

**FMMIS Batch and Interactive
Health Care Eligibility Inquiry and
Response Transaction 270/271
Companion Guide
004010 X092A1**

Version 1.8

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Document Change Log

Version	Changed Date	Changed By	Reason
1.5	6/5/08	EDS (Reid O’Kelley)	Added the following note to the File System/Specification section: Any file size that is 5MB or larger is required to be zipped or compressed.
1.6	7/21/08	EDS (Nicole Roden)	Corrected EDS website address to http://mymedicaid-florida.com . Changed EDI telephone number to 1-866-586-0961 .
1.7	8/21/2008	EDS (Jennifer Weeks)	Edited table EB 2110C for Subscriber Eligibility or Benefit Information.
1.7	8/21/2008	EDS (Reid O’Kelley)	Added the following information to the File System/Specification section: The files within the zipped file must contain an extension. The recommended extension is .txt or .dat. Zipped files must not contain directory folders and should contain only individual files.
1.7	8/21/2008	EDS (Reid O’Kelley)	Added the following information to the File System/Specification section: EDI will allow no more than 100,000 requests. The definition of a request is an EQ segment within 2100C loop.
1.7	8/21/2008	EDS (Reid O’Kelley)	Modified information for loop 2100C, Segment NM1, Data Element NM108, to read: ‘MI’ - Recipient ID. Note: EDS will return the ‘active ID’.
1.7	8/21/2008	EDS (Reid O’Kelley)	Modified information for loop 2100C, Segment NM1, Data Element NM109, to read: Florida Recipient 10-digit Medicaid ID. Note: EDS will return the ‘active ID’.
1.7	8/21/2008	EDS (Reid O’Kelley)	Modified information for loop 2110C, Segment EB, Data Element EB01, to read: ‘1’ - Active Coverage ‘6’ - Inactive’: The purpose of this response is to inform you that the recipient is found, however, there is no active coverage ‘7’ - Inactive pending eligibility update: The purpose of this response is to inform you that the recipient ID or card control number used has been deactivated. In order to obtain accurate eligibility, the inquiry will need to be resubmitted with the active

			recipient ID or card control number
1.7	8/21/2008	EDS (Reid O’Kelley)	Added loop 2110C, Segment EB, Data Element EB09, Quantity Qualifier, ‘DY’ – Days.
1.7	8/21/2008	EDS (Reid O’Kelley)	Added loop 2110C, Segment EB, Data Element EB10, Quantity, Quantity of days remaining.
1.8	3/10/2009	EDS (Daniel Gray)	Added information for 2100C loop of the 271 - Clarified what information appears in the NM109 date element and explained the use of the REF segment when the submitted Recipient ID is no longer active.

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1 INTRODUCTION

The Health Insurance Portability and Accountability Act (HIPAA) requires that Medicaid and all other health insurance payers in the United States comply with the EDI standards for health care as established by the Secretary of Health Services. The ANSI X12N implementation guides have been established as the standards of compliance for claim transactions.

The following information is intended to serve only as a companion guide to the HIPAA ANSI X12N implementation guides. The use of this guide is solely for the purpose of clarification. The information describes specific requirements to be used for processing data. This companion guide supplements, but does not contradict any requirements in the X12N implementation guide. Additional companion guides/trading partner agreements will be developed for use with other HIPAA standards, as they become available.

Additional information on the *Final Rule for Standards for Electronic Transactions* can be found at <http://aspe.hhs.gov/admsimp/final/txfin00.htm>. The HIPAA Implementation Guides can be accessed at http://www.wpc-edi.com/hipaa/HIPAA_40.asp.

1.1 Purpose

The 270 Transaction Set is used to transmit Health Care Eligibility Benefit Inquiries from health care providers, clearinghouses and other health care adjudication processors. The 270 Transaction Set can be used to make an inquiry about the type of insurance plan, type of service performed, where the inquiry is initiated, where the inquiry is sent.

The 271 Transaction Set is used to respond to Health Care Eligibility Benefits Inquiries as the appropriate response mechanism. There are several levels that allow for rejection of incomplete or erroneously formatted inquiry transactions. The detail mechanism is a segment named “AAA” at the appropriate level with the transaction set (e.g., Information Source, Information Receiver, Patient, etc.) When one or more of these segments is generated, the transaction set only contains segments at that level and no further detail information is provided.

1.2 Special Considerations for 270/271 Transactions

1. Subscriber, Insured = Recipient in the Florida Medicaid Eligibility Verification System:

The Florida Medicaid Eligibility Verification System does not allow for dependents to be enrolled under a primary subscriber, rather all enrollees/recipients are primary subscribers within each program or MCO (Managed Care Organization). If Dependent Level Segments are received, they will be ignored during processing and will not be returned in the response.

2. Logical File Structure:

- a. For Batch 270/271 transactions, there can be only one interchange (ISE/IEA) per logical file. The interchange can contain multiple functional groups (GS/GE) however; the functional groups must be the same type.
- b. For Interactive 270/271 transactions, there can be only one interchange (ISA/IEA), one functional group (GS/GE) and one transaction (ST/SE) per logical file. Within the

transaction (ST/SE) there can only be one request. This has been defined as the EQ segment within Loop 2110C.

- c. For Batch 270/271 transactions, if multiple information source loops (1000A) are received within the 270 transaction (ST/SE) multiple 271 transactions (ST/SE) will be generated. For example: 270 submitted with 1 ST/SE, within that ST/SE there are 2 information source loops, the 271 returned will contain 2 ST/SE's.
- d. For Batch 270/271 transactions, if multiple information receiver loops (1000B) are received within the 270 transaction (ST/SE) multiple 271 transactions (ST/SE) will be generated. For example: 270 submitted with 1 ST/SE, within that ST/SE there are 2 information receiver loops, the 271 returned will contain 2 ST/SE's.

3. Compliance Checking:

Inbound 270 transactions are validated through SNIP Level 4. All other levels will be validated with the Florida Medicaid Management Information System (FMMIS).

4. Valid Combinations of Subscriber Data for Eligibility request:

- a. Date of Service and Subscriber ID;
- b. Date of Service and Card Control Number;
- c. Date of Service, Subscriber Name, Sex and Birth Date;
- d. Date of Service, Name and Social Security Number; and
- e. Date of Service, Social Security Number, and Date of Birth.

If Date of Service is not received, the day the transaction was processed will be considered Date of Service.

5. Multiple Birth Situations:

The Florida Medicaid system does not store birth sequence identifiers. The system will use the first seven (7) positions of recipient's first name and first five (5) positions of recipient's last name when searching for eligibility information to distinguish between individuals in a multiple birth situation.

2 TRANSMISSION AND DATA RETRIEVAL METHODS

EDS supports several types of data transport depending upon the trading partner's need. Providers and their representatives can submit and receive data via: Web portal, Remote Access Server (RAS), and Value Added Network (VAN)/Switch Vendors for interactive transactions.

1. Web portal: Transaction files are uploaded/downloaded in the Trade Files menu on the secure Web portal.
2. Remote Access Server (RAS): This option is available to trading partners who do not have an existing Internet connection. The RAS server typically supports those who need a dial-up option. Once the RAS connection is established, transaction files are uploaded/downloaded in the Trade Files menu on the secure Web portal.

3. Value Added Networks (VANs) or Switch Vendors: VANs or Switch Vendors typically support interactive transactions through a dedicated connection to the fiscal agent. VANs sign a contract with the State and have unique, VAN specific communication arrangements with the fiscal agent. A list of approved vendors is listed on the fiscal agent Web site.

Detailed information to assist with EDI related processes are available on the Provider Public Web site at: <http://mymedicaid-florida.com>

Information available includes:

1. Remote Access Server connectivity instructions for submitters without an existing Internet connection;
2. Trading Partner Testing Procedures (Ramp Manager) for all new trading partners, or trading partners adding a new transaction; and
3. Web Upload/Download instructions for submitters uploading/downloading via the secure Web portal.

File/System Specifications

EDI will only accept Windows\PC\DOS formatted files. EDI does not require any specific file extensions. This includes acceptance of files without an extension.

EDI will allow upload and download of zipped or compressed files. The files within the zipped file must contain an extension. The recommended extension is .txt or .dat. Zipped files must not contain directory folders and should contain only individual files.

Note: Only one X12 transaction file is permitted in each “zipped” file. Any file size that is 5MB or larger is required to be zipped or compressed.

EDI will allow no more than 100,000 requests. The definition of a request is an EQ segment within 2100C loop.

The Web portal is designed to support the following Internet browsers:

1. Internet Explorer, version 6 or later;
2. Firefox, version 1.5 or later; and
3. Opera, version 8.5 or later.

3 TRANSMISSION RESPONSES

For every transaction received, there is an expected response. The available responses are an Interchange Acknowledgement (TA1), a Functional Acknowledgement (997), and an Unsolicited Claim Status (277U).

Once a transaction is received, it will go through a ‘front end’ compliance check called a TA1. The TA1 Acknowledgement is a means of replying to an interchange or transmission that has been sent. The TA1 verifies the envelopes only. The TA1 is a single segment and is unique in the sense that this single segment is transmitted without the GS/GE envelope structure. The TA1 segment provides the capability for the receiving trading partner to notify the sending trading partner of problems that were encountered in the interchange control structure.

Once the transaction has passed the ‘front end’ compliance check it then goes through a syntax compliance edit. This edit is to verify the compliance within the ANSI X12 syntax according to the HIPAA Implementation Guides. The transaction will receive a Functional Acknowledgement (997) to provide feedback on the transaction. The 997 functional acknowledgement contains accepted or rejected information. If the transaction contains any syntactical errors, the segments and elements in which the error occurred will be reported in a rejected acknowledgement. If the transaction contains no syntactical errors, a positive 997 response will be generated and the transaction is passed on for processing.

4 EDI SUPPORT

The EDS EDI Unit is available to support trading partners and providers that exchange transactions electronically. Support functions include:

1. Enrollment processing for trading partners requesting to submit transactions electronically;
2. Installation assistance and submission support for Provider Electronic Solutions (PES) software;
3. Assistance to billing agents, clearinghouses and software vendors;
4. Identify and troubleshoot technical issues; and
5. Provide data exchange help.

EDI staff is available Monday through Friday 8:00 a.m. to 5:00 p.m. EST by dialing 1-866-586-0961.

5 CONTROL SEGMENT DEFINITIONS FOR FLORIDA MEDICAID 270/271 TRANSACTION

Note the page numbers listed below in each of the tables represent the corresponding page number in the X12N 270/271 HIPAA Implementation Guide.

X12N EDI Control Segments
ISA – Interchange Control Header Segment
IEA – Interchange Control Trailer Segment
GS – Functional Group Header Segment
GE – Functional Group Trailer Segment
ST – Transaction Set Header
SE – Transaction Set Trailer
TA1 – Interchange Acknowledgement

5.1 ISA - Interchange Control Header Segment

Communications transport protocol interchange control header segment. This segment within the X12N implementation guide identifies the start of an interchange of zero or more functional

groups and interchange-related control segments. This segment may be thought of traditionally as the file header record.

270/271 Eligibility Benefit Inquiry/Response				
Page	Loop	Segment	Data Element	Comments
B.3	N/A	ISA	ISA01 - Authorization Information Qualifier	'00' – No Authorization Information Present
B.3	N/A	ISA	ISA02 - Authorization Information	[space fill]
B.4	N/A	ISA	ISA03 - Security Information Qualifier	'00' – No Security Information Present
B.4	N/A	ISA	ISA04 - Security Information	[space fill]
B.4	N/A	ISA	ISA05 - Interchange ID Qualifier	'ZZ' – Mutually Defined
B.4	N/A	ISA	ISA06 - Interchange Sender ID	270 = 'Trading Partner Supplied by FL Medicaid', left justified and space filled. 271 = '77027' left justified and space filled. Florida Medicaid Sender ID
B.4	N/A	ISA	ISA07 - Interchange ID Qualifier	'ZZ' – Mutually Defined
B.5	N/A	ISA	ISA08 - Interchange Receiver ID	270 = '77027' left justified and space filled. Florida Medicaid Receiver ID 271 = Trading Partner ID Supplied by Florida Medicaid, left justified and space filled.
B.5	N/A	ISA	ISA09 - Interchange Date	The date format is YYMMDD.
B.5	N/A	ISA	ISA10 - Interchange Time	The time format is HHMM.
B.5	N/A	ISA	ISA11 - Interchange Control Standards Identifier	'U' – Interchange Control Standards Identifier

270/271 Eligibility Benefit Inquiry/Response				
Page	Loop	Segment	Data Element	Comments
B.5	N/A	ISA	ISA12 - Interchange Control Version Number	'00401' – Control Version Number
B.5	N/A	ISA	ISA13 - Interchange Control Number	Interchange Unique Control Number – Must be identical to the interchange trailer IEA02
B.6	N/A	ISA	ISA14 - Acknowledgment Request	'0' – No Acknowledgement Requested '1' – Acknowledgement Requested
B.6	N/A	ISA	ISA15 - Usage Indicator	'T' - Test Data 'P' - Production Data
B.6	N/A	ISA	ISA16 - Component Element Separator	'.' – Component Element Separator

5.2 IEA - Interchange Control Trailer

Communications transport protocol interchange control trailer segment. This segment within the X12N implementation guide defines the end of an interchange of zero or more functional groups and interchange-related control segments. This segment may be thought of traditionally as the file trailer record.

270/271 Eligibility Benefit Inquiry/Response				
Page	Loop	Segment	Data Element	Comments
B.7	N/A	IEA	IEA01 - Number of included Functional Groups	Number of included Functional Groups
B.7	N/A	IEA	IEA02 - Interchange Control Number	Must be identical to the value in ISA13

5.3 GS – Functional Group Header

Communications transport protocol functional group header segment. This segment within the X12N implementation guide indicates the beginning of a functional group and provides control

information concerning the batch of transactions. This segment may be thought of traditionally as the batch header record.

270/271 Eligibility Benefit Inquiry/Response				
Page	Loop	Segment	Data Element	Comments
B.8	N/A	GS	GS01 - Functional ID Code	270 = 'HS' – Eligibility, Coverage or Benefit Inquiry 271 = 'HB' – Eligibility, Coverage or Benefit Information
B.8	N/A	GS	GS02 - Application Sender's Code	270 = Trading Partner ID Supplied by FL Medicaid, left justified, do not space fill. 271 = '77027' - Florida Medicaid Sender ID
B.8	N/A	GS	GS03 - Application Receiver's Code	270 = '77027' left justified do not space fill. Florida Medicaid Receiver ID 271 = Trading Partner Supplied by Florida Medicaid.
B.8	N/A	GS	GS04 - Date	The date format is CCYYMMDD.
B.8	N/A	GS	GS05 – Time	The time format is HHMM.
B.9	N/A	GS	GS06 - Group Control Number	Group Control Number
B.9	N/A	GS	GS07 - Responsible Agency Code	'X' – Responsible Agency Code
B.9	N/A	GS	GS08 - Version/ Release/ Industry ID Code	'004010X092A1' – Version / Release / Industry Identifier Code

5.4 GE – Functional Group Trailer

Communications transport protocol functional group trailer segment. This segment within the X12N implementation guide indicates the end of a functional group and provides control information concerning the batch of transactions. This segment may be thought of traditionally as the batch trailer record.

270/271 Eligibility Benefit Inquiry/Response				
Page	Loop	Segment	Data Element	Comments
B.10	N/A	GE	GE01 – Number of Transaction Sets Included	Number of included Transaction Sets
B.10	N/A	GE	GE02 – Group Control Number	Must be identical to the value in GS06.

5.5 ST – Transaction Set Header

Communications transport protocol transaction set header segment. This segment within the X12N implementation guide indicates the start of the transaction set and assigns a control number to the transaction. This segment may be thought of traditionally as the claim header record.

270/271 Eligibility Benefit Inquiry/Response				
Page	Loop	Segment	Data Element	Comments
36/154	N/A	ST	ST01 – Transaction Set Identifier Code	'270' – Eligibility, Coverage or Benefit Inquiry '271' – Eligibility, Coverage or Benefit Information
37/155	N/A	ST	ST02 – Transaction Set Control Number	Transaction Control Number

5.6 SE – Transaction Set Trailer

Communications transport protocol transaction set trailer. This segment within the X12N implementation guide indicates the end of the transaction set and provides the count of transmitted segments (including the beginning (ST) and ending (SE) segments). This segment may be thought of traditionally as the claim trailer record.

270/271 Eligibility Benefit Inquiry/Response				
Page	Loop	Segment	Data Element	Comments
147/341	N/A	SE	SE01 – Number of Included Segments	Total Number of Segments included in Transaction Set Including ST and SE.
147/341	N/A	SE	SE02 – Transaction Set Control Number	Must be identical to the value in ST02.

5.7 TA1 – Interchange Acknowledgement

The TA1 Acknowledgement is a means of replying to an interchange or transmission that has been sent. The TA1 verifies the envelopes only. The TA1 is a single segment and is unique in the

sense that this single segment is transmitted without the GS/GE envelope structure. The TA1 segment provides the capability for the receiving trading partner to notify the sending trading partner of problems that were encountered in the interchange control structure.

270 Eligibility Verification Request				
Page	Loop	Segment	Data Element	Comments
B.11	N/A	TA1	TA101 - Interchange Control Number	Interchange control number of the original interchange received (ISA/IEA)
B.11	N/A	TA1	TA102 - Interchange Date	The date format is YYMMDD. Date within the original interchange received (ISA/IEA)
B.11	N/A	TA1	TA103 - Interchange Time	The time format is HHMM. Time within the original interchange received (ISA/IEA)
B.12	N/A	TA1	TA104 - Interchange Acknowledgement Code	‘A’ – Transmitted interchange control structure header/trailer received without errors. ‘E’ – Transmitted interchange control structure header/trailer received and accepted, errors are noted. ‘R’ – Transmitted interchange control structure header/trailer rejected due to errors.
B.12	N/A	TA1	TA105 - Interchange Note Code	See Implementation Guide for valid values

5.8 Valid Delimiters

The following delimiters must be used for the 270 Eligibility Inquiry for Florida Medicaid; otherwise the transaction will not process correctly.

Definition	ASCII	Decimal	Hexadecimal
Segment Separator	~	126	7E
Element Separator	*	42	2A

Compound Element Separator	:	58	3A
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The above delimiters will also be used for the 271 Eligibility Response for Florida Medicaid, unless otherwise requested by a trading partner.

6 COMPANION GUIDE FOR THE 270 TRANSACTION

This section specifies X12 270 fields for which Florida Medicaid has specific requirements.

270 Eligibility Verification Request				
Page	Loop	Segment	Data Element	Comments
Header Level				
39		BHT	BHT02 – Transaction Set Purpose Code	‘13’ - Request
Information Source Level				
42	2000A	HL	HL01 - Hierarchical ID Number	‘1’ – Hierarchical ID Number
42	2000A	HL	HL03 - Hierarchical Level Code	‘20’ – Information Source
43	2000A	HL	HL04 - Hierarchical Child Code	‘1’ – Additional Subordinate HL Data Segment in this Hierarchical Structure
Information Source Name				
45	2100A	NM1	NM102 - Entity Type Qualifier	‘2’ – Non-Person Entity
45	2100A	NM1	NM103 - Name Last or Organization Name	‘STATE OF FLORIDA MEDICAID’
46	2100A	NM1	NM108 - Identification Code Qualifier	‘PI’ – Payer Identification
46	2100A	NM1	NM109 - Identification Code	‘77027’ – Florida Medicaid Payer ID
Information Receiver Level				
48	2000B	HL	HL01 - Hierarchical ID Number	‘2’ – Hierarchical ID Number

48	2000B	HL	HL02 - Hierarchical Parent ID Number	'1' – Parent ID Number
48	2000B	HL	HL03 – Hierarchical Level Code	'21' – Information Source
49	2000B	HL	HL04 - Hierarchical Child Code	'1' – Additional Subordinate HL Data Segment in this Hierarchical Structure
Information Receiver Name				
50	2100B	NM1	NM101 - Entity Identifier Code	'1P' – Provider
52	2100B	NM1	NM108 - Identification Code Qualifier	'SV' – Service Provider Number 'XX' - NPI
52	2100B	NM1	NM109 - Identification Code	If NM108='SV' (Florida Medicaid Provider Number) If NM108='XX' (NPI)
59	2100B	N4	N403 - Postal Code	Information Receiver Zip Code
64	2100B	PRV	PRV01 - Provider Code	Provider Code
65	2100B	PRV	PRV02 - Reference Identification Code	'ZZ' – Health Care Provider Taxonomy
65	2100B	PRV	PRV03 - Provider Specialty Code	Provider Taxonomy Code
Subscriber Level				
67	2000C	HL	HL01 - Hierarchical ID Number	'3' – Hierarchical ID Number
68	2000C	HL	HL02 - Hierarchical Parent ID Number	'2' – Parent ID Number
68	2000C	HL	HL03 - Hierarchical Level Code	'22' - Subscriber

68	2000C	HL	HL04 - Hierarchical Child Code	'0' - No Subordinate HL Segment Hierarchical Structure
Inquiry by Recipient ID				
71	2100C	NM1	NM101 - Entity Identifier Code	'IL' – Insured or Subscriber
72	2100C	NM1	NM102 - Entity Type Qualifier	'1' – Person
73	2100C	NM1	NM108 - Identification Code Qualifier	'MI' - Recipient ID
73	2100C	NM1	NM109 - Identification Code	Florida Recipient 10-digit Medicaid ID
Inquiry by Card Control Number ID				
76	2100C	REF	REF01 - Reference Identification Qualifier	'HJ' – Identity Card Number
76	2100C	REF	REF02 - Reference Identification	Card Control Number
Inquiry by Name, Date of Birth and Sex				
71	2100C	NM1	NM101 - Entity Identifier Code	'IL' – Insured or Subscriber
72	2100C	NM1	NM102 - Entity Type Qualifier	'1' – Person
72	2100C	NM1	NM103 - Name Last or Organization Name	Recipient Last Name
72	2100C	NM1	NM104 - Name First	Recipient First Name
84	2100C	DMG	DMG01 - Date Time Period Format Qualifier	'D8' - Date expressed as CCYYMMDD
84	2100C	DMG	DMG02 - Date Time Period	Recipient Birth Date
84	2100C	DMG	DMG03 - Gender Code	'M' or 'F' – Recipient Gender Code
Inquiry by Name and Social Security Number				

71	2100C	NM1	NM101 - Entity Identifier Code	'IL' – Insured or Subscriber
72	2100C	NM1	NM102 - Entity Type Qualifier	'1' – Person
72	2100C	NM1	NM103 - Name Last or Organization Name	Recipient Last Name
72	2100C	NM1	NM104 - Name First	Recipient First Name
76	2100C	REF	REF01 - Reference Identification Qualifier	'SY' – Social Security Number
76	2100C	REF	REF02 - Reference Identification	Social Security Number
Inquiry by Social Security Number and Date of Birth				
71	2100C	NM1	NM101 - Entity Identifier Code	'IL' – Insured or Subscriber
72	2100C	NM1	NM102 - Entity Type Qualifier	'1' – Person
76	2100C	REF	REF01 - Reference Identification Qualifier	'SY' – Social Security Number
76	2100C	REF	REF02 - Reference Identification	Social Security Number
84	2100C	DMG	DMG01 - Date Time Period Format Qualifier	'D8' - Date expressed as CCYYMMDD
84	2100C	DMG	DMG02 - Date Time Period	Recipient Birth Date
Subscriber Name				
<p>Note: DTP segment can be included in the above documented inquiries. However, it is required when requesting an Inquiry by Name, Date of Birth and Sex. If not received, the day the transaction was processed will be considered Date of Service.</p>				
88	2100C	DTP	DTP01 - Date/Time Qualifier	'307' – Eligibility '435' – Admission '472' - Service

88	2100C	DTP	DTP02 - Date Time Period Qualifier	'RD8' – Range of Dates Expressed in Formation CCYYMMDD-CCYYMMDD
88	2100C	DTP	DTP03 - Date Time Period	'CCYYMMDD-CCYYMMDD'
Subscriber Eligibility or Benefit Inquiry Information				
90	2110C	EQ	EQ01 - Service Type Code	'30' – Health Benefit Plan Coverage Florida only supports generic eligibility request

7 COMPANION GUIDE FOR THE 271 TRANSACTION

This section specifies X12 271 fields for which Florida Medicaid has specific requirements.

271 Eligibility Verification Response				
Page	Loop	Segment	Data Element	Comments
Information Source Level				
159	2000A	HL	HL01 - Hierarchical ID Number	'1' – Hierarchical ID Number
159	2000A	HL	HL03 - Hierarchical Level Code	'20' – Information Source
159	2000A	HL	HL04 - Hierarchical Child Code	'1' – Additional Subordinate HL Data Segment in this Hierarchical Structure
160	2000A	AAA	AAA01 - Yes/No Condition or Response Code	'N' – No
161	2000A	AAA	AAA03 - Reject Reason Code	'42' – Unable to Respond at Current Time
Information Source Name				
164	2100A	NM1	NM103 - Name Last or Organization Name	'STATE OF FLORIDA MEDICAID'
165	2100A	NM1	NM108 - Identification Code Qualifier	'PI' – Payer Identification

165	2100A	NM1	NM109 - Identification Code	'77027' – Florida Medicaid Payer ID
Information Receiver Level				
176	2000B	HL	HL01 - Hierarchical ID Number	'2' – Hierarchical ID Number
176	2000B	HL	HL02 - Hierarchical Parent ID Number	'1' – Parent ID Number
176	2000B	HL	HL03 – Hierarchical Level Code	'21' – Information Source
177	2000B	HL	HL04 - Hierarchical Child Code	'1' – Additional Subordinate HL Data Segment in this Hierarchical Structure
Information Receiver Name				
180	2100B	NM1	NM108 - Identification Code Qualifier	'SV' – Florida Medicaid Provider Number 'XX' - NPI
181	2100B	NM1	NM109 - Identification Code	If an NPI exists for a valid Service Provider Number, the NPI is returned even when the Florida Medicaid Provider Number was used in the 270 request.
185	2100B	AAA	AAA01 - Yes/No Condition or Response Code	'N' – No
185	2100B	AAA	AAA03 - Reject Reason Code	'50' or '51' – (50 = Provider Ineligible for Inquiries) (51 = Provider Not on File)
Subscriber Level				
188	2000C	HL	HL01 - Hierarchical ID Number	'3' – Hierarchical ID Number
188	2000C	HL	HL02 - Hierarchical Parent ID Number	'Parent ID Number'

189	2000C	HL	HL03 - Hierarchical Level Code	'22' – Subscriber
189	2000C	HL	HL04 - Hierarchical Child Code	'0' - No Subordinate HL Segment Hierarchical Structure
Subscriber Name				
195	2100C	NM1	NM108 – Identification Code Qualifier	'MI' – 'Medicaid Identification Number' Note: EDS will return the 'active ID'
195	2100C	NM1	NM109 – Identification Code	This will return the recipient's active (current) Medicaid Identification Number.
197	2100C	REF	REF01 – Reference Identification Qualifier	'NQ' – 'Medicaid Recipient Identification Number' Note: If this element is populated, it is an indication that the Medicaid Identification number sent on the 270 inquiry is no longer active in the Medicaid database and that the recipient has been issued a new, active ID. To receive eligibility information for this recipient, you will need to resubmit the 270 inquiry using the active Medicaid ID number returned in NM109.
197	2100C	REF	REF02 – Reference Identification	This element, if populated, will contain the recipient's Medicaid Identification Number as it was presented on the original 270 eligibility

				request.
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Repeating Segment Begins				
1st Occurrence: Echo Trace Numbers sent in 270				
191	2000C	TRN	TRN01 - Trace Type Code	'2' – Referenced Transaction Trace Numbers
191	2000C	TRN	TRN02 - Reference Identification	This will be equal to the value in the 2000C – TRN02 data element received on the 270.
192	2000C	TRN	TRN03 - Originating Company Identifier	This will be equal to the value in the 2000C – TRN02 data element received on the 270.
2nd Occurrence FMMIS Assigned Trace Number				
191	2000C	TRN	TRN01 - Trace Type Code	'1' – Current Transaction Trace Numbers
191	2000C	TRN	TRN02 - Reference Identification	Sender Assigned Trace Number
192	2000C	TRN	TRN03 - Originating Company Identifier	Originating Company Identifier
Repeating Segment Ends				

Repeating Segment Begins				
1st Repetition: Patient Account Number				
197	2100C	REF	REF01 - Reference Identification Qualifier	'EJ' – Patient Account Number
2nd Repetition: Social Security Number				
197	2100C	REF	REF01 - Reference Identification Qualifier	'SY' – Social Security Number

3rd Repetition: Medicare HIC				
197	2100C	REF	REF01 - Reference Identification Qualifier	'F6' – Health Insurance Claim (HIC) Number
4th Repetition: Card Control Number				
197	2100C	REF	REF01 - Reference Identification Qualifier	'HJ' – Identity Card Number
Repeating Segment Ends				

Subscriber Eligibility or Benefit Information				
Repeating Loop Begins				
Loop 2110C: 1st Repetition (Medicaid)				
219	2110C	EB	EB01 - Eligibility or Benefit Information	'1' - Active Coverage '6' - Inactive': The purpose of this response is to inform you that the recipient is found, however, there is no active coverage '7' - Inactive pending eligibility update: The purpose of this response is to inform you that the recipient ID or card control number used has been deactivated. In order to obtain accurate eligibility, the inquiry will need to be resubmitted with the active recipient ID or card control number
221	2110C	EB	EB02 - Coverage Level Code	'IND' – Individual
221	2110C	EB	EB03 - Service Type Code	'30' – Health Benefit Plan Coverage
226	2110C	EB	EB04 - Insurance Type Code	'MC' - Medicaid

228	2110C	EB	EB05- Plan Coverage Description	One of the following will occur: EB05=Blank EB05=Description Only EB05=Category Code Description (Note: When Category Code is present the Category code will only contain 4 positions and will be followed by then the Description.)
240	2110C	DTP	DTP01 - Date/Time Qualifier	'307' – Eligibility
241	2110C	DTP	DTP02 - Date Time Period Format Qualifier	'RD8' – Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD
241	2110C	DTP	DTP03 - Date Time Period	'CCYYMMDD-CCYYMMDD'
Loop 2110C: 2nd Repetition (QMB)				
219	2110C	EB	EB01 - Eligibility or Benefit Information	'1' - Active Coverage '6' - Inactive': The purpose of this response is to inform you that the recipient is found, however, there is no active coverage '7' - Inactive pending eligibility update: The purpose of this response is to inform you that the recipient ID or card control number used has been deactivated. In order to obtain accurate eligibility, the inquiry will need to be resubmitted with the active recipient ID or card control number
221	2110C	EB	EB02 - Coverage Level Code	'IND' – Individual
221	2110C	EB	EB03 - Service Type Code	'30' – Health Benefit Plan Coverage
226	2110C	EB	EB04 - Insurance Type Code	'QM' – Qualified Medicare Beneficiary

228	2110C	EB	EB05- Plan Coverage Description	One of the following will occur: EB05=Blank EB05=Description Only EB05=Category Code Description (Note: When Category Code is present the Category code will only contain 4 positions and will be followed by then the Description.)
240	2110C	DTP	DTP01 - Date/Time Qualifier	'307' – Eligibility
241	2110C	DTP	DTP02 - Date Time Period Format Qualifier	'RD8' – Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD
241	2110C	DTP	DTP03 - Date Time Period	'CCYYMMDD-CCYYMMDD'
Loop 2110C: 3rd Repetition (Medicare Part A)				
219	2110C	EB	EB01 - Eligibility or Benefit Information	'1' - Active Coverage '6' - Inactive': The purpose of this response is to inform you that the recipient is found, however, there is no active coverage '7' - Inactive pending eligibility update: The purpose of this response is to inform you that the recipient ID or card control number used has been deactivated. In order to obtain accurate eligibility, the inquiry will need to be resubmitted with the active recipient ID or card control number
221	2110C	EB	EB02 - Coverage Level Code	'IND' – Individual
221	2110C	EB	EB03 - Service Type Code	'30' – Health Benefit Plan Coverage
226	2110C	EB	EB04 - Insurance Type Code	'MA' – Medicare Part A

228	2110C	EB	EB05- Plan Coverage Description	One of the following will occur: EB05=Blank EB05=Description Only EB05=Category Code Description (Note: When Category Code is present the Category code will only contain 4 positions and will be followed by then the Description.)
240	2110C	DTP	DTP01 - Date/Time Qualifier	'307' – Eligibility
241	2110C	DTP	DTP02 - Date Time Period Format Qualifier	'RD8' – Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD
241	2110C	DTP	DTP03 - Date Time Period	'CCYYMMDD-CCYYMMDD'
Loop 2110C: 4th Repetition (Medicare Part B)				
219	2110C	EB	EB01 - Eligibility or Benefit Information	'1' - Active Coverage '6' - Inactive': The purpose of this response is to inform you that the recipient is found, however, there is no active coverage '7' - Inactive pending eligibility update: The purpose of this response is to inform you that the recipient ID or card control number used has been deactivated. In order to obtain accurate eligibility, the inquiry will need to be resubmitted with the active recipient ID or card control number
221	2110C	EB	EB02 - Coverage Level Code	'IND' – Individual
221	2110C	EB	EB03 - Service Type Code	'30' – Health Benefit Plan Coverage
226	2110C	EB	EB04 - Insurance Type Code	'MB' – Medicare Part B

228	2110C	EB	EB05- Plan Coverage Description	One of the following will occur: EB05=Blank EB05=Description Only EB05=Category Code Description (Note: When Category Code is present the Category code will only contain 4 positions and will be followed by then the Description.)
240	2110C	DTP	DTP01 - Date/Time Qualifier	'307' – Eligibility
241	2110C	DTP	DTP02 - Date Time Period Format Qualifier	'RD8' – Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD
241	2110C	DTP	DTP03 - Date Time Period	'CCYYMMDD-CCYYMMDD'
Loop 2110C: 5th Repetition (Third Party Liability)				
219	2110C	EB	EB01 - Eligibility or Benefit Information	'R' – Other or Additional Payor
221	2110C	EB	EB02 - Coverage Level Code	'IND' – Individual
221	2110C	EB	EB03 - Service Type Code	'30' – Health Benefit Plan Coverage
226	2110C	EB	EB04 - Insurance Type Code	'C1' – Commercial
228	2110C	EB	EB05- Plan Coverage Description	One of the following will occur: EB05=Blank EB05=Description Only EB05=Category Code Description (Note: When Category Code is present the Category code will only contain 4 positions and will be followed by then the Description.)
238	2110C	REF	REF01 - Reference Identification Qualifier	'1L' – Group or Policy Number '18' - Plan Number
239	2110C	REF	REF02 - Reference Identification	Subscriber eligibility or Benefit number

239	2110C	REF	REF03 - Description	Plan Sponsor Name
240	2110C	DTP	DTP01 - Date/Time Qualifier	'307' – Eligibility
241	2110C	DTP	DTP02 - Date Time Period Format Qualifier	'RD8' – Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD
241	2110C	DTP	DTP03 - Date Time Period	'CCYYMMDD-CCYYMMDD'
249	2110C	LS	LS01 - Loop Header	'2120' – Constant Value
250	2120C	NM1	NM101 – Entity Identifier Code	'IL' – Subscriber
251	2120C	NM1	NM102 – Entity Type Qualifier	'1' – Person Entity
264	2110C	LE	LE01 – Loop Identifier Code	'2120'
Loop 2110C: 6th Repetition (Lock-In)				
219	2110C	EB	EB01 - Eligibility or Benefit Information	'1' - Active Coverage '6' - Inactive': The purpose of this response is to inform you that the recipient is found, however, there is no active coverage '7' - Inactive pending eligibility update: The purpose of this response is to inform you that the recipient ID or card control number used has been deactivated. In order to obtain accurate eligibility, the inquiry will need to be resubmitted with the active recipient ID or card control number
221	2110C	EB	EB02 - Coverage Level Code	'IND' – Individual
221	2110C	EB	EB03 - Service Type Code	'30' – Health Benefit Plan Coverage

226	2110C	EB	EB04 - Insurance Type Code	'OT' – Other
228	2110C	EB	EB05- Plan Coverage Description	One of the following will occur: EB05=Blank EB05=Description Only EB05=Category Code Description (Note: When Category Code is present the Category code will only contain 4 positions and will be followed by then the Description.)
240	2110C	DTP	DTP01 - Date/Time Qualifier	'307' – Eligibility
241	2110C	DTP	DTP02 - Date Time Period Format Qualifier	'RD8' – Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD
241	2110C	DTP	DTP03 - Date Time Period	'CCYYMMDD-CCYYMMDD'
249	2110C	LS	LS01 - Loop Header	'2120' – Constant Value
250	2120C	NM1	NM101 – Entity Identifier Code	'1P' – Provider
251	2120C	NM1	NM102 – Entity Type Qualifier	'1' - Person '2' – Non-Person Entity
258	2120C	PER	PER01 – Contact Function Code	'IC' – Information Contact
258	2120C	PER	PER03 – Communication Number Qualifier	'TE' – Telephone
259	2120C	PER	PER04 – Communication Number	'Contact Telephone Number
264	2110C	LE	LE01 – Loop Identifier Code	'2120'
Loop 2110C: 7th Repetition (Hearing)				
219	2110C	EB	EB01 - Eligibility or Benefit Information	'F' – Limitations

221	2110C	EB	EB02 - Coverage Level Code	'IND' – Individual
221	2110C	EB	EB03 - Service Type Code	'71' – Audiology Exam
226	2110C	EB	EB04 - Insurance Type Code	'MC' – Medicaid
228	2110C	EB	EB05- Plan Coverage Description	One of the following will occur: EB05=Blank EB05=Description Only EB05=Category Code Description (Note: When Category Code is present the Category code will only contain 4 positions and will be followed by then the Description.)
228	2110C	EB	EB06- Time Period Qualifier	'21'- Years
240	2110C	DTP	DTP01 - Date/Time Qualifier	'472' – Date of Service
241	2110C	DTP	DTP02 - Date Time Period Format Qualifier	'RD8' – Date Expressed in Format CCYYMMDD
241	2110C	DTP	DTP03 - Date Time Period	'CCYYMMDD'
Loop 2110C: 8th Repetition (Vision)				
219	2110C	EB	EB01 - Eligibility or Benefit Information	'F' – Limitations
221	2110C	EB	EB02 - Coverage Level Code	'IND' – Individual
221	2110C	EB	EB03 - Service Type Code	'AL' – Optometry
226	2110C	EB	EB04 - Insurance Type Code	'MC' – Medicaid

228	2110C	EB	EB05- Plan Coverage Description	One of the following will occur: EB05=Blank EB05=Description Only EB05=Category Code Description (Note: When Category Code is present the Category code will only contain 4 positions and will be followed by then the Description.)
228	2110C	EB	EB06- Time Period Qualifier	'21' - Years
240	2110C	DTP	DTP01 - Date/Time Qualifier	'472' – Date of Service
241	2110C	DTP	DTP02 - Date Time Period Format Qualifier	'RD8' – Date Expressed in Format CCYYMMDD
241	2110C	DTP	DTP03 - Date Time Period	'CCYYMMDD'
Loop 2110C: 9th Repetition (EPSDT)				
219	2110C	EB	EB01 - Eligibility or Benefit Information	'D' - Benefit Description
221	2110C	EB	EB02 - Coverage Level Code	'IND' – Individual
221	2110C	EB	EB03 - Service Type Code	'68' – Well Baby Care
226	2110C	EB	EB04 - Insurance Type Code	'MC' – Medicaid
228	2110C	EB	EB05- Plan Coverage Description	One of the following will occur: EB05=Blank EB05=Description Only EB05=Category Code Description (Note: When Category Code is present the Category code will only contain 4 positions and will be followed by then the Description.)
240	2110C	DTP	DTP01 - Date/Time Qualifier	'472' – Date of Service

241	2110C	DTP	DTP02 - Date Time Period Format Qualifier	'D8' – Date Expressed in Format CCYYMMDD
241	2110C	DTP	DTP03 - Date Time Period	'CCYYMMDD'
Loop 2110C: 10th Repetition (Hospice)				
219	2110C	EB	EB01 - Eligibility or Benefit Information	'1' - Active Coverage '6' - Inactive': The purpose of this response is to inform you that the recipient is found, however, there is no active coverage '7' - Inactive pending eligibility update: The purpose of this response is to inform you that the recipient ID or card control number used has been deactivated. In order to obtain accurate eligibility, the inquiry will need to be resubmitted with the active recipient ID or card control number 'F' - Limitations 'CB' - Coverage Basis
221	2110C	EB	EB02 - Coverage Level Code	'IND' – Individual
221	2110C	EB	EB03 - Service Type Code	'45' – Hospice
226	2110C	EB	EB04 - Insurance Type Code	'MC' – Medicaid
228	2110C	EB	EB05- Plan Coverage Description	One of the following will occur: EB05=Blank EB05=Description Only EB05=Category Code Description (Note: When Category Code is present the Category code will only contain 4 positions and will be followed by then the Description.)
228	2110C	EB	EB06- Time Period Qualifier	'29' - Remaining
229	2110C	EB	EB09- Quantity Qualifier	'DY' - Days

240	2110C	DTP	DTP01 - Date/Time Qualifier	'307' – Eligibility
241	2110C	DTP	DTP02 - Date Time Period Format Qualifier	'RD8' – Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD
241	2110C	DTP	DTP03 - Date Time Period	'CCYYMMDD-CCYYMMDD'
Loop 2110C: 11th Repetition (Managed Care)				
219	2110C	EB	EB01 - Eligibility or Benefit Information	'L' - Primary Care Provider
221	2110C	EB	EB02 - Coverage Level Code	'IND' – Individual
221	2110C	EB	EB03 - Service Type Code	'96' – Professional (Physician)
226	2110C	EB	EB04 - Insurance Type Code	'MC' – Medicaid
228	2110C	EB	EB05- Plan Coverage Description	One of the following will occur: EB05=Blank EB05=Description Only EB05=Category Code Description (Note: When Category Code is present the Category code will only contain 4 positions and will be followed by then the Description.)
240	2110C	DTP	DTP01 - Date/Time Qualifier	'307' – Eligibility
241	2110C	DTP	DTP02 - Date Time Period Format Qualifier	'RD8' – Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD
241	2110C	DTP	DTP03 - Date Time Period	'CCYYMMDD-CCYYMMDD'
249	2110C	LS	LS01 - Loop Header	'2120' – Constant Value
250	2120C	NM1	NM101 – Entity Identifier Code	'1P' – Provider

251	2120C	NM1	NM102 – Entity Type Qualifier	‘1’ - Person ‘2’ – Non-Person Entity
258	2120C	PER	PER01 – Contact Function Code	‘IC’ – Information Contact
258	2120C	PER	PER03 – Communication Number Qualifier	‘TE’ – Telephone
259	2120C	PER	PER04 – Communication Number	‘Contact Telephone Number
264	2110C	LE	LE01 – Loop Identifier Code	‘2120’
Loop 2110C: 12th Repetition (Waiver)				
219	2110C	EB	EB01 - Eligibility or Benefit Information	‘1’ - Active Coverage ‘6’ - Inactive’: The purpose of this response is to inform you that the recipient is found, however, there is no active coverage ‘7’ - Inactive pending eligibility update: The purpose of this response is to inform you that the recipient ID or card control number used has been deactivated. In order to obtain accurate eligibility, the inquiry will need to be resubmitted with the active recipient ID or card control number
221	2110C	EB	EB02 - Coverage Level Code	‘IND’ – Individual
221	2110C	EB	EB03 - Service Type Code	‘30’ – Health Benefit Plan Coverage
226	2110C	EB	EB04 - Insurance Type Code	‘MC’ – Medicaid

228	2110C	EB	EB05- Plan Coverage Description	One of the following will occur: EB05=Blank EB05=Description Only EB05=Category Code Description (Note: When Category Code is present the Category code will only contain 4 positions and will be followed by then the Description.)
240	2110C	DTP	DTP01 - Date/Time Qualifier	'307' – Eligibility
241	2110C	DTP	DTP02 - Date Time Period Format Qualifier	'RD8' – Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD
241	2110C	DTP	DTP03 - Date Time Period	'CCYYMMDD-CCYYMMDD'
Loop 2110C: 13th Repetition (MEDIKIDS)				
219	2110C	EB	EB01 - Eligibility or Benefit Information	'1' - Active Coverage '6' - Inactive': The purpose of this response is to inform you that the recipient is found, however, there is no active coverage '7' - Inactive pending eligibility update: The purpose of this response is to inform you that the recipient ID or card control number used has been deactivated. In order to obtain accurate eligibility, the inquiry will need to be resubmitted with the active recipient ID or card control number
221	2110C	EB	EB02 - Coverage Level Code	'IND' – Individual
221	2110C	EB	EB03 - Service Type Code	'30' – Health Benefit Plan Coverage
226	2110C	EB	EB04 - Insurance Type Code	'OT' – Other

228	2110C	EB	EB05- Plan Coverage Description	One of the following will occur: EB05=Blank EB05=Description Only EB05=Category Code Description (Note: When Category Code is present the Category code will only contain 4 positions and will be followed by then the Description.)
240	2110C	DTP	DTP01 - Date/Time Qualifier	'307' – Eligibility
241	2110C	DTP	DTP02 - Date Time Period Format Qualifier	'RD8' – Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD
241	2110C	DTP	DTP03 - Date Time Period	'CCYYMMDD-CCYYMMDD'
Loop 2110C: 14th Repetition (Spdown)				
219	2110C	EB	EB01 - Eligibility or Benefit Information	'1' - Active Coverage '6' - Inactive': The purpose of this response is to inform you that the recipient is found, however, there is no active coverage '7' - Inactive pending eligibility update: The purpose of this response is to inform you that the recipient ID or card control number used has been deactivated. In order to obtain accurate eligibility, the inquiry will need to be resubmitted with the active recipient ID or card control number
221	2110C	EB	EB02 - Coverage Level Code	'IND' – Individual
221	2110C	EB	EB03 - Service Type Code	'30' – Health Benefit Plan Coverage
226	2110C	EB	EB04 - Insurance Type Code	'OT' – Other

228	2110C	EB	EB05- Plan Coverage Description	One of the following will occur: EB05=Blank EB05=Description Only EB05=Category Code Description (Note: When Category Code is present the Category code will only contain 4 positions and will be followed by then the Description.)
240	2110C	DTP	DTP01 - Date/Time Qualifier	'307' – Eligibility
241	2110C	DTP	DTP02 - Date Time Period Format Qualifier	'RD8' – Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD
241	2110C	DTP	DTP03 - Date Time Period	'CCYYMMDD-CCYYMMDD'
Loop 2110C: 15th Repetition (Dental)				
219	2110C	EB	EB01 - Eligibility or Benefit Information	'F' - Limitations
221	2110C	EB	EB02 - Coverage Level Code	'IND' – Individual
221	2110C	EB	EB03 - Service Type Code	'39' – Prosthodontics
226	2110C	EB	EB04 - Insurance Type Code	'MC' - Medicaid
228	2110C	EB	EB05 - Plan Coverage Description	One of the following will occur: EB05=Blank EB05=Description Only EB05=Category Code Description (Note: When Category Code is present the Category code will only contain 4 positions and will be followed by then the Description.)
228	2110C	EB	EB06 - Time Period Qualifier	'21' – Years
240	2110C	DTP	DTP01 - Date/Time Qualifier	'307' – Eligibility
241	2110C	DTP	DTP03 - Date Time Period	'CCYYMMDD-CCYYMMDD'

Loop 2110C: 16th Repetition (Home Health)				
219	2110C	EB	EB01 - Eligibility or Benefit Information	'F' - Limitations
221	2110C	EB	EB02 - Coverage Level Code	'IND' – Individual
221	2110C	EB	EB03 - Service Type Code	'44' – Home Health Visits
226	2110C	EB	EB04 - Insurance Type Code	'MC' – Medicaid
228	2110C	EB	EB05 - Plan Coverage Description	One of the following will occur: EB05=Blank EB05=Description Only EB05=Category Code Description (Note: When Category Code is present the Category code will only contain 4 positions and will be followed by then the Description.)
228	2110C	EB	EB06 - Time Period Qualifier	'29' – Remaining
229	2110C	EB	EB09- Quantity Qualifier	'VS' - Visits
240	2110C	DTP	DTP01- Date/Time Qualifier	'307' - Eligibility
241	2110C	DTP	DTP02 - Date Time Period Format Qualifier	'RD8' – Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD
241	2110C	DTP	DTP03 - Date Time Period	'CCYYMMDD-CCYYMMDD'
Loop 2110C: 17th Repetition (Inpatient Days)				
219	2110C	EB	EB01 - Eligibility or Benefit Information	'F' - Limitations
221	2110C	EB	EB02 - Coverage Level Code	'IND' – Individual
221	2110C	EB	EB03 - Service Type Code	'71' – Audiology Exam

226	2110C	EB	EB04 - Insurance Type Code	'MC' – Medicaid
228	2110C	EB	EB05 - Plan Coverage Description	One of the following will occur: EB05=Blank EB05=Description Only EB05=Category Code Description (Note: When Category Code is present the Category code will only contain 4 positions and will be followed by then the Description.)
228	2110C	EB	EB06 - Time Period Qualifier	'29' – Remaining
229	2110C	EB	EB09 - Quantity Qualifier	'DY' - Days
230	2110C	EB	EB10- Quantity	Quantity of days remaining
240	2110C	DTP	DTP01 - Date/Time Qualifier	'307' – Eligibility
241	2110C	DTP	DTP02 - Date Time Period Format Qualifier	'RD8' – Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD
241	2110C	DTP	DTP03 - Date Time Period	'CCYYMMDD-CCYYMMDD'
Loop 2110C: 18th Repetition (Outpatient Days)				
219	2110C	EB	EB01 - Eligibility or Benefit Information	'F' - Limitations
221	2110C	EB	EB02 - Coverage Level Code	'IND' – Individual
221	2110C	EB	EB03 - Service Type Code	'50' – Hospital Outpatient
226	2110C	EB	EB04 - Insurance Type Code	'MC' – Medicaid

228	2110C	EB	EB05 - Plan Coverage Description	One of the following will occur: EB05=Blank EB05=Description Only EB05=Category Code Description (Note: When Category Code is present the Category code will only contain 4 positions and will be followed by then the Description.)
228	2110C	EB	EB06 - Time Period Qualifier	'29' – Remaining
229	2110C	EB	EB07 – Benefit Amount	Remaining benefit amount for the fiscal year.
240	2110C	DTP	DTP01 - Date/Time Qualifier	'307' – Eligibility
241	2110C	DTP	DTP02 - Date Time Period Format Qualifier	'RD8' – Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD
241	2110C	DTP	DTP03 - Date Time Period	'CCYYMMDD-CCYYMMDD'
Loop 2110C: 19th Repetition (LTC)				
219	2110C	EB	EB01 - Eligibility or Benefit Information	'CB' - Coverage Basis
221	2110C	EB	EB02 - Coverage Level Code	'IND' – Individual
221	2110C	EB	EB03 - Service Type Code	'54' – Long Term Care
226	2110C	EB	EB04 - Insurance Type Code	'MC' – Medicaid
228	2110C	EB	EB05 - Plan Coverage Description	One of the following will occur: EB05=Blank EB05=Description Only EB05=Category Code Description (Note: When Category Code is present the Category code will only contain 4 positions and will be followed by then the Description.)

240	2110C	DTP	DTP01 - Date/Time Qualifier	'307' – Eligibility
241	2110C	DTP	DTP02 - Date Time Period Format Qualifier	'RD8' – Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD
241	2110C	DTP	DTP03 - Date Time Period	'CCYYMMDD-CCYYMMDD'
Loop 2110C: 20th Repetition (Patient Liability)				
219	2110C	EB	EB01 - Eligibility or Benefit Information	'G' - Out of Pocket (Stop Loss)
221	2110C	EB	EB02 - Coverage Level Code	'IND' – Individual
221	2110C	EB	EB03 - Service Type Code	'54' – Long Term Care
226	2110C	EB	EB04 - Insurance Type Code	'MC' – Medicaid
228	2110C	EB	EB05 - Plan Coverage Description	One of the following will occur: EB05=Blank EB05=Description Only EB05=Category Code Description (Note: When Category Code is present the Category code will only contain 4 positions and will be followed by then the Description.)
240	2110C	DTP	DTP01 - Date/Time Qualifier	'307' – Eligibility
241	2110C	DTP	DTP02 - Date Time Period Format Qualifier	'RD8' – Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD
241	2110C	DTP	DTP03 - Date Time Period	'CCYYMMDD-CCYYMMDD'
Repeating Loop Ends				