GEHA®
Government Employees Health Association

# Standard Companion Guide

## Refers to the Implementation Guide Based on X12 Version 005010X279A1 Eligibility Inquiry and Response (270/271)

## Companion Guide Version Number: 2.0

**October 1, 2020**

GEHA
Government Employees Health Association

## Eligibility and Benefit Inquiry and Response

# Change Log

| *Version* | *Release date* | *Changes* |
|---|---|---|
| 1.0 | 10/24/2016 | Initial Creation based on 5010 Transaction changes. |
| 2.0 | 10/01/2020 | Trading Partner change to Smart Data Solutions |

**Preface**

This companion guide (CG) to the Technical Report Type 3 (TR3) adopted under HIPAA clarifies and specifies the data content when exchanging transactions electronically with Government Employees Health Association (GEHA). Transactions based on this companion guide, used in tandem with the TR3, also called 270/271 Health Care Eligibility and Benefit Inquiry and Response ASC X12N (005010X279A1), are compliant with both X12 syntax and those guides. This companion guide is intended to convey information that is within the framework of the TR3 adopted 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 TR3.

GEHA
Government Employees Health Association

# Eligibility and Benefit Inquiry and Response

**Table of Contents**

GEHA
Government Employees Health Association

**Eligibility and Benefit Inquiry and Response**

# 1. INTRODUCTION

This section describes how Technical Report Type 3 (TR3), also called 270/271 Health Care Eligibility and Benefit Inquiry and Response ASC X12N (005010X279A1), adopted under HIPAA, will be detailed with the use of a table. The tables contain a row for each segment that GEHA has something additional, over and above, the information in the TR3. 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 TR3's 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, and composite or simple data element pertinent to trading electronically with GEHA

In addition to the row for each segment, one or more additional rows are used to describe GEHA's usage for composite and simple data elements and for any other information. Notes and comments should be placed at the deepest level of detail. For example, a note about a code value should be placed on a row specifically for that code value, not in a general note about the segment.

The following table specifies the columns and suggested use of the rows for the detailed description of the transaction set companion guides. The table contains a row for each segment that GEHA has something additional, over and above, the information in the TR3's. The following is just an example of the type of information that would be spelled out or elaborated on in: Section 9 – Transaction Specific Information.

| TR3 Page# | Loop ID | Reference | Name | Codes | Length | Notes/Comments |
|---|---|---|---|---|---|---|
| **193** | **2100C** | **NM1** | **Subscriber Name** | | | This type of row always exists to indicate that a new segment has begun. It is always shaded at 10% and notes or comment about the segment itself goes in this cell. |
| **195** | **2100C** | **NM109** | Subscriber Primary Identifier | | **15** | This type of row exists to limit the length of the specified data element. |
| **196** | **2100C** | **REF** | Subscriber Additional Identification | | | |
| **197** | **2100C** | **REF01** | **Reference Identification Qualifier** | 18, 49, 6P, HJ, N6 | | These are the only codes transmitted by GEHA. |
| | | | Plan Network Identification Number | **6P** | | This type of row exists when a note for a particular code value is required. For example, this note may say that value N6 is the default. Not populating the first 3 columns makes it clear that the code value belongs to the row immediately above it. |

| | | | | | | |
|---|---|---|---|---|---|---|
| **218** | **2110C** | **EB** | Subscriber Eligibility or Benefit Information | | | |

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |
| **231** | **2110C** | **EB03** | **Service Type Code** | **30 – Generic Service type code** | | This row illustrates how to indicate a component data element in the Reference column and also how to specify that only one code value is applicable. |

### 1.1. SCOPE

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

### 1.2. OVERVIEW

This CG will replace, in total, the previous GEHA CG versions for Health Care Eligibility and Benefit Inquiry and Response and must be used in conjunction with the TR3 instructions. The CG is intended to assist you in implementing electronic Eligibility and Benefit transactions that meet GEHA processing standards, by identifying pertinent structural and data related requirements and recommendations.

### 1.3. REFERENCE

For more information regarding the ASC X12 Standards for Electronic Data Interchange 270/271 Health Care Eligibility and Benefit Inquiry and Response (005010X279A1) and to purchase copies of the TR3 documents, consult the Washington Publishing Company web site at http://www.wpc-edi.com/.

### 1.4. ADDITIONAL INFORMATION

The American National Standards Institute (ANSI) is the coordinator for information on national and international standards. In 1979 ANSI chartered the Accredited Standards Committee (ASC) X12 to develop uniform standards for electronic interchange of business transactions and eliminate the problem of non-standard electronic data communication. The objective of the ASC X12 committee is to develop standards to facilitate electronic interchange relating to all types of business transactions. The ANSI X12 standards is recognized by the United States as the standard for North America. Electronic Data Interchange (EDI) adoption has been proved to reduce the administrative burden on providers.

# 2. GETTING STARTED

## 2.1. WORKING WITH GEHA

There are two methods to connect with GEHA for submitting and receiving EDI transactions; through Smart Data Solutions or through another clearinghouse.

CAQH CORE Connectivity or Other Connection Method with Smart Data Solutions:

Council for Affordable Health Care (CAQH) is seeking to simplify healthcare administration. CAQH through CORE, (Committee on Operating Rules for Information Exchange) a voluntary organization comprised of providers, health plans, vendors and clearinghouses, has developed industry rules. These rules seek to increase interoperability between health plans and providers to reduce administrative costs. The rules are being release in phases. CORE has defined methods for connecting to a health plan, details of the connectivity methods can be found on CAQH's website: http://www.CAQH.org.

Smart Data Solutions is acting as the CORE connectivity proxy for GEHA. If you wish to connect to GEHA using CORE connectivity or other connection methods that Smart Data Solutions offers please contact your Smart Data Solutions Account Manager. If you do not have a Smart Data Solutions Account Manager, please contact the Smart Data Solutions Sales Team at (855) 297-4436 for more information.

Clearinghouse Connection:

Physicians and Healthcare professionals should contact their current clearinghouse vendor to discuss their ability to support the Eligibility and Benefit transaction, as well as associated timeframe, costs, etc.

Physicians and Healthcare professionals also have an opportunity to submit and receive a suite of EDI transactions via the Smart Data Solutions clearinghouse. For more information, please contact your Smart Data Solutions Account Manager. If you do not have a Smart Data Solutions Account Manager, please contact the Smart Data Solutions Sales Team at (855) 297- 4436 for more information.

## 2.2. TRADING PARTNER REGISTRATION

CAQH CORE Connectivity or Other Connection Method with Smart Data Solutions:

Smart Data Solutions is acting as a CORE connectivity proxy for GEHA. If you wish to connect to

## Eligibility and Benefit Inquiry and Response

GEHA using CORE Connectivity or another connection method please contact your Smart Data Solutions Account Manager. If you do not have a Smart Data Solutions Account Manager, please contact the Smart Data Solutions Sales Team at (855) 297- 4436 for more information.

Clearinghouse Connection:

Physicians and Healthcare professionals should contact their current clearinghouse vendor to discuss their ability to support the Eligibility and Benefit transaction.

### 2.3. CERTIFICATION AND TESTING OVERVIEW

GEHA is currently seeking CORE Phase I and Phase II certification.

Smart Data Solutions is currently CORE Phase I and Phase II certified.

### 2.4. TESTING WITH GEHA

The Eligibility and Benefit transaction is an inquiry and response transaction and does not result in any data changing upon completion therefore test transactions (ISA15 value of "T") with production data can be sent to our production environment without any negative impact. During testing the data being returned must not be acted on as a production response.

CAQH CORE Connectivity or Other Connection Method with Smart Data Solutions:

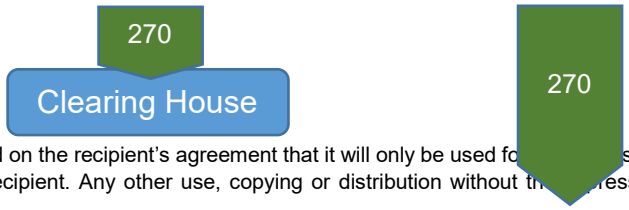
Smart Data Solutions is acting as a CORE connectivity proxy for GEHA Eligibility & Benefit Transactions for testing connectivity and test transactions. Please work with Smart Data Solutions. Contact information provided in section 2.2.

Clearinghouse Connection:

Physicians and Healthcare professionals should contact their current clearinghouse vendor to discuss testing.

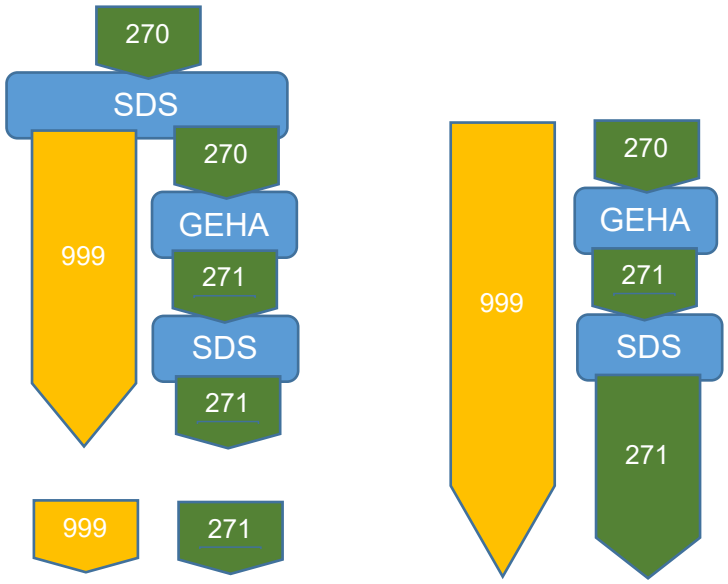
# 3. CONNECTIVITY WITH THE PAYER / COMMUNICATIONS

### 3.1. PROCESS FLOWS



GEHA
Government Employees Health Association

## Eligibility and Benefit Inquiry and Response




Real-time Eligibility Benefit Inquiry and Response:

The response to a real-time eligibility transaction will consist of:

1. First level response – 999 will be generated when errors occur during 270 compliance validation.
2. Second level response - 271 will be generated indicating the eligibility and benefits OR indicating AAA errors within request validation.

Each transaction is validated to ensure that the 270 complies with the 005010X279A1. Transactions which fail this compliance check will generate a real-time 999 message back to the sender with an error message indicating that there was a compliance error. Transactions that pass compliance checks, but failed to process (e.g. due to member not being found) will generate a real-time 271 response transaction including an AAA segment indicating the nature of the error. Transactions that pass compliance checks and have do not generate AAA segments will create a 271 using the information in our eligibility and benefit system.

### 3.2. TRANSMISSION ADMINISTRATIVE PROCEDURES

GEHA currently only supports real time transactions for the Eligibility and Benefit transaction.

### 3.3. SYSTEM AVAILABILITY

GEHA's normal business hours for 270/271 EDI are 24/7 except for Sunday 12 PM – 4 PM CST

Outside these windows, GEHA eligibility systems may be down for general maintenance and upgrades. During these times, our ability to process incoming 270/271 EDI transactions may be impacted. The codes returned in the AAA segment of the 270 acknowledgement will instruct the trading partner if any action is required see Section 3.3 for more information.

In addition, unplanned system outages may also occur occasionally and impact our ability to accept or immediately process incoming 270 transactions. GEHA will send an e-mail communication for scheduled and unplanned outages.

### 3.4 COSTS TO CONNECT

CAQH CORE Connectivity or Other Connection Method with Smart Data Solutions:

Smart Data Solutions is acting as a CORE connectivity proxy for GEHA Eligibility & Benefit Transactions for information regarding costs please work with Smart Data Solutions. Contact information provided in section 2.2.

Clearinghouse Connection:

Physicians and Healthcare professionals should contact their current clearinghouse vendor to discuss costs.

## 4. CONTACT INFORMATION

### 4.1. EDI CUSTOMER SUPPORT

If you have questions related to transactions submitted through a clearinghouse please contact your clearinghouse vendor.

For questions on the format of the 270/271 or invalid data in the 271 response, please e-mail EDI Customer Support at EDITechs@geha.com.

### 4.2. EDI TECHNICAL ASSISTANCE

Clearinghouse

- When receiving the 271 from a clearinghouse please contact the clearinghouse.

EDI Issue Reporting

- Email – EDITechs@geha.com

### 4.3. CUSTOMER SERVICE NUMBER

Customer Services should be contacted at 800-821-6136 instead of EDI Customer Support if you have questions regarding the details of a member's benefits. Provider Services is available Monday – Friday 7 a.m. to 5;30 p.m. CST.

### 4.4. APPLICABLE WEBSITES / E-MAIL

**CAQH CORE** – caqh.org

**GEHA EDI Customer Support** – EDITechs@geha.com

**Smart Data Solutions** – sdata.us

**Washington Publishing Company** – wpc-edi.com

## 5. CONTROL SEGMENTS / ENVELOPES

### 5.1. ISA-IEA

Transactions transmitted during a session are identified by interchange header segment (ISA) and trailer segments (IEA) which form the envelope enclosing the transmission. Each ISA marks the beginning of the transmission and provides sender and receiver identification.

The below table represents only those fields that GEHA requires a specific value in or has additional guidance on what the value should be. The table does not represent all of the fields necessary for a successful transaction. The TR3 should be reviewed for that information.

## Eligibility and Benefit Inquiry and Response

| TR3 Page# | Loop ID | Reference | NAME | Codes | Notes/Comments |
|---|---|---|---|---|---|
| **C.3** | **None** | **ISA** | **ISA Interchange Control Header** | | |
| C.5 | | ISA08 | Interchange Receiver ID | 44054 | GEHA Payer ID<br>-Right pad as needed with spaces to 15 characters. |
| **C10** | **None** | **IEA** | **IEA Interchange Control Trailer** | | |
| C10 | | IEA01 | Number of Included Functional Groups | **1** | Number of Functional Groups (GS-GE Loops) included in the Interchange. |

### 5.2. GS-GE

EDI transactions of a similar nature and destined for one trading partner may be gathered into a functional group, identified by a functional group header segment (GS) and a functional group trailer segment (GE). Each GS segment marks the beginning of a functional group. GEHA supports only one Functional Group (GS-GE) per transmission.

The below table represents only those fields that GEHA requires a specific value in or has additional guidance on what the value should be. The table does not represent all of the fields necessary for a successful transaction. The TR3 should be reviewed for that information.

| TR3 Page# | Loop ID | Reference | NAME | Codes | Notes/Comments |
|---|---|---|---|---|---|
| **C.7** | **None** | **GS** | **Functional Group Header** | | **Required Header** |
| C.7 | | GS03 | Application Receiver's Code | 44054 | GEHA Payer ID Code |
| C.8 | | GS08 | Version/Release/Industry Identifier Code | **005010X279A1** | Version expected to be received. |

| C9 | None | GE | Functional Group Trailer | | |
|---|---|---|---|---|---|
| C9 | | GE01 | Number of Transaction Sets Included | **1** | Number of Transaction Sets (ST-SE Loops) included in the Functional Group. |

### 5.3. ST-SE

The beginning of each individual transaction is identified using a transaction set header segment (ST). The end of every transaction is marked by a transaction set trailer segment (SE). For real time transactions, there will always be '1' ST and SE combination. A 270 file can only contain 270 transactions.

The below table represents only those fields that Smart Data Solutions requires a specific value in or has additional guidance on what the value should be. The table does not represent all of the fields necessary for a successful transaction. The TR3 should be reviewed for that information.

| TR3 Page # | Loop ID | Reference | NAME | Codes | Notes/Comment s |
|---|---|---|---|---|---|
| **70** | **None** | **ST** | **Transaction Set Header** | | **Required Header** |
| | | ST03 | Implementation Convention Reference | **005010X279A1** | Version expected to be received by GEHA. |

### 5.4. CONTROL SEGMENT NOTES

The ISA data segment is a fixed length record and all fields must be supplied. Fields that are not populated with actual data must be filled with space.

- The first element separator (byte 4) in the ISA segment defines the element separator to be used through the entire interchange.
- The ISA segment terminator (byte 106) defines the segment terminator used throughout the entire interchange.
- ISA16 defines the component element.

### 5.5. FILE DELIMITERS

GEHA requests that you use the following delimiters on your 270 file. If used as delimiters, these characters (* : ~ ^ ) must not be submitted within the data content of the transaction sets.

**Data Segment:** The recommended data segment delimiter is a tilde (~).

**Data Element**: The recommended data element delimiter is an asterisk (*).

**Component-Element:** ISA16 defines the component element delimiter is to be used throughout the entire transaction. The recommended component-element delimiter is a colon (:).

**Repetition Separator:** ISA11 defines the repetition separator to be used throughout the entire transactions. The recommended repetition separator is a carrot (^).

# 6. PAYER SPECIFIC BUSINESS RULES AND LIMITATIONS

### 6.1. 270 REQUEST

1. Eligibility requests for any explicit service type code (EQ01) as well as a generic service type code “30” will generate a 271 response. If an explicit service type code (EQ01) is not supported the 271 response will be the same as if a generic service type code “30” (Health Benefit Plan Coverage) 270 request came in. Supported explicit (EQ01) values will result in only that explicit service type code being returned with the exception of category codes.

2. Eligibility requests containing multiple service type codes in 2110C/D EQ01, then the GEHA 271 response will return only generic response.

3. Eligibility requests for a date range will return all plans for the member that is identified by the search criteria sent in. Any plans that had\have coverage during the date range will be returned. Date range must have a start date no greater than current month + 12 months in the past and the end date must be no greater than end of the current month. A 271 AAA **value** of 62 will be returned if the date range validation fails

- Example:

  AAA*N**62*C~

  62: Date of Service Not Within Allowable Inquiry Period

4. The search logic uses a combination of the following data elements: Member ID, Last Name, First Name and Patient Date of Birth (DOB). It is recommended that the maximum search data elements are used this will result in the best chance of finding a member; however, all data elements aren’t required. Cascading search logic will go through the criteria supplied and attempt to find a match. If a match is not found or multiple matches are found, a 271 response will be sent indicating to the user if possible what criteria needs to be supplied to find a match.

## Eligibility and Benefit Inquiry and Response

The following table describes the data received for each search scenario that will be supported. If the necessary data elements are not sent in to satisfy one of the below scenarios a 271 AAA value identifying the missing data elements will be returned and a subsequent 270 request with the required additional data elements will need to be sent in.

| SCENARIO | Patient/Member ID | Last Name | First Name | Patient DOB |
|---|---|---|---|---|
| 1 | x | x | x | x |
| 2 | x | x | | x |

### 6.2. 271 RESPONSE

**Disclaimer**: Information provided herein is not a guarantee of payment or coverage. Benefit determinations depend on a number of factors, including medical necessity. GEHA expressly reserves the right to change any information provided.

1. GEHA has unique ID numbers therefore only the 2100C subscriber loop will be used.

2. EB03 value of 30 will represent plan level information and will be returned in a positive 271 response. The EB04 and EB05 values will only be populated at the plan level and will not be sent at the benefit level to avoid redundant data in the response.

3. When sending in single date inquiries if an active plan is not found for the member a subsequent request with a different date will need to be submitted. GEHA does not employ logic to search for the future or previous active timelines for the member.

4. The following HIPAA service type codes (2110C/D EB03) may be reported in the 271 response along with benefit co-pay, benefit co-insurance and/or benefit deductible information, the additional information column provides clarifying information about how the benefit was mapped. GEHA will respond to the following codes:

GEHA
Government Employees Health Association

## Eligibility and Benefit Inquiry and Response

| HIPAA Code | Service Type Code | Additional Information |
|---|---|---|
| 1 | Medical Care | Office Visit |
| 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 | Ambulatory Surgery |
| 18 | Durable Medical Equipment Rental | |
| 20 | Second Surgical Opinion | Consultation |
| 30 | Heath Benefit Plan Coverage | |
| 33 | Chiropractic | |
| 35 | Dental Care | Specifies the name of the Dental Vendor |
| 40 | Oral Surgery | |
| 42 | Home Health Care | |
| 45 | Hospice | Facility Charge |
| 47 | Hospital | |
| 48 | Hospital - Inpatient | Inpatient Hospital Room and Board |
| 50 | Hospital - Outpatient | |
| 51 | Hospital - Emergency Accident | ER |

## Eligibility and Benefit Inquiry and Response

| | | |
|---|---|---|
| 52 | Hospital - Emergency Medical | ER |
| 53 | Hospital - Ambulatory Surgical | Outpatient Hospital Services |
| 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 | Office Visit |
| 83 | Infertility | Non Routine Office Visit |
| 86 | Emergency Services | ER |
| 88 | Pharmacy | Specifies the name of the Pharmacy Benefit Manager |
| 93 | Podiatry | |
| 98 | Professional (Physician) Visit/Office | |
| 99 | Professional (Physician) Visit - Inpatient | |
| A0 | Professional (Physician) Visit - Outpatient | |
| A3 | Professional (Physician) Visit - home | |
| A6 | Psychotherapy | Mental Health Outpatient Visit |
| A7 | Psychiatric - Inpatient | Facility Charge |
| A8 | Psychiatric - Outpatient | Mental Health Outpatient Visit |

## Eligibility and Benefit Inquiry and Response

| | | |
|---|---|---|
| AD | Occupational Therapy | |
| AE | Physical Medicine | |
| AF | Speech Therapy | |
| AG | Skilled Nursing Care | |
| AI | Substance Abuse | Outpatient Rehabilitation |
| AL | Vision (Optometry) | |
| BG | Cardiac Rehabilitation | |
| BH | Pediatric | |
| MH | Mental Health | Individual Mental Health Outpatient Visit |
| UC | Urgent Care | |

5. When the deductible that applies to the benefit is separate and distinct from the plan level deductible (EB03=30) an EB data segment in loop 2110C will be returned with benefit level deductible amounts. Remaining deductible will also be returned. (We Recommend that we delete this)

   Base deductible example for a benefit:
   EB*C*IND*33****500*****Y = individual has a $500 base deductible for in-network chiropractic care

   Remaining deductible example for a benefit:
   EB*C*IND*33***29*183*****Y = individual has a $183 remaining deductible for in- network chiropractic care

6. When GEHA knows of additional payers and knows the name of the other payer, the other payer name will be sent in the 2110C loop with EB01 valued with 'R'. In the 2120C loop a NM1 data segment will be included to identify the other payer name. GEHA will identify if the other payer is primary, secondary or tertiary. Medical, worker's compensation and motor vehicle accidents are the types of other payers that will be returned. Worker's compensation and motor vehicle accidents will be identified with a payer type of PR (payer). (We Recommend that we delete this)

   Additional payer example:
   EB*R**30~ = Additional payer exists
   LS*2120~ = Loop identifier start

NM1*PRP*2*MEDICARE~ = Non-person primary payer name is Medicare LE*2120 = Loop identifier end

7. An EB data segment in loop 2110C with the vendor's name will be included in the 271 response when a benefit is administered by another vendor. (We Recommend that we delete this)

   Vendor name example:
   EB*U**35~ = Contact following vendor for dental benefits
   LS*2120~ = Loop identifier start
   NM1*VN*2*ABC Dental~ = Non-Person vendor name is ABC Dental LE*2120 = Loop identifier end

# 7. ACKNOWLEDGEMENTS AND OR REPORTS

## 7.1. REPORT INVENTORY

None identified at this time.

# 8. TRANSACTION SPECIFIC INFORMATION

This section describes how TR3's adopted under HIPAA will be detailed with the use of a table. The tables contain a row for each segment that GEHA has something additional, over and above, the information in the TR3's. 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 TR3's 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, and composite or simple data element pertinent to trading electronically with GEHA

In addition to the row for each segment, one or more additional rows are used to describe GEHA's usage for composite and simple data elements and for any other information. Notes and comments should be placed at the deepest level of detail. For example, a note about a code value should be placed on a row specifically for that code value, not in a general note about the segment.

The following table specifies the columns and suggested use of the rows for the detailed description of the transaction set companion guides. The table contains a row for each segment that GEHA has something additional, over and above, the information in the TR3's. The following is just an example

of the type of information that would be spelled out or elaborated on in: Section 9 – Transaction Specific Information.

| TR3 Page# | Loop ID | Reference | Name | Codes | Length | Notes/Comments |
|---|---|---|---|---|---|---|
| **193** | **2100C** | **NM1** | **Subscriber Name** | | | This type of row always exists to indicate that a new segment has begun. It is always shaded at 10% and notes or comment about the segment itself goes in this cell. |
| **195** | **2100C** | **NM109** | Subscriber Primary Identifier | | **15** | This type of row exists to limit the length of the specified data element. |
| **196** | **2100C** | **REF** | Subscriber Additional Identification | | | |
| **197** | **2100C** | **REF01** | **Reference Identification Qualifier** | 18, 49, 6P, HJ, N6 | | These are the only codes transmitted by GEHA. |
| | | | Plan Network Identification Number | **P6** | | This type of row exists when a note for a particular code value is required. For example, this note may say that value N6 is the default. Not populating the first 3 columns makes it clear that the code value belongs to the row immediately above it. |
| **218** | **2110C** | **EB** | Subscriber Eligibility or Benefit Information | | | |
| **231** | **2110C** | **EB03** | Product/Service ID Qualifier | **AD** | | This row illustrates how to indicate a component data element in the Reference column and also how to specify that only one code value is applicable. |

GEHA
Government Employees Health Association

# Eligibility and Benefit Inquiry and Response

## 8.1. ELIGIBILITY BENEFIT REQUEST 270 (05010X279A1)

The below table represents only those fields that GEHA requires a specific value in or has additional guidance on what the value should be. The table does not represent all of the fields necessary for a successful transaction. The TR3 should be reviewed for that information.

| TR3 Page # | Loop ID | Reference | Name | HIPAA Codes | Notes/Comments |
|---|---|---|---|---|---|
| Payer Information -> NM1*PR*2*44054*****PI*06111~ | | | | | |
| 69 | **2100A** | NM1 | Information Source Name | | |
| 69 | | NM101 | Entity Identifier Code | PR | Used to identify organizational entity. Ex. PR = Payer |
| 70 | | NM102 | Entity Type Qualifier | 2 | Used to indicate entity or individual person. Ex. 2 = Non-Person Entity |
| 70 | | NM103 | Name Last or Organization name | | Used to specify subscribers last name or organization name. Ex. GEHA |
| 71 | | NM108 | Identification Code Qualifier | PI | Used to qualify the identification number submitted. Ex. PI = Payor Identification |
| 71 | | NM109 | Identification Code | | Used to specify primary source information identifier The changes will apply to commercial and government business for GEHA.<br>Ex. 44054<br>***Interpretation:*** Payer ID – 44054 |

GEHA
Government Employees Health Association

# Eligibility and Benefit Inquiry and Response

### 8.2. ELIGIBILITY BENEFIT RESPONSE 271 (005010X279A1)

**Example 1,** plan level individual and family deductible and remaining, plan level family in and out-of-network out-of-pocket limit and remaining.

EB*C*IND*30***23*350*****W~
EB*C*IND*30***29*350*****W~
EB*C*FAM*30***23*700*****W~
EB*C*FAM*30***29*700*****W~

For the above:

| | |
|---|---|
| Loop: | 2110C |
| EB: | Subscriber/Dependent Eligibility or Benefit Information |
| EB01: | C = deductible |
| EB02: | IND = individual,<br>FAM = family |
| EB03: | 30 = Health Benefit Plan Coverage |
| EB06: | 23 = Calendar year<br>29 = Remaining |
| EB07 | $350 = calendar-year individual deductible limit,<br>$350 = calendar-year individual deductible remaining,<br>$700 = calendar-year family deductible limit,<br>$700 = calendar-year family deductible remaining |
| EB12 | W = in-network or out-of-network |

EB*G*FAM*30***23*6000*****Y~
EB*G*FAM*30***29*6000*****Y~
EB*G*FAM*30***23*8000*****N~
EB*G*FAM*30***29*8000*****N~

For the above:

| | |
|---|---|
| Loop: | 2110C |
| EB: | Subscriber/Dependent Eligibility or Benefit Information |
| EB01: | G = out of pocket |
| EB02: | FAM = family |
| EB03: | 30 = Health Benefit Plan Coverage |
| EB06: | 23 = Calendar year<br>29 = Remaining |
| EB07 | $6000 = calendar-year, in-network, family out-of-pocket limit,<br>$6000 = calendar-year, in-network, family out-of-pocket remaining,<br>$8000 = calendar-year, out-of-network, family out-of-pocket limit,<br>$8000 = calendar-year, out-of-network, family out-of-pocket remaining |
| EB12 | N = in-network<br>N = out-of-network |

GEHA
Government Employees Health Association

## Eligibility and Benefit Inquiry and Response

**Example 2:** Benefit codes that are too broad for the benefits to be specified in the 271 response.

EB*1*IND*1^35^88^AL^MH*********W~

For the above:

| | |
|---|---|
| Loop: | 2110C |
| EB: | Subscriber/Dependent Eligibility or Benefit Information |
| EB01: | 1 = Active coverage |
| EB02: | IND = individual, |
| EB03: | 1 = Medical care |
| | 35 = Dental care |
| | 88 = Pharmacy |
| | AL = Vision |
| | MH = Mental health |
| EB12 | W = in-network or out-of-network |

GEHA is stating that the subscriber or dependent has coverage for this benefit category on the requested date. Please contact GEHA Customer Service at 800.821.6136 for specific benefit details.

GEHA
Government Employees Health Association

## Eligibility and Benefit Inquiry and Response

**Example 3:** Limited benefit such as Chiropractic

EB*A*IND*33*****0****W~
EB*F*IND*33***27*20*****W~
MSG*Plan pays $20 per visit. Member pays any charges over the $20 plan covered amount.~
EB*F*IND*33***23***P6*12**W~

For the above:

| | |
|---|---|
| Loop: | 2110C |
| EB: | Subscriber/Dependent Eligibility or Benefit Information |
| EB01: | A = Coinsurance |
| | F = Limitations |
| EB02: | IND = individual, |
| EB03: | 33 = Chiropractic |
| EB06: | 27 = Visit |
| | 23 = Calendar year |
| EB07 | 20 = $20 per visit in or out-of-network |
| EB08 | 0 = member's coinsurance responsibility is 0% |
| EB09 | P6 = Number of visits |
| EB10 | 12 = 12 visits per calendar year |
| EB12 | W = in-network or out-of-network |

GEHA has a limited Chiropractic benefit of $20 per visit, up to 12 visits per calendar year. The member pays the remaining above this amount.

GEHA
Government Employees Health Association

## Eligibility and Benefit Inquiry and Response

**Example 4:** Hospital out-patient services within 72 hours of an accident

EB*A*IND*47^50^86^UC*****.15****Y~
EB*A*IND*47^50^86^98^UC*****.35****N~
EB*A*IND*86*****0****W~
MSG*For outpatient services received within 72 hours of an accident.~

For the above:

| | |
|---|---|
| Loop: | 2110C |
| EB: | Subscriber/Dependent Eligibility or Benefit Information |
| EB01: | A = Coinsurance |
| EB02: | IND = individual, |
| EB03: | 50 = Hospital Outpatient<br>86 = Emergency Services |
| EB08 | 0 = member's coinsurance responsibility is 0%<br>.15 = members coinsurance responsibility in-network is 15% up to the in-network out-of-pocket limit<br>.35 = members coinsurance responsibility out-of-network is 35% up to the out-of-network out-of-pocket limit |
| EB12 | Y = in-network<br>N = out-of-network<br>W = in-network or out-of-network |

For outpatient hospital services, GEHA is saying that the member's coinsurance responsibility for in-network is 15% and out-of-network is 35%. For outpatient services within 72 hours of an accident, the GEHA benefit is 100%. In this case the member's responsibility is 0 (zero).

GEHA®
Government Employees Health Association

**Eligibility and Benefit Inquiry and Response**

## 9. Frequently Asked Questions

1. ***Does this Companion Guide apply to all GEHA payers?***

Yes. The changes will apply to commercial and government business for GEHA using payer ID 44054.

2. ***How does GEHA support, monitor, and communicate expected and unexpected connectivity outages?***

Our systems do have planned outages. For the most part, transactions will be queued during those outages. We have identified the planned maintenance windows in the GEHA section 3.6 of this document. We will send an email communication to Smart Data Solutions for scheduled and unplanned outages.

3. ***If a 270 is successfully transmitted to GEHA, are there any situations that would result in no response being sent back?***

No. GEHA will always send a response. Even if GEHA's systems are down and the transaction cannot be processed at the time of receipt, a response detailing the situation will be returned.