



# **HIPAA Transaction Standard Companion Guide**

## **270/271 Health Care Eligibility Benefit Request/Response**

Refers to the Implementation Guides  
Based on ASC X12 version 005010  
Real-Time Eligibility  
December 12, 2024  
V3.0



## **Disclosure Statement**

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## Preface

This Companion Guide to the v5010 ASC X12N Implementation Guide and associated errata adopted under HIPAA clarifies and specifies the data content when exchanging electronically with Driscoll Health Plan (DHP) and its contracted agent, Availity. Transmissions based on this companion guide, used in tandem with the v5010 ASC X12N Implementation Guides, are compliant with both ASCX12 syntax and those guides. This Companion Guide is intended to convey information that is within the framework of the ASC X12N Implementation Guides adopted for use under HIPAA. The Companion Guide is not intended to convey information that in any way exceeds the requirements or usages of data expressed in the Implementation Guides.

NOTE: DHP receives all real time eligibility requests via Availity through a web service, then responses are sent back through Change Health. Therefore, connectivity and registration, if required, for the service is between the submitter and Availity. See the Availity Companion Guides here: <https://www.availity.com>, for Testing and Connectivity.

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## 1. INTRODUCTION

This section describes how ASC X12N Implementation Guides (IGs) adopted under HIPAA will be detailed with the use of a table. The tables contain a row for each segment that DHP has something additional, over and above, the information in the IGs. That information can:

1. Limit the repeat of loops, or segments
2. Limit the length of a simple data element
3. Specify a sub-set of the IGs internal code listings
4. Clarify the use of loops, segments, composite and simple data elements
5. Any other information tied directly to a loop, segment, composite or simple data element pertinent to trading electronically with Driscoll Health Plan

In addition to the row for each segment, one or more additional rows are used to describe DHP's usage for composite and simple data elements and for any other information. Notes and comments should be placed at the deepest level of detail. For example, a note about a code value should be placed on a row specifically for that code value, not in a general note about the segment.

The following table specifies the columns and suggested use of the rows for the detailed description of the transaction set companion guides. **NOTE:** This table is only sample data and may not be relevant to the Health Care Eligibility Benefit Inquiry and Response transactions.

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
193	2100C	NM1	Subscriber Name			This type of row always exists to indicate that a new segment has begun. It is always shaded at 10% and notes or comments about the segment itself goes in this cell.
195	2100C	NM109	Subscriber Primary Identifier		9	This type of row exists to limit the length of the specified data element
196	2100C	REF	Subscriber Additional Identification			
197	2100C	REF01	Reference Identification Qualifier	18, 49, 6P, HJ, N6		These are the only codes transmitted by DHP.
			Plan Network Identification Number	N6	Makes it clear that the code value belongs to the row immediately above it	This type of row exists when a note for a particular code value is required. For example, this note may say that value N6 is the default. Not populating the first 3 columns makes it clear that the code value belongs to the row immediately above it.
218	2110C	EB	Subscriber Eligibility or Benefit Information			

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
231	2110C	EB13-1	Product/Service ID Qualifier	AD		This row illustrates how to indicate a component data element in the Reference column and also how to specify that only one code value is applicable.

## 1.1 Scope

This Companion Guide is intended for Trading Partners expecting to receive a ASC/X12N 005010 271 Response from a 270 Eligibility/Benefit Inquiry. The Inquiry is sent through Availity and a web service queries the DHP system and provides the Response through Availity.

This guide is intended to supplement information from the ASC X12 Technical Reports Type 3 (TR3s)

## 1.2 Overview

In accordance with the Council for Affordable Quality Healthcare and Committee on Operating Rules for Information Exchange (CAQH/CORE), this guide is composed of the following sections:

- Section 1: Introduction, Scope, Overview and related references.
- Section 2: Getting Started: How to interact with the Availity Implementation Team, how to register as a trading partner and complete payer enrollment, and an overview of testing and certification
- Section 3: Testing
- Section 4: Connectivity
- Section 5: Contact Information: How to get help.
- Section 6: Control Segments/Envelopes: ISA/IEA, GS/GE, and ST/SE values
- Section 7: Payer Specific Business Rules and Limitations:
- Section 8: Acknowledgments and Reports
- Section 9: Trading Partner Agreements
- Section 10: Transaction Specific Information

Because of DHP's relationship with Availity, some of these sections may be left empty, in which case, the submitter should comply with Availity's requirements.

## 1.3 References

ASC X12N/005010 279 Health Care Eligibility Benefit Inquiry and Response (270/271) and Errata 1, hereinafter 005010X279A1 TR3.

You are expected to comply with the requirements set forth in the TR3s. You can purchase these guides from the ASC X12 store at <http://store.x12.org/> or from Washington Publishing Company <http://www.wpc-edi.com>. The TR3s are copyrighted.

### **Availity Publications – Additional Companion Guide Materials**

The following materials complete the Standard Companion Guide set. They are available on Availity Essentials. Access will be provided as part of the implementation process.

- **Availity Essentials Web Resources**
  - Availity Real-Time Companion Guide-Medical:
  - <https://qa-apps.availity.com/web/onboarding/portal-entry/#/create-account>
  - Payer List [Portal Entry](#).
  - Resources and guidance: [www.hipaasimplified.com/](http://www.hipaasimplified.com/)

This Companion Guide assumes that:

- You have a real-time EDI interface that supports the transaction
- You have resources to develop a connection between your interface and Availity

## **2. GETTING STARTED**

Interested parties should primarily contact their software vendor/Clearinghouse, as many of them already directly submit or contract with providers who submit eligibility inquiries. The change on the submitter end will merely be a change to adding or activating the DHP Payer ID within the provider software. If the software vendor is not already established with Availity, see section 5 for contacting them. Your organization will be provided with a submitter ID and password, Payer IDs for testing and certification, enrollment forms as needed, production interchange sender IDs and passwords, once assigned.

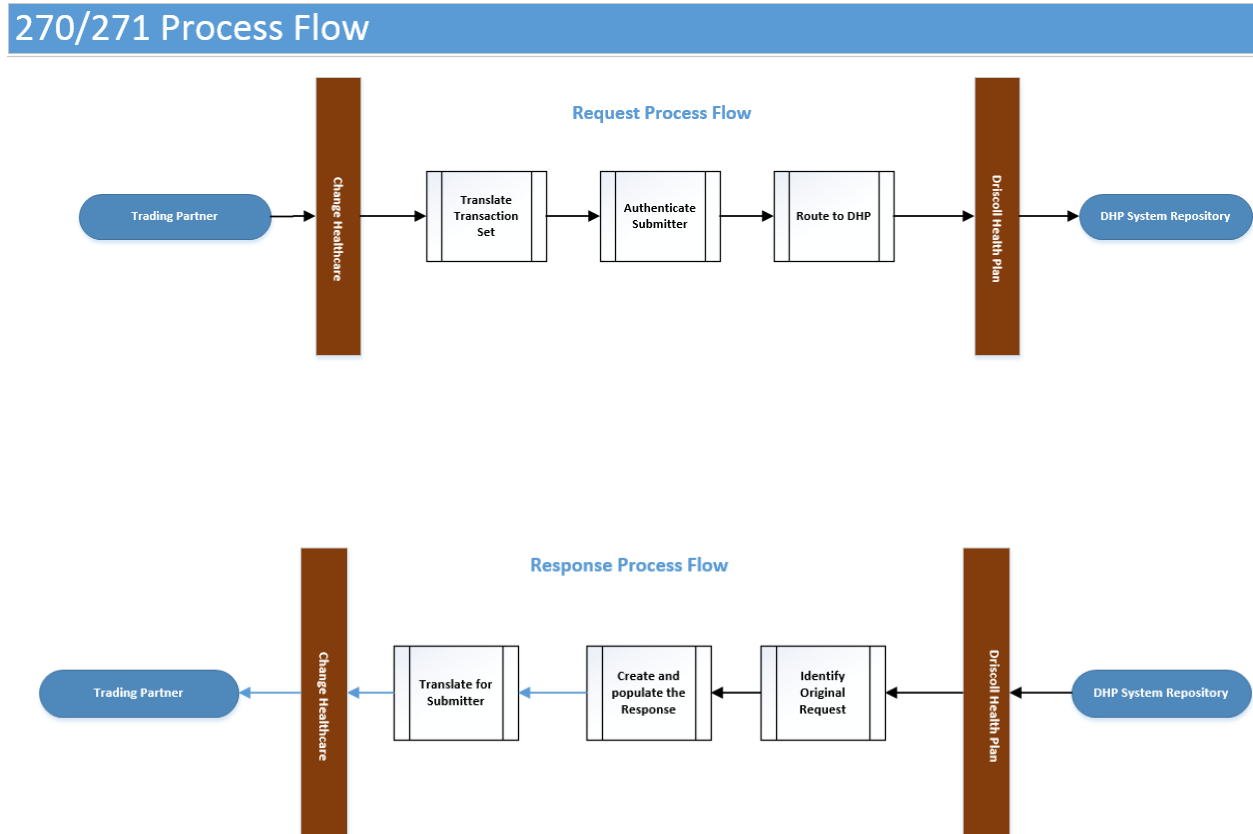
Once the vendor/Clearinghouse has been established with Availity, they will be provided with Payer specific instructions for specific field values.

## **3. TESTING**

Formal testing is not required, submitter discretion

## 4. CONNECTIVITY

Connectivity starts through Availity, however, the data flow reaches DHP servers to provide responses:





## 4.1 Transmission Administrative Procedures

The Real-Time Exchange Services at Availity are available 24/7. DHP may invoke short periods of maintenance that may affect connectivity. **In this case, Availity will be notified and an online message will appear at the point of submission in compliance with CAQH/CORE guidelines.**

## 4.2 Availity Error Messages

The following are standard HTTP status messages:

- HTTP/1.0 200 OK - The transaction was submitted to the data center and a response was returned to Warp.
- HTTP/1.0 400 Bad Request - There was a problem with the request or the protocol-specific wrapper in which it was sent (corresponds to proprietary error SS0039).
- HTTP/1.0 403 Forbidden - The submitted terminal ID and/or password were invalid.
- HTTP/1.0 500 Internal Server Error - Warp experienced an internal problem. Please submit the transaction again (corresponds to proprietary error SS0042).
- HTTP/1.0 503 Service Unavailable - Warp is unable to process the request, for one of several reasons (corresponds to proprietary errors SS0037, SS0038, and SS0040).
- HTTP/1.0 504 Gateway Timeout - Warp failed to receive a response within the timeout period configured for the connection (corresponds to proprietary errors SS0034 and SS0036).

## 4.3 Retransmission Procedures

Availity's Real-Time Exchange Services do not perform re-transmissions. It is the Trading Partner's responsibility to resubmit.

## 4.4 Communication Protocol Specifications

Availity has provided connectivity that complies with the CORE Safe Harbor principle (§5 Safe Harbor) according to the CORE Connectivity Phase II Rule 270 version 2.2.0 and Phase II Rule 250 version 2.1.0. Information receivers can submit eligibility (270), claim status (276), and Review/Review Inquiry (278) transactions in Real time via Safe Harbor. Submitters must submit ARK Payer IDs to the respective payers.

The currently supported protocol for CORE is HTTP/S. The following is a list of standards and their versions that this Rule is based on:

- HTTP Version 1.1
- SSL Version 3.0
- MIME Version 1.0
- The MIME Multipart/Form-Data (IETF RFC 2388)
- SOAP Version 1.2

- WSDL Version 1.1
- Web Services-Security 1.1
- SOAP, MIME/Multipart, and WSDL.
- For more information on the required protocols and envelopes, see CORE 270: Phase II Connectivity Rule, version 2.2.0 section 4.

## 5. CONTACT INFORMATION

### 5.1 Phone Support

Technical assistance is available via phone during regular business hours at 1-866-742-4355.

### 5.2 Applicable Websites/E-Mail

[www.changehealthcare.com](http://www.changehealthcare.com)

## 6. CONTROL SEGMENTS/ENVELOPES

### ISA/IEA

Element	Value	Additional Notes and Conditions
ISA		
ISA01	00	
ISA02		Space fill, must be 15 digits/spaces
ISA03	01	
ISA04	Submitter ID	Left justify, space fill, assigned by Availity to vendor/clearinghouse
ISA05	ZZ	
ISA06	Receiver ID	Left Justify, space fill, will be provided by Availity
ISA07	ZZ	
ISA08	EMDEON	Left Justify, space fill
ISA11	>, :, or	
ISA13	See TR3	
ISA14	0, 1	Can submit either 0 or 1; however, acknowledgement request is only honored for approved dual-port submitters
IEA		
IEA01	1	Availity allows only one Functional Group per Interchange.

**GS/GE** - Availity Real-time Exchange Services support only one functional group per request and response.

Element	Value	Additional Notes and Conditions
GS		
GS02	Value from Payer Reference Sheet	74284
GS03	MTEXE	
GE		
GE01	1	Availity allows only one transaction set per Functional Group and one patient per transaction set.

**ST/SE** – Availity's Real-time Exchange Services support only one transaction set per functional group.

Element	Value	Additional Notes and Conditions
ST		
ST01	270 = Eligibility/Benefit	
ST02		Assigned by originator
ST03		Must match GS08
SE		
SE02		Must match ST02

## 7. PAYER SPECIFIC BUSINESS RULES AND LIMITATIONS

Availity imposes very few business rules and limitations. If the inbound 270 is a compliant X12 file, Change will generally accept it and pass it onto Driscoll Web Services.

Trading Partners must adhere to the following for submitting 270 transactions in real time:

- Only one patient per transaction
- Only one transaction per functional group
- Only one functional group per interchange
- If no date of service is provided, the current date (based on Central time), will be considered as the date of service

## 8. ACKNOWLEDGMENTS

Availity supports the exchange of both request and response acknowledgments in the X12 TA1 segment format. The TA1 acknowledgment format for both request and response takes the following format (this will only be returned on an *accepted* inquiry if ISA14 in the 270 is "1").

TA1\*00000027)06002\*1130\*A\*000~

## 9. TRADING PARTNER AGREEMENTS

Trading Partner agreements are not required for DHP Submitters.

## 10. 005010X279A1 HEALTH CARE 270/271 ELIGIBILITY BENEFIT INQUIRY TRANSACTION SPECIFIC INFORMATION

Consult the Payer Specific Instructions, provided by Availity. Inquiry combinations currently supported by Availity/DHP are:

- Member ID/Date of Birth/Last Name Search Option
- Member Id/Name Search Option
- Name/Date of Birth Search Option

**NOTE:** since all Medicaid members are subscribers (no dependent coverage), there is no need to include a Patient (PAT) segment.

Page#	Loop ID	Reference	Name	Codes	Length	Notes/Comments
71	2100A	NM1	Entity Identifier Code			
71	2100A	NM101		PR		
72	2100A	NM103	Organization name			From Payer Instructions
73	2100A	NM109	Identification Code (Payer ID)	74284		
77	2100B	NM1	Information Receiver Name			
79	2100B	NM108	Identification Code Qualifier			From Payer Instructions
80	2100B	NM109	Identification Code			From Payer Instructions
94	2100C	NM1	Subscriber Name			From Payer Instructions
99	2100C	REF	Subscriber Additional			From Payer

Page#	Loop ID	Reference	Name	Codes	Length	Notes/Comments
			Identification			Instructions
124	2100C	DTP	Subscriber Date			
125	2100C	DTP02	Date Time Period Format Qualifier			From Payer Instructions
125	2100C	DTP03	Date time Period			From Payer Instructions
126	2110C	EQ	Subscriber Eligibility or Benefit Inquiry			
128	2110C	EQ01	Service Type Code	Full Code Set		From Payer Instructions

Refer to the TR3 for information for returned 271 segments/data elements.

## 11. CHANGE LOG

Date	Version	Description
2/1/2019	1.0	Original document
2/12/2019	1.1	Revisions following review <ul style="list-style-type: none"> <li>• Outages</li> <li>• Search Options</li> </ul>
3/5/2019	2.0	Release to DHP Portal/website
12/12/2024	3.0	Updated Clearinghouse information