

# Vermont MMIS HIPAA Tech Specs

## 271 – Health Care Eligibility Benefit Response

### Eligibility Benefit Response

Field	HIPAA Guide Name	Page		HIPAA		Medicaid	MMIS Instruction
		#	Usage	Note			
-----							
NA (Interchange Control Header)							
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ISA (Interchange Control Header)							
ISA01	Authorization Information Qualifier	B.3	R	Y			VT Medicaid will always send "00"
ISA02	Authorization Information Qualifier	B.3	R	Y			This field will always be blank.
ISA03	Security Information Qualifier	B.4	R	Y			VT Medicaid will use "00"
ISA04	Security Information	B.4	R	Y			This field will always be blank.
ISA05	Interchange Sender ID Qualifier	B.4	R	Y			VT Medicaid will send qualifier "ZZ"
ISA06	Interchange Sender ID	B.4	R	Y			VT Medicaid EIN 752548221
ISA07	Interchange Receiver ID Qualifier	B.4	R	Y			VT Medicaid will send qualifier "ZZ"
ISA08	Interchange Receiver ID	B.5	R	Y			VT Medicaid will send the Trading Partner ID.
ISA09	Interchange Date	B.5	R	N			
ISA10	Interchange Time	B.5	R	N			
ISA11	Interchange Control Standards Identifier	B.5	R	N			
ISA12	Interchange Control Version Number	B.5	R	N			
ISA13	Interchange Control Number	B.5	R	N			
ISA14	Acknowledgment Requested	B.6	R	Y			VT Medicaid will send "0".
ISA15	Usage Indicator	B.6	R	N			
ISA16	Component Element Separator	B.6	R	Y			VT Medicaid will use ":" for the Composite Sub-Element separator

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#### NA (Functional Group Header)

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#### GS (Functional Group Header)

GS01	Functional ID Code	B.8	R	N	
GS02	Application Sender's Code	B.8	R	Y	VT Medicaid EIN "752548221"
GS03	Application Receiver's Code	B.8	R	Y	VT Medicaid will send the Trading Partner ID from the Trading Partner Agreement
GS04	Date	B.8	R	N	
GS05	Time	B.8	R	N	
GS06	Group Control Number	B.9	R	N	
GS07	Responsible Agency Code	B.9	R	N	
GS08	Version/Release ID Code	B.9	R	Y	VT Medicaid will use Version 004010X092A1

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#### NA (Transaction Set Header)

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#### ST (Transaction Set Header)

ST01	Transaction Set Identifier Code		R	N	
ST02	Transaction Set Control Number	155	R	N	

#### BHT (Beginning of Hierarchical Transaction)

BHT01	Hierarchical Structure Code	156	R	Y	VT Medicaid will send '0022'
BHT02	Transaction Set Purpose Code	157	R	Y	VT Medicaid will send '11'
BHT03	Submitter Transaction Identifier	157	S	N	
BHT04	Transaction Set Creation Date	157	R	N	
BHT05	Transaction Set Creation Time	157	R	N	

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#### 2000A (Information Source Level)

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##### HL (Information Source Level)

HL01	Hierarchical ID Number	159	R	N	
HL03	Hierarchical Level Code	159	R	N	
HL04	Hierarchical Child Code	159	R	Y	Will always be 1.

##### AAA (Request Validation)

AAA01	Valid Request Indicator	160	R	Y	AAA segments are only used for notification of failed requests, see AAA03 for reason codes.
AAA03	Reject Reason Code	161	R	Y	VT Medicaid will use the Reject Reason code to indicate the reason why the transaction was unable to be processed successfully.
AAA04	Follow-up Action Code	161	R	Y	VT Medicaid will use the Follow-up Action Code to instruct the receiver of the 271 about what action needs to be taken in the event of a rejected request.

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#### 2100A (Information Source Name)

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##### NM1 (Information Source Name)

NM101	Entity Identifier Code	163	R	Y	VT Medicaid will send PR
NM102	Entity Type Qualifier	164	R	Y	VT Medicaid is entity type 2
NM103	Information Source Last or Organization Name	164	S	Y	Information Source Last or Organization Name is "VT MEDICAID TITLE XIX".
NM104	Information Source First Name	164	S	X	
NM105	Information Source Middle Name	164	S	X	
NM107	Information Source Name Suffix	164	S	X	
NM108	Identification Code Qualifier	165	R	Y	VT Medicaid will send 'PI'
NM109	Information Source Primary Identifier	165	R	Y	VT Medicaid will send EDS EIN '752548221'

##### REF (Information Source Additional Identification)

REF01	Reference Identification Qualifier	166	R	X	
REF02	Information Source Additional Plan Identifier	167	R	X	
REF03	Plan Name	167	S	X	

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#### PER (Information Source Contact Information)

PER01	Contact Function Code	169	R	Y	Sending "IC"
PER02	Information Source Contact Name	169	S	Y	Information Source/Contact Name is "PROVIDER SERVICES"
PER03	Communication Number Qualifier	169	S	Y	Sending TE
PER04	Information Source Communication Number	170	S	Y	8009251706 (in-state) for Provider Services.
PER05	Communication Number Qualifier	170	S	Y	Sending TE.
PER06	Information Source Communication Number	170	S	Y	8028794450 (out-of-state) for Provider Services.
PER07	Communication Number Qualifier	170	S	X	
PER08	Information Source Communication Number	171	S	X	

#### AAA (Request Validation)

AAA01	Valid Request Indicator	173	R	Y	AAA segments are only used for notification of failed requests, see AAA03 for reason codes.
AAA03	Reject Reason Code	173	R	Y	VT Medicaid will use the Reject Reason code to indicate the reason why the transaction was unable to be processed successfully.
AAA04	Follow-up Action Code	174	R	Y	VT Medicaid will use the Follow-up Action Code to instruct the receiver of the 271 about what action needs to be taken.

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#### 2000B (Information Receiver Level)

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#### HL (Information Receiver Level)

HL01	Hierarchical ID Number	176	R	N	
HL02	Hierarchical Parent ID Number	176	R	N	
HL03	Hierarchical Level Code	176	R	N	
HL04	Hierarchical Child Code	177	R	N	

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#### 2100B (Information Receiver Name)

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#### NM1 (Information Receiver Name)

NM101	Entity Identifier Code	178	R	Y	Vermont will use value = 1P
NM102	Entity Type Qualifier	179	R	N	

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NM103	Information Receiver Last or Organization Name	179	S	N	
NM104	Information Receiver First Name	179	S	N	
NM105	Information Receiver Middle Name	179	S	N	
NM107	Information Receiver Name Suffix	179	S	N	
NM108	Identification Code Qualifier	180	R	Y	VT Medicaid will send qualifier XX is using National Provider Identifier. VT Medicaid will send qualifier SV if using provider number.
NM109	Information Receiver	181	R	Y	VT Medicaid will send the 10 digit National Provider Identifier. VT Medicaid will send the 7 digit Provider Number assigned by VT Medicaid.
<b>REF (Information Receiver Additional Identification)</b>					
REF01	Reference Identification Qualifier	182	R	Y	VT Medicaid will send qualifier "EO"
REF02	Information Receiver Additional Identifier	183	R	Y	VT Medicaid will send the submitter's Trading Partner ID.
REF03	License Number State Code	183	S	X	
<b>AAA (Information Receiver Request Validation)</b>					
AAA01	Valid Request Indicator	185	R	Y	AAA segments are only used for notification of failed requests, see AAA03 for reason codes.
AAA03	Reject Reason Code	185	R	Y	VT Medicaid will use the Reject Reason code to indicate the reason why the transaction was unable to be processed successfully.
AAA04	Follow-up Action Code	186	R	Y	VT Medicaid will use the Follow-up Action Code to instruct the receiver of the 271 about what action needs to be taken.

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#### 2000C (Subscriber Level)

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#### HL (Subscriber Level)

HL01	Hierarchical ID Number	188	R	N	
HL02	Hierarchical Parent ID Number	188	R	N	
HL03	Hierarchical Level Code	189	R	N	
HL04	Hierarchical Child Code	189	R	Y	This value will always be 0.

#### TRN (Subscriber Trace Number)

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TRN01	Trace Type Code	191	R	Y	VT Medicaid will pass back all TRN segments we get. There could be one from the provider, plus one from a clearinghouse. We will add an additional TRN with our Authorization Code.
TRN02	Trace Number	191	R	N	
TRN03	Trace Assigning Entity Identifier	192	R	Y	VT Medicaid will use "1752548221" as its Trace Assigning Entity identifier.
TRN04	Trace Assigning Entity Additional Identifier	192	S	N	

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#### 2100C (Subscriber Name)

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#### NM1 (Subscriber Name)

NM101	Entity Identifier Code	193	R	N	
NM102	Entity Type Qualifier	194	R	Y	Subscriber is always an entity type "1".
NM103	Subscriber Last Name	194	S	N	
NM104	Industry Subscriber First Name	194	S	N	
NM105	Subscriber Middle Name	194	S	N	
NM107	Subscriber Name Suffix	194	S	N	
NM108	Identification Code Qualifier	195	S	Y	VT Medicaid will send 'MI'
NM109	Subscriber Primary Identifier	195	S	Y	VT Medicaid will send MID (9 alphanumeric characters).

#### REF (Subscriber Additional Identification)

REF01	Reference Identification Qualifier	197	R	Y	VT Medicaid will send 'EJ'
REF02	Subscriber Supplemental Identifier	198	R	Y	Will be returned Account Number if submitted on 270.
REF03	Plan Sponsor Name	199	S	X	

#### N3 (Subscriber Address)

N301	Subscriber Address Line	200	R	N	
N302	Subscriber Address Line	200	S	N	

#### N4 (Subscriber City/State/ZIP Code)

N401	City Name	201	S	N	
N402	State or Province Code	202	S	N	

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N403	Postal Code	202	S	N	
N404	Country Code	202	S	X	
N405	Location Qualifier	202	S	X	
N406	Location Identifier	202	S	X	
<b>PER (Subscriber Contact Information)</b>					
PER01	Contact Function Code	204	R	X	
PER02	Subscriber Contact Name	204	S	X	
PER03	Communication Number Qualifier	204	S	X	
PER04	Subscriber Contact Number	205	S	X	
PER05	Communication Number Qualifier	205	S	X	
PER06	Subscriber Contact Number	205	S	X	
PER07	Communication Number Qualifier	205	S	X	
PER08	Subscriber Contact Number	206	S	X	
<b>AAA (Subscriber Request Validation)</b>					
AAA01	Valid Request Indicator	207	R	Y	AAA segments are only used for notification of failed requests, see AAA03 for reason codes.
AAA03	Reject Reason Code	208	R	Y	VT Medicaid will use the Reject Reason code to indicate the reason why the transaction was unable to be processed successfully.
AAA04	Follow-up Action Code	209	R	Y	VT Medicaid will use the Follow-up Action Code to instruct the receiver of the 271 about what action needs to be taken.
<b>DMG (Subscriber Demographic Information)</b>					
DMG01	Date Time Period Format Qualifier	211	S	N	
DMG02	Subscriber Birth Date	211	S	N	
DMG03	Subscriber Gender Code	211	S	X	
<b>INS (Subscriber Relationship)</b>					
INS01	Insured Indicator	213	R	X	
INS02	Individual Relationship Code	213	R	X	
INS03	Maintenance Type Code	213	S	X	

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INS04	Maintenance Reason Code	214	S	X
INS05	Benefit Status Code	214	N	X
INS09	Student Status Code	214	S	X
INS10	Handicap Indicator	214	S	X
INS17	Birth Sequence Number	215	S	X
<b>DTP (Subscriber Date)</b>				
DTP01	Date Time Qualifier	216	R	X
DTP02	Date Time Period Format Qualifier	217	R	X
DTP03	Date Time Period	217	R	X

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### 2110C (Subscriber Eligibility or Benefit Information)

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#### EB (Subscriber Eligibility or Benefit Information)

EB01	Eligibility or Benefit Information Qualifier	219	R	Y	Coverage and TPL information. When EB01 = B (Co-Payment), EB loops would indicate possible Co-Payment. When EB01 = F (Limitations), EB loops would indicate Service Limitations. When EB01 = N (Services Restricted to Following Provider), EB loops would indicate Lock-in. When EB01 = R (Other or Additional Payer), EB loops would indicate TPL coverage. See Implementation Guide for Eligibility qualifier values.
EB02	Benefit Coverage Level Code	221	S	Y	Always IND.
EB03	Service Type Code	221	S	Y	Vermont will send '30'
EB04	Insurance Type Code	226	S	Y	When used for Basic Eligibility loop, EB04 = MC (Medicaid).
EB05	Plan Coverage Description	228	S	N	
EB06	Time Period Qualifier	228	S	X	
EB07	Benefit Amount	229	S	X	
EB08	Benefit Percent	229	S	X	
EB09	Quantity Qualifier	229	S	X	
EB10	Benefit Quantity	230	S	X	
EB11	Authorization or Certification Indicator	230	S	X	

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EB12	In Plan Network Indicator	230	S	X
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EB13		Composite Medical Procedure Identifier	230	S	X	
EB13	C003-1	Product or Service ID Qualifier	231	R	X	
EB13	C003-2	Procedure Code	231	R	X	
EB13	C003-3	Procedure Modifier	231	S	X	
EB13	C003-4	Procedure Modifier	231	S	X	
EB13	C003-5	Procedure Modifier	231	S	X	
EB13	C003-6	Procedure Modifier	232	S	X	
<b>HSD (Health Care Services Delivery)</b>						
HSD01		Quantity Qualifier	234	S	X	
HSD02		Benefit Quantity	234	S	X	
HSD03		Unit or Basis for Measurement Code	234	S	X	
HSD04		Sample Selection Modulus	234	S	X	
HSD05		Time Period Qualifier	235	S	X	
HSD06		Period Count	235	S	X	
HSD07		Delivery Frequency Code	235	S	X	
HSD08		Delivery Pattern Time Code	237	S	X	
<b>REF (Subscriber Additional Identification)</b>						
REF01		Reference Identification Qualifier	238	R	Y	1L may be used when there is a Third Party Liability record.
REF02		Subscriber Eligibility or Benefit Identifier	239	R	Y	Group or Policy number of a Third Party Liability carrier listed for this eligibility inquiry.
REF03		Plan Sponsor Name	239	S	Y	Vermont set the Carrier Name when reference identification number is '1L'
<b>DTP (Subscriber Eligibility/Benefit Date)</b>						
DTP01		Date/Time Qualifier	240	R	Y	Will send "307".
DTP02		Date Time Period Format Qualifier	241	R	Y	VT Medicaid will send "RD8"
DTP03		Eligibility or Benefit Date Time Period	241	R	N	

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#### AAA (Subscriber Request Validation)

AAA01	Valid Request Indicator	242	R	Y	AAA segments are only used for notification of failed requests, see AAA03 for reason codes.
AAA03	Reject Reason Code	243	R	Y	VT Medicaid will use the Reject Reason code to indicate the reason why the transaction was unable to be processed successfully.
AAA04	Follow-up Action Code	243	R	Y	VT Medicaid will use the Follow-up Action Code to instruct the receiver of the 271 about what action needs to be taken.

#### MSG (Message Text)

MSG01	Free Form Message Text	244	R	Y	VT Medicaid may use this field to notify the Receiver that there are more than three active eligibility or more than five third party liability segments within the date range of the inquiry.
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#### 2115C (Subscriber Eligibility or Benefit Additional Information)

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#### III (Subscriber Eligibility or Benefit Additional Information)

III01	Code List Qualifier Code	247	R	X
III02	Industry Code	248	R	X

#### LS (Loop Header)

LS01	Loop Identifier Code	249	R	X
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#### 2120C (Subscriber Benefit Related Entity Name)

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#### NM1 (Subscriber Benefit Related Entity Name)

NM101	Entity Identifier Code	250	R	X
NM102	Entity Type Qualifier	251	R	X
NM103	Benefit Related Entity Last or Organization Name	251	S	X
NM104	Benefit Related Entity First Name	252	S	X
NM105	Benefit Related Entity Middle Name	252	S	X
NM107	Benefit Related Entity Name Suffix	252	S	X
NM108	Identification Code Qualifier	252	S	X
NM109	Benefit Related Entity Identifier	253	S	X

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#### N3 (Subscriber Benefit Related Entity Address)

N301	Benefit Related Entity Address Line	254	R	X
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N302	Benefit Related Entity Address Line	254	S	X
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#### N4 (Subscriber Benefit Related City/State/ZIP Code)

N401	City Name	255	S	X
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N402	Benefit Related Entity State Code	256	S	X
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N403	Benefit Related Entity Postal Zone or ZIP Code	256	S	X
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N404	Country Code	256	S	X
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N405	Location Qualifier	256	S	X
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N406	Industry: Department of Defense Health Service Region Code	256	S	X
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#### PER (Subscriber Benefit Related Entity Contact Information)

PER01	Contact Function Code	258	R	X
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PER02	Benefit Related Entity Contact Name	258	S	X
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PER03	Communication Number Qualifier	258	S	X
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PER04	Benefit Related Entity Communication Number	259	S	X
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PER05	Communication Number Qualifier	259	S	X
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PER06	Benefit Related Entity Communication Number	259	S	X
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PER07	Communication Number Qualifier	259	S	X
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PER08	Benefit Related Entity Communication Number	260	S	X
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PER09	Contact Inquiry Reference	260	N	X
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#### PRV (Subscriber Benefit Related Entity Provider Information)

PRV01	Provider Code	262	R	X
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PRV02	Reference Identification Qualifier	262	R	X
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PRV03	Provider Identifier	263	R	X
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LE (Loop Trailer)				
LE01	Loop Identifier Code	264	R	X
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2000D (Dependent Level)				
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HL (Dependent Level)				
HL01	Hierarchical ID Number	266	R	X
HL02	Hierarchical Parent ID Number	266	R	X
HL03	Hierarchical Level Code	266	R	X
HL04	Hierarchical Child Code	267	R	X
TRN (Dependent Trace Number)				
TRN01	Trace Type Code	269	R	X
TRN02	Trace Number	269	R	X
TRN03	Trace Assigning Entity Identifier	270	R	X
TRN04	Trace Assigning Entity Additional Identifier	270	S	X
-----				
2100D (Dependent Name)				
-----				
NM1 (Dependent Name)				
NM101	Entity Identifier Code	271	R	X
NM102	Entity Type Qualifier	272	R	X
NM103	Subscriber Last Name	272	S	X
NM104	Industry Subscriber First Name	272	S	X
NM105	Subscriber Middle Name	272	S	X
NM106	Name Prefix	272	N	X
NM107	Subscriber Name Suffix	272	S	X
NM108	Identification Code Qualifier	273	S	X
NM109	Subscriber Primary Identifier	273	S	X

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#### REF (Dependent Additional Identification)

REF01	Reference Identification Qualifier	275	R	X
REF02	Subscriber Supplemental Identifier	276	R	X
REF03	Plan Sponsor Name	276	S	X

#### N3 (Dependent Address)

N301	Subscriber Address Line	277	R	X
N302	Subscriber Address Line	277	S	X

#### N4 (Dependent City/State/ZIP Code)

N401	City Name	278	S	X
N402	State or Province Code	279	S	X
N403	Postal Code	279	S	X
N404	Country Code	279	S	X
N405	Location Qualifier	279	N	X
N406	Location Identifier	279	N	X

#### PER (Dependent Contact Information)

PER01	Contact Function Code	281	R	X
PER02	Subscriber Contact Name	281	S	X
PER03	Communication Number Qualifier	281	S	X
PER04	Subscriber Contact Number	282	S	X
PER05	Communication Number Qualifier	282	S	X
PER06	Subscriber Contact Number	282	S	X
PER07	Communication Number Qualifier	282	S	X
PER08	Subscriber Contact Number	283	S	X

#### AAA (Dependent Request Validation)

AAA01	Valid Request Indicator	284	R	X
AAA03	Reject Reason Code	285	R	X
AAA04	Follow-up Action Code	285	R	X

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#### DMG (Dependent Demographic Information)

DMG01	Date Time Period Format Qualifier	288	S	X
DMG02	Subscriber Birth Date	288	S	X
DMG03	Subscriber Gender Code	288	S	X
DMG04	Marital Status	288	N	X

#### INS (Dependent Relationship)

INS01	Insured Indicator	290	R	X
INS02	Individual Relationship Code	290	R	X
INS03	Maintenance Type Code	290	S	X
INS04	Maintenance Reason Code	291	S	X
INS09	Student Status Code	291	S	X
INS10	Handicap Indicator	291	S	X
INS17	Birth Sequence Number	292	S	X

#### DTP (Dependent Date)

DTP01	Date Time Qualifier	293	R	X
DTP02	Date Time Period Format Qualifier	294	R	X
DTP03	Date Time Period	294	R	X

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#### 2110D (Dependent Eligibility or Benefit Information)

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#### EB (Dependent Eligibility or Benefit Information)

EB01	Eligibility or Benefit Information Qualifier	296	R	X
EB02	Benefit Coverage Level Code	298	S	X
EB03	Service Type Code	298	S	X
EB04	Insurance Type Code	303	S	X
EB05	Plan Coverage Description	305	S	X
EB06	Time Period Qualifier	305	S	X
EB07	Benefit Amount	305	S	X

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EB08		Benefit Percent	306	S	X
EB09		Quantity Qualifier	306	S	X
EB10		Benefit Quantity	306	S	X
EB11		Authorization or Certification Indicator	307	S	X
EB12		In Plan Network Indicator	307	S	X
EB13		Composite Medical Procedure Identifier	307	S	X
EB13	C003-1	Product or Service ID Qualifier	307	R	X
EB13	C003-2	Procedure Code	308	R	X
EB13	C003-3	Procedure Modifier	308	S	X
EB13	C003-4	Procedure Modifier	308	S	X
EB13	C003-5	Procedure Modifier	308	S	X
EB13	C003-6	Procedure Modifier	308	S	X

#### HSD (Health Care Services Delivery)

HSD01		Quantity Qualifier	310	S	X
HSD02		Benefit Quantity	310	S	X
HSD03		Unit or Basis for Measurement Code	310	S	X
HSD04		Sample Selection Modulus	310	S	X
HSD05		Time Period Qualifier	311	S	X
HSD06		Period Count	311	S	X
HSD07		Delivery Frequency Code	311	S	X
HSD08		Delivery Pattern Time Code	313	S	X

#### REF (Dependent Additional Identification)

REF01		Reference Identification Qualifier	314	R	X
REF02		Subscriber Eligibility or Benefit Identifier	315	R	X
REF03		Plan Sponsor Name	315	S	X

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REF04	Reference Identifier	315	N	X
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#### DTP (Dependent Eligibility/Benefit Date)

DTP01	Date/Time Qualifier	316	R	X
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DTP02	Date Time Period Format Qualifier	317	R	X
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DTP03	Eligibility or Benefit Date Time Period	317	R	X
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#### AAA (Dependent Request Validation)

AAA01	Valid Request Indicator	318	R	X
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AAA03	Reject Reason Code	319	R	X
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AAA04	Follow-up Action Code	319	R	X
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#### MSG (Message Text)

MSG01	Free Form Message Text	320	R	X
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MSG02	Printer Carriage Control Code	321	N	X
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#### 2115D (Dependent Eligibility or Benefit Additional Information)

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#### III (Dependent Eligibility or Benefit Additional Information)

III01	Code List Qualifier Code	323	R	X
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III02	Industry Code	324	R	X
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#### LS (Dependent Eligibility or Benefit Information)

LS01	Loop Identifier Code	325	R	X
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#### NM1 (Dependent Benefit Related Entity Name)

NM101	Entity Identifier Code	326	R	X
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NM102	Entity Type Qualifier	327	R	X
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NM103	Benefit Related Entity Last or Organization Name	327	S	X
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NM104	Benefit Related Entity First Name	328	S	X
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NM105	Benefit Related Entity Middle Name	328	S	X
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NM107	Benefit Related Entity Name Suffix	328	S	X
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## 271 – Health Care Eligibility Benefit Response

### Eligibility Benefit Response

NM108	Identification Code Qualifier	328	S	X
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NM109	Benefit Related Entity Identifier	329	S	X
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#### N3 (Dependent Benefit Related Entity Address)

N301	Benefit Related Entity Address Line	330	R	X
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N302	Benefit Related Entity Address Line	330	S	X
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#### N4 (Dependent Benefit Related Entity City/State/ZIP Code)

N401	City Name	331	S	X
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N402	Benefit Related Entity State Code	332	S	X
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N403	Benefit Related Entity Postal Zone or ZIP Code	332	S	X
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N404	Country Code	332	S	X
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N405	Location Qualifier	332	S	X
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N406	Industry: Department of Defense Health Service Region Code	332	S	X
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#### PER (Dependent Benefit Related Entity Contact Information)

PER01	Contact Function Code	334	R	X
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PER02	Benefit Related Entity Contact Name	334	S	X
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PER03	Communication Number Qualifier	334	S	X
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PER04	Benefit Related Entity Communication Number	335	S	X
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PER05	Communication Number Qualifier	335	S	X
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PER06	Benefit Related Entity Communication Number	335	S	X
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PER07	Communication Number Qualifier	335	S	X
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PER08	Benefit Related Entity Communication Number	336	S	X
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PER09	Contact Inquiry Reference	336	N	X
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#### PRV (Dependent Benefit Related Entity Provider Information)

PRV01	Provider Code	338	R	X
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PRV02	Reference Identification Qualifier	338	R	X
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# Vermont MMIS HIPAA Tech Specs

## 271 – Health Care Eligibility Benefit Response

### Eligibility Benefit Response

PRV03	Provider Identifier	339	R	X
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LE (Loop Trailer)

LE01	Loop Identifier Code	340	R	X
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NA (Transaction Set Trailer)

SE (Transaction Set Trailer)

SE01	Transaction Segment Count	341	R	N
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SE02	Transaction Set Control Number	341	R	N
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NA (Functional Group Trailer)

GE (Functional Group Trailer)

GE01	Number of Transaction Sets Included	B.10	R	N
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GE02	Group Control Number	B.10	R	N
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NA (Interchange Control Trailer)

IEA (Interchange Control Trailer)

IEA01	Number of Included Functional Groups	B.7	R	N
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IEA02	Interchange Control Number	B.7	R	N
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