



**Health and  
Human Services**

# **Iowa Medicaid**

**HIPAA Transaction  
Standard Companion Guide**

**Refers to the Implementation Guides  
Based on ASC X12N/005010X279**

**Health Care Eligibility Benefit Inquiry  
And Response (270/271) Transaction  
Standard Companion Guide**

**September 2024**

## **Disclosure Statement**

The following Iowa Medicaid Companion Guide is intended to serve as a companion guide to the corresponding ASC X12N/005010X279 Health Care Eligibility Benefit Inquiry and Response (270/271). The companion guide further specifies the requirements to be used when receiving and processing electronic health care administrative data. This companion guide supplements, but does not contradict, disagree, oppose, or otherwise modify the 005010X279 in a manner that will make its implementation by users to be out of compliance.

## **Preface**

Companion Guides (CG) may contain two types of data, instructions for electronic communications with the publishing entity (Communications/Connectivity Instructions) and supplemental information for creating transactions for the publishing entity while ensuring compliance with the associated ASC X12 IG (Transaction Instructions). Either the Communications/Connectivity component or the Transaction Instruction component must be included in every CG. The components may be published as separate documents or as a single document.

The Communications/Connectivity component is included in the CG when the publishing entity wants to convey the information needed to commence and maintain communication exchange.

The Transaction Instruction component is included in the CG when the publishing entity wants to clarify the IG instructions for submission of specific electronic transactions. The Transaction Instruction component content is limited by ASCX12's copyrights and Fair Use statement.

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# 1 INTRODUCTION

## 1.1 Background

### 1.1.1 Overview of HIPAA Legislation

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 carries provisions for administrative simplification. This requires the Secretary of the Department of Health and Human Services (HHS) to adopt standards to support the electronic exchange of administrative and financial health care transactions primarily between health care providers and plans. HIPAA directs the Secretary to adopt standards for transactions to enable health information to be exchanged electronically and to adopt specifications for implementing each standard HIPAA serves to:

- Create better access to health insurance
- Limit fraud and abuse
- Reduce administrative costs

### 1.1.2 Compliance according to HIPAA

The HIPAA regulations at 45 CFR 162.915 require that covered entities not enter into a trading partner agreement that would do any of the following:

- Change the definition, data condition, or use of a data element or segment in a standard.
- Add any data elements or segments to the maximum defined data set.
- Use any code or data elements that are marked “not used” in the standard’s implementation specifications or are not in the standard’s implementation specification(s).
- Change the meaning or intent of the standard’s implementation specification(s).

### 1.1.3 Compliance according to ASC X12

ASC X12 requirements include specific restrictions that prohibit trading partners from:

- Modifying any defining, explanatory, or clarifying content contained in the implementation guide.
- Modifying any requirement contained in the implementation guide.

## 1.2 SCOPE

This document is to be used for the implementation of the Technical Report Type 3 (TR3) HIPAA 5010 270/271 Health Care Eligibility Benefit Inquiry and Response for the purpose of submitting recipient inquiries electronically. This companion guide (CG) is not intended to replace the TR3

## 1.3 OVERVIEW

The information within the document is organized in the following sections:

### Getting Started

This section includes information related to trading partner registration and testing requirements.

### Connectivity/Communications

This section includes information on Medicaid's transmission procedures.

### Contact Information

This section includes EDI customer service and technical assistance, provider services and applicable Websites.

### Control Segments/Envelopes

This section contains information needed to create the ISA/IEA, GS/GE and ST/SE control segments for transactions in conjunction with the requirements outlined in the implementation guide.

### Acknowledgments and Reports

This section contains information on all transaction acknowledgments sent by Medicaid and any applicable report inventory.

### Transaction Specific Information

This section lists trading partner specific information directly related to loops, segments and data elements to be used in conjunction with the implementation guide.

### APPENDICES

This appendix contains applicable Business Scenarios, Frequently Asked Questions, and the Change Summary.

## 1.4 REFERENCES

For more information regarding electronic claims submission, HIPAA Standards and general EDI-industry questions visit the following links:

- <http://www.edissweb.com/med/index.html>
- <https://www.cms.gov/medicare/regulations-guidance/legislation/versions-5010-d0-30>
- <http://www.wpc-edi.com/>

## 2 GETTING STARTED

### 2.1 TRADING PARTNER REGISTRATION

All electronic data must be exchanged through a third party vendor, Noridian EDI Support Services (EDISS). MCOs must follow the registration process as defined below to establish connectivity with Iowa Medicaid through EDISS.

Detailed information on the EDISS registration process, including User Guides and Tutorials, can be found at the link listed below.

<http://www.edissweb.com/med/registration/>

#### 2.1.1 Register in EDISS Connect

<https://connect.edissweb.com/>

EDISS Connect is the initial account registration and creation tool where basic demographic information is collected, and users will set up a login and password for their EDISS Connect account. The steps below are outlined in the User Guides and Online Tutorials located in the Help section of the site.

Getting Started Checklist

#### 1. Register

Before using the system, all providers and vendors must register. This is the initial account creation where basic demographic and transaction-related information is collected.

For providers, the initial registration process requires a billing NPI to be entered to establish the account. Additional billing NPI's may be added after the account has been created.

The following information is needed for registration:

- NPI
- TIN
- Contact/demographic information
- Vendor Submitter ID (If a clearinghouse or billing service will be utilized)

The HTTP Connectivity option during setup should only be selected by Trading Partners planning to use SOAP or MIME protocols. See the SOAP/WSDL and HTTP-MIME Certification and Testing subsection for additional information.

## **2. Account Security**

Upon initial registration, you will create your EDISS Connect username and password. After your first login attempt into the system, you will need to establish Account Security questions. This set of security questions will protect your account. This account will only apply to EDISS Connect based functions.

## **3. Account Settings**

EDISS Connect users can choose who will administer their profile.

If you are administering your account, you will be responsible for completing the registration and adding transactions. During the registration process, you will be asked to select what software you will be using. PC-ACE is a free software available for download from [www.edissweb.com](http://www.edissweb.com) under the Software/Connectivity page, but it does not support the 270/271 transaction.

If a vendor (clearing house or billing service) will be your account administrator, you will need to grant them this access during initial registration or later in your account settings. The vendor will need to accept this role after they are selected.

## **4. Transactions**

When your account is established, you will have the ability to add/manage your transactions by first entering the NPI(s), state(s), line(s) of business and transaction types (professional, institutional or dental).



Note: The available transactions are dependent on the state(s) and line(s) of business selected.

## **5. Forms**

After adding transactions, EDI Enrollment Form is needed. The EDI Enrollment Form will be agreed to electronically. To view the EDI Enrollment Form, click the EDI Enrollment Terms and Conditions link. To accept the EDI Enrollment Form, check the I agree to the EDI Enrollment Terms and Conditions box. You will be able to view the status of your forms from your account home page.

## **6. Testing**

EDISS does not require Trading Partner testing for 270 transactions. After a Trading Partner registers for electronic transactions using EDISS Connect, allow 7-10 business days to be approved to send 270 transactions electronically. Trading Partners can verify approval status and retrieve Submitter ID by logging into EDISS Connect.

### **2.1.2 Web Portal Additional Access**

If your organization will require more than one account for accessing the Iowa Medicaid web portal, an Additional Access Request form will need to be completed.

To request access, complete the Additional Access User Registration in EDISS Connect using the following document:

<https://www.edissweb.com/docs/med/additional-access-user-registration.pdf>

Once the user has been set up with EDISS, they will receive a fax containing their log in information.

## **2.2 SOAP/WSDL AND HTTP-MIME CERTIFICATION AND TESTING**

Trading Partners should consult with their EDI application vendors to see if their solution supports Hypertext Transfer Protocol Secure (HTTPS) connectivity. This connectivity is conducted as defined by the CORE Operating Rules. See CORE Rule 270 for more information.

<https://www.cagh.org/hubfs/43908627/drupal/core/Eligibility-Benefits-270-271-Data-Content-Rule-.pdf>

If SOAP or MIME protocols will be used to submit transactions to EDISS, select the HTTPS Connectivity option during Trading Partner Registration in EDISS Connect. See the Trading Partner Registration subsection for additional information on the registration process.

When prompted, provide an X.509 certificate. Certificates are accepted from the following vendors.

- DigiCert
- Entrust
- Symantec

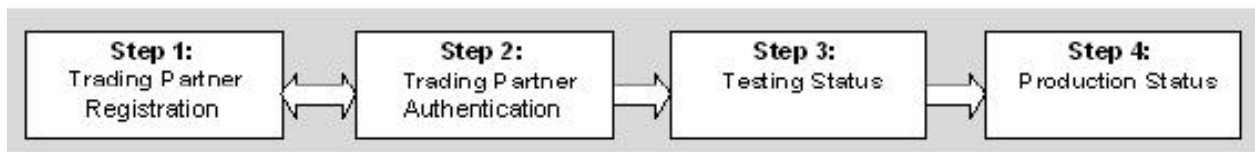
The test and prod URLs for SOAP/MIME protocol submissions will be provided upon successful registration.

### 3 CONNECTIVITY WITH THE PAYER/COMMUNICATIONS

#### 3.1 PROCESS FLOWS

In order to access the EDISS applications, potential Trading Partners must obtain a Submitter ID through EDISS. Figure 1 illustrates the high-level process for successfully registering as a Trading Partner and submitting 270 transactions:

**Figure 1 – Process for Submitting 270 Transactions**



#### 3.2 TRANSMISSION ADMINISTRATIVE PROCEDURES

The EDISS system is available 24 hours a day, 7 days a week, except for scheduled system maintenance. EDISS will notify the Trading Partners of any planned or unplanned downtime.

Notifications are available via the EDISS website:  
[www.edissweb.com](http://www.edissweb.com)

The EDISS production systems maintenance window is Sunday from 6:00 am -12:00 pm (CT). These timeframes were selected since EDISS typically has low activity during this time and would have the least impact on Trading Partners. If you have scheduled any jobs to automatically send your claim data, please note this downtime and adjust scheduled sends accordingly. We apologize for any inconvenience.

### **3.3 RE-TRANSMISSION PROCEDURE**

Trading Partners may contact EDISS for assistance in researching problems with their transactions. However, EDISS will not edit Trading Partner eligibility data and/or resubmit transactions for processing on behalf of a Trading Partner. The Trading Partner must correct the file and resubmit, following the same processes and procedures of the original file.

## **4 CONTACT INFORMATION**

To assist the community with their electronic data exchange needs, Iowa Medicaid has the following options available for either contacting a help desk or referencing a website.

### **4.1 Websites**

- <https://hhs.iowa.gov/programs/welcome-iowa-medicaid/provider-services/tools-training-initiatives>
- <http://www.edissweb.com/med/index.html>

### **4.2 EDI Support Services Help Desk**

Phone: 1-800-967-7902

Fax: 1-701-277-7850

Hours of Operation:  
Monday – Friday 8:00 A.M. – 5:00 P.M. (CT)

Training Closure Schedule:

<http://www.edissweb.com/med/contact/closures.html>

#### **4.3 EDI Support Services Mailing Address**

EDI Support Services  
PO Box 6729  
Fargo, ND 58108-6729

#### **4.4 Provider Service Number**

Provider inquiries regarding claims, credit/adjustments, provider enrollment and status of application.

Toll Free Phone: 800-338-7909

Des Moines Area Phone: 515-256-4609

Fax: 515-725-1155

Hours of Operation: Monday through Friday 7:30 a.m. - 4:30 p.m.  
(CT)

#### **4.5 Email**

[support@edissweb.com](mailto:support@edissweb.com)

When using email to contact EDISS, include the following information:

- Your name
- Business name and location
- NPI
- Business telephone number and extension
- Complete description of the issue

To ensure delivery to your inbox (not bulk or junk mail folders), please add [support@edissweb.com](mailto:support@edissweb.com) to your address book or safe list.

Do not e-mail requests to EDISS for issues such as the status of a claim or remittance or questions about claim processing and denials. EDISS does not handle such inquiries.

Note: Gateway and EDISS Connect access questions cannot be done via email, please call the appropriate phone number for assistance.

## 5 CONTROL SEGMENTS/ENVELOPES

This section describes Iowa Medicaid’s use of the interchange control segments. It includes a description of expected sender and receiver codes, authorization information, and delimiters.

To promote efficient, accurate electronic transaction processing, please note the following Iowa MMIS specifications:

- Each MCO is assigned a unique trading partner ID.
- All dates are in the CCYYMMDD format with the exception of the ISA09 which is YYMMDD.
- All date/times are in the CCYYMMDDHHMM format.
- Only one (1) ISA/IEA will be present within a logical file.

Transactions transmitted during a session or as a batch are identified by an ISA header segment and IEA trailer segment, which form the envelope enclosing the transmission. Each ISA marks the beginning of the transmission (batch) and provides sender and receiver identification. The tables below represent the interchange envelope information.

### 5.1 ISA- INTERCHANGE CONTROL HEADER

R-Required, S - Situational

Page #	Loop	Element Identifier	Description	IME Values	Min. Max.	Usage R or S.	Notes/Comments
C.3		ISA	INTERCHANGE CONTROL HEADER		1	R	
C.3		ISA01	Authorization Information Qualifier	00, 03	2-2	R	
C.3		ISA02	Authorization Information		10-10	R	
C.3		ISA03	Security Information Qualifier	00, 01	2-2	R	
C.3		ISA04	Security Information		10-10	R	
C.3		ISA05	Interchange ID Qualifier		2-2	R	
C.3		ISA06	Interchange Sender ID	EDISS Assigned	15-15	R	
C.3		ISA07	Interchange ID Qualifier		2-2	R	

Page #	Loop	Element Identifier	Description	IME Values	Min. Max.	Usage R or S.	Notes/Comments
C.3		ISA08	Interchange Receiver ID	18049	15-15	R	18049- 270 request.
C.3		ISA09	Interchange Date	YYMMDD	6-6	R	
C.3		ISA10	Interchange Time	HHMM	4-4	R	
C.3		ISA11	Repetition Separator		1-1	R	
C.3		ISA12	Interchange Control Version Number	00501	5-5	R	
C.3		ISA13	Interchange Control Number		9-9	R	
C.3		ISA14	Acknowledgement Requested	0, 1	1-1	R	
C.3		ISA15	Usage Indicator	P, T	1-1	R	
C.3		ISA16	Component Element Separator		1-1	R	

## 5.2 GS - FUNCTIONAL GROUP HEADER

Page #	Loop	Element Identifier	Description	IME Values	Min. Max.	Usage R or S.	Notes/Comments
C.7		GS	FUNCTIONAL GROUP HEADER		1	R	
C.7		GS01	Functional Identifier Code	HS,HB	2-2	R	HS- 270 Request. HB- 271 Response.
C.7		GS02	Application Sender's Code	EDISS Assigned	2-15	R	
C.7		GS03	Application Receiver's Code	0026,18049	2-15	R	0026- 270 Request 18049 - 271 Response
C.7		GS04	Date	CCYYMMDD	8-8	R	
C.7		GS05	Time	HHMM	4-8	R	
C.7		GS06	Group Control Number		1-9	R	
C.7		GS07	Responsible Agency Code	X	1-2	R	
C.7		GS08	Version Identifier Code	005010X279A1	1-12	R	

**5.3 ST - TRANSACTION SET HEADER**

Page #	Loop	Element Identifier	Description	IME Values	Min. Max.	Usage R or S.	Notes/Comments
106		ST	TRANSACTION SET HEADER		1	R	
106		ST01	Transaction Set Identifier Code	270,271	3-3	R	270 – Eligibility Request 271 – Eligibility Response
106		ST02	Transaction Set Control Number		4-9	R	
106		ST03	Version, Release, or Industry Identifier	005010X279A1	1-35	R	

**5.4 BHT - BEGINNING OF HIERARCHICAL TRANSACTION**

Page #	Loop	Element Identifier	Description	IME Values	Min. Max.	Usage R or S.	Notes/Comments
107		BHT	BEGINNING OF HIERARCHICAL TRANSACTION		1	R	
107		BHT01	Hierarchical Structure Code	0022	4-4	R	
107		BHT02	Transaction Set Purpose Code	13,11	2-2	R	13 – Request 11 - Response
107		BHT03	Originator Application Transaction ID		1-50	R	
107		BHT04	Transaction Set Creation Date	CCYYMMDD	8-8	R	
107		BHT05	Transaction Set Creation Time	HHMMSS	4-8	R	

**5.5 SE - TRANSACTION SET TRAILER**

Page #	Loop	Element Identifier	Description	IME Values	Min. Max.	Usage R or S.	Notes/Comments
213		SE	TRANSACTION SET TRAILER		1	R	

213		SE01	Transaction Segment Count		1-10	R	
213		SE02	Transaction Set Control Number		4-9	R	

### 5.6 GE – FUNCTIONAL GROUP TRAILER

Page #	Loop	Element Identifier	Description	IME Values	Min. Max.	Usage R or S.	Notes/Comments
C.9		GE	FUNCTIONAL GROUP TRAILER		1	R	
C.9		GE01	Number of Transaction Sets Included		1-6	R	
C.9		GE02	Group Control Number		1-9	R	

### 5.7 IEA- INTERCHANGE CONTROL TRAILER

Page #	Loop	Element Identifier	Description	IME Values	Min. Max.	Usage R or S.	Notes/Comments
C.10		IEA	INTERCHANGE CONTROL TRAILER		1	R	
C.10		IEA01	Number of Included Functional Groups		1-5	R	
C.10		IEA02	Interchange Control Number		9-9	R	

## 6 TRANSACTION SPECIFIC INFORMATION



The Iowa Medicaid Web Portal allows users to view recipient eligibility through the portal and Batch processing Menu.

### 6.1 270 REQUEST

#### 6.1.1 Primary information required on the recipient inquiry:

- Original billing provider
- Subscriber Information
  - Last Name
  - First Name
  - Middle Name
  - Prefix
  - Suffix
  - Gender
  - Medicaid Recipient ID
  - Date of Birth

#### 7.1.2 Additional Information

- Payer ICN/DCN/CCN
- Claim Service Date From – To (Date Range).

#### Health Care Eligibility Benefit Inquiry (270)

Page #	Loop	Element Identifier	Description	IME Values	Min. Max.	Usage R or S.	Notes/Comments
	2000A	HL	INFORMATION SOURCE LEVEL			R	
		HL01	Hierarchical ID Number		1-12	R	
		HL02	Hierarchical Parent ID Number		1-12	R	
		HL03	Hierarchical Level Code	20	1-2	R	Information Source
		HL04	Hierarchical Child Code	1	1-1	R	Additional Subordinate HL Data Segment in This Hierarchical Structure
	2100A	NM1	INFORMATION SOURCE NAME			R	

		NM101	Entity Identifier Code	PR	2-3	R	Used to identify organizational entity. Ex. PR = Payer
		NM102	Entity Type Qualifier	2	1-1	R	Non-Person Entity
		NM103	Name Last or Organization Name	IOWA MEDICAID or IA MEDICAID	1-60	R	Payer Name
		NM108	Identification Code Qualifier	PI	1-2	R	Payer Identification
		NM109	Payer Identifier	18049	2-80	R	
	2000B	HL	INFORMATION RECEIVER LEVEL			R	
		HL01	Hierarchical ID Number		1-12	R	
		HL02	Hierarchical Parent ID Number		1-12	R	
		HL03	Hierarchical Level Code	21	1-2	R	Information Receiver
		HL04	Hierarchical Child Code	1	1-1	R	Additional Subordinate HL Data Segment in This Hierarchical Structure
	2100B	NM1	INFORMATION RECEIVER NAME			R	
		NM101	Entity Identifier Code	1P	2-3	R	Provider
		NM102	Entity Type Qualifier	2	1-1	R	2 - Non-Person Entity
		NM103	Name Last or Organization Name		1-60	R	Information Receiver Last or Organization Name
		NM108	Identification Code Qualifier		1-2	R	Code identifying an organizational entity, a

							physical location, property or an individual
		NM109	Identification Code		2-80	R	Information Receiver Identification Number
	2100B	REF	INFORMATION RECEIVER NAME			S	
		REF01	Reference Identification Qualifier	1D	2-3	R	Medicaid Provider Number
		REF02	Reference Identification		1-50	R	Patient Control Number
		REF03	Description		1-80	S	
	2100B	N3	INFORMATION RECEIVER ADDRESS			S	
		N301	Address Information		1-55	R	Information Receiver Address Line
		N302	Address Information		1-55	S	Information Receiver Address Line
	2100B	N4	INFORMATION RECEIVER CITY, STATE, ZIP CODE			S	
		N401	City Name		2-30	R	Information Receiver City Name
		N402	State		2-2	S	
	2100B	PRV	INFORMATION RECEIVER PROVIDER INFORMATION			S	
		PRV01	Provider Code		1-3	R	
		PRV02	Reference Identification Qualifier		2-3	S	
		PRV03	Reference Identification		1-50	S	
	2000C	HL	SUBSCRIBER LEVEL			R	

		HL01	Hierarchical ID Number		1-12	R	
		HL02	Hierarchical Parent ID Number		1-12	R	
		HL03	Hierarchical Level Code	22	1-2	R	Subscriber
		HL04	Hierarchical Child Code	0,1	1-1	R	0-No Subordinate HL Segment in This Hierarchical Structure 1-Additional Subordinate HL Data Segment in This Hierarchical Structure
	2000C	TRN	SUBSCRIBER TRACE NUMBER			R	
		TRN01	Trace type code		1-2	R	Current Transaction Trace Numbers
		TRN02	Reference Identification		1-50	R	Trace number
		TRN03	Originating Company Identifier		10-10	R	Trace Assigning Entity Identifier
	2100C	NM1	SUBSCRIBER NAME			R	
		NM101	Entity Identifier Code	IL	2-3	R	Insured or Subscriber
		NM102	Entity Type Qualifier	1	1-1	R	1 – Person
		NM103	Name Last or Organization Name		1-60	S	Subscriber's last name
		NM104	Name First		1-35	S	Subscriber's first name.
		NM105	Name Middle		1-25	S	Subscriber's Middle name.

		NM108	Identification Code Qualifier	MI	1-2	S	Member Identification Number
		NM109	Identification Code		2-80	S	Subscriber Primary Identifier
	2100C	REF	SUBSCRIBER ADDITIONAL IDENTIFICATION			S	
		REF01	Reference Identification Qualifier	SY	2-3	R	Social Security Number
		REF02	Reference Identification		1-50	R	Subscriber Supplemental Identifier
	2100C	N3	SUBSCRIBER ADDRESS			S	
		N301	Address Information		1-55	R	Subscriber Address Line
		N302	Address Information		1-55	S	Subscriber Address Line
	2100C	N4	SUBSCRIBER CITY, STATE, ZIP CODE			S	
		N401	City Name		2-30	R	Subscriber City Name
		N402	State		2-2	S	
	2100C	PRV	PROVIDER INFORMATION			S	
		PRV01	Provider Code		1-3	R	
		PRV02	Reference Identification Qualifier		2-3	S	
		PRV03	Reference Identification		1-50	S	
	2100C	DMG	SUBSCRIBER DEMOGRAPHIC INFORMATION			S	
		DMG01	Date Time Period Format Qualifier	D8	2-3	R	Date Expressed in Format CCYYMMDD

		DMG02	Date Time Period		1-35	R	Subscriber Birth Date
		DMG03	Gender Code	F,M,U	1-1	R	F – Female M – Male U- Unknown
	2100C	INS	MULTIPLE BIRTH SEQUENCE NUMBER			S	
		INS01	Yes/No Condition or Response Code	Y	1-1	R	Insured Indicator
		INS02	Individual Relationship Code	18	2-2	R	Self
	2100C	DTP	SUBSCRIBER DATE			S	
		DTP01	Date/Time Qualifier	291,307	3-3	R	291 -Plan, 307 - Eligibility
		DTP02	Date Time Period Format Qualifier	RD8	2-3	R	Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD
		DTP03	Date Time Period		1-35	R	
	2110C	EQ	SUBSCRIBER ELIGIBILITY OR BENEFIT INQUIRY			S	
		EQ01	Service Type Code		1-2	S	
		EQ02	COMPOSITE MEDICAL PROCEDURE IDENTIFIER			S	
		EQ02-1	Product/Service ID Qualifier		2-2	R	Product or Service ID Qualifier
		EQ02-2	Product/Service ID			R	Procedure Code
	2110C	AMT	SUBSCRIBER SPEND DOWN AMOUNT			S	
		AMT01	Amount Qualifier Code		1-3	R	
		AMT02	Monetary Amount		1-18	R	spend Down Amount

	2110C	III	SUBSCRIBER ELIGIBILITY OR BENEFIT ADDITIONAL INQUIRY INFORMATION			S	
		III01	Code List Qualifier Code		1-3	R	
		III02	Industry code		1-30	R	Code indicating a code from a specific industry code list
	2110C	REF	SUBSCRIBER ADDITIONAL IDENTIFICATION			S	
		REF01	Reference Identification Qualifier		2-3	R	
		REF02	Reference Identification		1-50	R	Prior Authorization or Referral Number
	2110C	DTP	SUBSCRIBER ELIGIBILITY/BENEFIT DATE			S	
		DTP01	Date/Time Qualifier	291	3-3	R	Plan
		DTP02	Date Time Period Format Qualifier	RD8	2-3	R	Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD
		DTP03	Date Time Period		1-35	R	
	2000D	HL	DEPENDENT LEVEL			S	
		HL01	Hierarchical ID Number		1-12	R	
		HL02	Hierarchical Parent ID Number		1-12	R	
		HL03	Hierarchical Level Code	23	1-2	R	Dependent
		HL04	Hierarchical Child Code	0	1-1	R	Additional Subordinate HL Data

							Segment in This Hierarchical Structure
	2000D	TRN	DEPENDENT TRACE NUMBER			S	
		TRN01	Trace type code		1-2	R	Current Transaction Trace Numbers
		TRN02	Reference Identification		1-50	R	Trace number
		TRN03	Originating Company Identifier		10-10	R	Trace Assigning Entity Identifier
	2100D	NM1	DEPENDENT NAME			R	
		NM101	Entity Identifier Code	03	2-3	R	Dependent
		NM102	Entity Type Qualifier	1	1-1	R	1 – Person
		NM103	Name Last or Organization Name		1-60	R	Last name
		NM104	Name First		1-35	R	Name First
		NM105	Name Middle		1-25	R	Name Middle
	2100D	REF	DEPENDENT ADDITIONAL IDENTIFICATION			S	
		REF01	Reference Identification Qualifier	EJ	2-3	R	Patient Account Number
		REF02	Reference Identification		1-50	R	Dependent Supplemental Identifier
	2100D	DMG	DEPENDENT DEMOGRAPHIC INFORMATION			S	Date Expressed in Format CCYYMMDD
		DMG01	Date Time Period Format Qualifier	D8	2-3	S	Subscriber Birth Date
		DMG02	Date Time Period	F,M,U	1-35	S	F – Female M – Male



							U- Unknown
		DMG03	Gender Code		1-1	S	
	2110D	EQ	DEPENDENT ELIGIBILITY OR BENEFIT INQUIRY			R	
		EQ01	Service Type Code		1-2	S	
		EQ02	COMPOSITE MEDICAL PROCEDURE IDENTIFIER			S	
		EQ02-1	Product/Service ID Qualifier		2-2	R	Product or Service ID Qualifier
		EQ02-2	Product/Service ID		1-48	R	Procedure Code

**Health Care Eligibility Benefit Response (271)**

Page #	Loop	Element Identifier	Description	IME Values	Min. Max.	Usage R or S.	Notes/Comments
	2000A	HL	INFORMATION SOURCE LEVEL			R	
		HL01	Hierarchical ID Number		1-12	R	
		HL03	Hierarchical Level Code	20	1-2	R	Information Source
		HL04	Hierarchical Child Code	1	1-1	R	Additional Subordinate HL Data Segment in This Hierarchical Structure
	2000A	AAA	REQUEST VALIDATION			S	
		AAA01	Yes/No Condition or Response Code	N,Y	1-1	R	N- No. Request is not valid. Y- Yes. Request is valid

		AAA03	Reject Reason Code	42	2-2	R	Unable to Respond at Current Time
		AAA04	Follow-up Action Code		1-1	R	
	2100A	NM1	INFORMATION SOURCE NAME			R	
		NM101	Entity Identifier Code	PR	2-3	R	Used to identify organizational entity. Ex. PR = Payer
		NM102	Entity Type Qualifier	2	1-1	R	Non-Person Entity
		NM103	Name Last or Organization Name	IOWA MEDICAID	1-60	R	Payer Name
		NM108	Identification Code Qualifier	PI	1-2	R	Payer ID
		NM109	Payer Identifier	18049	2-80	R	
	2100A	PER	INFORMATION SOURCE CONTACT INFORMATION			S	
		PER01	Contact Function Code		2-2	R	Ex. IC-Information Contact.
	2000B	HL	INFORMATION RECEIVER LEVEL			S	
		HL01	Hierarchical ID Number		1-12	R	
		HL02	Hierarchical Parent ID Number		1-12	R	
		HL03	Hierarchical Level Code	21	1-2	R	Information Receiver
		HL04	Hierarchical Child Code	1	1-1	R	Additional Subordinate HL Data Segment in This Hierarchical Structure
	2100B	NM1	INFORMATION RECEIVER NAME			R	
		NM101	Entity Identifier Code	1P	2-3	R	Provider

		NM102	Entity Type Qualifier	1,2	1-1	R	1 - Person 2 - Non- Person Entity
		NM103	Name Last or Organization Name		1-60	S	
		NM108	Identification Code Qualifier	XX	1-2	R	Centers for Medicare and Medicaid Services National Provider Identifier
		NM109	Identification Code		2-80	R	Information Receiver Identification Number
	2100B	REF	INFORMATION RECEIVER NAME			S	
		REF01	Reference Identification Qualifier	1D	2-3	R	Medicaid Provider Number
		REF02	Reference Identification		1-50	R	Patient Control Number
	2100B	AAA	INFORMATION RECEIVER REQUEST VALIDATION			S	
		AAA01	Yes/No Condition or Response Code	N,Y	1-1	R	
		AAA03	Reject Reason Code		2-2	R	
		AAA04	Follow-up Action Code		1-1	R	
	2000C	HL	SUBSCRIBER LEVEL			S	
		HL01	Hierarchical ID Number		1-12	R	
		HL02	Hierarchical Parent ID Number		1-12	R	
		HL03	Hierarchical Level Code	22	1-2	R	Subscriber
		HL04	Hierarchical Child Code	0	1-1	R	Additional Subordinate HL Data Segment in This

							Hierarchical Structure
	2000C	TRN	SUBSCRIBER TRACE NUMBER			S	
		TRN01	Trace type code		1-2	R	Current Transaction Trace Numbers
		TRN02	Reference Identification		1-50	R	Trace number
		TRN03	Originating Company Identifier		10-10	R	Trace Assigning Entity Identifier
	2100C	NM1	SUBSCRIBER NAME			R	
		NM101	Entity Identifier Code	1L	2-3	R	Insured or Subscriber
		NM102	Entity Type Qualifier	1	1-1	R	1 – Person
		NM103	Name Last or Organization Name		1-60	S	Subscriber's last name
		NM104	Name First		1-35	S	Subscriber's first name.
		NM105	Name Middle		1-25	S	Subscriber's Middle name.
		NM107	Name Suffix		1-10	S	Subscriber Name Suffix.
		NM108	Identification Code Qualifier	MI	1-2	S	Member Identification Number
		NM109	Identification Code		2-80	S	Subscriber Primary Identifier
	2100C	REF	SUBSCRIBER ADDITIONAL IDENTIFICATION			S	
		REF01	Reference Identification Qualifier		2-3	R	
		REF02	Reference Identification		1-50	R	Subscriber Supplemental Identifier

		REF03	Description		1-80	S	Plan, Group or Plan Network Name
	2100C	N3	SUBSCRIBER ADDRESS			S	
		N301	Address Information		1-55	R	Subscriber Address Line
		N302	Address Information		1-55	S	Subscriber Address Line
	2100C	N4	SUBSCRIBER CITY, STATE, ZIP CODE			S	
		N401	City Name		2-30	R	Information Receiver City Name
		N402	State or Province Code		2-2	S	Subscriber State Code
		N403	Postal Code		3-15	S	Subscriber Postal Zone or ZIP Code
		N404	Country Code		2-3	S	Subscriber Country Code
	2100C	AAA	SUBSCRIBER REQUEST VALIDATION			S	
		AAA01	Yes/No Condition or Response Code		1-1	R	Valid Request Indicator
		AAA03	Reject Reason Code		2-2	R	
		AAA04	Follow-up Action Code		1-1	R	
	2100C	DMG	SUBSCRIBER DEMOGRAPHIC INFORMATION			S	
		DMG01	Date Time Period Format Qualifier	D8	2-3	S	Date Expressed in Format CCYYMMDD
		DMG02	Date Time Period		1-35	S	Subscriber Birth Date
		DMG03	Gender Code	F,M,U	1-1	S	F – Female

							M – Male U- Unknown
	2100C	INS	SUBSCRIBER RELATIONSHIP			S	
		INS01	Yes/No Condition or Response Code	Y	1-1	R	Insured Indicator
		INS02	Individual Relationship Code	18	2-2	R	Self
		INS03	Maintenance Type Code	001	3-3	S	Change
		INS04	Maintenance Reason Code	25	2-3	S	Change in Identifying Data Elements
	2100C	DTP	SUBSCRIBER DATE			S	
		DTP01	Date/Time Qualifier	291,307	3-3	R	291- Plan, 307- Eligibility.
		DTP02	Date Time Period Format Qualifier	RD8	2-3	R	Range of Dates Expressed in Format CCYYMMDDC -CYYMMDD
		DTP03	Date Time Period		1-35	R	
	2110C	EB	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION			S	
		EB01	Eligibility or Benefit Information Code		1-2	R	
		EB02	Coverage Level Code	IND	3-3	S	Individual
		EB03	Service Type Code		1-2	S	Example: 30-Health Benefit Plan Coverage, 35-Dental Care, etc.,
		EB04	Insurance Type Code		1-3	S	Example: HM- Health Maintenance Organization (HMO),

							QM- Qualified Medicare Beneficiary, etc.,
		EB05	Plan Coverage Description		1-50	S	
		EB06	Time Period Qualifier		1-2	S	34- Month, 27- Visit, etc.,
		EB07	Monetary Amount		1-18	S	
	2110C	REF	SUBSCRIBER ADDITIONAL IDENTIFICATION			S	Benefit Amount
		REF01	Reference Identification Qualifier	F6	2-3	R	Health Insurance Claim (HIC) Number
		REF02	Reference Identification		1-50	R	Subscriber Eligibility or Benefit Identifier
		REF03	Description		1-80	S	Plan, Group or Plan Network Name
	2110C	DTP	SUBSCRIBER ELIGIBILITY/BENEFIT DATE			S	
		DTP01	Date/Time Qualifier	291	3-3	R	Plan
		DTP02	Date Time Period Format Qualifier	RD8	2-3	R	Range of Dates Expressed in Format CCYYMMDDC -CYMMDD
		DTP03	Date Time Period		1-35	R	
	2110C	AAA	SUBSCRIBER REQUEST VALIDATION			S	
		AAA01	Yes/No Condition or Response Code		1-1	R	Valid Request Indicator
		AAA03	Reject Reason Code		2-2	R	

		AAA04	Follow-up Action Code		1-1	R	
	2110C	MSG	MESSAGE TEXT			S	
		MSG01	Free-form Message Text		1-264	R	Free form Message Text
	2110C	LS	LOOP HEADER			S	
		LS01	Loop Identifier Code	2120	1-4	R	Loop ID number
	2110C	LE	LOOP TRAILER			S	
		LE01	Loop Identifier Code	2120	1-4	R	Loop ID number
	2120C	NM1	SUBSCRIBER BENEFIT RELATED ENTITY NAME			S	
		NM101	Entity Identifier Code	1P	2-3	R	Provider
		NM102	Entity Type Qualifier	2	1-1	R	2 - Non-Person Entity
		NM103	Name Last or Organization Name		1-60	S	Information Receiver Last or Organization Name
	2120C	N3	SUBSCRIBER BENEFIT RELATED ENTITY ADDRESS			S	
		N301	Address Information		1-55	R	Benefit Related Entity Address Line
		N302	Address Information		1-55	S	Benefit Related Entity Address Line
	2120C	N4	SUBSCRIBER BENEFIT RELATED ENTITY CITY, STATE, ZIP CODE			S	
		N401	City Name		2-30	R	Benefit Related Entity City Name.



		N402	State		2-2	S	Benefit Related Entity State Code
	2120C	PER	SUBSCRIBER BENEFIT RELATED ENTITY CONTACT INFORMATION			S	
		PER01	Contact Function Code	IC	2-2	R	
		PER02	Name		1-60	S	Benefit Related Entity Contact Name
	2120C	PRV	SUBSCRIBER BENEFIT RELATED PROVIDER INFORMATION			S	
		PRV01	Provider Code		1-3	R	
		PRV02	Reference Identification Qualifier	PXC	2-3	S	Health Care Provider Taxonomy Code
	2000D	HL	DEPENDENT LEVEL			S	
		HL01	Hierarchical ID Number		1-12	R	
		HL02	Hierarchical Parent ID Number		1-12	R	
		HL03	Hierarchical Level Code	23	1-2	R	Dependent
		HL04	Hierarchical Child Code	0	1-1	R	No Subordinate HL Segment in This Hierarchical Structure.
	2000D	TRN	DEPENDENT TRACE NUMBER			S	
		TRN01	Trace type code		1-2	R	Current Transaction Trace Numbers
		TRN02	Reference Identification		1-50	R	Trace number

		TRN03	Originating Company Identifier		10-10	R	Trace Assigning Entity Identifier
	2100D	NM1	DEPENDENT NAME			R	
		NM101	Entity Identifier Code	03	2-3	R	Dependent
		NM102	Entity Type Qualifier	1	1-1	R	1 – Person
		NM103	Name Last or Organization Name		1-60	R	Last name
		NM104	Name First		1-35	R	Name First
		NM105	Name Middle		1-25	R	Name Middle
	2100D	REF	DEPENDENT ADDITIONAL IDENTIFICATION			S	
		REF01	Reference Identification Qualifier		2-3	R	
		REF02	Reference Identification		1-50	R	Dependent Supplemental Identifier
	2100D	AAA	DEPENDENT REQUEST VALIDATION			S	
		AAA01	Yes/No Condition or Response Code	N,Y	1-1	R	Valid Request Indicator. N- No, Y- Yes.
		AAA03	Reject Reason Code		2-2	R	
		AAA04	Follow-up Action Code		1-1	R	

## APPENDICES

### 1. Business Scenarios

This section contains all typical business scenarios with transmission examples.

The scenarios and examples are intended to be explicit examples of situations that are not described in detail within in the implementation guide.

- At this time, there are no applicable Business Scenarios.

### 2. Frequently Asked Questions

<http://www.edissweb.com/med/registration/index.html>

[http://www.edissweb.com/docs/shared/edi\\_faq.pdf](http://www.edissweb.com/docs/shared/edi_faq.pdf)

### 3. Change Summary

<b>Version</b>	<b>Date</b>	<b>Description of Change</b>
1.0.0	12/27/2020	Draft Version
1.0.1	09/05/2024	Updated as per feedback from EDI on 12/27/2020. Added 270/271 segment details. Updated HHS website link under Websites.
1.0.2	12/05/2024	Updated as per review comments from EDISS.