

PRESBYTERIAN HEALTH PLAN

EDI COMPANION GUIDE

(Refers to the Implementation Guides based on ASC X12 270/271 Version (005010X279A1)

Batch Health Care Eligibility Benefit Inquiry and Response (**270/271**)

Disclosure Statement:

This Companion Guide contains the requirements for Presbyterian Health Plan Trading Partners in exchanging the 270/271 Health Care Eligibility Benefit Inquiry and Response. This is to be used in conjunction with the ASC X12 270/271 Version 005010X279A1 of HIPAA Technical Report Type 3.

Any updates to this document, if needed, will be incorporated and published as a newer version at <https://www.phs.org/EDI>.

Preface:

Presbyterian Health Plan offers EDI 270/271 Health Care Eligibility Benefit Inquiry and Response as mandated by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) that supplements Technical Report Type 3 (TR3) of 5010.

This Companion Document, along with ASC X12 270/271 Version 005010X279A1 Implementation Guides, clarifies and specifies the data content when exchanging electronically with Presbyterian Health Plan. Transmissions based on these documents are compliant with the Version 5010 ASC X12 syntax requirements and are intended to convey information that is within the framework of the ASC X12N Implementation Guides for use under HIPAA. The Companion Guide is not intended to convey information that in any way exceeds the requirements or usages of data expressed in the Implementation Guides.

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1. INTRODUCTION

SCOPE

This Companion Guide has been prepared for Presbyterian Health Plan trading partners who are submitting the 270/271 Health Care Eligibility Benefit Inquiry and Response electronically. It provides all necessary information regarding inquiry submission to Presbyterian. It can be used to clarify and get relevant information about transactions and operating rules.

OVERVIEW

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires that all health insurance payers in the United States comply with the EDI standards as established by the Secretary of Health and Human Services (HHS). This guide is meant to be used in conjunction with the Health Care Eligibility Benefit Inquiry and Response (270/271) instructions established by the ASC X12 Standards for EDI.

This Companion Guide covers the following topics:

- Connection and Exchange of Data
- 270/271 Health Care Eligibility Benefit Inquiry and Response Configuration Details
- File Testing and Validation
- Production 270/271 Requests and Updates
- Reporting and Responses
- Support

Please refer to the full ASC X12 005010X279A1 guide for the full collection of industry standard details for a 270/271 file.

<http://www.x12.org>

2. SUPPORT CONTACT INFORMATION

For all technical and support related questions concerning file trade, existing partners may contact the Presbyterian Health Plan EDI Team via email at edi@phs.org.

3. TESTING WITH PRESBYTERIAN HEALTH PLAN

Testing Process

The following process can be followed to perform testing with a Presbyterian Health Plan representative.

1. Ensure all appropriate agreements are in place before the exchange of data.
2. Exchange all required details between PHP and your organization to configure SFTP connection.
3. Configure your 270/271 request file based on this Companion Guide and the X12 270/271 Standards.
4. Create and exchange the established 270/271 Eligibility Testing Scenarios.
5. A Presbyterian Health Plan developer will review the exchanged 270 request files submitted and validate a successful data load.
6. If there are any issues, the trading partner will be contacted and asked to correct the file and resubmit.
7. PHP related business teams will review the loaded eligibility inquiries.
8. 271 Response files will be sent back to the originating partner if the 270 Eligibility Request is not Rejected.
9. Once both parties approve production readiness, file trade in production will be implemented.

270/271 Testing Scenarios

To ensure a seamless implementation, please provide authorization examples for the following test scenarios:

- Individual Eligibility Verification
- Dependent Eligibility Verification
- Multiple Member Inquiries
- Different Plan Type Verifications
- Benefit-Specific Eligibility Checks
- Coverage Effective Date Validations
- Network and Out-of-Network Benefit Inquiries
- Medicare/Medicaid Eligibility Checks
- Primary and Secondary Coverage Verifications

4. CONNECTIVITY/COMMUNICATIONS WITH PRESBYTERIAN HEALTHCARE SERVICES

PROCESS FLOW

PHP processes 270/271 requests in batch. The sender does not remain connected while the receiver processes the transactions.

1. Trading Partner submits 270 eligibility request to Presbyterian Health Plan.
2. PHP EDI generates a 271 response file upon an accepted 270 request.
3. Submitted eligibility data is processed through PHS eligibility system and if accepted, a 271 response will be returned.

RETRANSMISSION PROCEDURE

Retransmissions will be required when there are:

- Connectivity failures
- A Rejected 270 Eligibility Request

SYSTEM MAINTENANCE

In the case maintenance is required, Presbyterian Health Plan will notify Trading Partners via email of scheduled system downtimes.

5. CONTROL SEGMENTS/ENVELOPES

General Notes

- Leading and Trailing spaces must be omitted unless necessary to fulfill a minimum field length.
- During Testing- ISA015 must be "T" for Test.

The 270/271 request files are expected to follow the standard values for the ISA-IEA, GS-GE, and ST-SE control segment values. All other standard EDI segments specific to the transaction should be used as per X12 ASC 5010 Guide.

Control Segment Hierarchy

- ISA - Interchange Control Header segment
 - GS - Functional Group Header segment
 - ST - Transaction Set Header segment
 - First 270 Transaction**
 - SE - Transaction Set Trailer segment
 - ST - Transaction Set Header segment
 - Second 270 Transaction**
 - SE - Transaction Set Trailer segment
 - ST - Transaction Set Header segment
 - Third 270 Transaction**
 - SE - Transaction Set Trailer segment
 - GE - Functional Group Trailer segment
- IEA - Interchange Control Trailer segment

Delimiters

The following delimiters should be used when a 270 transaction is submitted.

LOCATION	CHAR	TYPE
Segment Terminator	~	Tilde
Data Element Separator	*	Asterisk
Component Element Separator	:	Colon
Value Type - Value	;	Semi-Colon
Repetition Separator	^	Carat

6. PRESBYTERIAN HEALTH PLAN - SPECIFIC BUSINESS RULES AND LIMITATIONS

1. Required submission includes:
 - Member Subscriber ID
 - Member Name
 - Current address (Preferred)
 - Date of Birth
 - Gender
 - Provider NPI (if applicable)
2. Inquiries must include specific benefit type or coverage details.
3. 271 eligibility responses will be provided (Eligible/Not Eligible/Not found).
4. Responses will include:
 - Eligibility Status
 - Benefit Coverage Details
 - Effective Dates
 - Limitations or Restrictions

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File Names

PHP will establish file naming conventions directly with the trading partners.

E.g. <TRADINGPARTNER>_<YYYYMMDD>_<HHMMSS>__<SEQ#>_270_i_p

7. TRANSACTION SPECIFIC INFORMATION

Presbyterian has created the following grid to assist in the design of the specific segments and values accepted by our organization. This table includes only those fields that Presbyterian has a specific value set or provides additional guidance on the value sent.

Loop ID	Reference	Name	HIPAA Codes	Notes/Comments
Header	ISA	Interchange Control Header		Details
Header	ISA01	Authorization Information Qualifier	00	
Header	ISA03	Security Information Qualifier	00	
Header	ISA05	Interchange Information Qualifier	ZZ	
Header	ISA06	Interchange Sender ID		Trading Partner ID
Header	ISA07	Interchange Information Qualifier	ZZ	
Header	ISA08	Interchange Receiver ID	PRESBYTERIANHP	Receiver ID- PHS
Header	ISA11	Repetition Separator	^	
Header	ISA16	Component Element Separator	:	
Header	GS	Functional Group Header		Details
Header	GS02	Application Sender Code	Trading Partner ID	Same as ISA06
Header	GS03	Application Receiver's Code	PRESBYTERIANHP	Same as ISA08
Header	GS08	Implementation Guide Version Name		005010X279A1
Header	ST	Transaction Set Header		Details
Header	ST01	Transaction Set Identifier Code	270	
Header	ST02	Transaction Set Control Number	EX: 0001	SE02 must match
Header	ST03	Implementation Guide Version Name	005010X279A1	
Header	BHT	Beginning of Hierarchical Transaction		Details
Header	BHT01	Hierarchical Structure Code	0022	

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Loop ID	Reference	Name	HIPAA Codes	Notes/Comments
Header	BHT02	Transaction Set Purpose Code	13	Request
Header	BHT03	Submitter Transaction Identifier		Payer ID
Header	BHT04	Request Received Date		Date in CCYYMMDD format
Header	BHT05	Request Received Time		Time in HHMMSS format
2000A	HL	Information Source Level Loop		
2000A	HL01	Hierarchical ID Number		Information Source
2000A	HL03	Hierarchical Level Code	20	Information Source
2100A	NM1	Information Source Name		Details
2100A	NM101	Entity Identifier Code	PR	Payer
2100A	NM102	Entity Type Qualifier	1 or 2	1= Person 2= Non Person Entity
2100A	NM103	Information Source Last or Organization Name	Trading Partner	
2100A	NM108	Identification Code Qualifier	PI	Payer ID
2100A	NM109	Identification Code		
2000B	HL	Information Receiver Level Loop		Details
2000B	HL01	Hierarchical ID Number		Information Receiver
2000B	HL03	Hierarchical Level Code	21	Information Receiver
2100B	NM1	Information Receiver Name		Details
2100B	NM101	Entity Identifier Code	PR	Payer
2100B	NM102	Entity Type Qualifier	2	2= Non Person Entity
2100B	NM103	Information Receiver Last or Organization Name	Presbyterian Health Plan	
2100B	NM108	Identification Code Qualifier	PI	
2100B	NM109	Identification Code		Payer ID
2000C		Subscriber Level Loop		Details
2000C	HL03	Hierarchical Level Code	22	Subscriber
2100C	NM1	Subscriber Name Loop		Details
2100C	NM101	Entity Identifier Code	IL	Subscriber/Patient Information
2100C	NM102	Entity Type Qualifier	1	Person
2100C	NM103	Subscriber Last Name		
2100C	NM108	Identification Code Qualifier	MI	
2100C	NM109	Subscriber Primary Identifier		
2100C	DMG	Subscriber Demographic Information		Details
2100C	DMG01	Date Time Period Format Qualifier	D8	
2100C	DMG02	Date of Birth	CCYYMMDD	Subscriber's Birth Date
2110C	EQ	Eligibility or Benefit Information		Details
2110C	EQ01	Eligibility or Benefit Information	30	Coverage Status Code
2000D	HL	Dependent Level Loop		Details
2000D	HL03	Hierarchical Level Code	23	Dependent

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Loop ID	Reference	Name	HIPAA Codes	Notes/Comments
2100D	NM1	Dependent Name Loop		Details
2100D	NM101	Entity Identifier Code	03	Dependent
2100D	NM102	Entity Type Qualifier	1	Person
2100D	NM103	Dependent Last Name		
2100D	REF	Dependent Additional Identification		Details
2100D	REF01	Reference Identification Qualifier	1L	Dependent Group or Policy Number
2100D	REF02	Dependent Supplemental Identifier		Dependent ID
2100D	DMG	Dependent Demographic Information		Details
2100D	DMG01	Date Time Period Format Qualifier		
2100D	DMG02	Dependent Birth Date		CCYYMMDD
2100D	DMG03	Dependent Gender Code		M/F
2100D	INS	Dependent Relationship		Details
2100D	INS01	Insured Indicator	N	Patient is Dependent
2100D	INS02	Individual Relationship Code	1, 19, or 34	1-Spouse 19- Child 34- Other Adult
2110D	EQ	Eligibility or Benefit Information		Details
2110D	EQ01	Eligibility or Benefit Information	30	Coverage Status Code
Trailer	SE	Transaction Set Trailer		
Trailer	SE01	Number of Included Segments		
Trailer	SE02	Transaction Set Control Number		Same as ST02
Trailer	GE	Functional Group Trailer		
Trailer	GE01	Number of Included Transaction Sets		
Trailer	GE02	Functional Group Control Number		Same as GS06
Trailer	IEA	Interchange Group Trailer		
Trailer	IEA01	Number of Included functional Groups		
Trailer	IEA02	Interchange Group Control Number		Same as ISA13

APPENDICES

Additional information can be found at:

[Health Insurance Reform: Standards for Electronic Transactions | ASPE](#)

Full Implementation Guides:

[Home](#) | [WPC](#)

Transmission Examples

Sample Data for 270 Eligibility Benefit Inquiry:

```
ISA*00*      *00*      *ZZ*SENDER      *ZZ*RECEIVER      *250221*0920*A*00501*00000001*0*P*~
GS*HS*SENDER*RECEIVER*20250221*0920*7*X*005010X279A1~
ST*270*0001*005010X279A1~
BHT*0022*13*20250221*20250221*080048~
HL*1**20*1~
NM1*PR*2*PROVIDER*****PI*77048~
HL*2*1*21*1~
NM1*1P*2*PRESBYTERIAN HEALTH PLAN*****SV*000M1814~
HL*3*2*22*0~
NM1*IL*1*JOHN*DOE*****MI*123456789~
DMG*D8*19000101*F~
DTP*291*D8*20250221~
EQ*30~
SE*12*0001~
ST*270*0002*005010X279A1~
BHT*0022*13*20250221*20250221*080048~
HL*1**20*1~
NM1*PR*2*PROVIDER NUMBER 2*****PI*77048~
HL*2*1*21*1~
NM1*1P*2*PRESBYTERIAN HEALTH PLAN*****SV*000M1814~
HL*3*2*22*0~
NM1*IL*1*JANE*DOE*****MI*987654321~
DMG*D8*19000101*F~
DTP*291*D8*20250221~
EQ*30~
SE*12*0002~
GE*2*7~
IEA*1*000000001~
```

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Sample Data for an Accepted 271 Eligibility Benefit Response:

ISA*00* *00* *ZZ*PRESBYTERIAN *ZZ*TRADINGPARTNER *250220*1232**^*00501*000000001*0*P::~~
GS*HB*PRESBYTERIAN*TRADINGPARTNER*20250220*1232*1*X*005010X279A1~
ST*271*000000015*005010X279A1~
BHT*0022*11*202502201*20250220*123232~
HL*1*20*1~
NM1*PR*2*NEW MEXICO MEDICAID*****PI*77048~
HL*2*1*21*1~
NM1*1P*2*PRESBYTERIAN HEALTH PLAN*****SV*000M1814~
HL*3*2*22*0~
TRN*1*202505112301801BA*977048NMME~
NM1*IL*1*SMITH*JONATHAN*M***MI*999888777664~
DMG*D8*19770707*M~
DTP*458*D8*20240731~
DTP*307*D8*20240225~
EB*1*IND*30*MC*FFS Medicaid - 029~
DTP*318*D8*20241208~
DTP*356*D8*20250101~
DTP*357*D8*99991231~
MSG*FAMILY PLANNING SERVICES ONLY. BENEFITS INCLUDE COVID-19 TESTING AND RELATED SERVICES~
EB*1**88^86^47^35^1^UC^MH^AL~
EB*R**MA*MEDICARE PART A~
REF*F6*1XW11111Y77~
EB*R**MB*MEDICARE PART B~
REF*F6*1XA2222W33~
EB*R**HN*MEDICARE PART C~
REF*F6*1XB33333X44~
MSG*THIS PATIENT IS ELIGIBLE FOR MEDICARE PART C~
MSG*MEDICARE BENEFITS FOR THIS CLIENT ARE COVERED BY MEDICARE HMO PRESBYTERIAN HEALTH PLAN~
EB*R**OT*MEDICARE PART D~
REF*F6*1XD9L5554P66~
MSG*MEDICARE D. PDP#H3204. NM MEDICAID MAY COVER RX ITEMS EXCLUDED BY PRT D.~
HL*4*1*21*1~
NM1*1P*2*PRESBYTERIAN HEALTH PLAN*****SV*000KKK222~
HL*5*4*22*0~
TRN*1*202505112301888ZZ*977333XXXP~
NM1*IL*1*POPEYE*PENELOPE***MI*00008884442221~
REF*SY*777223399~
DMG*D8*19451001*M~
DTP*458*D8*20260131~
DTP*307*D8*20250220~
EB*6*IND*30*MC~
HL*6*1*21*1~
NM1*1P*2*PRESBYTERIAN HEALTH PLAN*****SV*999ZZZ111~
HL*7*6*22*0~
TRN*1*202505112301803BA*111222NMME~
NM1*IL*1*ANDERSON*ARIELLE*A***MI*76765656898943~
DMG*D8*19610229*F~
DTP*458*D8*20251231~
DTP*307*D8*20250220~
EB*1*IND*30*QM*Medicare Coinsurance / Deductible Only - 044~
DTP*318*D8*20250123~
DTP*356*D8*20250201~
DTP*357*D8*99991231~
MSG*MEDICARE COINS, DEDUCTIBLE AND COPYMT ONLY, UNLESS CLIENT HAS OTHER OVERLAPPING MEDICAID COVERAGE~
EB*1**88^86^47^35^1^UC^MH^AL~
HL*8*1*21*1~
NM1*1P*2*PRESBYTERIAN HEALTH PLAN*****SV*999ZZZ111~
HL*9*8*22*0~
TRN*1*202505112301804BA*111222NMME~
NM1*IL*1*RODEO*CLOWN*F***MI*234561234~
REF*SY*987654321~
DMG*D8*19580504*M~
DTP*307*D8*20250220~
EB*6*IND*30*MC~
SE*81*000000009~
GE*1*1~
IEA*1*000000001~