Geisinger Health Plan

HIPAA Transaction Companion Guide

270/271 - Eligibility, Coverage or Benefit Inquiry and Response

ASC X12 version 005010X279

Document Version Number: 1.10

Revised January 09, 2014

Disclosure Statement

Geisinger Health Plan and Geisinger Indemnity Insurance Company are affiliates of Geisinger Health System Foundation. Geisinger Health Plan and Geisinger Indemnity Insurance Company shall be collectively referred to as "Health Plan". All pages within this document are the property of the Health Plan and/or its subsidiaries and affiliates. The content of this document was specifically prepared for use by trading partner affiliates of GHP only.

This is a Companion Guide to the ASC X12 Implementation Guides adopted under the Health Insurance Portability and Accountability Act (HIPAA). It should be used when interacting with Geisinger Health Plan (GHP). This document describes the data element requirements of GHP's trading partners for submission of EDI HIPAA compliant transactions. This guide is not meant to replace HIPAA Implementation Guides but should instead be used in conjunction with them.

Preface

This is a Companion Guide to the ASC X12 Implementation Guides adopted under the Health Insurance Portability and Accountability Act (HIPAA). It should be used when interacting with Geisinger Health Plan (GHP). This document describes the data element requirements of GHP's trading partners for submission of EDI HIPAA compliant transactions. This guide is not meant to replace HIPAA Implementation Guides but should instead be used in conjunction with them.

TABLE OF CONTENTS

1 INTRODUCTION

In an effort to reduce the administrative costs of health care across the nation, the Health Insurance Portability and Accountability Act (HIPAA) was passed in 1996. This legislation requires that health insurance payers in the United States comply with the electronic data interchange (EDI) standards for health care, established by the Secretary of Health and Human Services (HHS). For the health care industry to achieve the potential administrative cost savings with EDI, standard transactions and code sets have been developed and need to be implemented consistently by all organizations involved in the electronic exchange of data.

This companion guide, adopted under HIPAA, is detailed through the use of tables. The tables contain a row for each segment that Geisinger Health Plan has something additional, over and above, the information in the HIPAA-issued Implementation Guides. This 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 Implementation Guide's 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 Geisinger Health Plan.

In addition to the row for each segment, one or more additional rows are used to describe Geisinger Health Plan's usage for composite and simple data elements and for any other information.

The following table defines the columns and the 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		15	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 Geisinger Health Plan.
			Plan Network Identification Number	N6		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 default.
218	2110C	EB	Subscriber Eligibility or Benefit Information			
231	2110C	EB13-1	Product/Service ID Qualifier	AD		This row illustrates how a component data element is indicated in the Reference column and also shows that only one code value (AD) is acceptable.

Scope

This Companion Guide explains the procedures necessary for trading partners of the Health Plan to transmit Electronic Data Interchange (EDI) for the 270/271 Health Care Eligibility Benefit Inquiry and Response transactions. This Companion Guide is not intended to replace, contradict or exceed the X12 Implementation Guide; rather it is intended to be used in conjunction with it.

The 270/271 Transaction supports the ASC X12 270/271 Version 005010X279A1 and the ASC X12 999 version 005010X231A1 TR3s that can be found at the following web site: http://www.wpc-edi.com.

This companion guide has two purposes. The first purpose is to educate the user on how to access the 270/271 application. The second purpose is to educate the user on how to send eligibility requests and interpret responses, using the 270/271 formats, as they relate to the applicable GHP required business rules and information.

Overview

The first part of this Companion Guide explains its purpose and the trading partner's role working with the Health Plan. It also provides important information on the communication process and detailed Health Plan contact information.

References

This Companion Guide should be used in conjunction with the Implementation Guides, which can be obtained from the Washington Publishing Company by calling 1-800-972-4334. Implementation Guides are also available for download on their website at http://www.wpc-edi.com/.

Additional Information

GHP is committed to maintaining the integrity and security of healthcare data in accordance with applicable laws and regulations. Disclosure of Beneficiary eligibility data is restricted under the provisions of the Privacy Act of 1974 and HIPAA.

GHP implemented the 270/271 application following a real-time request/response model (single response per request). The data available in this implementation allows a Provider to verify an individual's eligibility and benefits. Eligibility data is only to be used for preparing an accurate claim or determining eligibility for specific services. Providers' authorized staff is expected to use and disclose protected health information according to the CMS regulations.

GHP monitors Beneficiary eligibility inquiries. Trading Partners identified as having aberrant behavior (e.g., high inquiry error rate or high ratio of eligibility inquires to claims submitted) may be contacted to verify and/or address improper use of the system or, when appropriate, be referred for investigation.

2 GETTING STARTED

EDI Customer Service

The Geisinger Health Plan EDI Customer Service is available to assist with this process Monday – Friday, from 8:00 AM to 5:00 PM Eastern time. Potential Trading Partners must contact GHP customer assistance help desk to initiate the registration process.

Please refer to Section 5 of this Companion Guide for contact information.

Trading Partner Registration

You may request Health Plan authorization to submit and/or receive HIPAA-compliant 270/271 transaction(s). To do so, please contact the GHPIT EDI Department by emailing ghpedi@geisinger.edu.

Certification and Testing Overview

The Workgroup for Electronic Data Interchange (WEDI) and the Strategic National Implementation Process (SNIP) have recommended seven types of HIPAA compliance testing, these are:

1. Integrity Testing – This is testing the basic syntax and integrity of the EDI transmission to include: valid segments, segment order, element attributes, numeric values in numeric data elements, X12 syntax and compliance with X12 rules.

2. Requirement Testing – This is testing for HIPAA Implementation Guide-specific syntax such as repeat counts, qualifiers, codes, elements and segments. Also testing for required or intra-segment situational data elements and non-medical code sets whose values are noted in the guide via a code list or table.

3. Balance Testing – This is testing the transaction for balanced totals, financial balancing of claims or remittance advice and balancing of summary fields.

4. Situational Testing – This is testing of inter-segment situations and validation of situational fields based on rules in the Implementation Guide.

5. External Code Set Testing – This is testing of external code sets and tables specified within the Implementation Guide. This testing not only validates the code value but also verifies that the usage is appropriate for the particular transaction.

6. Product Type or Line of Service Testing – This is testing that the segments and elements required for certain health care services are present and formatted correctly. This type of testing only applies to a trading partner candidate that conducts the specific line of business or product type.

7. Implementation Guide-Specific Trading Partners Testing – This is testing of HIPAA requirements that pertain to specific trading partners such as Medicare, Medicaid and Indian Health. Compliance testing with these payer-specific requirements is not required from all trading partners. If the trading partner intends to exchange transactions with one of these special payers, this type of testing is required.

3 TESTING WITH GHP

Trading Partners must send all test transactions with Usage Indicator (ISA15) = "T" until approved to submit production transactions with a Usage Indicator (ISA15) = "P". The GHP 270/271 application will return a AAA error code for an invalid Test Indicator Value.

4 CONNECTIVITY WITH GHP / COMMUNICATIONS

The Health Plan has a communication server with secure internet access for transmitting and receiving EDI transactions. After registering as a trading partner for this transaction, a Technical Contact will be assigned to you and will address your connectivity needs.

Process Flows
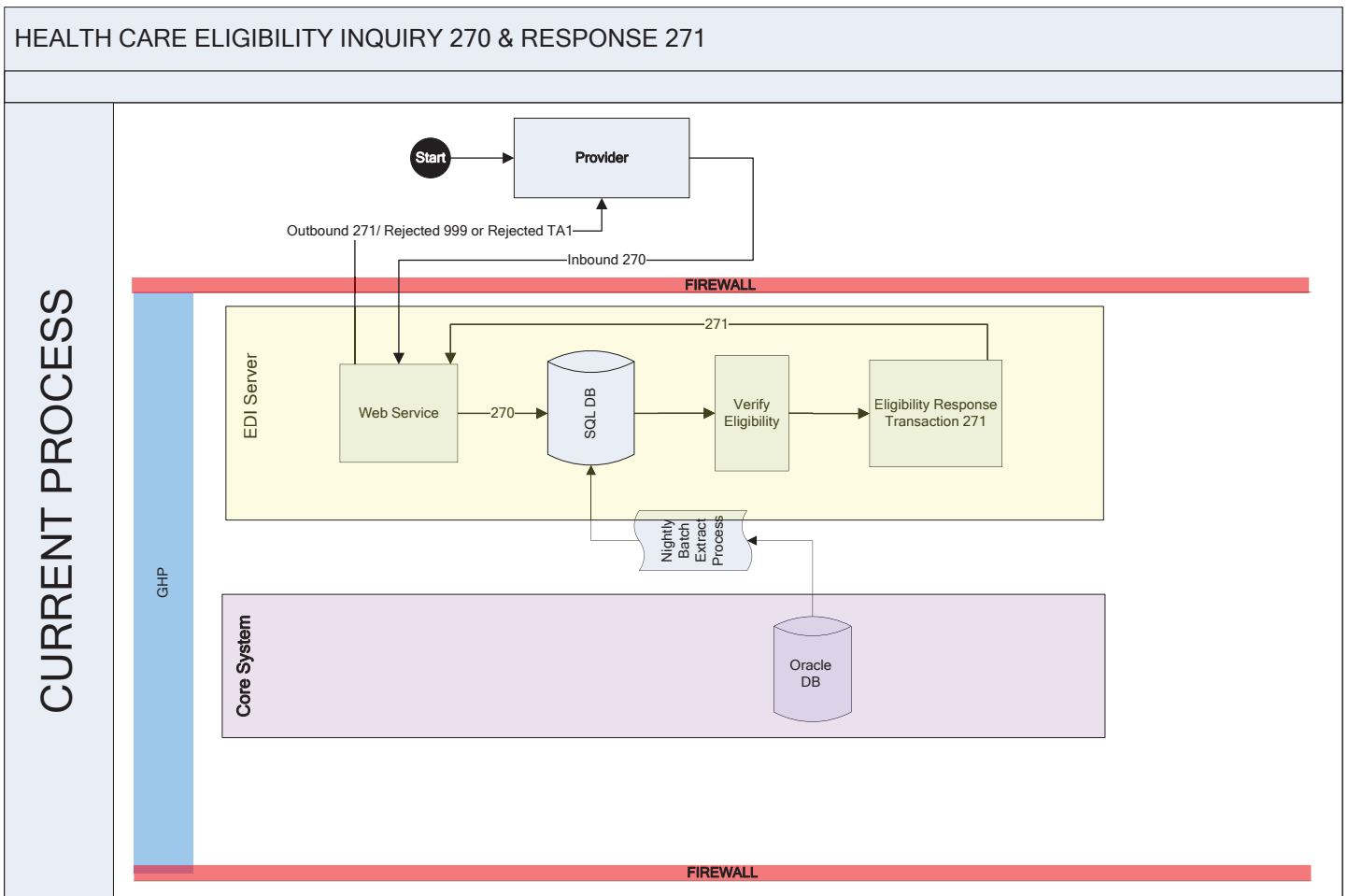
Transmission Administrative Procedures

GHP executes internal executive approvals prior to the initial setup of new HIPAA trading partners.   After this approval, the primary configuration process involves the exchange of information such as communication ports, WSDL, and testing procedures between the GHP Technical Contact and the trading partner.

Re-Transmission Procedure

If no response is received by a trading partner submitting a real-time 270, the trading partner may re-submit duplicate transmission(s) per the CAQH Core Phase II guidelines for re-transmissions.. Should there be a need to contact GHP, please use the contact information listed in Section 5 of this document.

Communication Protocol Specifications

GHP will follow the communication protocols as required in the CAQH Core Connectivity Rule for all new trading partners.

Passwords

Trading partners using HTTPS as the primary security protocol for data transmission will be required to use passwords for each real-time transaction. Security parameters such as passwords or certificates will be exchanged at the time of initial setup.

Schedule, Availability, and Downtime Notifications

GHP will be unavailable for real-time transactions:

Sundays 2:00 AM – 2:15 AM Eastern Time

Outside of that time, the system is available. If there is any need to communicate an unexpected downtime, GHP will communicate to the trading partner via electronic mail and/or phone using the contacts obtained during trading partner registration. Should those contacts change, the trading partner is responsible for communicating the new downtime contacts to GHP via the E-Help Desk contacts listed in Section 5 of this document.

5 CONTACT INFORMATION

EDI Customer Service

PRODUCTION ISSUES ONLY:

- CALL GHS HELPDESK
    - Telephone: 1-800-272-8092
    - Weekdays 8:00 am – 5:00 pm Eastern Time
    - Please be prepared with the following information:

        - Your Organization
        - Your Contact Information
        - Issue specifics

    - Please indicate your trouble ticket should be assigned to the 'GHP-EDI' assignment group.

- SUBMIT VIA EMAIL
    - helpdesk@geisinger.edu
    - Please include the following information in your email:

        - Your Organization
        - Your Contact Information
        - Issue specifics

    - Please indicate your trouble ticket should be assigned to the 'GHP-EDI' assignment group.

NON-PRODUCTION ISSUES & GENERIC QUESTIONS/REQUESTS:

- SUBMIT VIA EMAIL
    - ghpedi@geisinger.edu

EDI Technical Assistance

For on-line EDI information pertaining to GHP, including the Health Plan's companion guides, please access www.thehealthplan.com and click HIPAA at the bottom of the page.

For industry information on EDI not specific to GHP, please see the websites listed under References in Section 1 of this companion guide

For assistance with current transactions or any other issues, please use the E-Help Desk contact information listed above, under EDI Customer Service.

Provider Service Number

Providers needing GHP service outside of EDI transactions should please use the applicable contact information listed on the website www.thehealthplan.com.

Applicable Websites/Email

Websites
  Geisinger Health Plan – http://www.thehealthplan.com
  CAQH Core - http://www.caqh.org/
  Workgroup for Electronic Data Interchange (WEDI) – http://www.wedi.org
  United States Department of Health and Human Services (DHHS) – http://aspe.hhs.gov/admnsimp/
  Designated Standard Maintenance Organizations (DSMO) – http://www.hipaa-dsmo.org/
  National Council of Prescription Drug Programs (NCPDP) – http://www.ncpdp.org/
  National Uniform Billing Committee (NUBC) – http://www.nubc.org/
  Accredited Standards Committee (ASC X12) – http://www.x12.org/

Email
  GHP E-Help Desk – helpdesk@geisinger.edu
  CAQH Core - core@caqh.org.

6 CONTROL SEGMENTS/ENVELOPES

The following sections describe the 270/271 transaction requirements to be used in conjunction with the requirements outlined in the X12 implementation guides. Adhering to these requirements will help to ensure that transactions pass the specified business edits.

All references to the ASC X12 270/271 TR3 assume the version referenced in Section 1 of this Companion Guide.

ISA-IEA

Table 6A describes the values within the ISA Headers and IEA Trailers of the 270 and 271 transactions. The transactions use the same values with some exceptions described in the Notes/Values column.

Table 6A – 270 ISA/IEA Segment Rules

Reference	X12 Element Name	Max Length	270 Notes/Values	271 Notes/Values
ISA01	Authorization Information Qualifier	2	"00"	"00"
ISA02	Authorization Information	10	(blank)	(blank)
ISA03	Security Information Qualifier	2	"00"	"00"
ISA04	Security Information	10	(blank)	(blank)
ISA05	Interchange ID Qualifier	2	"ZZ"	"ZZ"
ISA06	Interchange Sender ID	15	Must be Trading Partner Submitter ID assigned by GHP	"GEISINGERDIRECT"
ISA07	Interchange ID Qualifier	2	"ZZ"	"ZZ"
ISA08	Interchange Receiver ID	15	"GEISINGERDIRECT "	Must be Trading Partner Submitter ID assigned by GHP
ISA09	Interchange date	6	YYMMDD format	YYMMDD format
ISA10	Interchange Time	4	HHMM format	HHMM format
ISA11	Repetition Separator	1	"^"	"^"
ISA12	Interchange Control Version Number	5	"00501"	"00501"
ISA13	Interchange Control No	9	Must match with IEA02	Must match with IEA02
ISA14	Acknowledgment Requested	1	"0"	GHP will not return the TA1 acknowledgement receipt of a real time transaction unless an error is found.

_____

Reference	X12 Element Name	Max Length	270 Notes	271 Notes
ISA15	Usage indicator	1	"P" = production, "T" = test	"P" = production, "T" = test
ISA16	Component Element Separator	1	":" (colon)	":" (colon)
IEA01	Number of Included Functional Groups	5	Count of GS-GE Functional Group	Count of GS-GE Functional Group
IEA02	Interchange Control Number	9	A control number assigned by the interchange sender	A control number assigned by the interchange sender

GS-GE

Table 6B describes the values within the GS/GE group structure of the 270 and 271 transactions. The transactions use the same values with some exceptions described in the Notes/Values column.

Table 6B – 270 GS/GE Segment Rules

Reference	X12 Element Name	Max Length	270 Notes/Values	271 Notes/Values
GS01	Functional Identifier Code	2	"HS"	"HB"
GS02	Application Sender's Code	15	Must be Trading Partner ID, similar value to ISA06	"GEISINGERDIRECT"
GS03	Application Receiver's Code	15	"GEISINGERDIRECT"	Must be Trading Partner ID, similar value to ISA06
GS04	Date	8	CCYYMMDD format	CCYYMMDD format
GS05	Time	8	HHMM format	HHMM format
GS06	Group Control Number	9	Assigned by Trading Partner	Assigned by GHP
GS07	Responsible Agency Code	2	"X"	"X"
GS08	Version/Release/Industry Identifier Code		"005010X279A1"	"005010X279A1"
GE01	Number of Transaction Sets Included	6	Count of ST-SE in the Transaction	Count of ST-SE in the Transaction
GE02	Group Control Number	9	Assigned by Trading Partner	Assigned by GHP

ST-SE

Table 6C describes the values within the ST/SE group structure of the 270 and 271 transactions. The transactions use the same values with some exceptions described in the Notes/Values column.

Table 6C – 270 ST/SE Segment Rules

Reference	X12 Element Name	Max Length	270 Notes/Values	271 Notes/Values
ST01	Transaction Set Identifier Code	3	"270"	"271"
ST02	Transaction Set Control No	9	This number is assigned locally by the sender and must match the value in the corresponding SE 02 segment. This number must be sequentially incremented with each transaction.	This number is assigned by GHP and must match the value in the corresponding SE 02 segment. This number must be sequentially incremented with each transaction.
ST03	Implementation Convention reference	35	"005010X279A1"	"005010X279A1"
SE01	Number of Included Segments	10	Segment count between ST-SE	Segment count between ST-SE
SE02	Transaction Set Control Number	9	This number is assigned locally by the sender and should match the value in the corresponding ST02 segment.	This number is assigned by GHP and should match the value in the corresponding ST02 segment.

File Delimiters

GHP requests that you use the following delimiters on your 270 file. If used as delimiters, these characters (* ~ :) must not be submitted within the data content of the transaction sets. Please contact GHP if there is a need to use a delimiter other than the following:

The recommended Data Element Delimiter is an asterisk (*).

The recommended Segment Delimiter is a tilde (~)

The recommended Component-Element Delimiter is a colon (:)

7 PAYER-SPECIFIC BUSINESS RULES AND LIMITATIONS

This section describes the business rules and limitations of the 270/271 Transactions.
All references to the ASC X12 270/271 TR3 assume the version referenced in Section 1 of this Companion Guide.

Minimum and Maximum Requirements

Minimum requirements exist for the 270 and 271 transactions in order to be considered HIPAA compliant. For the 271 response, the Information Source (Geisinger Health Plan), at a minimum, must either acknowledge that the individual inquired about was not located on its system, or for a person that has been located in the Information Source's system, indicate if the person has active or inactive health benefit plan coverage. The response will be effective for the date it was processed, unless a date was otherwise specified within the 270 inquiry.

The maximum amount of information an Information Source may require of the Information Receiver is clearly defined for the 270 transaction. GHP assigns a unique identification number to each member (i.e. the 'Member Number'). According to the definition of 'subscriber' as found in the ASC X12 Implementation Guide, all GHP members are subscribers and the GHP Member Number can (and should) be used to request information if at all possible.

The maximum information the Information Source can require is:

- Patient's member ID
- First name
- Last name
- Date of birth

If all of the above elements are not available to the Information Receiver for inclusion in the inquiry request, the Information Receiver may still send a 270 with as many of the above elements as possible. The Information Source should attempt to look up the patient if there is a reasonable amount of information present.

Search Criteria for 270/271

o The entire Dependent Level Loop (2000D) will not be accepted by the Health Plan because the Health Plan assigns a unique member identification number to each member. Thus, all Health Plan members should be treated as "subscribers", even within the same family.

o Benefit information will be returned on the 271 at the subscriber level, regardless of whether the 270 inquiry was made at the subscriber level or dependent level.

o The following search criteria will apply:

1. If the 270 contains the patient's member id, first name, last name, and date of birth, GHP will perform a search using all 4 of these parameters.

2. If the 270 contains only the patient's member id, last name, and date of birth, GHP will perform a search using all 3 of these parameters.

3. If the 270 contains only the patient's last name, first name, and date of birth, then GHP will perform a search using all 3 of these parameters.

4. If the 270 contains only the patient's member id and date of birth, GHP will perform a search using these parameters.

If a patient cannot be found with one record, a AAA code is returned as described in Section 8 of this document.

8 ACKNOWLEDGEMENTS AND/OR REPORTS

Only one response will be sent for each 270 request that is submitted – a TA1, a 999, or a 271. Geisinger Health Plan supports the following response transactions and acknowledgements to the 270 Eligibility, Coverage Benefit Inquiry Request Transaction:

TA1

The TA1 Interchange Acknowledgement is used by the 270/271 application to communicate the rejection of a 270 request transaction based on errors encountered with X12 compliance, formatting, or CMS-specific requirements of the ISA/IEA Interchange segments.

A 5010A1 TA1 may be returned if one of the following conditions exists:

- A 270 request is received and the version of the transmission cannot be determined.

- A 270 request is received and the version of the transmission is unsupported by the 270/271 application. This includes previously accepted versions that are no longer supported.

- The submitter has not been authorized for the submitted X12 version.

999

The 999 Implementation Acknowledgement is used to communicate the rejection of a 270 request transaction based on errors encountered with X12 compliance, formatting, or industry requirements within the data segments between the Functional Group Header (GS) and Functional Group Trailer (GE).

271

When the 270 request complies with the X12 standard syntax requirements and all additional formatting rules as specified by this Companion Guide, then a 271 response transaction is returned to the Submitter. If no error exists, the eligibility data will be returned within the 271 response.

The AAA error segment is utilized within the 271 response to communicate error conditions based on required business rules. The AAA error codes returned are listed but not limited to the codes specified in Table 8A.

Table 8A – AAA03 Reject Reason Codes

Loop	270 Loop Level	AAA Reason Code	AAA03 Reject Reason Code Description
2100C	Subscriber	58	Invalid/Missing Date of Birth
2100C	Subscriber	71	Submitted member birth date does not match birth date stored in GHP database
2100C	Subscriber	72	Invalid/missing member id
2100C	Subscriber	73	Invalid/missing member name
2100C	Subscriber	76	Duplicate subscriber/insured id
2100D	Dependent	58	Invalid/missing date of birth*
2100D	Dependent	65	Invalid/missing member name*
2100D	Dependent	71	Submitted member birth date does not match birth date stored in GHP database*

*GHP does not accept 270s that contain a Dependent Loop.

9 TRADING PARTNER AGREEMENTS

The 270/271 TXN will validate that the Clearinghouse or Provider has been established in the Trading Partner Management System (TPMS) prior to processing the 270 transaction. If the Trading Partner (ISA06) cannot be validated, the 270/271 application will return a TA1 Interchange Acknowledgement.

Trading Partners may not send transactions to be executed as Usage Indicator (ISA15) = "P" until testing has been accomplished and approval to submit production transactions has been given. The 270/271 application will return an error for an Invalid Test Indicator Value.

The Trading Partner Rules of Behavior are outlined within the Trading Partner Registration documentation. Please refer to Section 2 of this Companion Guide.

10 TRANSACTION-SPECIFIC INFORMATION

All references to the TR3 in this section assume the ASC X12 270/271 version referenced in Section 1 of this Companion Guide.

For the tables in this section, the "Length" column indicates field size limits of the HETS 270/271 application and may differ from the field lengths presented in the TR3. A forward slash "/" between two numbers represents the minimum and maximum lengths for the element. For numeric fields, the minimum and maximum lengths allow for a decimal point, where applicable.

270 Eligibility Request Transaction Data Specification

This section describes only the data elements that are GHP-specific, over and above that which is specified in the TR3 guide, that are required in the 270 Eligibility Request transaction. The following table specifies the columns and suggested use of the 270 transaction segments for the detailed description of the transaction set companion guides, along with the implementation guide page numbers corresponding to them.

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
63		BHT	Beginning of Hierarchical Transaction			
64		BHT03	Submitter Transaction Identifier		1/50	For Batch Transaction 270 BHT03 data will not be returned in 271
65		BHT06	Transaction Type Code		2/2	Not used by GHP
66	2000A	HL	Information Source Level			
67	2000A	HL01	Hierarchical ID number		1/2	
69	2100A	NM1	Information Source Name			
69	2100A	NM101	Entity Identifier Code	PR	2/3	PR = Payer
70	2100A	NM102	Entity Type Qualifier	2	1/1	2 = Non Person
70	2100A	NM104	Information Source First Name			Not Used by GHP
70	2100A	NM105	Information Source Middle Name			Not Used by GHP
71	2100A	NM107	Information Source Name Suffix			Not Used by GHP
71	2100A	NM108	Identification Code Qualifier	PI	1/2	PI = Payor Identification
71	2100A	NM109	Information Source Primary Identifier		2/80	'75273' = The Geisinger Health Plan Payer ID

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
75	2100B	NM1	Information Receiver Name			
75	2100B	NM101	Entity Identifier Code	1P	2/3	1P = Provider
76	2100B	NM102	Entity Type Qualifier	2	1/1	2 = Non person entity
76	2100B	NM104	Information Receiver First Name			Not Used by GHP
76	2100B	NM105	Information Receiver Middle Name			Not Used by GHP
77	2100B	NM107	Information Receiver Name Suffix			Not Used by GHP
77	2100B	NM108	Identification Code Qualifier	XX	1/2	XX = NPI
78	2100B	NM109	Information Receiver Primary Identifier		2/80	Provider NPI
86	2000C	HL	Subscriber Level			
89	2000C	HL04	Hierarchical Child Code	0	1/1	0 = No Subordinate HL Segment in this hierarchical structure. This element is always '0' because the dependent level is not supported by GHP
92	2100C	NM1	Subscriber Name			
95	2100C	NM108	Identification Code Qualifier	MI	1/2	MI = Member Identification Number
96	2100C	NM109	Information Receiver Primary Identifier		2/80	11-byte Geisinger Health Plan Member Number
97	2100C	REF	Subscriber Additional Identification			
98	2100C	REF01	Reference Identification Qualifier	SY, EA	2/3	SY = Social Security Number EA = Geisinger Health System Medical Record Number

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
122	2100C	DTP	Subscriber Benefit/ Eligibility date			Use of this segment is optional. This segment should only be used when the Eligibility, Benefit, or Coverage Date is different from the date of the request. – E.G. a past date
123	2100C	DTP01	Date/Time Qualifier	307	3/3	307 = Eligibility
123	2100C	DTP02	Date Time Period Format Qualifier	D8	2/3	Date expressed in format CCYYMMDD
123	2100C	DTP03	Date Time Period		1/35	Contains the date for which the Benefit Inquiry search in the corresponding EQ segment is to be conducted
124	2110C	EQ	Subscriber Eligibility or Benefit Inquiry Information			Use of this segment is required by GHP
125	2110C	EQ01	Service type Code	30	1/2	30 = Health Benefit Plan Coverage
134	2110C	EQ03	Coverage Level Code	FAM	3/3	Use of this element is not supported by GHP
146	2000D		Dependent Level	**Geisinger does not accept 270s that contain Dependent Loops. Each insured individual is assigned their own unique Member ID and therefore should be detailed in the subscriber loop.**		

271 Eligibility Response Transaction Data Specification

This section describes only the data elements that are GHP-specific, over and above that which is specified in the TR3 guide, that are sent in the 271 Eligibility Response transaction. The following table specifies the columns and suggested use of the 271 transaction segments for the detailed description of the transaction set companion guides, along with the implementation guide page numbers corresponding to them.

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
211		BHT	Beginning of Hierarchical Transaction			
211		BHT02	Transaction Set Purpose Code	11	2/2	11 = Response
218	2100A	NM1	Information Source Name			
218	2100A	NM101	Entity Identifier Code	PR	2/3	PR = Payer
219	2100A	NM102	Entity Type Qualifier	2	1/1	2 = Non-Person Entity
219	2100A	NM103	Information Source Last or Organization Name		1/60	Geisinger Health Plan
220	2100A	NM108	Identification Code Qualifier	PI	1/2	PI = Payor Identification
220	2100A	NM109	Information Source Primary Identifier		2/80	'75273' = The Geisinger Health Plan Payer ID
232	2100B	NM1	Information Receiver Name			
234	2100B	NM108	Identification Code Qualifier	XX	1/2	XX = National Provider Identifier
235	2100B	NM109	Identification Code		2/80	NPI Number
249	2100C	NM1	Subscriber Name			
251	2100C	NM108	Identification Code Qualifier	MI	1/2	MI = Member Identification Number
252	2100C	NM109	Identification Code		2/80	11-byte Geisinger Health Plan Member Number
253	2100C	REF	Subscriber Additional Identification			
254	2100C	REF01	Reference Identification Qualifier	EA, SY	2/3	SY = Social Security Number EA = GHS Medical Record Number
283	2100C	DTP	Subscriber Date			
283	2100C	DTP01	Date/Time Qualifier	307	3/3	307 = Eligibility Inquiry Date

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
289	2110C	EB	Subscriber Eligibility or Benefit Information			
291	2110C	EB01	Eligibility or Benefit information	1, 6	1/2	1 = Active Coverage 6 = Inactive Use of this segment is optional, depending on whether the patient identified in the 270 Eligibility, Benefit, or Coverage transaction is found in the application database. This segment should be used only if no AAA segment is present for the patient being inquired about. If the patient is not found, and a AAA segment is returned in the 271 transaction, there will be no EB segment for that patient.
329	2120C	NM1	Subscriber Benefit Related Entity Name			
330	2120C	NM101	Entity Identifier Code	P3	2/3	P3 = Primary Care Provider
332	2120C	NM108	Identification Code Qualifier	XX	1/2	XX = NPI
333	2120C	NM109	Identification Code		2/80	NPI number

APPENDICES

1. Implementation Checklist

Below are the basic steps for implementing an EDI transaction with GHP:
- ✓ Exchange contact information for project
- ✓ Complete necessary registration forms (see Section 2)
- ✓ Exchange applicable contracts, which may include but not be limited to security, confidentiality, and/or financial agreements
- ✓ Exchange connectivity forms
- ✓ Establish connectivity
- ✓ Exchange/approve test transactions between test EDI systems
- ✓ Implement and exchange production transactions

2. Business Scenario

Provider Submits 270 (without a Dependent Loop)

Provider Jones' hospital has a 270/271 connection with Geisinger Health Plan. Needing benefit information for dependent Tom Smith, they send a 270 to Geisinger Health Plan with Tom Smith in the subscriber loop. Geisinger Health Plan returns a 270 with Tom Smith's information in the subscriber.

For specific data examples of the above examples, please see the examples below, in Appendix 3.

3. *Transmission Example*s

Provider Submits 270 (Note the Dependent Loop is not included)

270:

```
ISA*00*      *00*      *ZZ*240795959     *ZZ*GEISINGERDIRECT*121228*1138*^*00501*993864680*0*P*:
GS*HS*240795959*GEISINGERDIRECT*20121228*1138*1234*X*005010X279A1
ST*270*0001*005010X279A1
BHT*0022*13*12345*20121228*1138
HL*1**20*1
NM1*PR*2*Geisinger Health Plan*****PI*GEISINGERDIRECT
HL*2*1*21*1
NM1*1P*2*Geisinger*****XX*1790736726
HL*3*2*22*0
TRN*1*GeisingerSYS947619351*1234567890*ADHOC
NM1*IL*1*SMITH*TOM****MI*10099999901
REF*EA*964028
DMG*D8*19780101
DTP*307*D8*20121228
EQ*30
SE*14*0001
GE*1*1234
IEA*1*993864680
```

271:

```
ISA*00*      *00*      *ZZ*GEISINGERDIRECT*ZZ*240795959    *121229*2126*^*00501*166056293*0*P*:
GS*HB*GEISINGERDIRECT*240795959*20121229*2126064*1234*X*005010X279A1
ST*271*0001*005010X279A1
BHT*0022*11*12345*20121228*2126064
HL*1**20*1
NM1*PR*2*Geisinger Health Plan*****PI*GEISINGERDIRECT
HL*2*1*21*1
NM1*1P*2*Geisinger*****XX*1790736726
HL*3*2*22*0
TRN*2*GeisingerSYS947619351*1234567890*ADHOC
NM1*IL*1*SMITH*TOM****MI*10099999901
REF*EA*964028
N3*10 WELCOME HOME LN
N4*PLEASANT MT*PA*184534642
DMG*D8*19780125*F
DTP*291*D8*20120201
EB*1**30**HMSL
EB*L
LS*2120
NM1*P3*1*JONES*MARY****XX*1234567890
LE*2120
EB*L
LS*2120
NM1*P3*2*LAKE SCRANTON*****FA*E400
N3*125 SCRANTON HAPPY HWY
N4*SCRANTON*PA*185052274
LE*2120
EB*C*FAM*1***22*4000*****Y
EB*C*FAM*1***29*1684.69*****Y
EB*C*IND*1***22*2000*****Y
EB*C*IND*1***29*1787.41*****Y
EB*F**33***22***VS*15
EB*I**35
EB*B**52****150*****Y
EB*F**75***22*5000
EB*F**AC***22***VS*45**U
EB*F**AN***22***VS*1
EB*F**DM***22*2500
EB*1**MH**ADMINISTERED BY OPTUMHEALTH 1-888-839-7972
EB*B**9^UC****30*****Y
EB*B**96^98****15*****Y
EB*1**40^47^48^50^86^88^AL*********W
SE*42*0001
GE*1*1234
IEA*1*166056293
```

4. Frequently Asked Questions

1. How does GHP support, monitor, and communicate expected and unexpected connectivity outages?

Both expected an unexpected downtimes are communicated via email, using the technical contacts obtained from the trading partner during initial setup and updated on a yearly basis. If a GHP 270 is received during a downtime the applicable AAA error code will be returned to the submitting entity.

2. If a 270 is successfully transmitted to GHP, are there any situations that would result in no response being sent back?

If a 270 is successfully submitted, a TA1, 999, or 271 transaction will be returned, as described in Section 8 of this document.

3. What are the main differences between a 271 and a 999?

A: 271 is the response to a 270 and contain eligibility information. 999 is an acknowledgement transaction that indicates if a 270 file was accepted or rejected. 999 do not contain any eligibility information.

5. Change Summary

08/13/2003 – Initial Publication
12/30/2003 – Version 1.01
    Added Appendix A: Detail of 270/271 Search Criteria
    Added information on segments REF and DMG, as well as Subscriber First and Last Name
05/13/2004 – Version 1.02
    Revised Section 7.1 – added proprietary report statement
10/25/2005 – Version 1.03
    Removed Section 3 – This Section had information pertaining to the use of a Web based
 validation tool.
09/15/2005 – Version 1.04
    Changed the contact information, phone number and email address in section 4.1
12/07/2009 – Version 1.05
    Updated contact info and web site link information
    Removed language that indicated minimum necessary 271 would be returned
    Removed NM1 segment language that detailed provider information to be sent on 270

11/05/2012 – Version 1.06
    Updated document to follow standard companion guide template (CORE CAQH)
    Update sections of Test, Connectivity, Transmission Business Scenario, Control Segments and
    Envelopes Acknowledge and Reports and FAQ
    Updated document for HIPAA 5010 requirements
    Updated Geisinger specific values to accept 270 file fields

12/12/2012 – Version 1.07
    Traded Disclosure and Preface section placements
    Standardized wording/numbering of sections to reflect companion guide template (CORE CAQH)
 5/16/2013 – Version 1.08
    Updated Introduction and Transaction-Specific Information tables
01/04/2014 – Version 1.09 Remove internal vocabulary from flowchart
    Update trading partner information
01/09/2014 – Version 1.10 Language to indicate GHP does not support FAM coverage level