

## 270/271 Healthcare Eligibility Benefit Inquiry and Response — Batch

This companion document is for informational purposes only to describe certain aspects and expectations regarding the transaction and is not a complete guide. The details contained in this document are supplemental and should be used in conjunction with the ASC X12 Standards for Electronic Data Interchange Technical Report Type 3 (TR3) as published by the Washington Publishing Company.

### **Section 1 – Healthcare Eligibility Benefit Inquiry and Response: Basic Instructions**

### **Section 2 – Healthcare Eligibility Benefit Inquiry and Response: Enveloping**

### **Section 3 – Healthcare Eligibility Benefit Inquiry and Response: Charts for Situational Rules**

Any questions?

Contact E-Solutions

[www.unicare.com/edi](http://www.unicare.com/edi), LiveChat

## Section 1 - Basic Instructions

### 1.1 Council for Affordable Quality Health Care (CAQH)

CAQH is a non-profit alliance of health plans and trade associations focused on achievable, concrete initiatives designed to strengthen the nation's health care system and simplify health care administration. The CAQH CORE Phase I & II operating rules have been adopted by the Department of Health and Human Services as necessary business rules and guidelines for the electronic exchange of information. These operating rules are incorporated into this companion document.

### 1.2 Business Purpose

The purpose of generating a 270 Inquiry is to allow providers to determine if, and what, benefits and coverage a UniCare member with an ID card has for a specific period of time. To obtain the highest possibility of a patient match for eligibility, the following five primary identifiers should be supplied:

- Patient's First Name, in its entirety (10 characters): Loop 2100D, NM104 (if subscriber is the patient); Loop 2100C, NM104 (if dependent is the patient)
- Patient's Last Name: Loop 2100D or Loop 2100C, NM103
- Patient's Date of Birth: DMG02
- Subscriber ID Number exactly as it appears on the ID card including alphanumeric prefix, if applicable: NM109
- Dates of Eligibility requested by Provider: DTP03

When the criteria are not met, the AAA segments of the 271 Response will indicate the reason for why the 270 Inquiry has been rejected.

### 1.3 Delimiters

UniCare only accepts the following delimiters as defined by the ANSI standards of the basic character set:

- Data Element Separator, Asterisk (\*)
- Repetition Separator (ISA11), Caret (^)
- Sub-Element Separator, Colon (:)
- Segment Terminator, Tilde (~)

***NOTE! Since the above values are the only delimiters supported, the use of any other values will yield a file level rejection. Using values from the extended character set is not permitted without a mutual written agreement between UniCare and trading partner.***

### 1.4 Uppercase Letters

UniCare requests that all data be entered in UPPERCASE letters only.

### 1.5 Communication Protocol Specifications

- HTTPS Connectivity. HTTPS connectivity is available through the internet.
- HTTPS Setup Steps. Contact E-Solutions to begin the process of getting setup for HTTPS.
  - 1) E-Solutions will collect information about your organization.
  - 2) You will be assigned a System and Gateway User ID and Password.
  - 3) You will perform the necessary testing and then be promoted to production.
- Web Address. Below is the HTTPS URL address where a 270 file may be uploaded using the HTTPS EDI portal for a 271 response.

URL: <https://www.edibatch.com/unicareedi/login.jsp>

### Other Communication Protocols

- Secure FTP

### 1.6 System Hours of Availability

As a CORE-certified health plan, UniCare follows the guidelines as set forth under Section 1 of the CAQH CORE System Availability Rule. Regularly scheduled system downtime/maintenance will be reserved for Sundays and the following holidays:

- New Years Day (01/01/CCYY)
- Memorial Day (Last Monday in May)
- Independence Day (07/04/CCYY)
- Labor Day (First Monday in September)
- Thanksgiving Day (Fourth Thursday in November)
- Christmas Day (12/25/CCYY)

### 1.7 Acknowledgements and/or Reports

Submitting a 270 transaction, you will receive the following responses:

- Functional acknowledgement reports that includes TA1 (X12) & TA1 (864) when the ISA-IEA envelope cannot be processed and/or 999 when submitted 270 does not pass Level 2 HIPAA validation.
- 271 is returned in all other cases to indicate the member status.

#### Sample TA1 File:

```
ISA*00*          *00*          *ZZ*RECEIVER          *ZZ*SENDER          *110531*1508*^*00501*000000001*0*T*:~
TA1*723010535*061024*1006*R*023~
TA1*723010535*061024*1006*R*001~
TA1*723010535*061024*1006*R*021~
TA1*723010535*061024*1006*R*009~
TA1*723010535*061024*1006*R*024~
IEA*0*000000001~
```

#### Sample 999 File

```
ISA*00*          *00*          *ZZ*RECEIVER          *ZZ*SENDER          *110726*0702*^*00501*000003072*0*T*:~
GS*FA*RECEIVER*SENDER*20110726*070241*30720001*X*005010X231A1~
ST*999*0001*005010X231A1~
AK1*HS*98705996*005010X279A1~
AK2*270*0001*005010X279A1~
IK5*A~
AK9*A*1*1*1~
SE*6*0001~
GE*1*30720001~
IEA*1*000003072~
```

#### Sample TA1 (864) File:

```
ISA*00*          *00*          *ZZ*RECEIVER          *ZZ*SENDER          *110726*0700*^*00501*823923824*0*T*:~
GS*TX*RECEIVER*SENDER*20110726*07000920*98705996*X*005010~
ST*864*98705996*005010~
BMG*08*TA1 REPORT*03~
MIT*98705996*TA1 REPORT~
MSG*                                     ENTERPRISE CLEARINGHOUSE          *SS~
MSG*                                     TRADING PARTNER TA1 REPORT          *SS~
MSG* TRADING PARTNER ID #: SENDER          *SS~
MSG* REPORT RUNTIME: 07/26/11 07:00          *SS~
MSG* FILE REJECT TIME: 07/26/11 07:00          *SS~
MSG*                                     *SS~
MSG* ----- START OF REPORT -----          *SS~
MSG*                                     *SS~
MSG*                                     *SS~
MSG* SOURCE FILE NAME TRANSACTION RECEIPT DATE ISA CONTROL # GS RECEIVER ID GS CONTROL # REJECT REASON *SS~
MSG* ----- *SS~
MSG* HS0726065503      270      07/31/2003      823923824      RECEIVER      98705996      Envelope Control *SS~
Segment Errors          *SS~
MSG* ----- END OF REPORT -----          *SS~
SE*37*98705996~
GE*1*98705996~
IEA*1*823923824~
```

**\*NOTE: TA1 (864) modified and formatted to show key fields of report.**

## 1.8 Individual Service Types Supported

UniCare will respond with specific eligibility and benefit information when an inquiry is submitted with one of the following service type codes.

EQ01 Service Type Request		EB03 Service Type(s) Response		Definition / Comment
1	Medical Care	1	Medical Care	Medical services and supplies to diagnose and/or treat a medical condition, illness, or injury and provided by a physician or other healthcare provider.
		2	Surgical	
		42	Home Health Care	
		45	Hospice	
		69	Maternity	
		76	Dialysis	
		83	Infertility	
		AG	Skilled Nursing Care	
		BT	Gynecological	
		BU	Obstetrical	
DM	Durable Medical Equipment			
2	Surgical	2	Surgical	Surgical services provided by a physician or other healthcare provider.
		7	Anesthesia	
		8	Surgical Assistance	
		20	Second Surgical Opinion	
4	Diagnostic X-Ray	4	Diagnostic X-Ray	Diagnostic x-ray provided or ordered and billed by a physician or other healthcare provider.
5	Diagnostic Lab	5	Diagnostic Lab	Diagnostic lab provided or ordered and billed by a physician or other healthcare provider.
6	Radiation Therapy	6	Radiation Therapy	Radiation therapy or x-ray therapy provided or ordered and billed by a physician or other healthcare provider.
7	Anesthesia	7	Anesthesia	Anesthesia services related to inpatient or outpatient surgery provided or ordered and billed by a physician or other healthcare provider.
8	Surgical Assistance	8	Surgical Assistance	Assistant surgeon/surgical assistance provided by a physician if required because of the complexity of the surgical procedures.
12	Durable Medical Equipment Purchase	12	Durable Medical Equipment Purchase	Purchase of medically necessary equipment and supplies prescribed by a physician or other healthcare provider that can withstand repeated use, is medically necessary for the patient, is not useful if the patient is not ill or injured, and can be used in the home.
13	Ambulatory Service Center Facility	13	Ambulatory Service Center Facility	A facility that provides services on an outpatient basis, primarily for the purpose of performing medical, surgical or renal dialysis procedures.
18	Durable Medical Equipment Rental	18	Durable Medical Equipment Rental	Rental of medically necessary equipment and supplies prescribed by a physician or other healthcare provider that can withstand repeated use, is medically necessary for the patient, is not useful if the patient is not ill or injured, and can be used in the home.
20	Second Surgical Opinion	20	Second Surgical Opinion	Additional professional opinion sought to verify or confirm the necessity for surgical procedures.

EQ01 Service Type Request		EB03 Service Type(s) Response		Definition / Comment
30	Health Benefit Plan Coverage	1	Medical Care	General high-level summary of the healthcare benefits of the member's policy or contract.
		33	Chiropractic	
		35	Dental Care	
		47	Hospital	
		51	Hospital - Emergency Accident	
		52	Hospital - Emergency Medical	
		86	Emergency Medical	
		88	Pharmacy	
		98	Office Visit	
		AL	Vision/Optomety	General high-level summary of the healthcare benefits of the member's policy or contract.
		BZ	Professional Visit Office: Well	
		MH	Mental Health	
		UC	Urgent Care	
		98	Professional (Physician) Visit - Office MSG01="SPECIALIST"	
33	Chiropractic	4	Diagnostic X-Ray	Professional services which may include office visits, manipulations, x-rays, and supplies.
		33	Chiropractic	
35	Dental Care	35	Dental Care	Benefits for services, supplies or appliances for care of teeth.
40	Oral Surgery	40	Oral Surgery	Medical coverage for oral surgical procedures that involves diagnosis and treatment of disorders of the mouth, teeth, jaws and facial structure, including surgical correction of facial deformity and fractures.
42	Home Health Care	42	Home Health Care	Healthcare services prescribed by a physician and rendered in the home by a qualified healthcare provider. Common healthcare services include nursing services; speech, physical, occupational and rehabilitation
		A3	Professional (Physician) Visit - Home	
45	Hospice	45	Hospice	Prescribed by a physician, an integrated set of services and supplies to provide palliative and supportive care to terminally ill patients.
47	Hospital	47	Hospital	Hospital Inpatient and Outpatient services (excluding Hospital – Emergency Accident; Hospital – Emergency Medical; and Hospital – Ambulatory Surgical)and supplies for a patient who may or may not have been admitted to a hospital, for the purpose of receiving medical care or other health services.
		51	Hospital - Emergency Accident	
		52	Hospital - Emergency Medical	
		53	Hospital - Ambulatory Surgical	
48	Hospital - Inpatient	48	Hospital - Inpatient	Hospital services and supplies for a patient who has been admitted to a hospital for the purpose of receiving medical care or other health services.
		99	Professional (Physician) Visit - Inpatient	
50	Hospital - Outpatient	50	Hospital Outpatient	Hospital services and supplies for a patient who has not been admitted to a hospital, for the purpose of receiving medical care or other health services.
		51	Hospital - Emergency Accident	
		52	Hospital - Emergency Medical	
		A0	Professional (Physician) Visit - Outpatient	

EQ01 Service Type Request		EB03 Service Type(s) Response		Definition / Comment
51	Hospital - Emergency Accident	51	Hospital - Emergency Accident	Hospital services and supplies for the treatment of a sudden and unexpected medical injury caused by an external force or element which requires immediate medical attention.
52	Hospital - Emergency Medical	52	Hospital - Emergency Medical	Hospital services and supplies for the treatment of a sudden and unexpected medical or psychiatric condition which requires immediate medical attention.
53	Hospital - Ambulatory Surgical	53	Hospital - Ambulatory Surgical	Outpatient surgery and related services performed and billed for by a hospital.
60	General Benefits	60	General Benefits	Indicates whether a patient has active or inactive medical coverage for the service date requested.
61	In-vitro Fertilization	61	In-vitro Fertilization	Inpatient and outpatient services to treat infertility using IVF (In-vitro Fertilization) procedures.
62	MRI/CAT Scan	62	MRI/CAT Scan	Diagnostic MRI (Magnetic Resonance Imaging) and/or CAT (Computed Axial Tomography) Scan services provided or ordered and billed by a physician or other healthcare provider.
65	Newborn Care	65	Newborn Care	Professional and facility charges for newborn care including nursery care and inpatient hospital visits.
68	Well Baby Care	68	Well Baby Care	Medical services and physician visits which are recommended by the American Pediatric Association as appropriate and routine care for a child to a specific age limit.
		80	Immunizations	
		BH	Pediatric	
69	Maternity	69	Maternity	Complete maternity (obstetrical) care including related conditions resulting in childbirth or miscarriage when provided, or ordered and billed by a physician or nurse midwife.
73	Diagnostic Medical	4	Diagnostic X-Ray	Diagnostic x-ray tests provided or ordered and billed by a physician or other healthcare provider.
		5	Diagnostic Lab	
		62	MRI/CAT Scan	
		73	Diagnostic Medical	
76	Dialysis	76	Dialysis	Outpatient dialysis services furnished by a Hospital, Community Health Center, free-standing dialysis facility or physician.  This coverage may also include dialysis services rendered on an inpatient basis or in the patient's home.
78	Chemotherapy	78	Chemotherapy	Outpatient chemotherapy services furnished by a Hospital, Community Health Center, free-standing radiation therapy and chemotherapy facility, physician or nurse practitioner.
80	Immunizations	80	Immunizations	Services and supplies provided by physicians, hospitals, and other healthcare providers for the administration of preventative vaccines.
81	Routine Physical	81	Routine Physical	Routine medical exams provided by physicians, hospitals, and other healthcare providers.
82	Family Planning	82	Family Planning	Consultations related to the use of contraceptive methods that have been approved by the U.S. Food and Drug Administration.
83	Infertility	83	Infertility	Inpatient and outpatient services to diagnose and/or treat infertility. Covered services may include assisted reproductive technology procedures.
		61	In-vitro Fertilization	
84	Abortion	84	Abortion	Inpatient and outpatient procedures, related to the termination of a pregnancy.

EQ01 Service Type Request		EB03 Service Type(s) Response		Definition / Comment
86	Emergency Services	51	Hospital - Emergency Accident	Medical services and supplies provided by physicians, hospitals, and other healthcare providers for the treatment of a sudden and unexpected medical condition or injury which requires immediate medical attention.
		52	Hospital - Emergency Medical	
		86	Emergency Services	
		98	Professional (Physician) Visit - Office	
88	Pharmacy	88	Pharmacy	Drugs and supplies dispensed by a licensed pharmacist, which may include mail order or internet dispensary.
93	Podiatry	93	Podiatry	Professional services of a physician or other healthcare provider for the care or treatment of conditions of the foot.
98	Professional (Physician) Visit - Office	98	Professional (Physician) Visit - Office	Professional services of a physician or other healthcare provider during a sick office visit.
		BZ	Physician Visit - Office: Well	
		98	Professional (Physician) Visit - Office  MSG01="SPECIALIST"	
98	Specialist - Office MSG01="SPECIALIST"		Specialist - Office	Professional healthcare provider (physician) in the office who is NOT one of the following: Family Practitioner, General Practitioner, Medical Internist, Pediatrician, Obstetrician/Gynecologist (some exceptions may apply), Physician Assistant, Nurse Practitioner.
99	Professional (Physician) Visit - Inpatient	99	Professional (Physician) Visit - Inpatient	Professional services of a physician or other healthcare provider during an inpatient hospital admission.
A0	Professional (Physician) Visit - Outpatient	A0	Professional (Physician) Visit - Outpatient	Professional services of a physician or other healthcare provider performed in the outpatient department of a hospital or other covered facility.
A3	Professional (Physician) Visit - Home	A3	Professional (Physician) Visit - Home	Professional services of a physician or other healthcare provider performed in the patient's home.
A6	Psychotherapy	A6	Psychotherapy	Inpatient or outpatient professional services, including individual or group therapy by providers such as psychiatrists, psychologists, clinical social workers, or psychiatric nurses.
A7	Psychiatric - Inpatient	A7	Psychiatric - Inpatient	Professional services provided at a hospital or other covered facility as they are related to an inpatient admission for psychiatric health.
A8	Psychiatric - Outpatient	A8	Psychiatric - Outpatient	Professional services provided at a hospital, office or other covered facility as they are related to outpatient care for psychiatric health.
AG	Skilled Nursing Care	AG	Skilled Nursing Care	Services and supplies for a patient who has been admitted to a skilled nursing facility for the purpose of receiving medical care or other health services.
AI	Substance Abuse	AI	Substance Abuse	Professional services provided at a hospital, office or other covered facility as they are related to the diagnosis and treatment of Substance Abuse.
AL	Vision (Optometry)	AL	Vision (Optometry)	Routine vision services furnished by an optometrist. May include coverage for eyeglasses, contact lenses, routine eye exams, and/or vision testing for the prescribing or fitting of eyeglasses or contact lenses.

EQ01 Service Type Request		EB03 Service Type(s) Response		Definition / Comment
AL	Vision (Optometry)	AL	Vision (Optometry)	Routine vision services furnished by an optometrist. May include coverage for eyeglasses, contact lenses, routine eye exams, and/or vision testing for the prescribing or fitting of eyeglasses or contact lenses.
BG	Cardiac Rehabilitation	BG	Cardiac Rehabilitation	Cardiac Rehabilitation services rendered by a physician or other healthcare provider in a hospital or other covered facility.
BH	Pediatric	BH	Pediatric	Routine medical exams and related routine services, rendered to a child. Restrictions may apply due to age schedule and/ or visit limits
BT	Gynecological	BT	Gynecological	Medical care related to care and management of the female reproductive system and associated disorders provided by a physician or other healthcare provider.
BU	Obstetrical	BU	Obstetrical	Medical care related to care of women during pregnancy, parturition, and puerperium provided by a physician or other healthcare provider.
BV	Obstetrical/Gynecological	BV	Obstetrical/Gynecological	Medical care related to care and management of the female reproductive system and associated disorders before, during, and after pregnancy provided by a physician or other healthcare providers.
		BT	Gynecological	
		BU	Obstetrical	
BY	Physician Visit - Office: Sick	BY	Physician Visit - Office: Sick	Professional services of a physician or other healthcare provider during a non-routine visit related to an illness.
BZ	Physician Visit - Office: Well	BZ	Physician Visit - Office: Well	Professional services of a physician or other healthcare provider during a routine or preventative care visit.
CE	MH Provider - Inpatient	CE	MH Provider - Inpatient	Professional and or facility services provided in an inpatient setting at a hospital or other covered facility related to mental health care.
CF	MH Provider - Outpatient	CF	MH Provider - Outpatient	Professional and or facility services provided in an outpatient setting at a hospital or other covered facility related to mental health care.
CG	MH Provider Facility - Inpatient	CG	MH Provider Facility - Inpatient	Facility services provided in an inpatient setting at a hospital or other covered facility related to mental health care.
CH	MH Provider Facility - Outpatient	CH	MH Provider Facility - Outpatient	Facility services provided in an outpatient setting at a hospital or other covered facility related to mental health care.
CI	Substance Abuse Facility - Inpatient	CI	Substance Abuse Facility - Inpatient	Facility services provided in an inpatient setting at a hospital or other covered facility related to therapeutically planned living and rehabilitative intervention environment for the treatment of individuals with substance abuse disorders.
CJ	Substance Abuse Facility - Outpatient	CJ	Substance Abuse Facility - Outpatient	Facility services provided in an outpatient setting at a hospital or other covered facility related to therapeutically planned living and rehabilitative intervention environment for the treatment of individuals with substance abuse disorders.
CK	Screening X-ray	CK	Screening X-ray	X-ray services provided by a physician or other healthcare provider for the purpose of preventative care.
CL	Screening Laboratory	CL	Screening Laboratory	Laboratory services provided by a physician or other healthcare provider for the purpose of preventative care.
CM	Mammogram, HR Patient	CM	Mammogram, HR Patient	Mammography services for patients that have been identified with a greater than normal risk for breast cancers and related diseases.



EQ01 Service Type Request		EB03 Service Type(s) Response		Definition / Comment
CN	Mammogram, LR Patient	CN	Mammogram, LR Patient	Mammography services for patients that have been identified with a normal risk for breast cancers and related diseases.
CO	Flu Vaccination	CO	Flu Vaccination	Services provided by a physician or other healthcare provider related to administration of influenza virus vaccination.
DM	Durable Medical Equipment	DM	Durable Medical Equipment	Equipment and supplies prescribed by a physician or other healthcare provider that can withstand repeated use, is medically necessary for the patient, that are for a patient's use in the home and that are usable for an extended period of time.
		12	Durable Medical Equipment Purchase	
		18	Durable Medical Equipment Rental	
MH	Mental Health	MH	Mental Health	Mental Health services provided by a physician or other healthcare providers who are trained and educated to perform services related to mental health and may be licensed or practice within the scope or licensure or training.
		CE	MH Provider - Inpatient	
		CF	MH Provider - Outpatient	
		CG	MH Provider Facility - Inpatient	
		CH	MH Provider Facility - Outpatient	
UC	Urgent Care	UC	Urgent Care	Medical services and supplies provided by physicians or other healthcare providers for the treatment of an urgent medical condition or injury which requires medical attention.

## Section 2 - Enveloping

EDI envelopes control and track communications between you and UniCare. One envelope may contain many transaction sets grouped into the following:

- Interchange Control Header (ISA)
- Functional Group Header (GS)
- Functional Group Trailer (GE)
- Interchange Control Trailer (IEA)

270 Health Care Eligibility Benefit Inquiry—Envelope Specific to UniCare (TR3, Appendix C)							
ISA—Interchange Control Header		GS—Functional Group Header		GE—Functional Group Trailer		IEA—Interchange Control Trailer	
ISA01	00	GS01	HS	GE01	refer to TR3	IEA01	refer to TR3
ISA02	refer to TR3	GS02	SENDER ID	GE02	refer to TR3	IEA02	refer to TR3
ISA03	00	EDI assigned					
ISA04	refer to TR3	Left-justified followed by no zeroes or spaces					
ISA05	ZZ	GS03	UNICARE				
ISA06	SENDER ID	GS04	refer to TR3				
EDI assigned		GS05	refer to TR3				
Left-justified followed by spaces		GS06	refer to TR3				
ISA07	ZZ	GS07	X				
ISA08	UNICARE	GS08	005010X279A1				
Left-justified followed by spaces							
ISA09	refer to TR3						
ISA10	refer to TR3						
ISA11	^(5E)						
ISA12	00501						
ISA13	refer to TR3						
ISA14	refer to TR3						
ISA15	refer to TR3						
ISA16	:(3A)						

**NOTE. Critical Batching and Editing Information**  
 \*Transactions must be batched in separate functional group by GS03.  
 \*Unique group control number (GS06) MUST NOT be duplicated within 365 days by Trading Partner ID (GS02); files containing duplicate or previously received group control numbers will be rejected.

271 Health Care Eligibility Benefit Response—Envelope Specific to UniCare (TR3, Appendix C)							
ISA—Interchange Control Header		GS—Functional Group Header		GE—Functional Group Trailer		IEA—Interchange Control Trailer	
ISA01	00	GS01	HB	GE01	refer to TR3	IEA01	refer to TR3
ISA02	10 spaces	GS02	UNICARE	GE02	refer to TR3	IEA02	refer to TR3
ISA03	00	GS03	RECEIVER ID				
ISA04	10 spaces	GS04	refer to TR3				
ISA05	ZZ	GS05	refer to TR3				
ISA06	UNICARE	GS06	refer to TR3				
ISA07	ZZ	GS07	X				
ISA08	RECEIVER ID	GS08	005010X279A1				
ISA09	refer to TR3						
ISA10	refer to TR3						
ISA11	^(5E)						
ISA12	00501						
ISA13	refer to TR3						
ISA14	0						
ISA15	refer to TR3						
ISA16	:(3A)						

## Section 3 - Charts for Situational Rules

Listed below are loops, segments, and data elements, that if submitted will greatly improve your chances of a successful response per our implementation of the situational rules in the 270/271 TR3.

270 Health Care Eligibility Benefit Inquiry				
TR3	Segment	Reference Designator(s)	Value	Definitions and Notes Specific to UniCare
<b>ST</b> <i>Transaction Set Header - Refer to TR3</i>				
	<b>BHT</b> Beginning of Hierarchical Trx	<b>BHT02</b> Transaction Set Purpose Code	<b>13</b>	13 - Request
<b>Loop ID 2000A—Information Source Level</b>				
<b>HL</b> <i>Information Source Level - Refer to TR3</i>				
<b>Loop ID 2100A—Information Source Name</b>				
	<b>NM1</b> Information Source Name	<b>NM103</b> Name Last or Organization Name	<b>(Information Source Last or Org Name)</b>	UNICARE
		<b>NM108</b> ID Code Qualifier	<b>PI</b>	PI - Payor Identification
		<b>NM109</b> Identification Code	<b>UNI</b>	UNI - represents UniCare
<b>Loop ID 2000B—Information Receiver Level</b>				
<b>HL</b> <i>Information Receiver Level - Refer to TR3</i>				
<b>Loop ID 2100B—Information Receiver Name</b>				
<b>NM1</b> <i>Information Receiver Name - Refer to TR3</i>				
<b>REF</b> <i>Information Receiver Additional Identification - Refer to TR3</i>				
<b>N3</b> <i>Information Receiver Address - Refer to TR3</i>				
<b>N4</b> <i>Information Receiver City, State, ZIP Code - Refer to TR3</i>				
<b>PRV</b> <i>Information Receiver Provider Information - Refer to TR3</i>				
<b>Loop ID 2000C—Subscriber Level</b>				
<b>HL</b> <i>Subscriber Level - Refer to TR3</i>				
	<b>TRN</b> Subscriber Trace Number	<b>TRN02</b> Ref Identification	<b>(Trace Number)</b>	The values in TRN segment are not required.
		<b>TRN03</b> Originating Company Identifier	<b>(Trace Assigning Entity)</b>	
<b>Loop ID 2100C—Subscriber Name</b>				
	<b>NM1</b> Subscriber Name	<b>NM103</b> Name Last or Organization Name	<b>(Subscriber Last Name)</b>	First and Last name of the subscriber exactly as they appear on the ID card. Populated for finding match for subscriber.
		<b>NM104</b> Name First	<b>(Subscriber First Name)</b>	
		<b>NM108</b> ID Code Qualifier	<b>MI</b>	MI - Member Identification Number
		<b>NM109</b> Identification Code	<b>(Subscriber Primary ID)</b>	ID number exactly as it appears on the ID card, including any alphanumeric prefix, which is required when present. Populated for finding match for subscriber.

270 Health Care Eligibility Benefit Inquiry				
TR3	Segment	Reference Designator(s)	Value	Definitions and Notes Specific to UniCare
<b>Loop ID 2100C—Subscriber Name (cont'd)</b>				
	REF Subscriber Additional Identification	REF01 Ref ID Code Qualifier	6P	6P - Group Number
		REF02 Reference Identification	(Subscriber Supplemental Identifier)	Coverage within span dates will be returned for the group # submitted over coverage for other group numbers.
	N3 Subscriber Address - Refer to TR3			
	N4 Subscriber City, State, ZIP Code - Refer to TR3			
	PRV Provider Information - Refer to TR3			
	DMG Subscriber Demographic Information	DMG02 Date Time Period	(Subscriber Birth Date)	Populated for positive identification of the subscriber.
	INS Multiple Birth Sequence Number - Refer to TR3			
	HI Subscriber Health Care Diagnosis Code - Refer to TR3			
	DTP Subscriber Date	DTP01 Date/Time Qualifier	291	291 - Plan
		DTP03 Date Time Period	Please refer to the Phase 1 CORE Operating Rules, Section 154, Subsection 1.3: Eligibility Dates, for date requirements.	
<b>Loop ID 2110C—Subscriber Eligibility or Benefit Inquiry</b>				
<b>To ensure file is accepted, use EQ segment in 2110C or 2110D, and do not populate in both loops.</b>				
	EQ Subscriber Eligibility or Benefit Inquiry	EQ01 Service Type Code	(See Basic Instructions)	Use 30 for Health Benefit Coverage or other specific value listed in the Basic Instructions of this document. Only first value is used to determine response.
		EQ02 Composite Medical Procedure Identifier	271 Response is based on value submitted in EQ01. Recommended to not submit value in EQ02.	
	AMT Subscriber Spend Down Amount - Refer to TR3			
	AMT Subscriber Spend Down Total Billed Amount - Refer to TR3			
	III Subscriber Eligibility or Benefit Additional Inquiry - Refer to TR3			
	REF Subscriber Additional Information - Refer to TR3			
	DTP Subscriber Eligibility/Benefit Date - Refer to TR3			
<b>Loop ID 2000D—Dependent Level</b>				
	HL Dependent Level - Refer to TR3			
	TRN Dependent Trace Number	TRN02 Ref Identification	(Trace Number)	The values in TRN segment are not required.
		TRN03 Originating Company Identifier	(Trace Assigning Entity)	
<b>Loop ID 2100D—Dependent Name</b>				
	NM1 Dependent Name	NM103 Name Last or Organization Name	(Dependent Last Name)	First and Last name of the dependent exactly as they appear on the ID card. Populated for finding match for dependent.
		NM104 Name First	(Dependent First Name)	

270 Health Care Eligibility Benefit Inquiry				
TR3	Segment	Reference Designator(s)	Value	Definitions and Notes Specific to UniCare
<b>Loop ID 2100D—Dependent Name (cont'd)</b>				
	REF Dependent Additional Identification	REF01 Ref ID Code Qualifier	6P	6P - Group Number
		REF02 Reference Identification	(Subscriber Supplemental Identifier)	Coverage within span dates will be returned for the group number submitted over coverage for other group numbers.
	N3 Dependent Address - Refer to TR3			
	N4 Dependent City, State, ZIP Code - Refer to TR3			
	PRV Provider Information - Refer to TR3			
	DMG Dependent Demographic Information	DMG02 Date Time Period	(Dependent Birth Date)	Dependent's date of birth. Populated for positive identification of the dependent as the patient.
	INS Dependent Relationship - Refer to TR3			
	HI Dependent Health Care Diagnosis Code - Refer to TR3			
	DTP Dependent Date	DTP01 Date/Time Qualifier	291	291 - Plan
		DTP03 Date Time Period	Please refer to the Phase 1 CORE Operating Rules, Section 154, Subsection 1.3: Eligibility Dates, for date requirements.	
<b>Loop ID 2110D—Dependent Eligibility or Benefit Inquiry</b>				
<b>To ensure file is accepted, use EQ segment in 2110D or 2110C, and do not populate in both loops.</b>				
	EQ Dependent Eligibility or Benefit Inquiry	EQ01 Service Type Code	(See Basic Instructions)	Use 30 for Health Benefit Coverage or other specific value listed in the Basic Instructions of this document. Only first value is used to determine response.
		EQ02 Composite Medical Procedure Identifier	271 Response is based on value submitted in EQ01. Recommended to not submit value in EQ02.	
	III Dependent Eligibility or Benefit Additional Inquiry Information - Refer to TR3			
	REF Dependent Additional Information - Refer to TR3			
	DTP Dependent Eligibility/Benefit Date - Refer to TR3			
	SE Transaction Set Trailer - Refer to TR3			

271 Health Care Eligibility Benefit Response				
TR3	Segment	Reference Designator(s)	Value	Definitions and Notes Specific to UniCare
	ST	Transaction Set Header - Refer to TR3		
	BHT	Beginning of Hierarchical Transaction - Refer to TR3		
<b>Loop ID 2000A—Information Source Level</b>				
	HL	Information Source Level - Refer to TR3		
	AAA	Request Validation - Refer to TR3		
<b>Loop ID 2100A—Information Source Name</b>				
	NM1 Information Source Name	NM101 Entity Identifier Code	PR	PR - Payer
		NM102 Entity Type Qualifier	2	2 - Non- Person Entity
		NM108 ID Code Qualifier	PI	PI - Payor Identification
		NM109 Identification Code	UNICARE	UNICARE - represents UniCare
	PER	Information Source Contact Information - Refer to TR3		
	AAA	Request Validation - Refer to TR3		
<b>Loop ID 2000B—Information Receiver Level</b>				
	HL	Information Receiver Level - Refer to TR3		
<b>Loop ID 2100B—Information Receiver Name</b>				
	NM1	Information Receiver Name - Refer to TR3		
	REF	Information Receiver Additional Identification - Refer to TR3		
	AAA	Information Receiver Request Validation - Refer to TR3		
	PRV	Information Receiver Provider Information - Refer to TR3		
<b>Loop ID 2000C—Subscriber Level</b>				
	HL	Subscriber Level - Refer to TR3		
	TRN Subscriber Trace Number	TRN03 Originating Company Identifier	(Trace Assigning Entity)	Per X12's RFI299, value sent will be returned as sent on 270, regardless if first digit is 1, 3, or 9.
<b>Loop ID 2100C—Subscriber Name</b>				
	NM1	Subscriber Name - Refer to TR3		
	REF	Subscriber Additional Identification - Refer to TR3		
	N3	Subscriber Address - Refer to TR3		
	N4	Subscriber City, State, ZIP Code - Refer to TR3		
	AAA	Subscriber Request Validation - Refer to TR3		
	PRV	Provider Information - Refer to TR3		
	DMG	Subscriber Demographic Information - Refer to TR3		
	INS	Subscriber Relationship - Refer to TR3		
	HI	Subscriber Health Care Diagnosis Code - Refer to TR3		
	DTP	Subscriber Date - Refer to TR3		
	MPI	Subscriber Military Personnel Information - Refer to TR3		
<b>Loop ID 2110C—Subscriber Eligibility or Benefit Information</b>				
	EB	Subscriber Eligibility or Benefit Information - Refer to TR3		
	HSD	Health Care Services Delivery - Refer to TR3		
	REF	Subscriber Additional Identification - Refer to TR3		
<b>Loop ID 2110C—Subscriber Eligibility or Benefit Information</b>				
<b>Segment DTP sent when benefit coverage dates differ from those that apply to rest of the plan coverage.</b>				
	DTP	Subscriber Eligibility/Benefit Date - Refer to TR3		

271 Health Care Eligibility Benefit Response				
TR3	Segment	Reference Designator(s)	Value	Definitions and Notes Specific to UniCare
<b>Loop ID 2110C—Subscriber Eligibility or Benefit Information (cont'd)</b>				
	AAA	Subscriber Request Validation - Refer to TR3		
	MSG	Message Text - Refer to TR3		
<b>Loop ID 2115C—Subscriber Eligibility or Benefit Additional Information</b>				
	III	Subscriber Eligibility or Benefit Additional Information - Refer to TR3		
	LS	Loop Header - Refer to TR3		
<b>Loop ID 2120C—Subscriber Benefit Related Entity Name</b>				
	NM1	Subscriber Benefit Related Entity Name - Refer to TR3		
	N3	Subscriber Benefit Related Entity Address - Refer to TR3		
	N4	Subscriber Benefit Related Entity City, State, ZIP Code - Refer to TR3		
	PER	Subscriber Benefit Related Entity Contact Information - Refer to TR3		
	PRV	Subscriber Benefit Related Provider Information - Refer to TR3		
	LE	Loop Trailer - Refer to TR3		
<b>Loop ID 2000D—Dependent Level</b>				
	HL	Dependent Level - Refer to TR3		
	TRN	TRN03	(Trace Assigning Entity)	Per X12's RFI299, value sent will be returned as sent on 270, regardless if first digit is 1, 3, or 9.
	Dependent Trace Number	Originating Company Identifier		
<b>Loop ID 2100D—Dependent Name</b>				
	NM1	Dependent Name - Refer to TR3		
	REF	Dependent Additional Identification - Refer to TR3		
	N3	Dependent Address - Refer to TR3		
	N4	Dependent City, State, ZIP Code - Refer to TR3		
	AAA	Dependent Request Validation - Refer to TR3		
	PRV	Provider Information - Refer to TR3		
	DMG	Dependent Demographic Information - Refer to TR3		
	INS	Dependent Relationship - Refer to TR3		
	HI	Dependent Health Care Diagnosis Code - Refer to TR3		
	DTP	Dependent Date - Refer to TR3		
	MPI	Dependent Military Personnel Information - Refer to TR3		
<b>Loop ID 2110D—Dependent Eligibility or Benefit Information</b>				
	EB	Dependent Eligibility or Benefit Information - Refer to TR3		
	HSD	Health Care Services Delivery - Refer to TR3		
	REF	Dependent Additional Identification - Refer to TR3		
<b>Segment DTP sent when benefit coverage dates differ from those that apply to rest of the plan coverage.</b>				
	DTP	Dependent Eligibility/Benefit Date - Refer to TR3		
	AAA	Dependent Request Validation - Refer to TR3		
	MSG	Message Text - Refer to TR3		
<b>Loop ID 2115D—Dependent Eligibility or Benefit Additional Information</b>				
	III	Dependent Eligibility or Benefit Additional Information - Refer to TR3		
	LS	Loop Header - Refer to TR3		
<b>Loop ID 2120D—Dependent Eligibility or Benefit Related Entity Name</b>				
	NM1	Dependent Benefit Related Entity Name - Refer to TR3		
	N3	Dependent Benefit Related Entity Address - Refer to TR3		
	N4	Dependent Benefit Related Entity City, State, ZIP Code - Refer to TR3		
	PER	Dependent Benefit Related Entity Contact Information - Refer to TR3		
	PRV	Dependent Benefit Related Provider Information - Refer to TR3		
	LE	Loop Trailer - Refer to TR3		
	SE	Transaction Set Trailer - Refer to TR3		