

**Oklahoma Medicaid Management Information System Interface Specifications**  
**270/271 Health Care Eligibility Benefit Inquiry and Response**  
*HIPAA Guidelines for Electronic Transactions - Companion Document*

The following is intended to be a companion document to the National Electronic Data Interchange Transaction Set Implementation Guide, Health Care Eligibility Benefit Inquiry and Response, ASC X12N 270/271 (004010X092A1). The specifications in this document are clarifications that are allowed within the HIPAA transaction sets. The Oklahoma Medicaid Management Information System will only accept and send data in this transaction that is allowed by the HIPAA rules and guides. **This document does not outline all data segments and elements that are in the HIPAA transaction set guide. This document will only clarify segments as they apply to the Oklahoma Medicaid Management Information System.**

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

### ***Purpose of the 270/271 Health Care Eligibility Benefit Inquiry and Response***

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

The 271 Transaction Set is the appropriate response mechanism for Health Care Eligibility Benefit Inquiries. There are several levels (i.e. Information Source, Information Receiver, Subscriber, etc.) at which a transaction can be rejected for incomplete or erroneously formatted inquiry information. The AAA Request Validation segment is used to communicate the reason for the failure at the appropriate level. For a detailed analysis of the AAA segment and its use, please refer to Page 23 of the 270/271 Implementation Guide.

### **Special Notes – Applicable to Entire Transaction**

- *Syntax: Always use a tilde ( ~ ) as the segment terminator, an asterisk ( \* ) as the element separator and a colon ( : ) as the sub-element separator. Alpha characters should always be submitted in ALL CAPS. Zip codes must be all numeric – five to nine characters – with no punctuation or blanks in the field.*

### **Subscriber, Insured, and Member = Client in the Oklahoma Medicaid Environment**

- *The State of Oklahoma's Medicaid Agency enrolls all members as a primary subscriber within each program.*

### **Provider Identification = Oklahoma Medicaid Provider ID**

- *The State of Oklahoma's Medicaid Agency will accept the National Provider Identifier (NPI), but will continue to require the Oklahoma Health Care Authority-assigned 10-character Provider ID for claims adjudication until further notice from OHCA.*

### **Oklahoma Medicaid Health Plan ID = OHCA Federal Tax ID**

- *The State of Oklahoma's Medicaid Agency uses the Oklahoma Health Care Authority's Federal Tax ID in all instances requiring a Health Plan ID. When the National Health Plan Identifier (NPlanID) is approved and available, that number will be used.*

# 270 Eligibility Inquiry Companion Document

## Header – 270 Eligibility Inquiry

Element ID	Element Name	Segment ID	Loop ID	Valid Value(s)	Format Example
<b>Interchange Control Header</b>					
ISA01	Authorization Information Qualifier	ISA	N/A	'00' (zero zero) – No Authorization Information Present (No meaningful information in ISA02)	00
ISA02	Authorization Information	ISA	N/A	Blank (Fill with 10 spaces)	
ISA03	Security Information Qualifier	ISA	N/A	'00' (zero zero) – No Security Information Present (No meaningful information in ISA04)	00
ISA04	Security Information	ISA	N/A	Blank (Fill with 10 spaces)	
ISA05	Interchange ID Qualifier	ISA	N/A	'ZZ' (for Mutually Defined)	ZZ
ISA06	Interchange Sender ID	ISA	N/A	10-character Provider ID assigned by OHCA or 9-digit Billing Agent ID assigned by EDS (either ID must be left-justified, with the remainder of 15-byte field space-filled). ISA06 value also appears in GS02.	123456789A
ISA07	Interchange ID Qualifier	ISA	N/A	'ZZ' (for Mutually Defined)	ZZ
ISA08	Interchange Receiver ID	ISA	N/A	'731476619' – OHCA Tax ID Number (left-justified). Remaining six digits of 15-byte field must be space-filled. ISA08 value also appears in GS03.	731476619
ISA09	Interchange Date	ISA	N/A	Interchange Creation Date in YYMMDD format	050101
ISA10	Interchange Time	ISA	N/A	Interchange Creation Time in HHMM format	0941
ISA11	Interchange Control Standards Identifier	ISA	N/A	'U' (for U.S. EDI Community of ASC X12, TDCC and UCS)	U
ISA12	Interchange Control Version Number	ISA	N/A	'00401'	00401
ISA13	Interchange Control Number	ISA	N/A	Unique number that should start with 1 and increment by 1 with each ISA record submitted. The number should be 9 characters and be identical to the value in IEA02.	000000001

<b>Element ID</b>	<b>Element Name</b>	<b>Segment ID</b>	<b>Loop ID</b>	<b>Valid Value(s)</b>	<b>Format Example</b>
ISA14	Acknowledgment Requested	ISA	N/A	'1' (for Interchange Acknowledgment Requested)	1
ISA15	Usage Indicator	ISA	N/A	'P' (for Production Data) 'T' (for Test Data)	P
ISA16	Component Element Separator	ISA	N/A	A ':' (colon) must be sent in this field.	:
<b>Functional Group Header</b>					
GS01	Functional Identifier Code	GS	N/A	'HS' (for Eligibility, Coverage or Benefit Inquiry - 270)	HS
GS02	Application Sender's Code	GS	N/A	10-character Provider ID assigned by OHCA or 9-digit Billing Agent ID assigned by EDS (Same value as ISA06)	123456789A
GS03	Application Receiver's Code	GS	N/A	'731476619' – OHCA Tax ID Number (Same value as ISA08)	731476619
GS04	Date	GS	N/A	Functional Group Creation Date in CCYYMMDD format	20050101
GS05	Time	GS	N/A	Functional Group Creation Time in HHMM or HHMMSS format	094130
GS06	Group Control Number	GS	N/A	Unique number within the interchange that must be identical to value in GE02 (should begin with '1' and increment by 1 for each GS-GE)	0001
GS07	Responsible Agency Code	GS	N/A	'X' (from Accredited Standards Committee X12)	X
GS08	Version/Release/Industry Identifier Code	GS	N/A	'004010X092A1'	004010X092A1
<b>Transaction Set Header – Indicates the start of the Transaction Set</b>					
ST01	Transaction Set Identifier Code	ST	N/A	'270' (for Eligibility, Coverage or Benefit Inquiry)	270
ST02	Transaction Set Control Number	ST	N/A	Unique number to the interchange that must be identical to value in SE02 (should begin with '0001' and increment by 1 for each ST-SE).	0001
<b>Beginning of Hierarchical Transaction – First segment of the 270 Transaction Set</b>					
BHT01	Hierarchical Structure Code	BHT	N/A	'0022' (for Information Source, Information Receiver, Subscriber, Dependent)	0022
BHT02	Transaction Set Purpose Code	BHT	N/A	'13' (for Request)	13

<b>Element ID</b>	<b>Element Name</b>	<b>Segment ID</b>	<b>Loop ID</b>	<b>Valid Value(s)</b>	<b>Format Example</b>
BHT04	Transaction Set Creation Date	BHT	N/A	Creation date of file expressed in format CCYYMMDD	20050701
BHT05	Transaction Set Creation Time	BHT	N/A	Creation time of file expressed in format HHMM	1011
Please refer to pages 41-43 of the 270/271 Implementation Guide for Notes and Gray Box comments regarding use of the 2000A-HL segment. Particular attention should be paid to Note 2 on Page 41.)					
HL01	Hierarchical ID Number	HL	2000A	HL01 must begin with the number one (1) and increase by 1 for each subsequent HL segment. Only numeric values are allowed in HL01.	HL*1
HL03	Hierarchical Level Code	HL	2000A	'20' (for Information Source).	HL*1**20
HL04	Hierarchical Child Code	HL	2000A	'1' (to indicate that subordinate HL segments will follow).	HL*1**20*1
NM101	Entity Identifier Code	NM1	2100A	'PR' (for Payer)	PR
NM102	Entity Type Qualifier	NM1	2100A	'2' (for Non-Person Entity)	2
NM103	Information Source Organization Name	NM1	2100A	'OKLAHOMA HEALTH CARE AUTHORITY'	OKLAHOMA HEALTH CARE AUTHORITY
NM108	Identification Code Qualifier	NM1	2100A	'FI' (for Federal Tax ID)	FI
NM109	Information Source Primary Identifier	NM1	2100A	'731476619' - OHCA Tax ID Number	731476619
Please refer to pages 47-49 of the 270/271 Implementation Guide for Notes and Gray Box comments regarding use of the 2000B-HL segment.					
HL01	Hierarchical ID Number	HL	2000B	HL01 value at this loop should be '2'. Only numeric values are allowed in HL01.	HL*2
HL02	Hierarchical Parent ID Number	HL	2000B	Should always be '1' at this loop	HL*2*1
HL03	Hierarchical Level Code	HL	2000B	'21' (for Information Receiver)	HL*2*1*21
HL04	Hierarchical Child Code	HL	2000B	'1' (for Additional Subordinate HL Data Segment in This Hierarchical Structure – refers to Subscriber info in 2000C loop)	HL*2*1*21*1
NM101	Entity Identifier Code	NM1	2100B	'1P' (for Inquiries from a Medicaid Provider)	1P
NM102	Entity Type Qualifier	NM1	2100B	'1' (for Person) '2' (for Non-Person entity)	2
NM108	Identification Code Qualifier	NM1	2100B	'SV' (for Service Provider Number)	SV

<b>Element ID</b>	<b>Element Name</b>	<b>Segment ID</b>	<b>Loop ID</b>	<b>Valid Value(s)</b>	<b>Format Example</b>
NM109	Information Receiver Identification Number	NM1	2100B	10-character Provider ID assigned by OHCA	123456789A
Please refer to pages 66-68 of the 270/271 Implementation Guide for Notes and Gray Box comments regarding use of the 2000C-HL segment.					
HL01	Hierarchical ID Number	HL	2000C	HL01 value at this loop should begin with '3' and increment by one for each new transaction in the transaction set. Only numeric values are allowed in HL01.	HL*3
HL02	Hierarchical Parent ID Number	HL	2000C	Should always be '2' at this loop	HL*3*2
HL03	Hierarchical Level Code	HL	2000C	'22' (for Subscriber)	HL*3*2*22
HL04	Hierarchical Child Code	HL	2000C	'0' (for No Subordinate HL Segment in This Hierarchical Structure – refers to the fact that, for Oklahoma Medicaid, the Subscriber is always the Recipient/Patient)	HL*3*2*22*0
The 2100C-NM1-Subscriber Name segment identifies the subscriber (insured) by name and identification number.					
NM101	Entity Identifier Code	NM1	2100C	'IL' (for Insured or Subscriber)	IL
NM102	Entity Type Qualifier	NM1	2100C	'1' (for Person)	1
NM103	Subscriber Last Name	NM1	2100C	Last name of subscriber (insured)	DOE
NM104	Subscriber First Name	NM1	2100C	First name of subscriber (insured)	JOHN
NM108	Identification Code Qualifier	NM1	2100C	'MI' (for Member Identification Number)	MI
NM109	Subscriber Primary Identifier	NM1	2100C	Member's 9-digit DHS-assigned Recipient ID Number	123456789
REF01	Reference Identification Qualifier	REF	2100C	'SY' (for Social Security Number)	SY
REF02	Subscriber Supplemental Identifier	REF	2100C	Member's Social Security Number	987654321
The 2100C-DMG-Subscriber Demographic Information segment is situational. This segment should be sent when the value in 2100C-NM109 is not known and the birth date can be used to identify the subscriber.					
DMG01	Date Time Period Format Qualifier	DMG	2100C	'D8' (for Date Expressed in format CCYYMMDD)	D8
DMG02	Subscriber Birth Date	DMG	2100C	Medicaid Recipient Date of Birth in format CCYYMMDD	20030415
DTP01	Date Time Qualifier	DTP	2100C	'307' (for Eligibility)	307
DTP02	Date Time Period Format Qualifier	DTP	2100C	'D8' (for Date expressed in format CCYYMMDD) 'RD8' (for Range of Dates expressed in format CCYYMMDD-	D8 RD8

Element ID	Element Name	Segment ID	Loop ID	Valid Value(s)	Format Example
				CCYYMMDD)	
DTP03	Date Time Period	DTP	2100C	Date of Eligibility (if 'D8' is in DTP02) or Beginning Date of Eligibility to Ending Date of Eligibility (if 'RD8' is in DTP02)	20050415 20050415-20050417
EQ01	Service Type Code	EQ	2110C	Oklahoma Medicaid accepts the following code: '30' (for Health Benefit Plan Coverage)  If values other than '30' are submitted, the response generated will be the same as if '30' had been sent.	30

## Trailer – 270 Eligibility Inquiry

Element ID	Element Name	Segment ID	Loop ID	Valid Value(s)	Format Example
<b>Transaction Set Trailer – Indicates the end of the Transaction Set</b>					
SE01	Transaction Segment Count	SE	N/A	Total numbers of segments included in a transaction set (including the ST and SE segments)	42
SE02	Transaction Set Control Number	SE	N/A	Unique number to the interchange that must be identical to value in ST02	0001
<b>Functional Group Trailer</b>					
GE01	Number of Transaction Sets Included	GE	N/A	Total number of transaction sets included in the functional group	1
GE02	Group Control Number	GE	N/A	Unique number assigned by the sender that must be identical to GS06	0001
<b>Interchange Control Trailer</b>					
IEA01	Number of Included Functional groups	IEA	N/A	Count of the number of functional groups included in an interchange	1
IEA02	Interchange Control Number	IEA	N/A	Control number assigned by the interchange sender that should be 9 characters and be identical to the value in ISA13	000000001

For questions related to this transaction set and the 271 Eligibility Response below, please contact the EDI Help Desk at (405) 416-6801.

# 271 Eligibility Response Companion Document

## Header – 271 Eligibility Response

Element ID	Element Name	Segment ID	Loop ID	Valid Value(s)	Format Example
<b>Interchange Control Header</b>					
ISA01	Authorization Information Qualifier	ISA	N/A	'00' (zero zero) – No Authorization Information Present (No meaningful information in ISA02)	00
ISA02	Authorization Information	ISA	N/A	Blank (Fill with 10 spaces)	
ISA03	Security Information Qualifier	ISA	N/A	'00' (zero zero) – No Security Information Present (No meaningful information in ISA04)	00
ISA04	Security Information	ISA	N/A	Blank (Fill with 10 spaces)	
ISA05	Interchange ID Qualifier	ISA	N/A	'ZZ' (for Mutually Defined).	ZZ
ISA06	Interchange Sender ID	ISA	N/A	'731476619' – OHCA Tax ID Number (left-justified). Remaining six digits of 15-byte field must be space-filled. ISA06 value also appears in GS02.	731476619
ISA07	Interchange ID Qualifier	ISA	N/A	'ZZ' (for Mutually Defined).	ZZ
ISA08	Interchange Receiver ID	ISA	N/A	10-character Provider ID assigned by OHCA or 9-digit Billing Agent ID assigned by EDS (either ID must be left-justified, with the remainder of 15-byte field space-filled). ISA08 value also appears in GS03.	123456789A
ISA09	Interchange Date	ISA	N/A	Interchange Creation Date in YYMMDD format	050101
ISA10	Interchange Time	ISA	N/A	Interchange Creation Time in HHMM format	0941
ISA11	Interchange Control Standards Identifier	ISA	N/A	'U' (for U.S. EDI Community of ASC X12, TDCC and UCS)	U
ISA12	Interchange Control Version Number	ISA	N/A	'00401'	00401
ISA13	Interchange Control Number	ISA	N/A	Unique number should start with 1 and increment by 1 with each ISA record submitted. Number must be 9 characters and be identical to IEA02.	000000001

<b>Element ID</b>	<b>Element Name</b>	<b>Segment ID</b>	<b>Loop ID</b>	<b>Valid Value(s)</b>	<b>Format Example</b>
ISA14	Acknowledgment Requested	ISA	N/A	'0' (for No Acknowledgment Requested)	0
ISA15	Usage Indicator	ISA	N/A	'P' (for Production Data – Oklahoma Medicaid returns the 271 transaction in the Production environment only)	P
ISA16	Component Element Separator	ISA	N/A	A ':' (colon) must be sent in this field.	:
<b>Functional Group Header</b>					
GS01	Functional Identifier Code	GS	N/A	'HB' (for Eligibility, Coverage or Benefit Information - 271)	HB
GS02	Application Sender's Code	GS	N/A	'731476619' – OHCA Tax ID Number (Same value as ISA06)	731476619
GS03	Application Receiver's Code	GS	N/A	10-character Provider ID assigned by OHCA or 9-digit Billing Agent ID assigned by EDS (Same value as ISA08)	123456789A
GS04	Date	GS	N/A	Functional Group Creation Date in CCYYMMDD format	20050101
GS05	Time	GS	N/A	Functional Group Creation Time in HHMM or HHMMSS format	112456
GS06	Group Control Number	GS	N/A	Unique number within interchange. Will begin with 0001 and will increment by 1 with each ISA sent, and will be identical to GE02	0001
GS07	Responsible Agency Code	GS	N/A	'X' (from Accredited Standards Committee X12)	X
GS08	Version/Release/Industry Identifier Code	GS	N/A	'004010X092A1'	004010X092A1
<b>Transaction Set Header – Indicates the start of the Transaction Set</b>					
ST01	Transaction Set Identifier Code	ST	N/A	'271' (for Eligibility, Coverage or Benefit Information)	271
ST02	Transaction Set Control Number	ST	N/A	Unique number to the interchange that must be identical to value in SE02 (should begin with '0001' and increment by 1 for each ST-SE).	0001
<b>Beginning of Hierarchical Transaction – First segment of the 271 Transaction Set</b>					
BHT01	Hierarchical Structure Code	BHT	N/A	'0022' (for Information Source, Information Receiver, Subscriber, Dependent)	0022
BHT02	Transaction Set Purpose Code	BHT	N/A	'11' (for Response)	11

<b>Element ID</b>	<b>Element Name</b>	<b>Segment ID</b>	<b>Loop ID</b>	<b>Valid Value(s)</b>	<b>Format Example</b>
AAA01	Valid Request Indicator	AAA	2000A	'N' (for No – indicates that the request or an element in the request is not valid)	N
AAA03	Reject Reason Code	AAA	2000A	'79' (for Invalid Participant Identification - indicates that the value in GS03 is invalid)	79
AAA04	Follow-up Action Code	AAA	2000A	'C' (for Please Correct and Resubmit)	C
NM101	Entity Identifier Code	NM1	2100A	'PR' (for Payer)	PR
NM102	Entity Type Qualifier	NM1	2100A	'2' (for Non-Person Entity)	2
NM103	Information Source Last or Organization Name	NM1	2100A	'OKLAHOMA HEALTH CARE AUTHORITY'	OKLAHOMA HEALTH CARE AUTHORITY
NM108	Identification Code Qualifier	NM1	2100A	'FI' (for Federal Tax ID)	FI
NM109	Information Source Primary Identifier	NM1	2100A	'731476619' (the OHCA Federal Tax ID Number)	731476619
PER01	Contact Function Code	PER	2100A	'IC' (for Information Contact)	IC
PER02	Information Source Contact Name	PER	2100A	'CUSTOMER CALL CENTER'	CUSTOMER CALL CENTER
PER03	Communication Number Qualifier	PER	2100A	'TE' (for Telephone)	TE
PER04	Information Source Communication Number	PER	2100A	'4055226205' (the local OHCA telephone number to contact for Eligibility issues)	4055226205
PER05	Communication Number Qualifier	PER	2100A	'TE' (for Telephone)	TE
PER06	Information Source Communication Number	PER	2100A	'8005220114' (the 1-800 OHCA telephone number to contact for Eligibility issues)	8005220114
AAA01	Valid Request Indicator	AAA	2100A	'N' (for No – the request or an element in the request is not valid. The transaction has been rejected as identified by the code in AAA03.)	N
AAA03	Reject Reason Code	AAA	2100A	'79' (for Invalid Participant Identification – indicates that the Information Source identified in Loop 2100A is invalid)	79
AAA04	Follow-up Action Code	AAA	2100A	'C' (for Please Correct and Resubmit)	C
NM101	Entity Identifier Code	NM1	2100B	'1P' (for Provider)	1P

<b>Element ID</b>	<b>Element Name</b>	<b>Segment ID</b>	<b>Loop ID</b>	<b>Valid Value(s)</b>	<b>Format Example</b>
NM102	Entity Type Qualifier	NM1	2100B	'1' (for Person) '2' (for Non-Person entity)	1
NM108	Identification Code Qualifier	NM1	2100B	'SV' (for Service Provider Number)	SV
NM109	Information Receiver Identification Number	NM1	2100B	The 10-character Provider ID assigned by OHCA (9-digit provider number plus the 1-digit location code)	123456789A
AAA01	Valid Request Indicator	AAA	2100B	'N' (for No)	N
AAA03	Reject Reason Code	AAA	2100B	'50' (for Provider Ineligible for Inquiries) '51' (for Provider Not on File)	50
AAA04	Follow-up Action Code	AAA	2100B	'C' (for Please Correct and Resubmit)	C
TRN01	Trace Type Code	TRN	2000C	'1' (for Current Transaction Trace Numbers) – refers to trace or reference number assigned by the creator of the 271 transaction (the information source) '2' (for Referenced Transaction Trace Numbers) – refers to trace or reference numbers originally sent in the 270 transaction and returned in the 271	1
TRN02	Trace Number	TRN	2000C	Reference number sent in the 270 Inquiry transaction (when '2' qualifier is present in TRN01) or new reference number (when '1' qualifier is present in TRN01)	123456789
The 2100C-NM1-Subscriber Name segment identifies the subscriber (insured) for whom the eligibility information was requested.					
NM101	Entity Identifier Code	NM1	2100C	'IL' (for Insured or Subscriber)	IL
NM102	Entity Type Qualifier	NM1	2100C	'1' (for Person)	1
NM108	Identification Code Qualifier	NM1	2100C	'MI' (for Member Identification Number)	MI
NM109	Subscriber Primary Identifier	NM1	2100C	Member's 9-digit DHS-assigned Recipient ID Number or, in the event that there is no eligibility match, the value sent in the NM109 element of the original 270 file	123456789
REF01	Reference Identification Qualifier	REF	2100C	'SY' (for Social Security Number)	SY
REF02	Subscriber Supplemental Identifier	REF	2100C	Subscriber Social Security Number	999999999
AAA01	Valid Request Indicator	AAA	2100C	'N' (for No)	N

<b>Element ID</b>	<b>Element Name</b>	<b>Segment ID</b>	<b>Loop ID</b>	<b>Valid Value(s)</b>	<b>Format Example</b>
AAA03	Reject Reason Code	AAA	2100C	Values reported by Oklahoma Medicaid: '57' (for Invalid/Missing Date(s) of Service) '58' (for Invalid/Missing Date-of-Birth) '62' (for Date of Service Not Within Allowable Inquiry Period) '63' (for Date of Service in Future) '75' (for Subscriber/Insured Not Found) '76' (for Duplicate Subscriber/Insured ID Number)	75
AAA04	Follow-up Action Code	AAA	2100C	'C' (for Please Correct and Resubmit)	C
EB01	Eligibility or Benefit Information	EB	2110C	'1' (for Active Coverage) '6' (for Inactive)  Please see pages 219-221 of the 270/271 Implementation Guide for complete code set list.	1
EB02	Benefit Coverage Level Code	EB	2110C	'IND' (for Individual)	IND
EB03	Service Type Code	EB	2110C	Oklahoma Medicaid will return the following codes: '30' (for Health Benefit Plan Coverage)  EPSDT Screenings: '41' (for Routine or Preventative Dental) '71' (for Audiology Exam) '81' (for Routine Physical) 'AL' (for Vision – Optometry)	30
EB04	Insurance Type Code	EB	2110C	'MA' (for Medicare Part A) 'MB' (for Medicare Part B)  (PLEASE NOTE: The only values returned by Oklahoma Medicaid in the EB04 element will be 'MA' or 'MB'.)	MA
REF01	Reference Identification Qualifier	REF	2110C	'1L' (for Group or Policy Number)	1L
DTP01	Date Time Qualifier	DTP	2110C	'290' (for Coordination of Benefits) '304' (for Latest Visit or Consultation) '307' (for Eligibility)	290

<b>Element ID</b>	<b>Element Name</b>	<b>Segment ID</b>	<b>Loop ID</b>	<b>Valid Value(s)</b>	<b>Format Example</b>
DTP02	Date Time Period Format Qualifier	DTP	2110C	'D8' (for Date of Last Medical, Dental, Hearing or Vision Exam expressed in format CCYYMMDD) 'RD8' (for Range of Eligibility Dates expressed in format CCYYMMDD-CCYYMMDD)	D8
LS01	Loop Identifier Code	LS	2110C	'2120' (to indicate the start of Loop 2120C – this segment is required if Loop 2120C is used)	LS*2120
NM101	Entity Identifier Code	NM1	2120C	'13' (for Contracted Service Provider) '1P' (for Provider) 'P3' (for Primary Care Provider) 'PRP' (for Primary Payer)	P3
LE01	Loop Identifier Code	LE	2110C	'2120' (to indicate the end of Loop 2120C – this segment is required if Loop 2120C is used)	LE*2120

## Trailer – 271 Eligibility Response

<b>Element ID</b>	<b>Element Name</b>	<b>Segment ID</b>	<b>Loop ID</b>	<b>Valid Value(s)</b>	<b>Format Example</b>
<b>Transaction Set Trailer – Indicates the end of the Transaction Set</b>					
SE01	Transaction Segment Count	SE	N/A	Total numbers of segments included in a transaction set (including the ST and SE segments)	42
SE02	Transaction Set Control Number	SE	N/A	Unique number to the interchange that must be identical to value in ST02	0001
<b>Functional Group Trailer</b>					
GE01	Number of Transaction Sets Included	GE	N/A	Total number of transaction sets included in the functional group	1
GE02	Group Control Number	GE	N/A	Unique number assigned by the sender that must be identical to GS06	0001
<b>Interchange Control Trailer</b>					
IEA01	Number of Included Functional Groups	IEA	N/A	Count of the number of functional groups included in an interchange.	1
IEA02	Interchange Control Number	IEA	N/A	Control number assigned by the interchange sender that should be nine characters and be identical to the value in ISA13	000000001