Emergency Services | |
| | | 98 | Professional (Physician) Visit - Office | |
| 88 | Pharmacy | 88 | Pharmacy | Drugs and supplies dispensed by a licensed pharmacist, which may include mail order or internet dispensary. |
| 93 | Podiatry | 93 | Podiatry | Professional services of a physician or other healthcare provider for the care or treatment of conditions of the foot. |
| 98 | Professional (Physician) Visit - Office | 98 | Professional (Physician) Visit - Office | Professional services of a physician or other healthcare provider during a sick office visit. |
| | | BZ | Physician Visit - Office: Well | |
| | | 98 | Professional (Physician) Visit - Office MSG01="SPECIALIST" | |
| 98 | Specialist - Office MSG01="SPECIALIS T" | | Specialist - Office | Professional healthcare provider (physician) in the office who is NOT one of the following: Family Practitioner, General Practitioner, Medical Internist, Pediatrician, Obstetrician/Gynecologist (some exceptions may apply), Physician Assistant, Nurse Practitioner. |
| 99 | Professional (Physician) Visit - Inpatient | 99 | Professional (Physician) Visit - Inpatient | Professional services of a physician or other healthcare provider during an inpatient hospital admission. |
| A0 | Professional (Physician) Visit - Outpatient | A0 | Professional (Physician) Visit - Outpatient | Professional services of a physician or other healthcare provider performed in the outpatient department of a hospital or other covered facility. |
| A3 | Professional (Physician) Visit - Home | A3 | Professional (Physician) Visit - Home | Professional services of a physician or other healthcare provider performed in the patient's home. |
| AD | Occupational Therapy | AD | Occupational Therapy | Professional and facility occupational therapy services performed by an occupational therapist, physician or other healthcare provider at a hospital, office or other covered facility. |
| AE | Physical Medicine | AE | Physical Medicine | Professional and Facility Services and care related to evaluation and treatment of injury or disorders. |
| AF | Speech Therapy | AF | Speech Therapy | Professional and facility speech therapy services performed by a speech therapist, physician or other healthcare provider at a hospital, office or other covered facility. |
| AG | Skilled Nursing Care | AG | Skilled Nursing Care | Services and supplies for a patient who has been admitted to a skilled nursing facility for the purpose of receiving medical care or other health services. |
| AI | Substance Abuse | AI | Substance Abuse | Professional services provided at a hospital, office or other covered facility as they are related to the diagnosis and treatment of Substance Abuse. |
| AL | Vision (Optometry) | AL | Vision (Optometry) | Routine vision services furnished by an optometrist. May include coverage for eyeglasses, contact lenses, routine eye exams, and/or vision testing for the prescribing or fitting of eyeglasses or contact lenses. |

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| EQ01 Service Type Request | | EB03 Service Type(s) Response | | Definition / Comment |
|---------------------------|---------------------------------------|-------------------------------|---------------------------------------|--|
| BG | Cardiac Rehabilitation | BG | Cardiac Rehabilitation | Cardiac Rehabilitation services rendered by a physician or other healthcare provider in a hospital or other covered facility. |
| BH | Pediatric | BH | Pediatric | Routine medical exams and related routine services, rendered to a child. Restrictions may apply due to age schedule and/ or visit limits |
| BT | Gynecological | BT | Gynecological | Medical care related to care and management of the female reproductive system and associated disorders provided by a physician or other healthcare provider. |
| BU | Obstetrical | BU | Obstetrical | Medical care related to care of women during pregnancy, parturition, and puerperium provided by a physician or other healthcare provider. |
| BV | Obstetrical/ Gynecological | BV | Obstetrical/Gynecological | Medical care related to care and management of the female reproductive system and associated disorders before, during, and after pregnancy provided by a physician or other healthcare providers. |
| | | BT | Gynecological | |
| | | BU | Obstetrical | |
| BY | Physician Visit - Office: Sick | BY | Physician Visit - Office: Sick | Professional services of a physician or other healthcare provider during a non-routine visit related to an illness. |
| BZ | Physician Visit - Office: Well | BZ | Physician Visit - Office: Well | Professional services of a physician or other healthcare provider during a routine or preventative care visit. |
| CE | MH Provider - Inpatient | CE | MH Provider - Inpatient | Professional and or facility services provided in an inpatient setting at a hospital or other covered facility related to mental health care. |
| CF | MH Provider - Outpatient | CF | MH Provider - Outpatient | Professional and or facility services provided in an outpatient setting at a hospital or other covered facility related to mental health care. |
| CG | MH Provider Facility - Inpatient | CG | MH Provider Facility - Inpatient | Facility services provided in an inpatient setting at a hospital or other covered facility related to mental health care. |
| CH | MH Provider Facility - Outpatient | CH | MH Provider Facility - Outpatient | Facility services provided in an outpatient setting at a hospital or other covered facility related to mental health care. |
| CI | Substance Abuse Facility - Inpatient | CI | Substance Abuse Facility - Inpatient | Facility services provided in an inpatient setting at a hospital or other covered facility related to therapeutically planned living and rehabilitative intervention environment for the treatment of individuals with substance abuse disorders. |
| CJ | Substance Abuse Facility - Outpatient | CJ | Substance Abuse Facility - Outpatient | Facility services provided in an outpatient setting at a hospital or other covered facility related to therapeutically planned living and rehabilitative intervention environment for the treatment of individuals with substance abuse disorders. |
| CK | Screening X-ray | CK | Screening X-ray | X-ray services provided by a physician or other healthcare provider for the purpose of preventative care. |
| CL | Screening Laboratory | CL | Screening Laboratory | Laboratory services provided by a physician or other healthcare provider for the purpose of preventative care. |
| CM | Mammogram, HR Patient | CM | Mammogram, HR Patient | Mammography services for patients that have been identified with a greater than normal risk for breast cancers and related diseases. |
| CN | Mammogram, LR Patient | CN | Mammogram, LR Patient | Mammography services for patients that have been identified with a normal risk for breast cancers and related diseases. |

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| EQ01 Service Type Request | | EB03 Service Type(s) Response | | Definition / Comment |
|---------------------------|---------------------------|-------------------------------|------------------------------------|---|
| CO | Flu Vaccination | CO | Flu Vaccination | Services provided by a physician or other healthcare provider related to administration of influenza virus vaccination. |
| DM | Durable Medical Equipment | DM | Durable Medical Equipment | Equipment and supplies prescribed by a physician or other healthcare provider that can withstand repeated use, is medically necessary for the patient, that are for a patient's use in the home and that are usable for an extended period of time. |
| | | 12 | Durable Medical Equipment Purchase | |
| | | 18 | Durable Medical Equipment Rental | |
| MH | Mental Health | MH | Mental Health | Mental Health services provided by a physician or other healthcare providers who are trained and educated to perform services related to mental health and may be licensed or practice within the scope or licensure or training. |
| | | CE | MH Provider - Inpatient | |
| | | CF | MH Provider - Outpatient | |
| | | CG | MH Provider Facility - Inpatient | |
| | | CH | MH Provider Facility - Outpatient | |
| UC | Urgent Care | UC | Urgent Care | Medical services and supplies provided by physicians or other healthcare providers for the treatment of an urgent medical condition or injury which requires medical attention. |

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Section 2 - Enveloping

EDI envelopes control and track communications between you and Healthy Blue. One envelope may contain many transaction sets grouped into the following:

- Interchange Control Header (ISA)
- Functional Group Header (GS)
- Functional Group Trailer (GE)
- Interchange Control Trailer (IEA)

270 Health Care Eligibility Benefit Inquiry—Envelope Specific to Healthy Blue (TR3, Appendix C)

| ISA—Interchange Control Header | | GS—Functional Group Header | | GE—Functional Group Trailer | | IEA—Interchange Control Trailer | |
|-----------------------------------|--------------|--|--------------|-----------------------------|--------------|---------------------------------|--------------|
| ISA01 | 00 | GS01 | HS | GE01 | refer to TR3 | IEA01 | refer to TR3 |
| ISA02 | refer to TR3 | GS02 | SENDER ID | GE02 | refer to TR3 | IEA02 | refer to TR3 |
| ISA03 | 00 | EDI assigned | | | | | |
| ISA04 | refer to TR3 | Left-justified followed by no zeroes or spaces | | | | | |
| ISA05 | ZZ | GS03 | 383 | | | | |
| ISA06 | SENDER ID | GS04 | refer to TR3 | | | | |
| EDI assigned | | GS05 | refer to TR3 | | | | |
| Left-justified followed by spaces | | GS06 | refer to TR3 | | | | |
| ISA07 | ZZ | GS07 | X | | | | |
| ISA08 | 383 | GS08 | 005010X279A1 | | | | |
| Left-justified followed by spaces | | | | | | | |
| ISA09 | refer to TR3 | | | | | | |
| ISA10 | refer to TR3 | | | | | | |
| ISA11 | ^(5E) | | | | | | |
| ISA12 | 00501 | | | | | | |
| ISA13 | refer to TR3 | | | | | | |
| ISA14 | refer to TR3 | | | | | | |
| ISA15 | refer to TR3 | | | | | | |
| ISA16 | :(3A) | | | | | | |

***Transactions must be submitted to the Plan for the state in which the services will be rendered. Transaction from providers not within our service areas must not be sent.**

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| 271 Health Care Eligibility Benefit Response—Envelope Specific to Healthy Blue (TR3, Appendix C) | | | | | | | |
|---|--------------|-----------------------------------|--------------|------------------------------------|--------------|--|--------------|
| ISA—Interchange Control Header | | GS—Functional Group Header | | GE—Functional Group Trailer | | IEA—Interchange Control Trailer | |
| ISA01 | 00 | GS01 | HB | GE01 | refer to TR3 | IEA01 | refer to TR3 |
| ISA02 | 10 spaces | GS02 | 383 | GE02 | refer to TR3 | IEA02 | refer to TR3 |
| ISA03 | 00 | GS03 | RECEIVER ID | | | | |
| ISA04 | 10 spaces | GS04 | refer to TR3 | | | | |
| ISA05 | ZZ | GS05 | refer to TR3 | | | | |
| ISA06 | 383 | GS06 | refer to TR3 | | | | |
| ISA07 | ZZ | GS07 | X | | | | |
| ISA08 | RECEIVER ID | GS08 | 005010X279A1 | | | | |
| ISA09 | refer to TR3 | | | | | | |
| ISA10 | refer to TR3 | | | | | | |
| ISA11 | ^(5E) | | | | | | |
| ISA12 | 00501 | | | | | | |
| ISA13 | refer to TR3 | | | | | | |
| ISA14 | 0 | | | | | | |
| ISA15 | refer to TR3 | | | | | | |
| ISA16 | :(3A) | | | | | | |

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Section 3 - Charts for Situational Rules

Listed below are loops, segments, and data elements, that if submitted will greatly improve your chances of a successful response per our implementation of the situational rules in the 270/271 TR3.

| 270 Health Care Eligibility Benefit Inquiry | | | | |
|---|---|--|--|--|
| TR3 | Segment | Reference Designator(s) | Value | Definitions and Notes – Specific to Healthy Blue |
| P.61 | ST | <i>Transaction Set Header - Refer to TR3</i> | | |
| P.63 | BHT Beginning of Hierarchical Trx | BHT02 Transaction Set Purpose Code | 13 | 13 - Request |
| Loop ID 2000A—Information Source Level | | | | |
| P.66 | HL | <i>Information Source Level - Refer to TR3</i> | | |
| Loop ID 2100A—Information Source Name | | | | |
| P.69 | NM1 Information Source Name | NM103 Name Last or Organization Name | (Information Source Last or Org Name) | HEALTHY BLUE |
| | | NM108 ID Code Qualifier | PI | PI - Payor Identification |
| | | NM109 Identification Code | 383 | 383 - represents Healthy Blue as receiver |
| Loop ID 2000B—Information Receiver Level | | | | |
| P.72 | HL | <i>Information Receiver Level - Refer to TR3</i> | | |
| Loop ID 2100B—Information Receiver Name | | | | |
| P.75 | NM1 | <i>Information Receiver Name - Refer to TR3</i> | | |
| P.79 | REF | <i>Information Receiver Additional Identification - Refer to TR3</i> | | |
| P.81 | N3 | <i>Information Receiver Address - Refer to TR3</i> | | |
| P.82 | N4 | <i>Information Receiver City, State, ZIP Code - Refer to TR3</i> | | |
| P.84 | PRV | <i>Information Receiver Provider Information - Refer to TR3</i> | | |
| Loop ID 2000C—Subscriber Level | | | | |
| P.86 | HL | <i>Subscriber Level - Refer to TR3</i> | | |
| P.90 | TRN Subscriber Trace Number | TRN02 Ref Identification | (Trace Number) | The values in TRN segment are not required. |
| | | TRN03 Originating Company Identifier | (Trace Assigning Entity) | |
| Loop ID 2100C—Subscriber Name | | | | |
| P.92 | NM1 Subscriber Name | NM103 Name Last or Organization Name | (Subscriber Last Name) | First and Last name of the subscriber exactly as they appear on the ID card. Populated for finding match for subscriber. |
| | | NM104 Name First | (Subscriber First Name) | |
| | | NM108 ID Code Qualifier | MI | MI - Member Identification Number |

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| 270 Health Care Eligibility Benefit Inquiry | | | | |
|---|---|---|--|---|
| TR3 | Segment | Reference Designator(s) | Value | Definitions and Notes – Specific to Healthy Blue |
| Loop ID 2100C—Subscriber Name (cont'd) | | | | |
| P.92 | NM1 Subscriber Name | NM109 Identification Code | (Subscriber Primary ID) | ID number exactly as it appears on the ID card, including any alphanumeric prefix, which is required when present. Populated for finding match for subscriber |
| | | Format Examples | | Explanation |
| | | XXX##### XXXX##### XXX###X##### | R##### J##### | Alphanumeric subscriber identification as it appears on the front of the ID card. |
| P.97 | REF Subscriber Additional Identification | REF01 Ref ID Code Qualifier | 6P | 6P - Group Number |
| | | REF02 Reference Identification | (Subscriber Supplemental Identifier) | Coverage within span dates will be returned for the group # submitted over coverage for other group numbers. |
| P.100 | N3 | Subscriber Address - Refer to TR3 | | |
| P.101 | N4 | Subscriber City, State, ZIP Code - Refer to TR3 | | |
| P.103 | PRV | Provider Information - Refer to TR3 | | |
| P.107 | DMG Subscriber Demographic Information | DMG02 Date Time Period | (Subscriber Birth Date) | Populated for positive identification of the subscriber. |
| | | P.110 INS Multiple Birth Sequence Number - Refer to TR3 | | |
| P.113 | HI | Subscriber Health Care Diagnosis Code - Refer to TR3 | | |
| P.122 | DTP Subscriber Date | DTP01 Date/Time Qualifier | 291 | 291 - Plan |
| | | DTP03 Date Time Period | Please refer to the Phase 1 CORE Operating Rules, Section 154, Subsection 1.3: Eligibility Dates, for date requirements. | |
| Loop ID 2110C—Subscriber Eligibility or Benefit Inquiry | | | | |
| <i>To ensure file is accepted, use EQ segment in 2110C or 2110D, and do not populate in both loops.</i> | | | | |
| P.124 | EQ Subscriber Eligibility or Benefit Inquiry | EQ01 Service Type Code | (See Basic Instructions) | Use 30 for Health Benefit Coverage or other specific value listed in the Basic Instructions of this document. Only first value is used to determine response. |
| | | EQ02 Composite Medical Procedure Identifier | 271 Response is based on value submitted in EQ01. Recommended to not submit value in EQ02. | |
| P.136 | AMT | Subscriber Spend Down Amount - Refer to TR3 | | |
| P.137 | AMT | Subscriber Spend Down Total Billed Amount - Refer to TR3 | | |
| P.138 | III | Subscriber Eligibility or Benefit Additional Inquiry - Refer to TR3 | | |
| P.142 | REF | Subscriber Additional Information - Refer to TR3 | | |
| P.144 | DTP | Subscriber Eligibility/Benefit Date - Refer to TR3 | | |
| Loop ID 2000D—Dependent Level | | | | |
| P.146 | HL | Dependent Level - Refer to TR3 | | |

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| 270 Health Care Eligibility Benefit Inquiry | | | | |
|---|--|--|--|---|
| TR3 | Segment | Reference Designator(s) | Value | Definitions and Notes – Specific to Healthy Blue |
| Loop ID 2000D—Dependent Level (cont'd) | | | | |
| P.149 | TRN Dependent Trace Number | TRN02 Ref Identification | (Trace Number) | The values in TRN segment are not required. |
| | | TRN03 Originating Company Identifier | (Trace Assigning Entity) | |
| Loop ID 2100D—Dependent Name | | | | |
| P.151 | NM1 Dependent Name | NM103 Name Last or Organization Name | (Dependent Last Name) | First and Last name of the dependent exactly as they appear on the ID card. Populated for finding match for dependent. |
| | | NM104 Name First | (Dependent First Name) | |
| P.154 | REF Dependent Additional Identification | REF01 Ref ID Code Qualifier | 6P | 6P - Group Number |
| | | REF02 Reference Identification | (Subscriber Supplemental Identifier) | Coverage within span dates will be returned for the group number submitted over coverage for other group numbers. |
| P.157 | N3 | Dependent Address - Refer to TR3 | | |
| P.158 | N4 | Dependent City, State, ZIP Code - Refer to TR3 | | |
| P.160 | PRV | Provider Information - Refer to TR3 | | |
| P.164 | DMG Dependent Demographic Information | DMG02 Date Time Period | (Dependent Birth Date) | Dependent's date of birth. Populated for positive identification of the dependent as the patient. |
| P.167 | INS | Dependent Relationship - Refer to TR3 | | |
| P.170 | HI | Dependent Health Care Diagnosis Code - Refer to TR3 | | |
| P.179 | DTP Dependent Date | DTP01 Date/Time Qualifier | 291 | 291 - Plan |
| | | DTP03 Date Time Period | Please refer to the Phase 1 CORE Operating Rules, Section 154, Subsection 1.3: Eligibility Dates, for date requirements. | |
| Loop ID 2110D—Dependent Eligibility or Benefit Inquiry | | | | |
| <i>To ensure file is accepted, use EQ segment in 2110D or 2110C, and do not populate in both loops.</i> | | | | |
| P.181 | EQ Dependent Eligibility or Benefit Inquiry | EQ01 Service Type Code | (See Basic Instructions) | Use 30 for Health Benefit Coverage or other specific value listed in the Basic Instructions of this document. Only first value is used to determine response. |
| | | EQ02 Composite Medical Procedure Identifier | 271 Response is based on value submitted in EQ01. Recommended to not submit value in EQ02. | |
| P.192 | III | Dependent Eligibility or Benefit Additional Inquiry Information - Refer to TR3 | | |
| P.196 | REF | Dependent Additional Information - Refer to TR3 | | |
| P.198 | DTP | Dependent Eligibility/Benefit Date - Refer to TR3 | | |
| P.200 | SE | Transaction Set Trailer - Refer to TR3 | | |

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| 271 Health Care Eligibility Benefit Response | | | | |
|---|--------------------------------|---|--------------------------|--|
| TR3 | Segment | Reference Designator(s) | Value | Definitions and Notes – Specific to Healthy Blue |
| P.209 | ST | Transaction Set Header - Refer to TR3 | | |
| P.211 | BHT | Beginning of Hierarchical Transaction - Refer to TR3 | | |
| Loop ID 2000A—Information Source Level | | | | |
| P.213 | HL | Information Source Level - Refer to TR3 | | |
| P.215 | AAA | Request Validation - Refer to TR3 | | |
| Loop ID 2100A—Information Source Name | | | | |
| P.218 | NM1 Information Source Name | NM101 Entity Identifier Code | PR | PR - Payer |
| | | NM102 Entity Type Qualifier | 2 | 2 - Non- Person Entity |
| | | NM108 ID Code Qualifier | PI | PI - Payor Identification |
| | | NM109 Identification Code | 383 | 383 - represents Healthy Blue as receiver |
| P.221 | PER | Information Source Contact Information - Refer to TR3 | | |
| P.226 | AAA | Request Validation - Refer to TR3 | | |
| Loop ID 2000B—Information Receiver Level | | | | |
| P.229 | HL | Information Receiver Level - Refer to TR3 | | |
| Loop ID 2100B—Information Receiver Name | | | | |
| P.232 | NM1 | Information Receiver Name - Refer to TR3 | | |
| P.236 | REF | Information Receiver Additional Identification - Refer to TR3 | | |
| P.238 | AAA | Information Receiver Request Validation - Refer to TR3 | | |
| P.241 | PRV | Information Receiver Provider Information - Refer to TR3 | | |
| Loop ID 2000C—Subscriber Level | | | | |
| P.243 | HL | Subscriber Level - Refer to TR3 | | |
| P.246 | TRN Subscriber Trace Number | TRN03 Originating Company Identifier | (Trace Assigning Entity) | Per X12's RFI299, value sent will be returned as sent on 270, regardless if first digit is 1, 3, or 9. |
| | | Loop ID 2100C—Subscriber Name | | |
| P.249 | NM1 | Subscriber Name - Refer to TR3 | | |
| P.253 | REF | Subscriber Additional Identification - Refer to TR3 | | |
| P.257 | N3 | Subscriber Address - Refer to TR3 | | |
| P.259 | N4 | Subscriber City, State, ZIP Code - Refer to TR3 | | |
| P.262 | AAA | Subscriber Request Validation - Refer to TR3 | | |
| P.265 | PRV | Provider Information - Refer to TR3 | | |
| P.268 | DMG | Subscriber Demographic Information - Refer to TR3 | | |
| P.271 | INS | Subscriber Relationship - Refer to TR3 | | |
| P.274 | HI | Subscriber Health Care Diagnosis Code - Refer to TR3 | | |
| P.283 | DTP | Subscriber Date - Refer to TR3 | | |
| P.285 | MPI | Subscriber Military Personnel Information - Refer to TR3 | | |

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| 271 Health Care Eligibility Benefit Response | | | | |
|--|-------------------------------|---|--------------------------|--|
| TR3 | Segment | Reference Designator(s) | Value | Definitions and Notes – Specific to Healthy Blue |
| Loop ID 2110C—Subscriber Eligibility or Benefit Information | | | | |
| P.289 | EB | Subscriber Eligibility or Benefit Information - Refer to TR3 | | |
| P.309 | HSD | Health Care Services Delivery - Refer to TR3 | | |
| P.314 | REF | Subscriber Additional Identification - Refer to TR3 | | |
| Segment DTP sent when benefit coverage dates differ from those that apply to rest of the plan coverage. | | | | |
| P.317 | DTP | Subscriber Eligibility/Benefit Date - Refer to TR3 | | |
| P.319 | AAA | Subscriber Request Validation - Refer to TR3 | | |
| P.322 | MSG | Message Text - Refer to TR3 | | |
| Loop ID 2115C—Subscriber Eligibility or Benefit Additional Information | | | | |
| P.324 | III | Subscriber Eligibility or Benefit Additional Information - Refer to TR3 | | |
| P.328 | LS | Loop Header - Refer to TR3 | | |
| Loop ID 2120C—Subscriber Benefit Related Entity Name | | | | |
| P.329 | NM1 | Subscriber Benefit Related Entity Name - Refer to TR3 | | |
| P.335 | N3 | Subscriber Benefit Related Entity Address - Refer to TR3 | | |
| P.336 | N4 | Subscriber Benefit Related Entity City, State, ZIP Code - Refer to TR3 | | |
| P.339 | PER | Subscriber Benefit Related Entity Contact Information - Refer to TR3 | | |
| P.344 | PRV | Subscriber Benefit Related Provider Information - Refer to TR3 | | |
| P.346 | LE | Loop Trailer - Refer to TR3 | | |
| Loop ID 2000D—Dependent Level | | | | |
| P.347 | HL | Dependent Level - Refer to TR3 | | |
| P.351 | TRN Dependent Trace Number | TRN03 Originating Company Identifier | (Trace Assigning Entity) | Per X12's RFI299, value sent will be returned as sent on 270, regardless if first digit is 1, 3, or 9. |
| Loop ID 2100D—Dependent Name | | | | |
| P.354 | NM1 | Dependent Name - Refer to TR3 | | |
| P.357 | REF | Dependent Additional Identification - Refer to TR3 | | |
| P.361 | N3 | Dependent Address - Refer to TR3 | | |
| P.363 | N4 | Dependent City, State, ZIP Code - Refer to TR3 | | |
| P.366 | AAA | Dependent Request Validation - Refer to TR3 | | |
| P.369 | PRV | Provider Information - Refer to TR3 | | |
| P.372 | DMG | Dependent Demographic Information - Refer to TR3 | | |
| P.375 | INS | Dependent Relationship - Refer to TR3 | | |
| P.378 | HI | Dependent Health Care Diagnosis Code - Refer to TR3 | | |
| P.387 | DTP | Dependent Date - Refer to TR3 | | |
| P.389 | MPI | Dependent Military Personnel Information - Refer to TR3 | | |
| Loop ID 2110D—Dependent Eligibility or Benefit Information | | | | |
| P.393 | EB | Dependent Eligibility or Benefit Information - Refer to TR3 | | |
| P.412 | HSD | Health Care Services Delivery - Refer to TR3 | | |
| P.417 | REF | Dependent Additional Identification - Refer to TR3 | | |
| Segment DTP sent when benefit coverage dates differ from those that apply to rest of the plan coverage. | | | | |
| P.420 | DTP | Dependent Eligibility/Benefit Date - Refer to TR3 | | |
| P.422 | AAA | Dependent Request Validation - Refer to TR3 | | |
| P.425 | MSG | Message Text - Refer to TR3 | | |

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270/271 Health Care Eligibility Benefit Inquiry and Response (Real-Time) Companion Document

| 271 Health Care Eligibility Benefit Response | | | | |
|--|----------------|--------------------------------|--------------|---|
| TR3 | Segment | Reference Designator(s) | Value | Definitions and Notes – Specific to Healthy Blue |
| Loop ID 2115D—Dependent Eligibility or Benefit Additional Information | | | | |
| P.427 | III | | | <i>Dependent Eligibility or Benefit Additional Information - Refer to TR3</i> |
| P.431 | LS | | | <i>Loop Header - Refer to TR3</i> |
| Loop ID 2120D—Dependent Eligibility or Benefit Related Entity Name | | | | |
| P.432 | NM1 | | | <i>Dependent Benefit Related Entity Name - Refer to TR3</i> |
| P.438 | N3 | | | <i>Dependent Benefit Related Entity Address - Refer to TR3</i> |
| P.439 | N4 | | | <i>Dependent Benefit Related Entity City, State, ZIP Code - Refer to TR3</i> |
| P.442 | PER | | | <i>Dependent Benefit Related Entity Contact Information - Refer to TR3</i> |
| P.447 | PRV | | | <i>Dependent Benefit Related Provider Information - Refer to TR3</i> |
| P.449 | LE | | | <i>Loop Trailer - Refer to TR3</i> |
| P.450 | SE | | | <i>Transaction Set Trailer - Refer to TR3</i> |

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