

**HM Benefits Administrators  
Provider EDI Reference Guide**

**ELIGIBILITY REQUEST (270) AND RESPONSE (271)**  
**VERSION 1.1**

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## 13 Eligibility Request (270) and Response (271)

The 270 / 271 transactions are designed so that inquiry submitters (information receivers) can determine whether an information source has a particular subscriber or dependent on file, and the health care eligibility about the subscriber or dependent. The 270/271 capabilities described in this guide can be utilized by, but are not limited to, hospitals, professional providers, laboratories, and other payers.

The national transaction set implementation guide and Addenda dated 10/2002 named in the HIPAA Administrative Simplification Electronic Transaction rule is the primary source for definitions, data usage and requirements. This supplemental document contains clarifications and payer specific requirements related to data usage and content when submitting a 270 to HM Benefits Administrators, hereafter known as “The Organization, EDI Operations or receiving a 271 from the Organization’s EDI Operations.

This EDI Reference Guide applies to transactions related to the following: Indemnity and Medicare Supplemental.

Health care payer, and the corresponding EIN, is:

- HM Benefits Administrators- 25-1128451

## **13.1 General Instructions and Guidelines for 270 and 271**

### **13.1.1 The Organization's Requirements**

In some instances, the Organization's business is supported by only some of the allowed values. In these cases the values allowed are identified in the reference guide along with the action which will be taken if the guide is not followed.

### **13.1.2 Definition of Active Coverage**

“Active” is defined as coverage where the effective date is less than or equal to date of service and the cancel date is null or is greater than or equal to the date of service. 'Inactive' is coverage where the cancel date is less than or equal to the date of service.

### **13.1.3 Benefit Inquiries**

For every EQ01 (even a value 30 - generic question), we will provide the following answers:

- active or inactive for the applicable date(s)

### **13.1.4 Allowable Time Frames for Inquiries**

The Organization will respond to requests up to 24 months prior to the current date, and will respond with current coverage if the requested date up to 6 months in the future.

### **13.1.5 Disclaimer**

Enrollment information may change due to cancellations or other changes in coverage. The Organization acknowledges and understands that the information contained in a 271 response reflects current files. Claims will be processed according to benefit and membership information on our files at the time of processing. Therefore, the information contained within a 271 response does not guarantee reimbursement.

### **13.1.6 Dates on the Incoming 270**

When dates are submitted at both the Subscriber/Dependent level and the Eligibility/Inquiry level, the date at the Eligibility/Inquiry level will take precedence.

### **13.1.7 Range Dates on the Incoming 270**

When a range date is submitted, we will use the first date of the range.

### **13.1.8 Level of Detail on Outbound 271**

We will not provide a response at the service type, procedure code, modifier or diagnosis code level.

### **13.1.9 Real Time Request**

A real time transaction contains only one patient request when using the transaction in a real time mode. One patient is defined as either, one subscriber loop if the member is the patient or one dependent loop if the dependent is the patient. If the Organization receives more than one patient request, the transaction will be processed as a batch request.

### **13.1.10 Data that is Not Used**

While the eligibility information listed below can be (and in some instances must be) contained in a standard eligibility transaction, this information will not be captured and used in processing by the payer listed in this EDI Reference Guide:

- REF Info Receiver Additional Identification
- N3 Information Receiver Address (2100B)
- N4 Information Receiver City/State/Zip (2100B)

- PER Information Receiver Contact Information (2100B)
- PRV Information Receiver Provider Information (2100B)
- TRN Subscriber Trace Number (2000C)
- N3 Subscriber Address (2100C)
- N4 Subscriber City/State/Zip Code (2100C)
- PRV Provider Information (2100C)
- INS Subscriber Relationship (2100C)
- AMT Subscriber Spend Down Amount (2110C)
- III Subscriber Eligibility or Benefit Additional Inquiry Information (2110C)
- REF Subscriber Additional Information (2110C)
- TRN Dependent Trace Number (2000D)
- N3 Dependent Address (2100D)
- N4 Dependent City/State/Zip Code (2100D)
- PRV Provider Information (2100D)
- INS Dependent Relationship (2100D)
- III Dependent Eligibility or Benefit Additional Inquiry Information (2110D)
- REF Dependant Additional Information (2110D)

### 13.1.11 Multiple Requests Per Transaction

The Eligibility Inquiry process for the payers in this Reference Guide is limited to one Information Source, and Information Receiver per ST / SE transaction. If multiples are sent, only the first occurrence within each loop will be processed.

Multiple subscribers and multiple dependents for a single subscriber can be submitted and a response will be sent for each. Requests for both the subscriber and that subscriber's dependent cannot be included in the same subscriber loop; rather, there must be one subscriber loop for the request concerning the subscriber and a second subscriber loop for the request concerning the dependent.

### 13.1.12 Minimum Amount of Data Required for Search

Including the following four pieces of patient data on the incoming 270 will result in the best chance of a match to the payer's eligibility file:

- Member ID
- Date of Birth

- First Name
- Last Name

## 13.2 270/271 Data Detail Instructions

This section will provide the data detail that is required when submitting a 270 transaction. The segments below contain the minimum data requirements that must be followed in order for the payer (Information Source) to process the 270 eligibility request transaction. This section also covers what data detail will be sent by the payer on a 271 response transaction.

### 13.2.1 Data Detail for Eligibility Request (270)

This section includes specific comments and directions for the Organization's implementation of the 270 transaction. Please read them carefully.

**Segment:** **GS Functional Group Header**

**Loop:**

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#### Data Element Summary

Ref Des	Element Name	Element Note
GS02	Application Sender's Code	Sender's assigned trading partner number
GS03	Application Receiver's Code	