CarePartners of Connecticut

**HIPAA Transaction
Standard Companion Guide**

**Refers to the Implementation Guides
Based on ASC X12 version 005010**

**Instructions Related to 270/271 Health
Care Eligibility Inquiry/Response
Transactions Bases on ASC X12
Implementation Guides, Version 005010**

November 2018

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Disclosure Statement

The information in this document is subject to change. Changes will be posted via the CarePartners of Connecticut website located at: www.carepartnersct.com/

Preface

CarePartners of Connecticut® is accepting X12N 270 Health Care Eligibility Inquiry, as mandated by the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The X12N 270/271 versions of the 5010 Standards for Electronic Data Interchange Technical Report Type 3 and Errata (also referred to as Implementation Guides) for the Health Care Eligibility Inquiry and Response Transaction has been established for eligibility inquiry and response compliance. It also includes the necessary details that support the CAQH-CORE® Operating Rule requirements for Phase I and II.

This document has been prepared to serve as a CarePartners of Connecticut's specific companion guide to the 270/271 Transaction Sets. This document supplements but does not contradict any requirements in the 270/271 Technical Report, Type 3. The primary focus of the document is to clarify specific segments and data elements that should be submitted to CarePartners of Connecticut on the 270/271 Health Care Eligibility Inquiry and Response. This document will be subject to revisions as new versions of the 270/271 Health Care Eligibility Inquiry and Response Transaction Set Technical Reports are released.

This document has been designed to aid both the technical and business areas. It contains CarePartners of Connecticut's specifications for the transactions as well as contact information and key points.

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1 INTRODUCTION

In order to submit a valid transaction, please refer to the National Electronic Data Interchange Transaction Set Technical Report & Errata for the Health Care Claim: Institutional ASC X12N 270/271 (005010X279, 005010X279A1). The Technical Reports can be ordered from the Washington Publishing Company's website at www.wpc-edi.com.

For questions relating to the CarePartners of Connecticut's 270/271 Health Care Eligibility Inquiry and Response Transaction, or testing please contact the EDI Operations Department at 888-631-7002, Ext. 52994 or email your questions to EDI_CT_Operations@carepartnersct.com

SCOPE

The transaction instruction component of this companion guide must be used in conjunction with the associated ASC X12 Implementation Guide. The instructions in this companion guide are not intended to be stand-alone requirements documents. This companion guide conforms to all the requirements of any associated ASC X12 Implementation Guides and is in conformance with ASC X12's Fair Use and Copyright statements.

OVERVIEW

The Health Insurance Portability and Accountability Act–Administration Simplification (HIPAA-AS) requires CarePartners of Connecticut and all other covered entities to comply with the electronic data interchange standards for health care as established by the Secretary of Health and Human Services.

This guide is designed to help those responsible for testing and setting up electronic eligibility transactions. Specifically, it documents and clarifies when situational data elements and segments must be used for reporting and identifies codes and data elements that do not apply to CarePartners of Connecticut. This guide supplements (but does not contradict) requirements in the ASC X12N 270/271 (version 005010X279A1) implementation. This information should be given to the provider's business area to ensure that eligibility responses are interpreted correctly.

REFERENCES

The ASC X12N 270/271 (version 005010X279A1) Technical Report Type 3 guide for Health Care Eligibility Benefit Inquiry and Response has been established as the standard for eligibility transactions and is available at http://www.wpc-edi.com/HIPAA .

CarePartners of Connecticut Web site containing documentation on e-transactions for providers and is located at https://www.carepartnersct.com/for-providers/provider-resource-center

2 GETTING STARTED

WORKING WITH CarePartners of Connecticut

This section describes how to interact with CarePartners of Connecticut's EDI Department.

For questions relating to the CarePartners of Connecticut's 270/271 Health Care Eligibility Inquiry and Response Transaction, or testing please contact the EDI Operations Department at 888-631-7002, Ext. 52994 or email your questions to EDI_CT_Operations@carepartnersct.com.

TRADING PARTNER REGISTRATION

This section describes how to register as a trading partner with CarePartners of Connecticut.

By contacting the EDI Operations group, the Trading partner will be sent a SOAP Registration Form to fill out and return to EDI Ops.

The trading partner will then be set up in CarePartners of Connecticut testing environment and the information is sent back to the trading partner so they may begin testing.

3 TESTING WITH THE PAYER

Once the submitter setup has been completed, the submitter can start sending eligibility transactions to the test environment. CarePartners of Connecticut notifies the provider upon the successful completion of testing and prepares the provider for production status.

1. During the testing process, CarePartners of Connecticut examines submitted test transactions for required elements, and ensures that the submitter gets a response during the testing mode.

NOTE: There is no limitation in transaction volume for ANSI 270/271 testing environment, but transactions must be submitted one at a time. CarePartners of Connecticut does not support batch eligibility transactions.

2. When the submitter is ready to send ANSI 270/271 transactions to production, he/she must notify EDI Operations, who will move the submitter to the production environment.

3. The submitter's name remains the same when moving from test to production. Changing passwords is optional upon submitter's request to the EDI Operations Team.

4 CONNECTIVITY WITH THE PAYER/COMMUNICATIONS

TRANSMISSION ADMINISTRATIVE PROCEDURES

Direct Submitters

Providers interested in submitting electronic eligibility transactions directly to CarePartners of Connecticut should contact EDI Operations via email or telephone to request setup. For EDI Operations Team contact information, *See Contact Information on page 8 section 5*.

RE-TRANSMISSION PROCEDURE

CarePartners of Connecticut currently supports Real Time transaction submission only. Any re- transmission will mean resending the 270 request.

COMMUNICATION PROTOCOL SPECIFICATIONS

This section describes CarePartners of Connecticut's communication protocol(s).

The following is a list of technical standards and versions for the HTTP MIME Multipart envelope and eligibility payload:

- HTTP Version 1.1
- CSOAP Version 1.2
- SSL Version 3

- Health Care Eligibility Benefit Inquiry and Response Version 005010X279A1

- **CAQH MIME** – CarePartners of Connecticut supports the use of HTTP MIME Multipart existing envelope standards and has implemented the HTTP MIME Multipart envelope standards as identified in CAQH CORE Phase II Connectivity standards (http://www.caqh.org/pdf/270.pdf).

- The following is a list of technical standards and versions for the HTTP MIME Multipart envelope and eligibility payload:

- HTTP Version 1.1

- SSL Version 3.0

- MIME Version 1.0

- Health Care Eligibility Benefit Inquiry and Response Version 005010X279A1

CAQH SOAP – CarePartners of Connecticut supports the use of HTTP SOAP + WSDL envelope standards as identified in CAQH CORE Phase II Connectivity standards.

CarePartners of Connecticut provides certificates to use in place of a user ID and password for SOAP upon completion of enrollment process.

Message specifications for SOAP

Envelope Element	Specification
PayloadType	X12_270_Request_005010X279A1
ProcessingMode	RealTime
SenderID	ISA06 value as assigned by CarePartners of Connecticut
ReceiverID	16307
CORERuleVersion	2.2.0
Certificate Version	X.509

Note: Changes to CAQH that occur after the writing of this document will override this document.

PASSWORDS

Password assignment and resets are done by the EDI Operations group, (*See Contact Information below.*)

MAINTENANCE SCHEDULE

The systems used by the 270/271 transaction have a standard maintenance schedule of Sunday 8PM to 12AM EST. The systems are unavailable during this time. Email notifications will be sent notifying submitters of unscheduled system outages.

RULES OF BEHAVIOR

Rules of Behavior for programs that connect to this site:

- Unauthorized use of certificate is not permitted
- Must not deliberately submit batch files that contain Viruses**.**

5 CONTACT INFORMATION

EDI CUSTOMER SERVICE

The following sections provide contact information for any questions regarding HIPAA, 270/271 Health Care Eligibility Inquiry/Response Transactions, and documentation or testing.

270/271 Transaction EDI Eligibility Inquiry /Response Questions

- Contact EDI Operations at 888-631-7002, Ext. 52994 or EDI_CT_Operations@carepartnersct.com.

EDI Technical Assistance

- Contact EDI Operations at 888-631-7002, Ext. 52994 or EDI_CT_Operations@carepartnersct.com

APPLICABLE WEBSITES/E-MAIL

This section contains detailed information about useful web sites and email addresses.
- http://www.wpc-edi.com/ for corrected examples
- https://www.carepartnersct.com/for-providers/provider-resource-center

6 CONTROL SEGMENTS/ENVELOPES

Envelope Identifiers

CarePartners of Connecticut supplies each submitting provider with the Submitter and Sender Identifiers for the envelope elements as a part of the setup process. The Interchange Receiver and Application Receiver IDs depend upon which e-Channel is used.

Setup for 270 INBOUND Transactions

ISA-IEA

This section describes CarePartners of Connecticut's use of the interchange control segments. It includes a description of expected sender and receiver codes, authorization information, and delimiters

ISA - Interchange Control Header Segment

Segment Name	Seg. ID	Req / Opt	# of Char	Value	Remarks
Authorization Information Qualifier	ISA01	R	2	00	00 - No Authorization Information Present
Authorization Information	ISA02	R	10	<spaces>*	No Authorization Information Present
Security Information Qualifier	ISA03	R	2	00	00 - No Security Information Present
Security Information/ Password	ISA04	R	10	<spaces>*	No Security Information Present
Interchange ID Qualifier/Qualifier for Trading Partner ID	ISA05	R	2	<qualifier>*	Sender Qualifier
Interchange Sender ID/Trading Partner ID	ISA06	R	15	<SENDER ID>*	Sender's Identification Number
Interchange ID Qualifier/Qualifier for CarePartners of Connecticut ID	ISA07	R	2	33	NAIC number
Interchange Receiver ID/ CarePartners of Connecticut ID	ISA08	R	15	16307	CarePartners of Connecticut - NAIC number: 16307
Interchange Date	ISA09	R	6	<YYMMDD>	Date of the interchange in YYMMDD format
Interchange Time	ISA10	R	4	<HHMM>	Time of the interchange in HHMM format
Repetition Separator	ISA11	R	1	^ (is a typical separator received)	Type is not applicable; the repetition separator is a delimiter and not a data element; this field provides the delimiter used to separate repeated occurrences of a simple data element or a composite data structure; this value must be different than the data element separator, component element separator, and the segment terminator
Interchange Control Version Number	ISA12	R	5	00501	Version number
Interchange Control Number/Last Control Number	ISA13	R	9	<Auto-generated>	Assigned by the interchange sender, must be associated with IEA02 segment
Acknowledgement Request	ISA14	R	1	0	0 - No Acknowledgement Requested
Usage Indicator	ISA15	R	1	<T or P>	T-test data; P-production data
Separator	ISA16	R	1	<Any>	ASCII Value. Component element separator

* Denotes provider and CarePartners of Connecticut agreed upon entries

GS-GE

This section describes CarePartners of Connecticut's use of the functional group control segments. It includes a description of expected application sender and receiver codes. Also included in this section is a description concerning how CarePartners of Connecticut expects functional groups to be sent and how CarePartners of Connecticut will send functional groups. These discussions will describe how similar transaction sets will be packaged and CarePartners of Connecticut's use of functional group control numbers.

Functional Group Header Segment

Segment Name	Seg. ID	Req / Opt	# of Char	Value	Remarks
Functional Identifier Code	GS01	R	2	HS	Eligibility, Coverage or Benefit Inquiry
Application Sender's Code	GS02	R	2/15	<SENDER ID>	Code identifying party sending transmission
Application Receiver's Code	GS03	R	2/15	16307	Code identifying party receiving transmission Uses CarePartners of Connecticut - NAIC number: 16307
Date	GS04	R	8	<CCYYMMDD>	Functional Group creation date in CCYYMMDD format
Time	GS05	R	4/8	<HHMM>	Functional Group creation time in HHMM format. Time expressed in 24-hour clock. For example, 3:23 PM is entered as 1523.
Group Control Number	GS06	R	1/9	<#>	Assigned and maintained by the sender, must be associated with GE02 segment GS06
Responsible Agency Code	GS07	R	1/2	X	Accredited Standards Committee X12
Version/Release/Industry Identifier Code	GS08	R	1/12	005010X279A1	Transaction version

Group Trailer

Segment Name	Seg. ID	Req / Opt	# of Char	Value	Remarks
Number of Transaction Sets Included	GE01	R		1	Total number of transactional sets included in the functional group or interchange
Group Control Number	GE02	R		<#>	Assigned number originated and maintained by the sender

Setup for 271 OUTBOUND Transaction

INTERCHANGE CONTROL HEADER SEGMENT

Segment Name	Seg. ID	Req / Opt	# of Char	Value	Remarks
Authorization Information Qualifier	ISA01	R	2	00	00 - No Authorization Information Present
Authorization Information	ISA02	R	10	<spaces>*	No Authorization Information Present
Security Information Qualifier	ISA03	R	2	00	00 - No Security Information Present
Security Information/ Password	ISA04	R	10	<spaces>*	No Security Information Present
Interchange ID Qualifier/ Qualifier for CarePartners of Connecticut ID	ISA05	R	2	33	Sender Qualifier : NAIC Number
Interchange Sender ID/ CarePartners of Connecticut ID	ISA06	R	15	16307	Code identifying party receiving transmission Use CarePartners of Connecticut - NAIC number: 16307
Interchange ID Qualifier/ Qualifier for Trading Partner ID	ISA07	R	2	<qualifier>*	Receiver Qualifier
Interchange Receiver ID/ Trading Partner ID	ISA08	R	15	<RECEIVER ID>*	Receiver's Identification Number
Interchange Date	ISA09	R	6	<YYMMDD>*	Date of the interchange in YYMMDD format
Interchange Time	ISA10	R	4	<HHMM>*	Time of the interchange in HHMM format
Repetition Separator	ISA11	R	1	^ (is a typical separator sent)	Type is not applicable; the repetition separator is a delimiter and not a data element; this field provides the delimiter used to separate repeated occurrences of a simple data element or a composite data structure; this value must be different than the data element separator, component element separator, and the segment terminator
Interchange Control Version Number	ISA12	R	5	00501	Version number
Interchange Control Number/Last Control Number	ISA13	R	9	<#>	Assigned by the interchange sender, must be identical to associated Interchange Trailer, IEA-02.
Acknowledgement Request	ISA14	R	1	0	0 - No Acknowledgement Requested
Usage Indicator/Acknowledgment Request	ISA15	R	1	<T or P>	T-test data; P-production data
Separator	ISA16	R	1	~(126)	Component element separator

* Denotes provider and CarePartners of Connecticut agreed upon entries

FUNCTIONAL GROUP HEADER SEGMENT

Segment Name	Seg. ID	Req / Opt	# of Char	Value	Remarks
Functional Identifier Code	GS01	R	2	HB	Elig, Coverage or Benefit Information
Application Sender's Code	GS02	R	2/15	Direct Submitter -16307	Use CarePartners of Connecticut - NAIC number: 16307
Application Receiver's Code	GS03	R	2/15	<RECEIVER ID>*	Code identifying party sending (inbound) transmission
Date	GS04	R	8	<CCYYMMDD>*	Functional Group creation date in CCYYMMDD format
Time	GS05	R	4/8	<HHMM>*	Functional Group creates time in HHMM format; time in 24-hour clock, i.e., 3:23 PM entered as 1523.
Group Control Number	GS06	R	1/9	<#>	Assigned and maintained by the sender, must be associated with GE02 segment
Responsible Agency Code	GS07	R	1/2	X	Accredited Standards Committee X12
Version/Release/Industry Identifier Code	GS08	R	1/12	005010X279A1	Transaction version

7 PAYER SPECIFIC BUSINESS RULES AND LIMITATIONS

CarePartners of Connecticut accepts and processes CarePartners of Connecticut Medicare HMO eligibility electronically, in the HIPAA-compliant 270 X12N format and responds with a HIPAA- compliant 271 X12N format. CarePartners of Connecticut uses real time processing for its EDI transactions to provide immediate responses to its submitters. As a result, CarePartners of Connecticut does not support an acknowledgement 999 response transaction for any 270 transactions submitted. In real time, the submitter transmits a request transaction to CarePartners of Connecticut and then remains connected while CarePartners of Connecticut processes the transaction and responds to the submitter.

CarePartners of Connecticut accepts the 270/271 transactions as a "read only" transaction and will not use any data coming in on the 270 transaction to update its internal systems. Additionally, where stated in the *ASC X12N ANSI 270/271 Health Care Eligibility Inquiry and Response Transaction Set Implementation Guide*, CarePartners of Connecticut will respond with its source data from internal systems, including but not limited to such data as Subscriber Name information and Gender.

7.1 Supported Functionality

CarePartners of Connecticut will accept the 270 transaction using all business functionality levels of an inbound request as defined by the *ASC X12N ANSI 270/271 Health Care Eligibility Inquiry and Response Transaction Set Implementation Guide*s. The following are examples of the functionality levels by request types:

- General Requests, such as all medical/surgical benefits and coverage conditions.

- Specific Requests, such as Professional Office visit.

CarePartners of Connecticut has constructed their benefit categories to support a specific service type requested as required by the 5010 transaction. We will also provide the response "Active" or "Inactive" with some additional Member information. Patient responsibility and limitations for both "In-network and Out of network will also be returned

If a benefit category cannot be matched, then all available benefits (service type 30) will be returned in the response.

CarePartners of Connecticut does not use the Dependent Loop of the 270/271 transactions, as we are capable of uniquely identifying its members based on the member's identification number, without first identifying their associated subscriber. This number is typically the subscriber 11 digit ID number ID.

When information is sent in the Dependent Loop of the 270 transaction, CarePartners of Connecticut will only respond back referencing the eligibility of the member identified in the Subscriber loop.

7.2 Unsupported Business Functions

As referenced in the *ASC X12N ANSI 270/271 Health Care Eligibility Inquiry and Response Transaction Set Implementation Guide,* hereafter referred to in this document as *Implementation Guides*, the 270/271 transaction for CarePartners of Connecticut will not support the following functionality:

- Authorizations requirements

- Certification requirements

- Utilization management

7.3 Subscriber and Member Searches

Search Criteria

CarePartners of Connecticut uses the Implementation Guide required search criteria alternatives to develop its own requirements for identifying members within its system. To uniquely identify a member, a 270 transaction must include the member's CarePartners of Connecticut Identification Number (found on the front of the Member's ID card).

Alternately, the 270 transaction must include the member's last/first name combination and Date of Birth (DOB). To better support this capability, additional search paths have been developed in cases where all three (member's ID, member's Last Name/First Name and member's DOB,) are included.

To perform an eligibility search for a member, use either search option:

Search Options	Loop/Segment ID/Name
Primary Search Option #1:	
Member ID Qualifier	2100C NM108[1] Identification Code Qualifier *CarePartners of Connecticut will expect providers to use "MI" Member Identification Number*
Member ID	NM109[2] Subscriber Primary Identifier *CarePartners of Connecticut will expect the Member's 11-digit ID Number*
Alternative Search Option #2:	
Member Date of Birth[1] Member Last Name Member First Name Member Middle Name	2100C DMG02 Subscriber Birth Date 2100C NM103 Subscriber Last Name 2100C NM104 Subscriber First Name 2100C NM105 Subscriber Middle Name *CarePartners of Connecticut currently captures a member's Middle Initial; provide if available*
Patient's Last Name Suffix	2100C NM106 Subscriber Name Suffix *CarePartners of Connecticut currently captures a member's Last Name Suffix; provide if available*

If the member is found, CarePartners of Connecticut will return in the 271 transaction both the member's name information and identification number. For example, if the search request is done on the Member's DOB and Last/First Name and the member is found, the 271 transaction will provide back the Member's ID.

7.4 Date of Service (DOS)

The 270 transaction enables a submitter to request eligibility information on a member for a Date of Service (DOS) that may include both future and past dated requests. This DOS may be provided in either the 2100C or the 2110C loop. CarePartners of Connecticut can receive these various inquiries and has applied the following logic/criteria in using this information to determine a member's eligibility for the DOS in the response 271 transaction:

- **Loop 2100C DOS Qualifier -** The Date Time Qualifier in Loop 2100C DTP01 allows for two different values. CarePartners of Connecticut will accept all values coming in on the 270 transaction, but will not distinguish between the different values and will process all values as an "eligibility" date request.

- **Future/Past DOS Inquiries -** CarePartners of Connecticut will accept eligibility inquiries on any past DOS provided. If the DOS inquiry is greater than 90 days, CarePartners of Connecticut will reject the transaction for "Date of Service in the Future" in the AAA segment in Loop 2100C, as it is business practice that dates greater than 90 days are too far in the future to accurately determine the member's eligibility.

- **Range of Date Requests -** CarePartners of Connecticut will accept inquiries that request information on both a single date ("D8" qualifier) and a range of dates ("RD8" qualifier). CarePartners of Connecticut will use the one date provided in a single date or the first date provided in a range of dates to determine the member's eligibility.

DOS Location in Transaction - CarePartners of Connecticut will accept dates that are provided in both the 2100C and the 2110C Loops of the transaction. In accordance with the Implementation Guides, the dates provided in the lower loop, e.g., the 2110C loop will override any dates provided in the 2100C loop and eligibility will be determined on that date. Additionally, if multiple iterations of either of those loops occur, i.e., three 2110C loops are sent, CarePartners of Connecticut will process using the earliest date provided.

[1] If used, must also use NM109 or
[2] If used, must also use NM108

- **No Date of Service Provided on 270 Transaction -** CarePartners of Connecticut will use the transaction date as a default date if no DOS is provided on the 270 transaction.
- **Dates Provided in 271 Response -** CarePartners of Connecticut will provide two "sets" of dates in the response 271 transaction.
    1. The 2100C loop will contain the member's eligibility for the plan, e.g., the member's original effective date of coverage and any termination date if applicable. If no termination date is identified, a single date of original effective date will appear.
    2. The 2110C loop will contain a single DTP segment that includes the DOS as determined by the above parameters, regardless of where it comes in on the original 270-inquiry transaction.

7.5 Co-payment/Co-insurance/Deductible/Out Of Pocket Amounts

CarePartners of Connecticut will provide member-specific co-payment, coinsurance, deductible and out of pocket information as available from its system. These amounts will appear in the EB segments in loop 2110C when available/applicable. The first iteration of the EB segment will state whether or not the member is "Active" or "Inactive". (Refer to Instructional Tables on page 26 for full details on the design of the EB segment.) The following are samples of co-payment/co-insurance/deductible types that may be included in the response transaction:

- Office Visit
- Emergency Room
- Surgical Day Care
- In-patient

7.6 Benefit Limits

CarePartners of Connecticut will provide member-specific Benefit Limits information to include the number of services Approved/Used as available from its system.

These limits will appear in the EB segments in loop 2110C when available/applicable.

7.7 Primary Care Physician (PCP) Information

CarePartners of Connecticut will provide information on a member's Primary Care Physician on the outbound 271 transactions. The Date of Service on the transaction determines PCP information, i.e., the PCP provided may not be the member's current PCP. The following information is provided in the 2120C loop of the transaction when available in the CarePartners of Connecticut system:

- Provider Name
- National Provider Identifier (NPI) # ("XX" HIPAA Qualifier code)
- PCP Contact Telephone Number
- PCP-Affiliated Hospital or Group, etc.
- PCP's Primary Practice Address (Address, City, State, Zip)
- PCP's Independent Physicians Association (IPA)

If no PCP information exists for the member and they are enrolled in a HMO, POS, EPO plan, a message of "No PCP Selected" will appear in NM103 of the 2120C loop.

If no PCP information exists for the member and they are enrolled in a Preferred Provider Organization (PPO) plan, a message of "No PCP Required" will appear in NM103 of the 2120C loop.

8 ACKNOWLEDGEMENTS AND/OR REPORTS

999 - Acknowledgment for Health Care Insurance

CarePartners of Connecticut will not be supporting the Acknowledgement for Health Care Insurance (999) as we do not currently support batch submission. No 999s are sent for real time submissions of 270 transaction.

TA1 - Interchange Acknowledgement Request

TA1—CarePartners of Connecticut does not supports the Interchange Acknowledgement Request (TA1) when requested by submitters with the ISA14 value of one.

Search Criteria Rejection Logic

CarePartners of Connecticut has developed its rejection logic using HIPAA standard codes, to better communicate to providers the reason a transaction was rejected and what action to take to resolve the rejection. Unique combinations of HIPAA Rejection Reason codes are used to support this functionality. The table below provides these combinations and the resulting actions that CarePartners of Connecticut requires to support a successful transaction.

AAA REJECTION CODES DESCRIPTION

AAA03 Rejection Code	AAA Code Description	Loop Location	CarePartners of Connecticut Validating Fields	Problem	Corrective Action
15	Required application data missing	2100C	• Subscriber Primary Identifier or • Subscriber Last Name • Subscriber First Name • Subscriber DOB	Problem identifying member in the database.	Refer to Search Criteria on page 14.
42	Unable to Respond at Current Time	2100C	--	Problem with CarePartners of Connecticut systems	Refer to System Maintenance on page 8. Resubmit the transaction.
50	Provider Ineligible for Inquiries	2100B	Entity Identifier Code (for Information Receiver)	Information receiver is not recognized as valid transmitter.	1.CarePartners of Connecticut expects to receive: 1P (Provider) FA (Facility) 80 (Hospital) 2. Correct error and resubmit.
56	Inappropriate Date	2110C	If member has overlapping coverage	Member Coverage Overlap	Provider will need to contact CarePartners of Connecticut Provider Services at 888-341-1508
57	Invalid/Missing Date(s) of Service	2100C	Date of Service	Invalid date information or date is greater than transaction date plus 90 days.	The Date of Service must be in a valid format, i.e., CCYYMMDD. Date of Service must not be greater than transaction date plus 90 days. Check the format and date.

AA03 Rejection Code	AAA Code Description	Loop Location	CarePartners of Connecticut Validating Fields	Problem	Corrective Action
58	Invalid/Missing Date of Birth	2100C	Date of Birth	Invalid date information or date is greater than today's date.	The Date of Birth must be in a valid format, i.e., CCYYMMDD. Date of Birth must not be a future date. Check the format. Refer to Search Criteria on page 14.
63	Date of Service in Future	2100C	Date of Service	Date is Greater than transaction date plus 90 days.	The Date of Service must be in a valid format, i.e., CCYYMMDD. Date of Service must not be greater than transaction date plus 90 days. Check the format and date. Check the format.
71	Patient Birth Date Does Not Match That for the Patient on the Database	2100C	Subscriber Date of birth	The D.O.B sent , does not match the D.O.B. in our system	Validate the patient's date of birth.
72	Invalid/Missing Subscriber/Insured ID	2100C	Subscriber Primary Identifier	No match found	CarePartners of Connecticut member ID numbers must be 11 digits long beginning with S and ending with a suffix 01. Refer to Search Criteria on page 14.
73	Invalid/Missing Subscriber/Insured Name	2100C	• Subscriber Last Name • Subscriber First Name	No match found	Unable to identify a matching member in the CarePartners of Connecticut database. Resubmit with correct member Last and First names. Refer to Search Criteria on page 14.
75	Subscriber/Insured Not found	2100C	• Subscriber Last Name • Subscriber First Name	No match found	Unable to identify a matching member in the CarePartners of Connecticut database. Resubmit with correct member ID number. Refer to Search Criteria on page 14.
76	Duplicate Subscriber/Insured ID Number	2100C	• Subscriber Last Name • Subscriber First Name • Subscriber ID	'Duplicate Member found' by ID or Name respectively.	Validate Member Name and DOB or submit complete member ID to include base number and two digit suffix.
78	Subscriber/Insured Not in Group/Plan Identified		• Subscriber ID	Member ID submitted is not part of the plan	Do not resubmit

79	Invalid Participant Identification	2100A	Entity Identifier Code (for Information Source)	Identifier for Information Source is not being used correctly.	1. CarePartners of Connecticut expects to receive PR (Payer). 2. Correct error and resubmit.

Rejection logic also exists for problems occurring with the transaction outside of the search criteria, i.e., system unavailable.

9 TRADING PARTNER AGREEMENTS

TRADING PARTNERS

An EDI Trading Partner is defined as any CarePartners of Connecticut customer (provider, billing service, software vendor, employer group, financial institution, etc.) that transmits to, or receives electronic data from CarePartners of Connecticut.

CarePartners of Connecticut utilizes the SOAP Registration Form to establish the Trading Partners agreement/set-up forms to process electronic transactions.

10 TRANSACTION SPECIFIC INFORMATION

This section describes how ASC X12N Implementation Guides (IGs) adopted under HIPAA will be detailed with the use of a table. The tables contain a row for each segment that CarePartners of Connecticut has something additional, over and above, the information in the IGs. 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 IGs 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, composite or simple data element pertinent to trading electronically with CarePartners of Connecticut

In addition to the row for each segment, one or more additional rows are used to describe CarePartners of Connecticut's usage for composite and simple data elements and for any other information.

The following table specifies the columns and suggested use of the rows for the detailed description of the transaction set companion guides.

These tables contain one or more rows for each segment for which a supplemental instruction is needed.

Legend
BOLDED and SHADED rows represent "loops" or "segments" in the X12N implementation guides.
NON-SHADED rows represent "data elements" in the X12N implementation guides.

270 Eligibility, Coverage, or Benefit Inquiry

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
	N/A	**BHT**	**Beginning of Hierarchical Transaction**			
63		BHT02	Transaction Set Purpose Code	13		CarePartners of Connecticut will process all valid values and will process transaction as a "13" (Request).
		BHT03	Submitter Transaction Identifier			CarePartners of Connecticut will accept any value and return in the 271 transaction.
	2100A	**NM1**	**Information Source Name**			
69		NM101	Entity Identifier Code	PR		CarePartners of Connecticut will process all valid values in this field, but expects "PR" (Payer); all others are rejected in AAA segment in 271-2100A loop.
70		NM102	Entity Type Qualifier	2		CarePartners of Connecticut process all valid values in this field, but expects "2" (non- person entity); all others are rejected in AAA segment in 271 2100A.
		NM103	Information Source Last or Organization Name			Information Receiver should send "CAREPARTNERS OF CONNECTICUT". This is required for v 5010, must be submitted, and is expected by CarePartners of Connecticut. The transaction may be rejected if not present
71		NM108	Identification Code Qualifier	PI		CarePartners of Connecticut process all valid values for this field but expects a value of "PI" (Payor identification); all others are rejected in AAA segment in 271 2100A.
		NM109	Information Source Primary Identifier			CarePartners of Connecticut expects to receive **16307**. = CarePartners of Connecticut NAIC number: Returns AAA error message in 2100A if NM109 is not submitted
	2100B	**NM1**	**Information Receiver Name**		.	
		NM101	Entity Identifier Code			CarePartners of Connecticut will process all valid values in this field, but expects: "1P" (Provider), "80" (Hospital), or "FA" (Facility); all others are rejected in the AAA error segment in the 271 2100B

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
75		NM103	Information Receiver Name			Name Last or Organization Name is now required for 5010 and is expected by CarePartners of Connecticut. The transaction will be rejected if not present
77		NM108	Identification Code Qualifier			CarePartners of Connecticut will only accept a "XX" qualifier for the National Provider Identifier.
		NM109	Information Receiver Identification Number			CarePartners of Connecticut expects to receive the National Provider Identifier (NPI)
90	**2000C**	**TRN**	**Subscriber Trace Number**			**CarePartners of Connecticut will accept all instances/values submitted in this segment and send it back on the 271 transaction.**
92	**2100C**	**NM1**	**Subscriber Loop**			**CarePartners of Connecticut is capable of uniquely identifying each member within its system; as a result, it was determined that the dependent loop would not be used**
93		NM103	Subscriber Last Name			*See below*

As Alternative Search criteria:

CarePartners of Connecticut requires DOB and either the Member's Last/First Name or Member ID be included.

CarePartners of Connecticut will capture the Subscriber's Last Name for use as part of the search criteria (refer to the section on Search Criteria on page 14); if the member is found, the 271 transaction will include the Subscriber Last Name found in CarePartners of Connecticut's system. Double last names that are not hyphenated may exhibit some data display irregularities. The second last name displays in the suffix field.

To meet CORE® Operating rule #258 -"Name Normalization"

A copy of the submitted member last name will be normalized:

- The name will be converted to all upper case.
- All characters included in the following pattern will be removed from the name:
  Either space or comma or forward slash, followed by
  One of "JR", "SR", "I", "II", "III", "IV", "V", "RN", "MD", "MR", "MS", "DR", "MRS", "PHD", "REV" or "ESQ", followed by either space or the end of the name.
- The following characters will be removed from the name: "!" (exclamation mark), """ (quotation mark), "&" (ampersand), "'" (apostrophe), "(" (left parenthesis), ")" (right parenthesis), "*" (asterisk), "+" (plus sign), "," (comma), "-" (hyphen/minus), "." (period), "/" (forward slash), ":" (colon), ";" (semicolon), "?" (question mark), "=" (equals sign).
- This normalized last name will now be used to finds the member.

		NM104	Subscriber First Name			CarePartners of Connecticut will capture the Subscriber's First Name for use as part of the search criteria (refer to Search Criteria on page 14); if the member is found, the 271 transaction will include the Subscriber First Name found in CarePartners of Connecticut's system
94		NM105	Subscriber Middle Name			CarePartners of Connecticut will capture the Subscriber's Middle Name and use the first initial as part of the search criteria if it is provided (refer to Search Criteria on page 14; if the member is found, the 271 transaction will include the Subscriber Middle Initial found in CarePartners of Connecticut's system

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
		NM107	Subscriber Name Suffix			CarePartners of Connecticut will capture the Subscriber's Name Suffix and may use it as part of the search criteria if it is provided (refer to Search Criteria on page 14; if the member is found, the 271 transaction will include the Subscriber Suffix Name found in CarePartners of Connecticut's system
95		NM108	Identification Code Qualifier	MI		This element is required if the Subscriber's **Primary Identifier** (NM109) is used. CarePartners of Connecticut will accept all values, but treat them as a "MI" (Member Identification Number)
		NM109	Subscriber Primary Identifier			*CarePartners of Connecticut uniquely identifies it members/patients by their member identification number. Our primary search criteria uses the ID number as indicated below:* CarePartners of Connecticut will capture the Member's ID (11-digit) for use as part of the search criteria (refer to Search Criteria on page 14); if the member is found, the 271 transaction will include the Member ID found in CarePartners of Connecticut's system
98	**2100C**	**REF**	**Subscriber Additional Information**	**EJ**		**CarePartners of Connecticut will accept all values, but it will only capture an "EJ" (Patient Account Number) if sent in by a provider and return it on the 271 response. CarePartners of Connecticut does not use any information that is sent in this segment for processing.**
100	2100C	N3	Subscriber Address			CarePartners of Connecticut will accept this information, but will not use it in processing. Additionally, it will not be returned on the 271 transaction.
	2100C	**DMG**	**Subscriber Demo-graphic Information**			
107		DMG02	Subscriber Birth Date			*CarePartners of Connecticut requires the Member's Date of Birth be included when using the alternative search criteria.* CarePartners of Connecticut will capture the Member's Date of Birth for use as part of the search criteria (refer to Search Criteria on page 14).
		DMG03	Subscriber Gender Code			Subscriber Gender Code will be accepted, but is not used for processing; if the member is found, the 271 transaction will include the Gender found in CarePartners of Connecticut's system.
122	**2100C**	**DTP**	**Subscriber Date**			**CarePartners of Connecticut will process using the earliest date provided in this segment if more than one instance of the segment is provided.**

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
	2100C	DTP01	Date/Time Qualifier	291		Code 291 (Plan) will be used in place of deleted code 307. Code 102 (Issue) will also be accepted and processed as a code 291
		DTP03	Date Time Period			CarePartners of Connecticut will accept all values, but will process using only the first 8 characters to determine eligibility. If the DOS inquiry is greater than 90 days, CarePartners of Connecticut will reject the transaction for "Date of Service in the Future" in the AAA segment in Loop 2100C, as it is business practice that dates greater than 90 days are too far in the future to accurately determine the member's eligibility.
124	**2110C**	**EQ**	**Subscriber Eligibility or Benefit Inquiry Information**			**CarePartners of Connecticut will continue to accept all instances and values in the 2110C loop including a "generic" request for eligibility, i.e., translate to a "30" (Health Benefit Plan Coverage).**
		EQ01	Service Type Code			CarePartners of Connecticut has also constructed their Benefit categories to support a specific service type request as required by CAQH -CORE® Operating Rule #260 for this transaction. They include, but not limited to the following: See Appendix A for a list of applicable CORE ® Service types. If a benefit category cannot be matched to one of the Service Types, then all available benefits will be returned in the response.
	2110C	**DTP**	**Subscriber Eligibility / Benefit Date**			
144		DTP01	Date Time Qualifier			CarePartners of Connecticut will only accept the value, 291 (Request).
		DTP03	Date Time Period			CarePartners of Connecticut will accept all values, but will process using only the first 8 characters to determine eligibility. If multiple instances of the DTP segments are provided, CarePartners of Connecticut will process using the earliest date received. If value is greater than 90 days, CarePartners of Connecticut will reject.
146	**2000D**		**Dependent Loop**			**CarePartners of Connecticut will accept information that comes in on this loop but not use it for processing. Eligibility will be based on information provided in the Subscriber Loop.**

271 Eligibility, Coverage, or Benefit Inquiry

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
	N/A	BHT	**Beginning of Hierarchical Transaction**			
211		BHT03	Submitter Transaction Identifier			CarePartners of Connecticut will return the value provided in the BHT03 field of the 270 transaction.
215	**2000A**	**AAA**	**Request Validation**			**CarePartners of Connecticut will not use this segment, as the 270 transaction would not reach acceptance prior to reaching this segment.**
	2100A	**NM1**	**Information Source Name**			
218		NM101	Entity Identifier Code			CarePartners of Connecticut will return the value provided in the NM101 (Loop 2100A) field of the 270 transaction.
219		NM103	Information Source Last or Organization Name			CarePartners of Connecticut will return the value provided in the NM103 (Loop 2100A) field of the 270 transaction.
220		NM109	Information Source Primary Identifier			CarePartners of Connecticut will return the value provided in the NM103 (Loop 2100A) field of the 270 transaction, which will be the CarePartners of Connecticut NAIC number 16307
	2100A	**PER**	**Information Source Contact Information**			**CarePartners of Connecticut will return two iterations of this segment; this will include the toll free numbers.**
222		PER01	Contact Function Code			CarePartners of Connecticut will use "IC" (Information Contact)
		PER02	Information Source Contact Name			CarePartners of Connecticut will use the following: CarePartners of Connecticut Provider Services
		PER03	Communication Number Qualifier			CarePartners of Connecticut will always use "TE" (Telephone).
		PER04	Communication Number			CarePartners of Connecticut will return the following: "8883411508"
	2100A	**AAA**	**Request Validation**			**CarePartners of Connecticut will return this AAA segment in cases when Information Source is inaccurate.**
226		AAA01	Valid Request Indicator			CarePartners of Connecticut will return an "N" (No) when this segment is used.
227		AAA03	Reject Reason Code			CarePartners of Connecticut will return a "79" (Invalid Participant Identification) when this segment is used.

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
		AAA04	Follow-Up Action Code			CarePartners of Connecticut will return a "C" (Please Correct and Resubmit)" when this segment is used.
232	**2100B**	**NM1**	**Information Receiver**			**CarePartners of Connecticut will return what was sent in the 270.**
	2100B	**AAA**	**Information Receiver Request Validation**			**CarePartners of Connecticut will return this AAA segment when Information Receiver Information is incorrect.**
238		AAA01	Valid Request Indicator			CarePartners of Connecticut will return an "N" (No) when this segment is used.
239		AAA03	Reject Reason Code			CarePartners of Connecticut will return a "50" (Provider Ineligible for Inquiries) when this segment is used.
		AAA04	Follow-Up Action Code			CarePartners of Connecticut will return a "C" (Please Correct and Resubmit)" when this segment is used.
	2000C	**TRN**	**Subscriber Trace Number**			**CarePartners of Connecticut will return a maximum of two instances of this segment if it is sent in on the 270.**
247		TRN01	Trace Type Code			CarePartners of Connecticut will return a "2" (Referenced Transaction Trace Number)" in this field when the segment is used.
248		TRN02	Trace Number			CarePartners of Connecticut will return the value provided in the TRN02 (Loop 2000C) field of the 270 transaction.
		TRN03	Trace Assigning Entity Identifier			CarePartners of Connecticut will return the value provided in the TRN03 (Loop 2000C) field of the 270 transaction.
		TRN04	Trace Assigning Entity Additional Identifier			CarePartners of Connecticut will return the value provided in the TRN04 (Loop 2000C) field of the 270 transaction.
	2100C	**NM1**	**Subscriber Name**			**Given the situations identified below, CarePartners of Connecticut will return the following information in this segment:** **Rejection Response Transactions – Information returned from 270** **Accepted Transactions – Information from CarePartners of Connecticut databases is parsed and returned to Information Receiver. If member ID is not provided on 270 and the transaction is accepted, the member ID is retrieved from the CarePartners of Connecticut databases and sent out on the 271 (the same applies if the member name is not provided on the 270 transaction).**

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
254	**2100C**	**REF**	**Subscriber Additional Identifier**	**Reference Identification Qualifier**		**CarePartners of Connecticut will return "EJ" (Patient Account Number) in this field if it is provided in the REF01 (Loop 2100C) of the 270 transaction.** **CarePartners of Connecticut will also return "6P" (Group Number) if it is available in the CarePartners of Connecticut system and the patient is active.**
		REF02	Subscriber Supplemental Identifier			CarePartners of Connecticut will return a value in this field if it is provided in the REF02 (Loop 2100C) of the 270 transaction. CarePartners of Connecticut will also return the member's "Group Number" if it is available in the CarePartners of Connecticut system and the patient is active.
257	**2100C**	**N3**	**Subscriber Address**			**CarePartners of Connecticut will not return the Subscriber Address on the 271 transaction.**
	2100C	**AAA**	**Subscriber Request Validation**			**CarePartners of Connecticut will return this AAA segment when problems exist with subscriber-related information. If the transaction is rejected at this level, no subsequent information is sent out on the 271.**
262		AAA01	Valid Request Indicator			CarePartners of Connecticut may return either a "Y" (Yes) or an "N" (No) when this segment is used.
263		AAA03	Reject Reason Code			CarePartners of Connecticut may return one or many values in this field when this segment is used. *Refer to Section 8 Search Criteria Rejection Logic.*
264		AAA04	Follow-Up Action Code			CarePartners of Connecticut may return either a "C" (Please Correct and Resubmit)" or an "R" (Resubmission Allowed) when this segment is used.
	2100C	**DMG**	**Subscriber Demo-graphic Information**			
269		DMG02	Subscriber Date of Birth			CarePartners of Connecticut will return the member's Date of Birth if the transaction is not rejected.
		DMG03	Subscriber Gender Code			CarePartners of Connecticut will return the member's Gender if it is available in the CarePartners of Connecticut system.
	2100C	**INS**	**SUBSCRIBER RELATIONSHIP**			**If the normalized submitted name matches the normalized name from our database, but last name as actually submitted does not match the last name as stored in our database, then the 271 response will include an INS segment and the following values in the 2100C loop:** • **NM103 = Last Name, as stored in our database.**

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
272		INS01	Yes/No Condition or Response Code	Y		
		INS02	Individual Relationship Code	18		
		INS03	Maintenance Type Code			• INS03 = 001 (Change)
		INS04	Maintenance Reason Code			• INS04 = 25 (Change in Identifying Data elements)
	2100C	**DTP**	**Subscriber Date**			
Page #	**Loop ID**	**Reference**	**Name**	**Codes**	**Length**	**Notes/Comments**
283		DTP01	Date Time Qualifier			CarePartners of Connecticut will return a "307" (Eligibility) in this field.
284		DTP03	Date Time Period			CarePartners of Connecticut will return the dates *across* a member's eligibility in this field, not Date of Service (this is returned in Loop 2110C DTP03). It will include the member's original effective date in the organization and termination date if known. (If termination date is known, DTP02 Qualifier will be "RD8" (Range of Dates); otherwise "D8" (Date) is used.) For Medicare members, if known, the most recent coverage effective date and termination date are returned. NOTE: If a member's effective date and term date are the same, the provider should call to confirm eligibility status.
	2110C	**EB**	**Subscriber Eligibility or Benefit Information**			**CarePartners of Connecticut will return multiple iterations of this segment on the 271 transaction. The first iteration of the EB segment will state whether the member is "Active" or "Inactive". If information is not available for one of the iterations of the segment, that segment will not be returned.**
291		EB01	Eligibility or Benefit Information			CarePartners of Connecticut will return the following in each iteration of the EB segment: 1st: Either "1" (Active) or "6" (Inactive) Subsequent iterations will indicate patient responsibilities. (A) Co-insurance, (B) Co-payment, (C) Deductible limits and remaining deductible, (G) Out of Pocket (Stop Loss) for limits and remaining (I) Not Covered, (U) Contact Entity, (L) PCP related Information and (F) benefit limits for all applicable service categories of that member's benefits in EB03.

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
293		EB03	Service Type Code			CarePartners of Connecticut will return the following in the appropriate iteration of the EB segment, if there is coverage for the requested service type. See Appendix A for a list of applicable Service Types. If a benefit category cannot be matched to a Service Type on the request, then all available benefits will be returned in the response.
Page #	**Loop ID**	**Reference**	**Name**	**Codes**	**Length**	**Notes/Comments**
298		EB04	Insurance Type Code			CarePartners of Connecticut will return the member's same product type in this field for every iteration of the loop, including "HM" (Health Maintenance Organization) "PS" (Point of Service) "PR" (Preferred Provider Organization) "HN" (Health Maintenance Organization – Medicare Risk) "OT" (Other)
299		EB05	Plan Coverage Description			CarePartners of Connecticut will return The Plan Description in the first iteration. We will also include contact instruction when EB01 = "U"
		EB06	Time Period Qualifier			As appropriate
300		EB07	Benefit Amount			CarePartners of Connecticut will return the co- payment or deductible amount (for the designated co-pay type) in this field. This is not used for the first or last iterations.
301		EB08	Benefit Percent			CarePartners of Connecticut will return the co- insurance percent in this field, when it applies.
		EB09	Benefit Limit/Qualifier			CarePartners of Connecticut will return the Code specifying the type of quantity for the benefit in this field.
302		EB10	Benefit Limit/Quantity			CarePartners of Connecticut will return the numeric value of the quantity for the benefit in this field
303		EB12	Yes/No Condition or Response Code	**Y** **N** **W**		Indicates the benefits identified are considered In-Plan-Network. Indicates that the benefits identified are considered Out-Of-Plan-Network Not Applicable – When covered for both.
	2110C	**DTP**	**Subscriber Eligibility / Benefit Date**			
317		DTP01	Date Time Qualifier			CarePartners of Connecticut will return "472" (Service) value in this field.
318		DTP02	Date Time Period Format Qualifier			CarePartners of Connecticut will return a value of "D8" (Date) value in this field.

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
		DTP03	Eligibility or Benefit Date Time Period			CarePartners of Connecticut will return the Date of Service provided by the Information Receiver in the 270 transaction. Refer to Date of Service section for specific details on how this date is identified. If no date is provided on the 270 transaction, during processing the value defaults to the date of the transaction.
319	**2110C**	**AAA**	**Subscriber Request Validation**			**CarePartners of Connecticut will not reject the transaction at this level as the Member will have already been identified and none of the information prior to this segment will be released.**
322		**MSG**	**MESSAGE TEXT**			
		MSG1	Free-form Message Text			CarePartners of Connecticut will place a benefit description for each benefit category supported,
328		**LS01**	**Loop Header**			**Required Loop if using 2120C**
330	**2120C**		**Subscriber Benefit Related Entity Name**			**CarePartners of Connecticut will return PCP information for a member in this loop if the information is available. The PCP is identified based on the Date of**
Page #	**Loop ID**	**Reference**	**Name**	**Codes**	**Length**	**Notes/Comments**
						Service (DOS) for the inquiry, i.e., a member's current PCP may not be the same as the one identified in this loop as a member may have changed his/her PCP since the DOS of the inquiry.
330	**NM1**	**NM101**	**Entity Identifier Code**			**CarePartners of Connecticut will return "P3" (Primary Care Provider" in this field if PCP information is available and member is active**
331		NM102	Entity Type Qualifier			CarePartners of Connecticut will return "1" (Person) in this field.
		NM103	Benefit Related Entity Last or Organization Name			CarePartners of Connecticut will return the PCP's Last Name in this field. If no PCP information exists for a POS/HMO/EPO member, a message of "No PCP Selected" is returned. If no PCP information exists for a PPO member, a message of "No PCP Required" is returned.
		NM104	Benefit Related Entity First Name			CarePartners of Connecticut will return the PCP's First Name in this field if PCP information is available.
		NM105	Benefit Related Entity Middle Name			CarePartners of Connecticut will return the PCP's Middle Name in this field if the information is available.
332		NM107	Benefit Related Entity Name Suffix			CarePartners of Connecticut will return the PCP's Suffix Name in this field if the information is available.

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
		NM108	Identification Code Qualifier			CarePartners of Connecticut will return "SV" (Service Provider Number) in this field
333		NM109	Benefit Related Entity Identifier			CarePartners of Connecticut will return the PCP's NPI located in CarePartners of Connecticut database.
335	**2120C**	**N3**	**Subscriber Ben. Related Entity Address**			**CarePartners of Connecticut will return the PCP's Primary Practice Address in this segment if the information is available.**
336	**2120C**	**N4**	**Subscriber Ben. Related Entity City, State, and Zip**			**CarePartners of Connecticut will return the PCP's Primary Practice City, State, and Zip in this segment if the information is available. Must have at least the city.**
340	**2120C**	**PER**	**Subscriber Ben. Related Entity Contact Information**			**CarePartners of Connecticut will return the PCP's Primary Practice Contact Information in this segment if the information is available.**
	2120C	**PRV**	**Subscriber Ben. Related Entity Provider Information**			**CarePartners of Connecticut will use this segment to communicate a PCP's hospital, group, affiliation, etc., if information is on CarePartners of Connecticut system. This information is not available for Medicare Preferred members.**
344		PRV01	Provider Code			CarePartners of Connecticut will return "PC"
Page #	**Loop ID**	**Reference**	**Name**	**Codes**	**Length**	**Notes/Comments**
						(Primary Care Physician) in this element if the information is available. This information is not available for Medicare Preferred members.
	2110C	**LE**	**Loop Trailer**			
346		LE01	Loop Identifier Code			CarePartners of Connecticut will return the value in 2120

APPENDICES

A. CORE® Compliant Service Types supported by CarePartners of Connecticut

CODE	X12 270/271 Code and Definition
1	Medical Care
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
18	Durable Medical Equipment Rental
20	Second Surgical Opinion
30	Health Benefit Plan Coverage
33	Chiropractic
35	Dental Care
40	Oral Surgery
42	Home Health Care
45	Hospice
47	Hospital
48	Hospital - Inpatient
50	Hospital - Outpatient
51	Hospital - Emergency Accident
52	Hospital - Emergency Medical
53	Hospital - Ambulatory Surgical
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
86	Emergency Services
88	Pharmacy
93	Podiatry
98	Professional (Physician) Visit - Office
99	Professional (Physician) Visit - Inpatient
A0	Professional (Physician) Visit - Outpatient

A3	Professional (Physician) Visit - Home
A6	Psychotherapy
A7	Psychiatric - Inpatient
A8	Psychiatric - Outpatient
AD	Occupational Therapy
AE	Physical Medicine
AF	Speech Therapy
AG	Skilled Nursing Care
AI	Substance Abuse
AL	Vision (Optometry)
BG	Cardiac Rehabilitation
BH	Pediatric
MH	Mental Health
UC	Urgent Care

However, an eligibility request does not have to be limited the above list.

B. Message Segment Text List

Tier 1
Tier 2
Tier 3
Tier 1 - Pharmacy
Tier 2 - Pharmacy
Tier 3 - Pharmacy
Description of Benefit

C. Transmission Examples

Sample 270

```
ISA*00*       *00*       *ZZ*SUBMITTER      *33*16307        *181005*0851*^*00501*000000001*0*T*:
GS*HS*133052274*16307*20181005*0851*1*X*005010X279A1
ST*270*7221*005010X279A1
BHT*0022*13*1415255157107221*20181005*0851
HL*1**20*1
NM1*PR*2*CAREPARTNERS OF CONNECTICUT*****PI*16307
HL*2*1*21*1
NM1*80*2*HOSPITAL*****XX*1023049236
REF*N7*PCX00083
N3*PO BOX 3947
N4*BOSTON*MA*02241
HL*3*2*22*0
TRN*1*1415255157107221*923654
NM1*IL*1**I****MI*S0012345601
DTP*291*D8*20181029
EQ*30
SE*15*7221
GE*1*1
IEA*1*000000001
```

Sample 271

```
ISA*00*       *00*       *33*16307       *ZZ*133052274     *181029*1232*^*00501*000000028*0*P*:
GS*HB*16307*133052274*20181029*1232*27*X*005010X279A1
ST*271*0001*005010X279A1
BHT*0022*11*1415255157107221*20181029*0832
HL*1**20*1
NM1*PR*2*CAREPARTNERS OF CONNECTICUT*****PI*16307
PER*IC*CarePartners of Connecticut Provider
Service*TE*8883411508
HL*2*1*21*1
NM1*80*2*HOSPITAL*****XX*1023049236
HL*3*2*22*0
TRN*2*1415255157107221*923654
NM1*IL*1*DOE*JANE*N***MI*S0012345601
REF*6P*HARTF
DMG*D8*19500101*M
DTP*307*D8*20181001
DTP*346*D8*20180801
EB*1**30*OT*CareAdvantage Premier (HMO)
DTP*472*D8*20181029
EB*1**75^DM*********Y
EB*A**75^DM^12^18*OT**26**.2
EB*B**34*OT**27*15
MSG*Spinal Manipulation
EB*B**48*OT**36*250
MSG*In-Patient (Community)
EB*B**53*OT**27*250
MSG*Surgical Day Care (Community)
EB*B**AH*OT**36*0
MSG*Skilled Nursing Facility
EB*B**59*OT**26*200
MSG*Ambulance Services
EB*B**52*OT**27*90
MSG*Emergency Room
EB*B**98*OT**27*30
MSG*Specialist Visit
EB*B**71*OT**27*30
MSG*Hearing Exam
EB*B**BZ*OT**27*0
MSG*Office Visit - Wellness Visit
EB*B**AN*OT**27*30
MSG*SERVICES ADMIN BY EYEMED. SEND CLAIMS TO EYEMED
```

```
EB*B**A7*OT**36*250
MSG*Inpatient Mental Health Care
EB*B**A8*OT**27*20
MSG*Outpatient Mental Health Care
EB*B**12*OT**26*0
MSG*Safety Equipment
EB*B**12*OT**26*0
MSG*Wigs
EB*B**4*OT**27*15
MSG*GIC XRAYS
EB*B**62*OT**27*10
MSG*Diagnostic Procedures/Tests
EB*B**62*OT**27*150
MSG*Ultrasounds
EB*B**62*OT**27*150
MSG*MRI
EB*B**4*OT**27*150
MSG*Nuclear Cardiology
EB*B**62*OT**27*150
MSG*PET Scan
EB*B**AD*OT**27*30
MSG*Occupational Therapy
EB*B**A9^AE*OT**27*30
MSG*Physical Therapy
EB*B**AF*OT**27*30
MSG*Speech Therapy
EB*I**35
EB*U**AL**SERVICES ADMIN BY EYEMED. SEND
CLAIMS TO EYEMED
EB*L
LS*2120
NM1*P3*1*GOOD*DOCTOR*M**ARNP*XX*1234567920
N3*540 LITCHFIELD ST
N4*TORRINGTON*CT*067900000
PER*IC**TE*8604821830
NM1*I3*2*HARTFORD HC-CHARLOTT*****PI*858
LE*2120
SE*75*0001
GE*1*27
IEA*1*000000028
```

D - Change Summary

This section describes the differences between the current Companion Guide and previous guide(s).

Revision	Revision Date	Comments
1	10/2018	Version 5010