



Benefits Coordination & Recovery Center (BCRC)

**270/271 Health Care Eligibility Benefit
Inquiry and Response Companion
Guide for Mandatory Reporting Group
Health Plan (GHP) Entities**

Version 5.3

**Rev. 2018/ 26 February
COBR-Q1-2018-v5.3**

Revision History

Date	Version	Reason for Change
July 2011	5.0	Previous publication date
February 3, 2014 (January Release B)	5.1	Branded for the Benefits Coordination & Recovery Center
October 2, 2017	5.2	Change Request (CR) 21072: As part of the MACRA of 2015, all HICN fields have been renamed as "Medicare ID" and have been configured to accept either the HICN or the new Medicare Beneficiary Identifier (MBI).
February 26, 2018	5.3	Change Request (CR) 29041: For 270/271 transaction files, the format of the Medicare ID Medicare Beneficiary Identifier (MBI) has been clarified.

Table of Contents

Introduction	1
Purpose	1
Special Notes - Applicable to the Entire Transaction	3
Syntax	3
File Formatting	3
Eligibility Transaction Set.....	3
Response Transaction Set	3
270/271 File Translation	4
Customer Support	4
270 Eligibility Inquiry Companion Document.....	5
271 Eligibility Response Companion Document.....	14

List of Tables

Table 1: Interchange Control Header	5
Table 2: Functional Group Header	7
Table 3: Transaction Set Header.....	8
Table 4: Beginning of Hierarchical Transaction Set	8
Table 5: 2000A – HL Segment	9
Table 6: Information Receiver Name	9
Table 7: 2000B – HL Segment (Variable Length)	9
Table 8: 2000C – HL Segment (Variable Length).....	10
Table 9: 2100 – NM1 Subscriber Name Segment	11
Table 10: Information Receiver Additional Identification	11
Table 11: Subscriber Demographic Information.....	12
Table 12: Transaction Set Trailer	12
Table 13: Functional Group Trailer	13
Table 14: Interchange Control Trailer	13
Table 15: Interchange Control Header	14
Table 16: Functional Group Header	15
Table 17: Transaction Set Header.....	16
Table 18: Beginning of Hierarchical Transaction	17
Table 19: 2000A – HL Segment (Variable Length)	17
Table 20: Information Receiver 2000B Loop (Variable Length)	18
Table 21: Subscriber Level – 2000C Loop (Variable Length).....	19
Table 22: 2100C – NMI – Subscriber Name Segment.....	20
Table 23: Subscriber Request Validation.....	21
Table 24: Subscriber Demographic Information.....	21
Table 25: Subscriber Eligibility or Benefit Information 2110C Loop.....	22
Table 26: 2110C – Subscriber Eligibility or Benefit Information - Situational.....	23
Table 27: Transaction Set Trailer – Indicates the End of the Transaction Set.....	24
Table 28: Functional Group Trailer	24
Table 29: Interchange Control Trailer	24

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 MedicareBenefits Coordination and Recovery Center has developed Medicare COB System Interface Specifications in accordance with HIPAA requirements that will support the electronic data exchange between the COB and group health plans (GHPs') 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 <http://www.wpc-edi.com>

Purpose

This guide provides the Medicare COB System Interface Specifications for use by Medicare Secondary Payer (MSP) GHP 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 GHP entities in order to submit an eligibility benefit inquiry to the Benefits Coordination & Recovery Center (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.

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 below 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, we use multiple eligibility response in one transaction set (ST/SE), and 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

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. If you choose to use a different translator, you will need to ensure that the information used to create the file is compatible with COB processing as defined in the following file specifications. 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 646-458-6614 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@ghimedicare.com.

270 Eligibility Inquiry Companion Document

Table 1: Interchange Control Header

Fixed Length Section (include spaces to fill wntire 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

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

Table 3: Transaction Set Header

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 Set

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

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

Table 5: 2000A – HL Segment

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.	HL*1
HL03	Hierarchical Level code	HL	2000A	'20' (for Information Source).	HL*1**20
HL04	Hierarchical Child code	HL	2000A	'1' (to indicate that subordinate HL segments will follow).	HL*1**20*1

Table 6: Information Receiver Name

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

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

Table 7: 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.	HL*2
HL02	Hierarchical Parent ID Number	HL	2000B	Should always be '1' at this loop	HL*2*1
HL03	Hierarchical Level code	HL	2000B	'21' (for Information Receiver)	HL*2*1*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)	HL*2*1*21*1
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	The RRE number must contain 9 digits. Populate leading positions with zeros.	012345678

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

Table 8: 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.	HL*3
HL02	Hierarchical Parent ID Number	HL	2000C	Should always be '2' at this loop	HL*3*2
HL03	Hierarchical Level code	HL	2000C	'22' (for Subscriber)	HL*3*2*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)	HL*3*2*22*0

The 2100C-NM1 – Subscriber Name segment identifies the subscriber (insured) by name and identification number. **(Variable length)**

Table 9: 2100 – NM1 Subscriber Name Segment

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)	123456789A 1AA0AA0AA00

Table 10: Information Receiver Additional Identification

Element ID	Element Name	Segment ID	Loop ID	Valid Value(s)	Format Example
REF01	Reference Identification Qualifier	REF	2100C	‘IG’ (for insurance policy number)	IG
REF02	Subscriber Supplemental Identifier	REF	2100C	Plan enrollees Social Security Number (9-digits) Do not include hyphens.	999999999

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	09876543210987654321
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	12345678901234567890

Table 11: Subscriber Demographic Information

Element ID	Element Name	Segment ID	Loop ID	Valid Value(s)	Format Example
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 12: Transaction Set Trailer

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 13: 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 14: 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

271 Eligibility Response Companion Document

Table 15: 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

Element ID	Element Name	Segment ID	Loop ID	Valid Value(s)	Format Example
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
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 16: 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 Inquiry- 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

Element ID	Element Name	Segment ID	Loop ID	Valid Value(s)	Format Example
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 17: Transaction Set Header

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 18: 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

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

Table 19: 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.	HL*1
HL03	Hierarchical Level code	HL	2000A	‘20’ (for Information Source).	HL*1**20
HL04	Hierarchical Child code	HL	2000A	‘1’ (to indicate that subordinate HL segments will follow).	HL*1**20*1

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	Eligibility or Benefit Information	PI
NM109	Information Source Primary Identifier	NM1	2100A	Coverage Level code	CMS

Table 20: Information Receiver 2000B Loop (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.	HL*2
HL02	Hierarchical Parent ID Number	HL	2000B	'1' to identify hierarchical ID number of the HL segment to which current segment is subordinate	HL*2*1
HL03	Hierarchical Level code	HL	2000B	'21' (for Information Receiver).	HL*2*1*21
HL04	Hierarchical Child code	HL	2000B	'1' (to indicate that subordinate HL segments will follow).	HL*2*1*21*1
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 Payor Identification)	PI

Element ID	Element Name	Segment ID	Loop ID	Valid Value(s)	Format Example
NM109	Information Source Primary Identifier	NM1	2100B	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

Table 21: Subscriber Level – 2000C Loop (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.	HL*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.	HL*3*2
HL03	Hierarchical Level code	HL	2000C	‘22’ (for Subscriber)	HL*3*2*22
HL04	Hierarchical Child code	HL	2000C	‘0’ (to indicate that no subordinate HL segments will follow).	HL*3*2*22*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 22:2100C – NMI – Subscriber Name Segment

Identifies the subscriber (insured) for whom the eligibility information was requested.

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)	123456789A 1AA0AA0AA00
REF01	Reference Identification Qualifier	REF	2100C	'IG' Insurance Policy Number	IG
REF02	Subscriber Supplemental Identifier	REF	2100C	Subscriber Social Security Number	999999999

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	09876543210987654321
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	12345678901234567890

Table 23: Subscriber Request Validation

Situational – only included if insured not 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)	75
AAA04	Follow-up Action Code	AAA	2100C	'C' (for correct and resubmit)	C

Table 24: Subscriber Demographic Information

Element ID	Element Name	Segment ID	Loop ID	Valid Value(s)	Format Example
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
DTP01	Date and Time Period Qualifier	DTP	2100C	'442' (for End Date)	442

Element ID	Element Name	Segment ID	Loop ID	Valid Value(s)	Format Example
DTP02	Date Format	DTP	2100C	‘D8’ Date Format = CCYYMMDD	D8
DTP03	Date	DTP	2100C	Date of Death	20090315

Table 25: Subscriber Eligibility or Benefit Information 2110C Loop

Element ID	Element Name	Segment ID	Loop ID	Valid Value(s)	Format Example
EB01	Eligibility or Benefit Information	EB	2110C	‘1’ (for Active Coverage)	1
EB02	Coverage Level code	EB	2110C	‘IND’ (for individual)	IND
EB04	Insurance Type Code	EB	2110C	‘MA’ (for Medicare Part A)	MA
DTP01	Date and Time Period Qualifier	DTP	2110C	‘356’ (for Begin Date)	356
DTP02	Date Format	DTP	2110C	‘D8’ Date Format = CCYYMMDD	D8
DTP03	Date	DTP	2110C	Part A Entitlement Date	20050101
DTP01	Date and Time Period Qualifier	DTP	2110C	‘357’ (for End Date)	357
DTP02	Date Format	DTP	2110C	‘D8’ Date Format = CCYYMMDD	D8
DTP03	Date	DTP	2110C	Part A Entitlement Termination date	20090131
EB01	Eligibility or Benefit Information	EB	2110C	‘1’ (for Active Coverage)	1
EB02	Coverage Level code	EB	2110C	‘IND’ (for individual)	IND
EB04	Service Type Code	EB	2110C	‘MB’ (for Medicare Part B)	MB
DTP01	Date and Time Period Qualifier	DTP	2110C	‘356’ (for Begin Date)	356
DTP02	Date Format	DTP	2110C	‘D8’ Date Format = CCYYMMDD	D8
DTP03	Date	DTP	2110C	Part B Entitlement Date	20050101

Element ID	Element Name	Segment ID	Loop ID	Valid Value(s)	Format Example
DTP01	Date and Time Period Qualifier	DTP	2110C	'357' (for End Date)	357
DTP02	Date Format	DTP	2110C	'D8' Date Format = CCYYMMDD	D8
DTP03	Date	DTP	2110C	Part B Entitlement Termination date	20090131
EB01	Eligibility or Benefit Information	EB	2110C	'1' (for Active Coverage)	1
EB02	Coverage Level code	EB	2110C	'IND' (for individual)	IND
EB04	Service Type Code	EB	2110C	'HM' (for Medicare Part C - HMO)	HM
EB05	Plan Coverage Description	EB	2110C	Contractor number 5-digits	12345
DTP01	Date and Time Period Qualifier	DTP	2110C	'356' (for Begin Date)	356
DTP02	Date Format	DTP	2110C	'D8' Date Format = CCYYMMDD	D8
DTP03	Date	DTP	2110C	Part C Enrollment date	20060101
DTP01	Date and Time Period Qualifier	DTP	2110C	'357' (for End Date)	357
DTP02	Date Format	DTP	2110C	'D8' Date Format = CCYYMMDD	D8
DTP03	Date	DTP	2110C	Part C Termination date	20081231

Table 26: 2110C – Subscriber Eligibility or Benefit Information - Situational

Element ID	Element Name	Segment ID	Loop ID	Valid Value(s)	Format Example
MSG01	Freeform Message Text	MSG	2110C	Medicare Entitlement Reason 'ENTREAS=' A = 65+ B = ESRD G = Disabled	ENTREAS=A

Table 27: Transaction Set Trailer – 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 28: 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 29: 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