
Tufts Health Plan

HIPAA Transaction Standard Companion Guide

**Refers to the Implementation Guides
Based on ASC X12 version 005010**

**Instructions Related to 270/271 Health
Care Eligibility Inquiry/Response
Transactions Bases on ASC X12
Implementation Guides, Version 005010**

May 2017

Preface

Tufts Health Plan® is accepting X12N 270 Health Care Eligibility Inquiry, as mandated by the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The X12N 270/271 versions of the 5010 Standards for Electronic Data Interchange Technical Report Type 3 and Errata (also referred to as Implementation Guides) for the Health Care Eligibility Inquiry and Response Transaction has been established for eligibility inquiry and response compliance. It also includes the necessary details that support the CAQH-CORE® Operating Rule requirements for Phase I and II.

This document has been prepared to serve as a Tufts Health Plan's specific companion guide to the 270/271 Transaction Sets. This document supplements but does not contradict any requirements in the 270/271 Technical Report, Type 3. The primary focus of the document is to clarify specific segments and data elements that should be submitted to Tufts Health Plan on the 270/271 Health Care Eligibility Inquiry and Response. This document will be subject to revisions as new versions of the 270/271 Health Care Eligibility Inquiry and Response Transaction Set Technical Reports are released.

This document has been designed to aid both the technical and business areas. It contains Tufts Health Plan's specifications for the transactions as well as contact information and key points.

Table of Contents

1 INTRODUCTION.....	5
Scope.....	5
Overview.....	5
References.....	5
2 GETTING STARTED.....	5
Working with Tufts Health Plan.....	5
Trading Partner Registration.....	5
3 TESTING WITH THE PAYER.....	6
4 CONNECTIVITY WITH THE PAYER/COMMUNICATIONS.....	6
Transmission Administrative Procedures.....	6
Direct Submitters.....	6
NEHEN Providers.....	6
Re-Transmission Procedure.....	6
Communication protocol specifications.....	7
Passwords.....	7
Maintenance Schedule.....	8
Rules of Behavior.....	8
5 CONTACT INFORMATION.....	8
EDI Customer Service.....	8
Applicable websites/e-mail.....	8
6 CONTROL SEGMENTS/ENVELOPES.....	8
Setup for 270 INBOUND Transactions.....	9
ISA-IEA.....	9
GS-GE.....	10
Setup for 271 OUTBOUND Transaction.....	10
INTERCHANGE CONTROL HEADER SEGMENT.....	10
FUNCTIONAL GROUP HEADER SEGMENT.....	12
7 PAYER SPECIFIC BUSINESS RULES AND LIMITATIONS.....	13
7.1 Supported Functionality.....	13
7.2 Unsupported Business Functions.....	13
7.3 Subscriber and Member Searches.....	13
7.4 Date of Service (DOS).....	14
7.5 Co-payment/Co-insurance/Deductible/Out Of Pocket Amounts.....	15
7.6 Benefit Limits.....	15
7.7 Primary Care Physician (PCP) Information.....	15
8 ACKNOWLEDGEMENTS AND/OR REPORTS.....	15
AAA Rejection Codes Description.....	16
9 TRADING PARTNER AGREEMENTS.....	18
Trading Partners.....	18
10 TRANSACTION SPECIFIC INFORMATION.....	18
270 Eligibility, Coverage, or Benefit Inquiry.....	19
271 Eligibility, Coverage, or Benefit Inquiry.....	23

APPENDICES 30

A. CORE® Compliant Service Types supported by Tufts Health Plan..... 30

B. Message Segment Text List..... 31

C. Transmission Examples..... 32

D - Change Summary 33

1 INTRODUCTION

In order to submit a valid transaction, please refer to the National Electronic Data Interchange Transaction Set Technical Report & Errata for the Health Care Claim: Institutional ASC X12N 270/271 (005010X279, 005010X279A1). The Technical Reports can be ordered from the Washington Publishing Company's website at www.wpc-edi.com.

For questions relating to the Tufts Health Plan's 270/271 Health Care Eligibility Inquiry and Response Transaction, or testing please contact the EDD Operations Department at 888-880-8699 x54649 or email your questions to EDD_Operations@Tufts-Health.com.

SCOPE

The Transaction Instruction component of this companion guide must be used in conjunction with an associated ASC X12 Implementation Guide. The instructions in this companion guide are not intended to be stand-alone requirements documents. This companion guide conforms to all the requirements of any associated ASC X12 Implementation Guides and is in conformance with ASC X12's Fair Use and Copyright statements.

OVERVIEW

The Health Insurance Portability and Accountability Act–Administration Simplification (HIPAA-AS) requires Tufts Health Plan and all other covered entities to comply with the electronic data interchange standards for health care as established by the Secretary of Health and Human Services.

This guide is designed to help those responsible for testing and setting up electronic eligibility transactions. Specifically, it documents and clarifies when situational data elements and segments must be used for reporting and identifies codes and data elements that do not apply to Tufts Health Plan. This guide supplements (but does not contradict) requirements in the ASC X12N 270/271 (version 005010X279A1) implementation. This information should be given to the provider's business area to ensure that eligibility responses are interpreted correctly.

REFERENCES

- The ASC X12N 270/271 (version 005010X279A1) Technical Report Type 3 guide for Health Care Eligibility Benefit Inquiry and Response has been established as the standard for eligibility transactions and is available at <http://www.wpc-edi.com/HIPAA>.
- Tufts Health Plan's Web site containing documentation on e-transactions for providers is located at <http://www.tuftshealthplan.com/providers>.

2 GETTING STARTED

WORKING WITH TUFTS HEALTH PLAN

This section describes how to interact with Tufts Health Plan's EDI Department.

For questions relating to the Tufts Health Plan's 270/271 Health Care Eligibility Inquiry and Response Transaction, or testing please contact the EDD Operations Department at 888-880-8699 x54649 or email your questions to EDD_Operations@Tufts-Health.com.

TRADING PARTNER REGISTRATION

This section describes how to register as a trading partner with Tufts Health Plan.

By contacting the EDD Operations group, the Trading partner will be sent a File Exchange Request Form to fill out and return to EDD Ops.

The trading partner will then be set up in Tufts HP testing environment and the information is sent back to the trading partner so they may begin testing.

3 TESTING WITH THE PAYER

Once the submitter setup has been completed, the submitter can start sending eligibility transactions to the test environment. Tufts Health Plan notifies the provider upon the successful completion of testing and prepares the provider for production status.

1. During the testing process, Tufts Health Plan examines submitted test transactions for required elements, and also ensures that the submitter gets a response during the testing mode.

NOTE: There is no limitation in transaction volume for ANSI 270/271 testing environment, but transactions must be submitted one at a time. Tufts Health Plan does not support batch eligibility transactions.

2. When the submitter is ready to send ANSI 270/271 transactions to a production mailbox, he/she must notify EDD Operations at Tufts Health Plan, who will move the submitter to the production environment.

3. The submitter's mailbox name remains the same when moving from test to production. Changing passwords is optional upon submitter's request to the EDD Operations Team.

NOTE: This password requirement is not part of the NEHEN provider setup. With NEHEN providers, security is provided through the telecommunications link

4 CONNECTIVITY WITH THE PAYER/COMMUNICATIONS

TRANSMISSION ADMINISTRATIVE PROCEDURES

Direct Submitters

Providers interested in submitting electronic eligibility transactions directly to Tufts Health Plan should contact EDD Operations via email or telephone to request setup. For EDD Operations Team contact information, *See Contact Information on page 8 section 5.*

NEHEN Providers

NEHEN - A consortium of the six largest payer organizations in Massachusetts that has created an affordable, Web-based, single gateway for essential electronic transactions

Providers interested in submitting electronic health care service review transactions via NEHEN should contact the vendor directly who will then facilitate set up with EDD Operations. EDD Operations will facilitate an IP address for the provider, working through the NEHEN support staff. *See Contact Information on page 8 section 5*

Upon setup completion, EDD Operations notifies the submitter and NEHEN technical support that the eGateway and telecommunications are set up. The submitter can then configure its eGateway to send the eligibility transactions to the Tufts Health Plan test eGateway. Upon successful testing between Tufts Health Plan and the new submitter, the submitter migrates to a production status.

RE-TRANSMISSION PROCEDURE

Tufts Health Plan currently supports Real Time transaction submission only. Any re-transmission will mean resending the 270 request.

COMMUNICATION PROTOCOL SPECIFICATIONS

This section describes Tufts Health Plan’s communication protocol(s).

The following is a list of technical standards and versions for the HTTP MIME Multipart envelope and eligibility payload:

- HTTP Version 1.1
- SOAP Version 1.2
- SSL Version 3
- Health Care Eligibility Benefit Inquiry and Response Version 005010X279A1
- **CAQH MIME** – Tufts Health Plan supports the use of HTTP MIME Multipart existing envelope standards and has implemented the HTTP MIME Multipart envelope standards as identified in CAQH CORE Phase II Connectivity standards (<http://www.caqh.org/pdf/270.pdf>).
- The following is a list of technical standards and versions for the HTTP MIME Multipart envelope and eligibility payload:
 - HTTP Version 1.1
 - SSL Version 3.0
 - MIME Version 1.0
- Health Care Eligibility Benefit Inquiry and Response Version 005010X279A1

CAQH SOAP – Tufts Health Plan supports the use of HTTP SOAP + WSDL envelope standards as identified in CAQH CORE Phase II Connectivity standards (<http://www.caqh.org/pdf/CLEAN5010/270-v5010.pdf>).

Tufts Health Plan provides certificates to use in place of a user ID and password for SOAP upon completion of enrollment process.

Message specifications for SOAP

Envelope Element	Specification
PayloadType	X12_270_Request_005010X279A1
ProcessingMode	RealTime
SenderID	ISA06 value as assigned by THP
ReceiverID	170558746
CORERuleVersion	2.2.0
Certificate Version	X.509

Note: Changes to CAQH that occur after the writing of this document will override this document.

PASSWORDS

Password assignment and resets are done by the EDD Operations group, (*See Contact Information below.*)

MAINTENANCE SCHEDULE

The systems used by the 270/271 transaction have a standard maintenance schedule of Sunday 8PM to 12AM EST. The systems are unavailable during this time. Email notifications will be sent notifying submitters of unscheduled system outages.

RULES OF BEHAVIOR

Rules of Behavior for programs that connect to this site:

- Unauthorized use of certificate is not permitted
- Must not deliberately submit batch files that contain Viruses.

5 CONTACT INFORMATION

EDI CUSTOMER SERVICE

The following sections provide contact information for any questions regarding HIPAA, 270/271 Health Care Eligibility Inquiry/Response Transactions, and documentation or testing.

For General HIPAA Questions

If you have any general HIPAA questions, please access the Tufts Health Plan website. To access the site:
Go to <http://www.tuftshealthplan.com/providers>
Select the Electronic Services link.

270/271 Transaction EDI Eligibility Inquiry /Response Questions

Contact EDD Operations at (888) 880-8699 x54649 or EDD_Operations@tufts-health.com.

EDI Technical Assistance

Contact EDD Operations at (888) 880-8699 x54649 or EDD_Operations@tufts-health.com

APPLICABLE WEBSITES/E-MAIL

This section contains detailed information about useful web sites and email addresses.
<http://www.wpc-edi.com/> for corrected examples
<http://www.tuftshealthplan.com/providers>

New England Healthcare Exchange Network (NEHEN) – <http://www.nehen.org>



NEHENNet - <http://www.nehennet.org>

A consortium of the six largest payer organizations in Massachusetts that has created an affordable, Web-based, single gateway for essential electronic transactions.

6 CONTROL SEGMENTS/ENVELOPES

Envelope Identifiers

Tufts Health Plan supplies each submitting provider with the Submitter and Sender Identifiers for the envelope elements as a part of the setup process. The Interchange Receiver and Application Receiver IDs depend upon which e-Channel is used.

- For NEHEN and NEHENnet: The Interchange Receiver ID (ISA08) is **170558746** and Application Receiver ID (GS03) is **NEHEN002**
- For non-NEHEN e-Channels: The Interchange Receiver ID (ISA08) is **170558746** and the Application Receiver ID (GS03) is **170558746**

Setup for 270 INBOUND Transactions

ISA-IEA

This section describes Tufts Health Plan's use of the interchange control segments. It includes a description of expected sender and receiver codes, authorization information, and delimiters

ISA - Interchange Control Header Segment

Segment Name	Seg. ID	Req / Opt	# of Char	Value	Remarks
Authorization Information Qualifier	ISA01	R	2	00	00 - No Authorization Information Present
Authorization Information	ISA02	R	10	<spaces>	No Authorization Information Present
Security Information Qualifier	ISA03	R	2	00	00 - No Security Information Present
Security Information/ Password	ISA04	R	10	<spaces>*	No Security Information Present
Interchange ID Qualifier/Qualifier for Trading Partner ID	ISA05	R	2	<qualifier>*	Sender Qualifier
Interchange Sender ID/Trading Partner ID	ISA06	R	15	<SENDER ID>*	Sender's Identification Number
Interchange ID Qualifier/Qualifier for Tufts Health Plan ID	ISA07	R	2	01	Dun & Bradstreet Number is being used.
Interchange Receiver ID/ Tufts Health Plan ID	ISA08	R	15	170558746	Tufts DUNS number: 170558746
Interchange Date	ISA09	R	6	<YYMMDD>	Date of the interchange in YYMMDD format
Interchange Time	ISA10	R	4	<HHMM>	Time of the interchange in HHMM format
Repetition Separator	ISA11	R	1	^ (is a typical separator received)	Type is not applicable; the repetition separator is a delimiter and not a data element; this field provides the delimiter used to separate repeated occurrences of a simple data element or a composite data structure; this value must be different than the data element separator, component element separator, and the segment terminator
Interchange Control Version Number	ISA12	R	5	00501	Version number
Interchange Control Number/Last Control Number	ISA13	R	9	<Auto-generated>	Assigned by the interchange sender, must be associated with IEA02 segment
Acknowledgement Request	ISA14	R	1	0	0 - No Acknowledgement Requested
Usage Indicator	ISA15	R	1	<T or P>	T-test data; P-production data
Separator	ISA16	R	1	<Any>	ASCII Value. Component element separator

* Denotes provider and Tufts HP agreed upon entries

GS-GE

This section describes Tufts Health Plan's use of the functional group control segments. It includes a description of expected application sender and receiver codes. Also included in this section is a description concerning how Tufts Health Plan expects functional groups to be sent and how Tufts Health Plan will send functional groups. These discussions will describe how similar transaction sets will be packaged and Tufts Health Plan's use of functional group control numbers.

Functional Group Header Segment

Segment Name	Seg. ID	Req / Opt	# of Char	Value	Remarks
Functional Identifier Code	GS01	R	2	HS	Eligibility, Coverage or Benefit Inquiry
Application Sender's Code	GS02	R	2/15	<SENDER ID>	Code identifying party sending transmission
Application Receiver's Code	GS03	R	2/15	170558746	Code identifying party receiving transmission. Uses Tufts Health Plan DUNS number 170558746.
Date	GS04	R	8	<CCYYMMDD>	Functional Group creation date in CCYYMMDD format
Time	GS05	R	4/8	<HHMM>	Functional Group creation time in HHMM format. Time expressed in 24-hour clock. For example, 3:23 PM is entered as 1523.
Group Control Number	GS06	R	1/9	<#>	Assigned and maintained by the sender, must be associated with GE02 segment GS06
Responsible Agency Code	GS07	R	1/2	X	Accredited Standards Committee X12
Version/Release/Industry Identifier Code	GS08	R	1/12	005010X279A1	Transaction version

Group Trailer

Segment Name	Seg. ID	Req / Opt	# of Char	Value	Remarks
Number of Transaction Sets Included	GE01	R		1	Total number of transactional sets included in the functional group or interchange
Group Control Number	GE02	R		<#>	Assigned number originated and maintained by the sender

Setup for 271 OUTBOUND Transaction

INTERCHANGE CONTROL HEADER SEGMENT

Segment Name	Seg. ID	Req / Opt	# of Char	Value	Remarks
--------------	---------	-----------	-----------	-------	---------

Tufts Health Plan Standard Companion Guide

Segment Name	Seg. ID	Req / Opt	# of Char	Value	Remarks
Authorization Information Qualifier	ISA01	R	2	00	00 - No Authorization Information Present
Authorization Information	ISA02	R	10	<spaces>*	No Authorization Information Present
Security Information Qualifier	ISA03	R	2	00	00 - No Security Information Present
Security Information/ Password	ISA04	R	10	<spaces>*	No Security Information Present
Interchange ID Qualifier/ Qualifier for Tufts Health Plan ID	ISA05	R	2	01	Sender Qualifier
Interchange Sender ID/ Tufts Health Plan ID	ISA06	R	15	170558746	Tufts DUNS number: 170558746
Interchange ID Qualifier/ Qualifier for Trading Partner ID	ISA07	R	2	<qualifier>*	Receiver Qualifier
Interchange Receiver ID/ Trading Partner ID	ISA08	R	15	<RECEIVER ID>*	Receiver's Identification Number
Interchange Date	ISA09	R	6	<YYMMDD>*	Date of the interchange in YYMMDD format
Interchange Time	ISA10	R	4	<HHMM>*	Time of the interchange in HHMM format
Repetition Separator	ISA11	R	1	^ (is a typical separator sent)	Type is not applicable; the repetition separator is a delimiter and not a data element; this field provides the delimiter used to separate repeated occurrences of a simple data element or a composite data structure; this value must be different than the data element separator, component element separator, and the segment terminator
Interchange Control Version Number	ISA12	R	5	00501	Version number
Interchange Control Number/Last Control Number	ISA13	R	9	<#>	Assigned by the interchange sender, must be identical to associated Interchange Trailer, IEA-02.
Acknowledgement Request	ISA14	R	1	0	0 - No Acknowledgement Requested
Usage Indicator/Acknowledgment Request	ISA15	R	1	<T or P>	T-test data; P-production data
Separator	ISA16	R	1	~(126)	Component element separator

* Denotes provider and Tufts HP agreed upon entries

Tufts Health Plan Standard Companion Guide

FUNCTIONAL GROUP HEADER SEGMENT

Segment Name	Seg. ID	Req / Opt	# of Char	Value	Remarks
Functional Identifier Code	GS01	R	2	HB	Elig, Coverage or Benefit Information
Application Sender's Code	GS02	R	2/15	Direct Submitter -170558746 NEHEN Submitter – NEHEN002	Tufts DUNS number Submitter ID
Application Receiver's Code	GS03	R	2/15	<RECEIVER ID>*	Code identifying party sending (inbound) transmission
Date	GS04	R	8	<CCYYMMDD>*	Functional Group creation date in CCYYMMDD format
Time	GS05	R	4/8	<HHMM>*	Functional Group creates time in HHMM format; time in 24-hour clock, i.e., 3:23 PM entered as 1523.
Group Control Number	GS06	R	1/9	<#>	Assigned and maintained by the sender, must be associated with GE02 segment
Responsible Agency Code	GS07	R	1/2	X	Accredited Standards Committee X12
Version/Release/Industry Identifier Code	GS08	R	1/12	005010X279A1	Transaction version

7 PAYER SPECIFIC BUSINESS RULES AND LIMITATIONS

Tufts Health Plan accepts and processes Commercial (HMO, POS, PPO) and Tufts Health Plan Medicare Preferred eligibility electronically, in the HIPAA-compliant 270 X12N format and responds with a HIPAA-compliant 271 X12N format. Tufts Health Plan uses real time processing for its EDI transactions to provide immediate responses to its submitters. As a result, Tufts Health Plan does not support an acknowledgement 999 response transaction for any 270 transactions submitted. In real time, the submitter transmits a request transaction to Tufts Health Plan and then remains connected while Tufts Health Plan processes the transaction and responds to the submitter.

Tufts Health Plan accepts the 270/271 transactions as a “read only” transaction and will not use any data coming in on the 270 transaction to update its internal systems. Additionally, where stated in the *ASC X12N ANSI 270/271 Health Care Eligibility Inquiry and Response Transaction Set Implementation Guide*, Tufts Health Plan will respond with its source data from internal systems, including but not limited to such data as Subscriber Name information and Gender.

7.1 Supported Functionality

Tufts Health Plan will accept the 270 transaction using all business functionality levels of an inbound request as defined by the *ASC X12N ANSI 270/271 Health Care Eligibility Inquiry and Response Transaction Set Implementation Guides*. The following are examples of the functionality levels by request types:

- General Requests, such as all medical/surgical benefits and coverage conditions.
- Specific Requests, such as Professional Office visit.

Tufts Health Plan has constructed their benefit categories to support a specific service type requested as required by the 5010 transaction. We will also provide the response “Active” or “Inactive” with some additional Member information. Patient responsibility and limitations for both “In-network and Out of network will also be returned

If a benefit category cannot be matched, then all available benefits (service type 30) will be returned in the response.

Tufts Health Plan does not use the Dependent Loop of the 270/271 transactions, as we are capable of uniquely identifying its dependent members based on the member’s identification number, without first identifying their associated subscriber. This number is typically a combination of the subscriber’s base number (or other 9-11 digit ID number) and a 2-digit suffix for the individual’s relationship with the subscriber, i.e., 01 for self, 02 for spouse, etc. When information is sent in the Dependent Loop of the 270 transaction, Tufts Health Plan will only respond back referencing the eligibility of the member identified in the Subscriber loop.

7.2 Unsupported Business Functions

As referenced in the *ASC X12N ANSI 270/271 Health Care Eligibility Inquiry and Response Transaction Set Implementation Guide*, hereafter referred to in this document as *Implementation Guides*, the 270/271 transaction for Tufts Health Plan will not support the following functionality:

- Authorizations requirements
- Certification requirements
- Utilization management

7.3 Subscriber and Member Searches

Search Criteria

Tufts Health Plan uses the Implementation Guide required search criteria alternatives to develop its own requirements for identifying members within its system. To uniquely identify a member, a 270 transaction must include the member’s Tufts Health Plan Identification Number (found on the front of

the Member's ID card). Alternately, the 270 transaction must include the member's last/first name combination and Date of Birth (DOB). To better support this capability, additional search paths have been developed in cases where all three (member's ID, member's Last Name/First Name and member's DOB,) are included.

To perform an eligibility search for a member, use either search option:

Search Options	Loop/Segment ID/Name
Primary Search Option #1:	
Member ID Qualifier	2100C NM108 ¹ Identification Code Qualifier <i>Tufts Health Plan will expect providers to use "MI" Member Identification Number</i>
Member ID	NM109 ² Subscriber Primary Identifier <i>Tufts Health Plan will expect the Member's 11-digit ID Number</i>
Alternative Search Option #2:	
Member Date of Birth ¹	2100C DMG02 Subscriber Birth Date
Member Last Name	2100C NM103 Subscriber Last Name
Member First Name	2100C NM104 Subscriber First Name
Member Middle Name	2100C NM105 Subscriber Middle Name <i>Tufts Health Plan currently captures a member's Middle Initial; provide if available</i>
Patient's Last Name Suffix	2100C NM106 Subscriber Name Suffix <i>Tufts Health Plan currently captures a member's Last Name Suffix; provide if available</i>

If the member is found, Tufts Health Plan will return in the 271 transaction both the member's name information and identification number. For example, if the search request is done on the Member's DOB and Last/First Name and the member is found, the 271 transaction will provide back the Member's ID.

7.4 Date of Service (DOS)

The 270 transaction enables a submitter to request eligibility information on a member for a Date of Service (DOS) that may include both future and past dated requests. This DOS may be provided in either the 2100C or 2110C loop. Tufts Health Plan can receive these various inquiries and has applied the following logic/criteria in using this information to determine a member's eligibility for the DOS in the response 271 transaction:

- **Loop 2100C DOS Qualifier** - The Date Time Qualifier in Loop 2100C DTP01 allows for two different values. Tufts Health Plan will accept all values coming in on the 270 transaction, but will not distinguish between the different values and will process all values as an "eligibility" date request.
- **Future/Past DOS Inquiries** - Tufts Health Plan will accept eligibility inquiries on any past DOS provided. If the DOS inquiry is greater than 90 days, Tufts Health Plan will reject the transaction for "Date of Service in the Future" in the AAA segment in Loop 2100C as it is business practice that dates greater than 90 days are too far in the future to accurately determine the member's eligibility.
- **Range of Date Requests** - Tufts Health Plan will accept inquiries that request information on both a single date ("D8" qualifier) and a range of dates ("RD8" qualifier). Tufts Health Plan will use the one date provided in a single date or the first date provided in a range of dates to determine the member's eligibility.
- **DOS Location in Transaction** - Tufts Health Plan will accept dates that are provided in both the 2100C and the 2110C Loops of the transaction. In accordance with the Implementation Guides, the dates provided in the lower loop, e.g., the 2110C loop will override any dates provided in the 2100C loop and eligibility will be determined on that date. Additionally, if multiple iterations of either of those

¹ If used, must also use NM109 or

² If used, must also use NM108

loops occur, i.e., three 2110C loops are sent, Tufts Health Plan will process using the earliest date provided.

- **No Date of Service Provided on 270 Transaction** - Tufts Health Plan will use the transaction date as a default date if no DOS is provided on the 270 transaction.
- **Dates Provided in 271 Response** - Tufts Health Plan will provide two “sets” of dates in the response 271 transaction.
 1. The 2100C loop will contain the member’s eligibility for the plan, e.g., the member’s original effective date of coverage and any termination date if applicable. If no termination date is identified, a single date of original effective date will appear.
 2. The 2110C loop will contain a single DTP segment that includes the DOS as determined by the above parameters, regardless of where it comes in on the original 270-inquiry transaction.

7.5 Co-payment/Co-insurance/Deductible/Out Of Pocket Amounts

Tufts Health Plan will provide member-specific co-payment, coinsurance, deductible and out of pocket information as available from its system. These amounts will appear in the EB segments in loop 2110C when available/applicable. The first iteration of the EB segment will state whether or not the member is “Active” or “Inactive”. (Refer to Instructional Tables on page 23 for full details on the design of the EQ segment.) The following are samples of co-payment/co-insurance/deductible types that may be included in the response transaction:

- Office Visit
- Emergency Room
- Surgical Day Care
- In-patient

7.6 Benefit Limits

Tufts Health Plan will provide member-specific Benefit Limits information to include the number of services Approved/Used as available from its system.

These limits will appear in the EB segments in loop 2110C when available/applicable.

7.7 Primary Care Physician (PCP) Information

Tufts Health Plan will provide information on a member’s Primary Care Physician on the outbound 271 transactions. The Date of Service on the transaction determines PCP information, i.e., the PCP provided may not be the member’s current PCP. The following information is provided in the 2120C loop of the transaction when available in the Tufts Health Plan system:

- Provider Name
- National Provider Identifier (NPI) # (“XX” HIPAA Qualifier code)
- PCP Contact Telephone Number
- PCP-Affiliated Hospital or Group, etc.
- PCP’s Primary Practice Address (Address, City, State, Zip)
- PCP’s Independent Physicians Association (IPA)

If no PCP information exists for the member and they are enrolled in a HMO, POS, EPO plan, a message of “No PCP Selected” will appear in NM103 of the 2120C loop.

If no PCP information exists for the member and they are enrolled in a Preferred Provider Organization (PPO) plan, a message of “No PCP Required” will appear in NM103 of the 2120C loop.

8 ACKNOWLEDGEMENTS AND/OR REPORTS

999 - Acknowledgment for Health Care Insurance

Tufts Health Plan will not be supporting the Acknowledgement for Health Care Insurance (999) as we do not currently support batch submission. No 999s are sent for real time submissions of 270 transaction.

TA1 - Interchange Acknowledgement Request

TA1—Tufts Health Plan does not supports the Interchange Acknowledgement Request (TA1) when requested by submitters with the ISA14 value of one.

Search Criteria Rejection Logic

Tufts Health Plan has developed its rejection logic using HIPAA standard codes, to better communicate to providers the reason a transaction was rejected and what action to take to resolve the rejection. Unique combinations of HIPAA Rejection Reason codes are used to support this functionality. The table below provides these combinations and the resulting actions that Tufts Health Plan requires to support a successful transaction.

AAA REJECTION CODES DESCRIPTION

AAA03 Rejection Code	AAA Code Description	Loop Location	Tufts Health Plan Validating Fields	Problem	Corrective Action
15	Required application data missing	2100C	<ul style="list-style-type: none"> • Subscriber Primary Identifier or • Subscriber Last Name • Subscriber First Name • Subscriber DOB 	Problem identifying member in the database.	Refer to Search Criteria on page 14.
42	Unable to Respond at Current Time	2100C	--	Problem with Tufts Health Plan systems	Refer to System Maintenance on page 8. Resubmit the transaction.
50	Provider Ineligible for Inquiries	2100B	Entity Identifier Code (for Information Receiver)	Information receiver is not recognized as valid transmitter.	1. Tufts Health Plan expects to receive: 1P (Provider) FA (Facility) 80 (Hospital) 2. Correct error and resubmit.
56	Inappropriate Date	2110C	If member has overlapping coverage	Member Coverage Overlap	Provider will need to contact Tufts Health Plan Provider Services at 888-884-2404
57	Invalid/Missing Date(s) of Service	2100C	Date of Service	Invalid date information or date is greater than transaction date plus 90 days.	The Date of Service must be in a valid format, i.e., CCYYMMDD. Date of Service must not be greater than transaction date plus 90 days. Check the format and date.
58	Invalid/Missing Date of Birth	2100C	Date of Birth	Invalid date information or date is greater than today's date.	The Date of Birth must be in a valid format, i.e., CCYYMMDD. Date of Birth must not be a future date. Check the format. Refer to Search Criteria

Tufts Health Plan Standard Companion Guide

AAA03 Rejection Code	AAA Code Description	Loop Location	Tufts Health Plan Validating Fields	Problem	Corrective Action
					on page 14.
63	Date of Service in Future	2100C	Date of Service	Date is Greater than transaction date plus 90 days.	The Date of Service must be in a valid format, i.e., CCYYMMDD. Date of Service must not be greater than transaction date plus 90 days. Check the format and date. Check the format.
71	Patient Birth Date Does Not Match That for the Patient on the Database	2100C	Subscriber Date of birth	The D.O.B sent , does not match the D.O.B. in our system	Validate the patient's date of birth.
72	Invalid/Missing Subscriber/Insured ID	2100C	Subscriber Primary Identifier	No match found	Commercial Member ID number must be 11 digits long (9 for member ID and 2 for suffix) with no spaces. Medicare Preferred member ID numbers must be 11 digits long beginning with S and ending with a suffix 01. Refer to Search Criteria on page 14.
73	Invalid/Missing Subscriber/Insured Name	2100C	<ul style="list-style-type: none"> Subscriber Last Name Subscriber First Name 	No match found	Unable to identify a matching member in the Tufts Health Plan database. Resubmit with correct member Last and First names. Refer to Search Criteria on page 14.
75	Subscriber/Insured Not found	2100C	<ul style="list-style-type: none"> Subscriber Last Name Subscriber First Name 	No match found	Unable to identify a matching member in the Tufts Health Plan database. Resubmit with correct member ID number. Refer to Search Criteria on page 14.
76	Duplicate Subscriber/Insured ID Number	2100C	<ul style="list-style-type: none"> Subscriber Last Name Subscriber First Name Subscriber ID 	'Duplicate Member found' by ID or Name respectively.	Validate Member Name and DOB or submit complete member ID to include base number and two digit suffix.
79	Invalid Participant Identification	2100A	Entity Identifier Code (for Information Source)	Identifier for Information Source is not being used correctly.	<ol style="list-style-type: none"> Tufts Health Plan expects to receive PR (Payer). Correct error and resubmit.

Rejection logic also exists for problems occurring with the transaction outside of the search criteria, i.e., system unavailable.

9 TRADING PARTNER AGREEMENTS

TRADING PARTNERS

An EDI Trading Partner is defined as any Tufts HP customer (provider, billing service, software vendor, employer group, financial institution, etc.) that transmits to, or receives electronic data from Tufts Health Plan.

Tufts Health Plan utilizes the File Exchange Request Form to establish the Trading Partners agreement/set-up forms to process electronic transactions.

10 TRANSACTION SPECIFIC INFORMATION

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

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

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

The following table specifies the columns and suggested use of the rows for the detailed description of the transaction set companion guides.

These tables contain one or more rows for each segment for which a supplemental instruction is needed.

Legend
BOLDED and SHADED rows represent “loops” or “segments” in the X12N implementation guides.
NON-SHADED rows represent “data elements” in the X12N implementation guides.

270 Eligibility, Coverage, or Benefit Inquiry

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
	N/A	BHT	Beginning of Hierarchical Transaction			
63		BHT02	Transaction Set Purpose Code	13		Tufts Health Plan will process all valid values and will process transaction as a “13” (Request).
		BHT03	Submitter Transaction Identifier			Tufts Health Plan will accept any value and return in the 271 transaction.
	2100A	NM1	Information Source Name			
69		NM101	Entity Identifier Code	PR		Tufts Health Plan will process all valid values in this field, but expects “PR” (Payer); all others are rejected in AAA segment in 271 2100A loop.
70		NM102	Entity Type Qualifier	2		Tufts Health Plan process all valid values in this field, but expects “2” (non-person entity); all others are rejected in AAA segment in 271 2100A.
		NM103	Information Source Last or Organization Name			Information Receiver should send “Tufts Associated Health Plan”. This is required for v 5010 and must be submitted and is expected by Tufts Health Plan. The transaction will be rejected if not present
71		NM108	Identification Code Qualifier	PI		Tufts Health Plan process all valid values for this field but expects a value of “PI” (Payor identification); all others are rejected in AAA segment in 271 2100A.
		NM109	Information Source Primary Identifier			Tufts Health Plan expects to receive: 170558746 . = Tufts Health Plan DUNS number Returns AAA error message in 2100A if NM109 is not submitted
	2100B	NM1	Information Receiver Name			
		NM101	Entity Identifier Code			Tufts Health Plan will process all valid values in this field, but expects: “1P” (Provider), “80” (Hospital), or “FA” (Facility); all others are rejected in the AAA error segment in the 271 2100B
75		NM103	Information Receiver Name			Name Last or Organization Name is now required for 5010 and is expected by Tufts Health Plan. The transaction will be rejected if not present

Tufts Health Plan Standard Companion Guide

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
77		NM108	Identification Code Qualifier			Tufts Health Plan will only accept a "XX" qualifier for the National Provider Identifier.
		NM109	Information Receiver Identification Number			Tufts Health Plan expects to receive the National Provider Identifier (NPI)
90	2000C	TRN	Subscriber Trace Number			Tufts Health Plan will accept all instances/values submitted in this segment and send it back on the 271 transaction.
92	2100C	NM1	Subscriber Loop			Tufts Health Plan is capable of uniquely identifying each member within its system; as a result, it was determined that the dependent loop would not be used
93		NM103	Subscriber Last Name			<i>See below</i>
<p><i>As Alternative Search criteria:</i></p> <p><i>Tufts Health Plan requires DOB and either the Member's Last/First Name or Member ID be included.</i></p> <p>Tufts Health Plan will capture the Subscriber's Last Name for use as part of the search criteria (refer to the section on Search Criteria on page 14); if the member is found, the 271 transaction will include the Subscriber Last Name found in Tufts Health Plan's system. Double last names that are not hyphenated may exhibit some data display irregularities. The second last name displays in the suffix field.</p> <p><i>To meet CORE® Operating rule #258 -"Name Normalization"</i></p> <p>A copy of the submitted member <u>last name</u> will be normalized:</p> <ul style="list-style-type: none"> The name will be converted to all upper case. All characters included in the following pattern will be removed from the name: Either space or comma or forward slash, followed by One of "JR", "SR", "I", "II", "III", "IV", "V", "RN", "MD", "MR", "MS", "DR", "MRS", "PHD", "REV" or "ESQ", followed by either space or the end of the name. The following characters will be removed from the name: "!" (exclamation mark), "" (quotation mark), "&" (ampersand), "'" (apostrophe), "(" (left parenthesis), ")" (right parenthesis), "*" (asterisk), "+" (plus sign), "," (comma), "-" (hyphen/minus), "." (period), "/" (forward slash), ":" (colon), ";" (semicolon), "?" (question mark), "=" (equals sign). This normalized last name will now be used to finds the member. 						
		NM104	Subscriber First Name			Tufts Health Plan will capture the Subscriber's First Name for use as part of the search criteria (refer to Search Criteria on page 14); if the member is found, the 271 transaction will include the Subscriber First Name found in Tufts Health Plan's system
94		NM105	Subscriber Middle Name			Tufts Health Plan will capture the Subscriber's Middle Name and use the first initial as part of the search criteria if it is provided (refer to Search Criteria on page 14; if the member is found, the 271 transaction will include the Subscriber Middle Initial found in Tufts Health Plan's system
		NM107	Subscriber Name Suffix			Tufts Health Plan will capture the Subscriber's Name Suffix and may use it as part of the search criteria if it is provided (refer to Search Criteria on page 14; if the member is found, the 271 transaction will include the Subscriber Suffix Name found in Tufts Health Plan's system
95		NM108	Identification Code Qualifier	MI		This element is required if the Subscriber's Primary Identifier (NM109) is used. Tufts Health Plan will

Tufts Health Plan Standard Companion Guide

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
						accept all values, but treat them as a "MI" (Member Identification Number)
		NM109	Subscriber Primary Identifier			<p><i>Tufts Health Plan uniquely identifies its members/patients by their member identification number. Our primary search criteria uses the ID number as indicated below:</i></p> <p>Tufts Health Plan will capture the Member's ID (9-digit ID + 2-digit suffix) for use as part of the search criteria (refer to Search Criteria on page 14); if the member is found, the 271 transaction will include the Member ID found in Tufts Health Plan's system</p>
98	2100C	REF	Subscriber Additional Information	EJ		Tufts Health Plan will accept all values, but it will only capture an "EJ" (Patient Account Number) if sent in by a provider and return it on the 271 response. Tufts Health Plan does not use any information that is sent in this segment for processing.
100	2100C	N3	Subscriber Address			Tufts Health Plan will accept this information, but will not use it in processing. Additionally, it will not be returned on the 271 transaction.
	2100C	DMG	Subscriber Demo-graphic Information			
107		DMG02	Subscriber Birth Date			<p><i>Tufts Health Plan requires the Member's Date of Birth be included when using the alternative search criteria.</i></p> <p>Tufts Health Plan will capture the Member's Date of Birth for use as part of the search criteria (refer to Search Criteria on page 14).</p>
		DMG03	Subscriber Gender Code			Subscriber Gender Code will be accepted, but is not used for processing; if the member is found, the 271 transaction will include the Gender found in Tufts Health Plan's system.
122	2100C	DTP	Subscriber Date			Tufts Health Plan will process using the earliest date provided in this segment if more than one instance of the segment is provided.
	2100C	DTP01	Date/Time Qualifier	291		Code 291 (Plan) will be used in place of deleted code 307. Code 102 (Issue) will also be accepted and processed as a code 291
		DTP03	Date Time Period			Tufts Health Plan will accept all values, but will process using only the first 8 characters to determine eligibility. If the DOS inquiry is greater than 90 days, Tufts Health Plan will reject the transaction for "Date of Service in the Future" in the AAA segment in Loop 2100C as it is business practice that dates greater than 90 days are too far in the future to accurately determine the member's eligibility.

Tufts Health Plan Standard Companion Guide

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
124	2110C	EQ	Subscriber Eligibility or Benefit Inquiry Information			Tufts Health Plan will continue to accept all instances and values in the 2110C loop including a “generic” request for eligibility, i.e., translate to a “30” (Health Benefit Plan Coverage).
		EQ01	Service Type Code			<p>Tufts Health Plan has also constructed their Benefit categories to support a specific service type request as required by CAQH -CORE® Operating Rule #260 for this transaction. They include, but not limited to the following:</p> <p>See Appendix A for a list of applicable CORE ® Service types.</p> <p>If a benefit category cannot be matched to one of the Service Types, then all available benefits will be returned in the response.</p>
	2110C	DTP	Subscriber Eligibility / Benefit Date			
144		DTP01	Date Time Qualifier			Tufts Health Plan will only accept the value, 291 (Request).
		DTP03	Date Time Period			Tufts Health Plan will accept all values, but will process using only the first 8 characters to determine eligibility. If multiple instances of the DTP segments are provided, Tufts Health Plan will process using the earliest date received. If value is greater than 90 days, Tufts Health Plan will reject.
146	2000D		Dependent Loop			Tufts Health Plan will accept information that comes in on this loop but not use it for processing. Eligibility will be based on information provided in the Subscriber Loop.

271 Eligibility, Coverage, or Benefit Inquiry

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
	N/A	BHT	Beginning of Hierarchical Transaction			
211		BHT03	Submitter Transaction Identifier			Tufts Health Plan will return the value provided in the BHT03 field of the 270 transaction.
215	2000A	AAA	Request Validation			Tufts Health Plan will not use this segment as the 270 transaction would not reach acceptance prior to reaching this segment.
	2100A	NM1	Information Source Name			
218		NM101	Entity Identifier Code			Tufts Health Plan will return the value provided in the NM101 (Loop 2100A) field of the 270 transaction.
219		NM103	Information Source Last or Organization Name			Tufts Health Plan will return the value provided in the NM103 (Loop 2100A) field of the 270 transaction.
220		NM109	Information Source Primary Identifier			Tufts Health Plan will return the value provided in the NM103 (Loop 2100A) field of the 270 transaction, which will be the Tufts Health Plan DUNS number 170558746
	2100A	PER	Information Source Contact Information			Tufts Health Plan will return two iterations of this segment; this will include the toll free numbers.
222		PER01	Contact Function Code			Tufts Health Plan will use "IC" (Information Contact)
		PER02	Information Source Contact Name			Tufts Health Plan will use the following: 1 st iteration: "Tufts Health Plan Provider Services" 2 nd iteration: "Tufts Health Plan Medicare Preferred Customer Relations"
		PER03	Communication Number Qualifier			Tufts Health Plan will always use "TE" (Telephone).
		PER04	Communication Number			Tufts Health Plan will return the following: 1 st iteration: "8888842404" 2 nd iteration: "8002799022"
	2100A	AAA	Request Validation			Tufts Health Plan will return this AAA segment in cases when Information Source is inaccurate.
226		AAA01	Valid Request Indicator			Tufts Health Plan will return an "N" (No) when this segment is used.
227		AAA03	Reject Reason Code			Tufts Health Plan will return a "79" (Invalid Participant Identification) when this segment is used.
		AAA04	Follow-Up Action Code			Tufts Health Plan will return a "C"

Tufts Health Plan Standard Companion Guide

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
						(Please Correct and Resubmit)" when this segment is used.
232	2100B	NM1	Information Receiver			Tufts Health Plan will return what was sent in the 270.
	2100B	AAA	Information Receiver Request Validation			Tufts Health Plan will return this AAA segment when Information Receiver Information is incorrect.
238		AAA01	Valid Request Indicator			Tufts Health Plan will return an "N" (No) when this segment is used.
239		AAA03	Reject Reason Code			Tufts Health Plan will return a "50" (Provider Ineligible for Inquiries) when this segment is used.
		AAA04	Follow-Up Action Code			Tufts Health Plan will return a "C" (Please Correct and Resubmit)" when this segment is used.
	2000C	TRN	Subscriber Trace Number			Tufts Health Plan will return a maximum of two instances of this segment if it is sent in on the 270.
247		TRN01	Trace Type Code			Tufts Health Plan will return a "2" (Referenced Transaction Trace Number)" in this field when the segment is used.
248		TRN02	Trace Number			Tufts Health Plan will return the value provided in the TRN02 (Loop 2000C) field of the 270 transaction.
		TRN03	Trace Assigning Entity Identifier			Tufts Health Plan will return the value provided in the TRN03 (Loop 2000C) field of the 270 transaction.
		TRN04	Trace Assigning Entity Additional Identifier			Tufts Health Plan will return the value provided in the TRN04 (Loop 2000C) field of the 270 transaction.
249	2100C	NM1	Subscriber Name			<p>Given the situations identified below, Tufts Health Plan will return the following information in this segment:</p> <p>Rejection Response Transactions – Information returned from 270</p> <p>Accepted Transactions – Information from Tufts Health Plan databases is parsed and returned to Information Receiver. If member ID is not provided on 270 and the transaction is accepted, the member ID is retrieved from the Tufts Health Plan databases and sent out on the 271 (the same applies if the member name is not provided on the 270 transaction).</p>
254	2100C	REF	Subscriber Additional Identifier	Reference Identification Qualifier		<p>Tufts Health Plan will return "EJ" (Patient Account Number) in this field if it is provided in the REF01 (Loop 2100C) of the 270 transaction.</p> <p>Tufts Health Plan will also return "6P" (Group Number) if it is available in the Tufts Health Plan system and the</p>

Tufts Health Plan Standard Companion Guide

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
						patient is active.
		REF02	Subscriber Supplemental Identifier			Tufts Health Plan will return a value in this field if it is provided in the REF02 (Loop 2100C) of the 270 transaction. Tufts Health Plan will also return the member's "Group Number" if it is available in the Tufts Health Plan system and the patient is active.
257	2100C	N3	Subscriber Address			Tufts Health Plan will not return the Subscriber Address on the 271 transaction.
	2100C	AAA	Subscriber Request Validation			Tufts Health Plan will return this AAA segment when problems exist with subscriber-related information. If the transaction is rejected at this level, no subsequent information is sent out on the 271.
262		AAA01	Valid Request Indicator			Tufts Health Plan may return either a "Y" (Yes) or an "N" (No) when this segment is used.
263		AAA03	Reject Reason Code			Tufts Health Plan may return one or many values in this field when this segment is used. <i>Refer to Section 8 Search Criteria Rejection Logic.</i>
264		AAA04	Follow-Up Action Code			Tufts Health Plan may return either a "C" (Please Correct and Resubmit) or an "R" (Resubmission Allowed) when this segment is used.
	2100C	DMG	Subscriber Demo-graphic Information			
269		DMG02	Subscriber Date of Birth			Tufts Health Plan will return the member's Date of Birth if the transaction is not rejected.
		DMG03	Subscriber Gender Code			Tufts Health Plan will return the member's Gender if it is available in the Tufts Health Plan system.
	2100C	INS	SUBSCRIBER RELATIONSHIP			If the normalized submitted name matches the normalized name from our database, but last name as actually submitted does not match the last name as stored in our database, then the 271 response will include an INS segment and the following values in the 2100C loop: <ul style="list-style-type: none"> NM103 = Last Name, as stored in our database.
272		INS01	Yes/No Condition or Response Code	Y		
		INS02	Individual Relationship Code	18		
		INS03	Maintenance Type Code			<ul style="list-style-type: none"> INS03 = 001 (Change)
		INS04	Maintenance Reason Code			<ul style="list-style-type: none"> INS04 = 25 (Change in Identifying Data elements)
	2100C	DTP	Subscriber Date			

Tufts Health Plan Standard Companion Guide

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
283		DTP01	Date Time Qualifier			Tufts Health Plan will return a "307" (Eligibility) in this field.
284		DTP03	Date Time Period			<p>Tufts Health Plan will return the dates <i>across</i> a member's eligibility in this field, not Date of Service (this is returned in Loop 2110C DTP03). It will include the member's original effective date in the organization and termination date if known. (If termination date is known, DTP02 Qualifier will be "RD8" (Range of Dates); otherwise "D8" (Date) is used.)</p> <p>For Medicare Preferred members, if known, the most recent coverage effective date and termination date are returned.</p> <p>NOTE: If a member's effective date and term date are the same, the provider should call to confirm eligibility status.</p>
	2110C	EB	Subscriber Eligibility or Benefit Information			Tufts Health Plan will return multiple iterations of this segment on the 271 transaction. The first iteration of the EB segment will state whether the member is "Active" or "Inactive". If information is not available for one of the iterations of the segment, that segment will not be returned.
291		EB01	Eligibility or Benefit Information			<p>Tufts Health Plan will return the following in each iteration of the EB segment:</p> <p>1st: Either "1" (Active) or "6" (Inactive)</p> <p>Subsequent iterations will indicate patient responsibilities. (A) Co-insurance, (B) Co-payment, (C) Deductible limits and remaining deductible, (G) Out of Pocket (Stop Loss) for limits and remaining (I) Not Covered, (U) Contact Entity, (L) PCP related Information and (F) benefit limits for all applicable service categories of that member's benefits in EB03.</p>
293		EB03	Service Type Code			<p>Tufts Health Plan will return the following in the appropriate iteration of the EB segment, if there is coverage for the requested service type.</p> <p>See Appendix A for a list of applicable Service Types. If a benefit category cannot be matched to a Service Type on the request, then all available benefits will be returned in the response.</p>
298		EB04	Insurance Type Code			<p>Tufts Health Plan will return the member's same product type in this field for every iteration of the loop, including</p> <p>"HM" (Health Maintenance Organization)</p> <p>"PS" (Point of Service)</p> <p>"PR" (Preferred Provider Organization)</p> <p>"HN" (Health Maintenance Organization – Medicare Risk)</p> <p>"OT" (Other)</p>

Tufts Health Plan Standard Companion Guide

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
299		EB05	Plan Coverage Description			Tufts Health Plan will return The Plan Description in the first iteration. We will also include contact instruction when EB01 = "U"
		EB06	Time Period Qualifier			As appropriate
300		EB07	Benefit Amount			Tufts Health Plan will return the co-payment or deductible amount (for the designated co-pay type) in this field. This is not used for the first or last iterations.
301		EB08	Benefit Percent			Tufts Health Plan will return the co-insurance percent in this field, when it applies.
		EB09	Benefit Limit/Qualifier			Tufts Health Plan will return the Code specifying the type of quantity for the benefit in this field.
302		EB10	Benefit Limit/Quantity			Tufts Health Plan will return the numeric value of the quantity for the benefit in this field
303		EB12	Yes/No Condition or Response Code	Y N W		Indicates the benefits identified are considered In-Plan-Network. Indicates that the benefits identified are considered Out-Of-Plan-Network Not Applicable – When covered for both.
	2110C	DTP	Subscriber Eligibility / Benefit Date			
317		DTP01	Date Time Qualifier			Tufts Health Plan will return "472" (Service) value in this field.
318		DTP02	Date Time Period Format Qualifier			Tufts Health Plan will return a value of "D8" (Date) value in this field.
		DTP03	Eligibility or Benefit Date Time Period			Tufts Health Plan will return the Date of Service provided by the Information Receiver in the 270 transaction. Refer to Date of Service section for specific details on how this date is identified. If no date is provided on the 270 transaction, during processing the value defaults to the date of the transaction.
319	2110C	AAA	Subscriber Request Validation			Tufts Health Plan will not reject the transaction at this level as the Member will have already been identified and none of the information prior to this segment will be released.
322		MSG	MESSAGE TEXT			
		MSG1	Free-form Message Text			Tufts Health Plan will place a benefit description for each benefit category supported,
328		LS01	Loop Header			Required Loop if using 2120C
330	2120C		Subscriber Benefit Related Entity Name			Tufts Health Plan will return PCP information for a member in this loop if the information is available. The PCP is identified based on the Date of

Tufts Health Plan Standard Companion Guide

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
						Service (DOS) for the inquiry, i.e., a member's current PCP may not be the same as the one identified in this loop as a member may have changed his/her PCP since the DOS of the inquiry.
330	NM1	NM101	Entity Identifier Code			Tufts Health Plan will return "P3" (Primary Care Provider" in this field if PCP information is available and member is active
331		NM102	Entity Type Qualifier			Tufts Health Plan will return "1" (Person) in this field.
		NM103	Benefit Related Entity Last or Organization Name			Tufts Health Plan will return the PCP's Last Name in this field. If no PCP information exists for a POS/HMO/EPO member, a message of "No PCP Selected" is returned. If no PCP information exists for a PPO member, a message of "No PCP Required" is returned.
		NM104	Benefit Related Entity First Name			Tufts Health Plan will return the PCP's First Name in this field if PCP information is available.
		NM105	Benefit Related Entity Middle Name			Tufts Health Plan will return the PCP's Middle Name in this field if the information is available.
332		NM107	Benefit Related Entity Name Suffix			Tufts Health Plan will return the PCP's Suffix Name in this field if the information is available.
		NM108	Identification Code Qualifier			Tufts Health Plan will return "SV" (Service Provider Number) in this field.
333		NM109	Benefit Related Entity Identifier			Tufts Health Plan will return the PCP's NPI located in Tufts Health Plan database.
335	2120C	N3	Subscriber Ben. Related Entity Address			Tufts Health Plan will return the PCP's Primary Practice Address in this segment if the information is available.
336	2120C	N4	Subscriber Ben. Related Entity City, State, and Zip			Tufts Health Plan will return the PCP's Primary Practice City, State, and Zip in this segment if the information is available. Must have at least the city.
340	2120C	PER	Subscriber Ben. Related Entity Contact Information			Tufts Health Plan will return the PCP's Primary Practice Contact Information in this segment if the information is available.
	2120C	PRV	Subscriber Ben. Related Entity Provider Information			Tufts Health Plan will use this segment to communicate a PCP's hospital, group, affiliation, etc., if information is on Tufts Health Plan system. This information is not available for Medicare Preferred members.
344		PRV01	Provider Code			Tufts Health Plan will return "PC"

Tufts Health Plan Standard Companion Guide

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
						(Primary Care Physician) in this element if the information is available. This information is not available for Medicare Preferred members.
	2110C	LE	Loop Trailer			
346		LE01	Loop Identifier Code			Tufts Health Plan will return the value in 2120

APPENDICES

A. CORE® Compliant Service Types supported by Tufts Health Plan

CODE	X12 270/271 Code and Definition
1	Medical Care
2	Surgical
4	Diagnostic X-Ray
5	Diagnostic Lab
6	Radiation Therapy
7	Anesthesia
8	Surgical Assistance
12	Durable Medical Equipment Purchase
13	Ambulatory Service Center Facility
18	Durable Medical Equipment Rental
20	Second Surgical Opinion
30	Health Benefit Plan Coverage
33	Chiropractic
35	Dental Care
40	Oral Surgery
42	Home Health Care
45	Hospice
47	Hospital
48	Hospital - Inpatient
50	Hospital - Outpatient
51	Hospital - Emergency Accident
52	Hospital - Emergency Medical
53	Hospital - Ambulatory Surgical
62	MRI/CAT Scan
65	Newborn Care
68	Well Baby Care
73	Diagnostic Medical
76	Dialysis
78	Chemotherapy
80	Immunizations
81	Routine Physical
82	Family Planning
86	Emergency Services
88	Pharmacy
93	Podiatry
98	Professional (Physician) Visit - Office
99	Professional (Physician) Visit - Inpatient
A0	Professional (Physician) Visit - Outpatient

A3	Professional (Physician) Visit - Home
A6	Psychotherapy
A7	Psychiatric - Inpatient
A8	Psychiatric - Outpatient
AD	Occupational Therapy
AE	Physical Medicine
AF	Speech Therapy
AG	Skilled Nursing Care
AI	Substance Abuse
AL	Vision (Optometry)
BG	Cardiac Rehabilitation
BH	Pediatric
MH	Mental Health
UC	Urgent Care

However an eligibility request does not have to be limited the above list.

B. Message Segment Text List

Tier 1
Tier 2
Tier 3
Tier 1 - Pharmacy
Tier 2 - Pharmacy
Tier 3 - Pharmacy

C. Transmission Examples

Sample 270

ISA*00* *00* *ZZ*SUBMITTER *01*170558746 *130916*0851*^*00501*000000001*0*P*:
 GS*HS*00000002R* SUBMITTER *20130916*0851*1*X*005010X279A1
 ST*270*7221*005010X279A1
 BHT*0022*13*1415255157107221*20130916*0851
 HL*1**20*1
 NM1*PR*2*TUFTS PPO*****PI* RECIEVER
 HL*2*1*21*1
 NM1*80*2*THE BEST HOSPITAL*****XX*1023049236
 REF*N7*PCX00083
 N3*PO BOX 9999
 N4*BOSTON*MA*02241
 HL*3*2*22*0
 TRN*1*1415255157107221*925692
 NM1*IL*1**I****MI*12345678901
 REF*6P*43253000
 REF*SY*219089693
 DTP*291*D8*20130916
 EQ*30
 SE*17*7221
 GE*1*1
 IEA*1*000000001

Sample 271

ISA*00* *00* *01*170558746 *ZZ* SUBMITTER *130919*1533*^*00501*000225158*0*P*~
 GS*HB* SUBMITTER *00000002R*20130919*1533*225157*X*005010X279A1
 ST*271*0001*005010X279A1
 BHT*0022*11*1415255157107221*20130919*1132
 HL*1**20*1
 NM1*PR*2*TUFTS *****PI* RECIEVER
 PER*IC*Tufts Health Plan Provider Services*TE*8888842404
 PER*IC*Tufts Health Plan Medicare Preferred Customer Relations*TE*8002799022
 HL*2*1*21*1
 NM1*80*2* THE BEST HOSPITAL *****XX*1023049236
 HL*3*2*22*0
 TRN*2*1415255157107221*92NEHEN001
 NM1*IL*1*DOE*JOPHN*P***MI*12345678901
 REF*6P*63993000
 DMG*D8*19630615*M
 DTP*307*D8*20101001
 DTP*346*D8*20121001
 EB*1**30*HM*TUFTS HEALTH PLAN BENIFITS
 DTP*472*D8*20130916
 EB*1**A0^3^34^48^69^53^59^52^98^BZ^A7^A8^DM^62^CN^4^AD^A9^AF^AE*****Y
 EB*A**DM*HM**26**0.3***Y
 EB*B**92****15
 MSG*Tier 1 - Pharmacy
 EB*B**92^BX****30
 MSG*Tier 1 - Pharmacy
 EB*B**92****45
 MSG*Tier 1 - Pharmacy
 EB*B**91****30
 MSG*Tier 2 - Pharmacy
 EB*B**91^BW****60
 MSG*Tier 2 - Pharmacy
 EB*B**91****90
 MSG*Tier 2 - Pharmacy
 EB*B**91****50
 MSG*Tier 3 - Pharmacy
 EB*B**91****100
 MSG*Tier 3 - Pharmacy
 EB*B**91^BW****150
 MSG*Tier 3 - Pharmacy
 EB*B**A0^HM**27*200*****Y

EB*B**3^A0^34^69^53^52^98^BZ^A8^62^CN^4^AD^A9^AF^AE*HM**27*0****Y
 EB*B**48^A7*HM**36*0****Y
 EB*B**59^DM*HM**26*0****Y
 EB*B**AL*HM**27*20****Y
 EB*C*IND*30*HM**23*1500****Y
 EB*C*IND*30*HM**29*1500****Y
 EB*C*FAM*30*HM**23*3000****Y
 EB*C*FAM*30*HM**29*3000****Y
 EB*G*IND*30*HM**23*2625****Y
 EB*G*IND*30*HM**29*2625****Y
 EB*G*FAM*30*HM**23*5250****Y
 EB*G*FAM*30*HM**29*5250****Y
 EB*F**34^A8^AD^A9^AF^AE*HM**27***99*0**Y
 EB*F**A7*HM**36***99*0**Y
 EB*F**34*HM**27***VS*12**Y
 EB*F**A7*HM**36***VS*60**Y
 EB*F**A8*HM**27***VS*24**Y
 EB*F**AD^A9^AF*HM**27***VS*30**Y
 EB*F**AE^AD^AF*HM**27***VS*2**Y
 EB*I**A0^3^34^48^69^53^59^52^98^BZ^A7^A8^DM^62^CN^4^AD^A9^AF^AE*****N
 EB*I**UC^AI^2^5^7
 EB*U**AL**SERVICES ADMIN BY VENDOR. SEND CLAIMS TO VENDOR
 EB*L
 LS*2120
 NM1*P3*1*JONES*JOEY*M**MD*XX*1234567893
 N3*999 WORCESTER RD*SOME MEDICAL GROUP INC
 N4*FRAMINGHAM*MA*017010000
 PER*IC**TE*5088721107
 NM1*I3*2*SOME MEDICAL GROUP*****PI*H2
 LE*2120
 SE*69*0001
 GE*1*225157
 IEA*1*000225158

D - Change Summary

This section describes the differences between the current Companion Guide and previous guide(s).

Revision	Revision Date	Comments
1	06/2011	Version 5010
2	12/2012	Core® Operating Rule Additions
3	08/2015	Changed phone extensions to new 5 digit numbers
4	05/2017	Update various terms and steps