MMIS Replacement Project (MRP)

Health Care Eligibility Benefit Inquiry and Response (270/271) Transaction Standard Companion Guide

Companion to Health Care Eligibility Benefit Inquiry and Response
ASC X12N 270/271 005010X279
Implementation Guide

July 2025

Version 1.7

Disclosure Statement

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Preface

This Companion Guide to the Health Care Eligibility Benefit Inquiry and Response (270/271) adopted under Health Insurance Portability and Accountability Act (HIPAA) clarifies and specifies the data content when exchanging electronically with the State of Mississippi, Division of Medicaid (DOM). Transmissions based on this Companion Guide, used in tandem with the **ASC X12N/005010X279 Implementation Guide and the associated errata 005010X279A1** are compliant with both ASC X12 syntax and those guides. This Companion Guide is intended to convey information that is within the framework of the ASC X12N Implementation Guides adopted for use under HIPAA. The Companion Guide is not intended to convey information that in any way exceeds the requirements or usages of data expressed in the Implementation Guides.

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Table of Contents

List of Tables

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1. Introduction

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 carries provisions for administrative simplification. This requires the Secretary of the Department of Health and Human Services (DHHS) to adopt standards to support the electronic exchange of administrative and financial health care transactions, primarily between health care providers and plans. HIPAA directs the Secretary to adopt transaction standards enabling the electronic exchange of health information and to adopt specifications for implementing each standard. HIPAA intends to:

- Create better access to health insurance
- Limit fraud and abuse
- Reduce administrative costs

The HIPAA regulations at 45 CFR 162.915 require that covered entities not enter into trading partner agreements that would do any of the following:

- Change the definition, data condition, or use of a data element or segment in a standard
- Add any data elements or segments to the maximum defined data set
- Use any code or data elements that are marked “not used” in the standard’s implementation specification or are not in the standard’s implementation specifications
- Change the meaning or intent of the standards implementation specifications

Effective January 01, 2013, health plans, covered entities, and their business associates that engage in the exchange of covered transactions are required by the Affordable Care Act (ACA) to comply with additional operating rule regulations for the 270/271 transaction. These operating rules are maintained by Council for Affordable Quality Healthcare (CAQH) Committee on Operating Rules for Information Exchange (CORE).

1.1. Scope

The Companion Guide is to be used with and supplement the requirements in the HIPAA Accredited Standards Committee (ASC) X12 Implementation Guides. Implementation Guides define the national data standards, electronic format, and values for each data element within an electronic transaction. The purpose of the Companion Guide is to provide trading partners with a guide to communicate Mississippi Division of Medicaid (MS DOM) specific information required to successfully exchange transactions.

The Companion Guide is intended for the business and technical users, within or on behalf of trading partners, responsible for the testing and setup of electronic claim status request and response transactions to MS DOM.

1.2. Overview

The Companion Guide provides guidance for establishing a relationship with MS DOM for the business purpose of doing Health Care Eligibility Benefit Inquiry and Response (270/271) transactions.

1.3. References

This section specifies additional on-line sources of helpful information related to electronic data interchange and X12 transactions.

- Workgroup for Electronic Data Interchange (WEDI) – http://www.wedi.org
- United States Department of Health and Human Services (DHHS) – http://aspe.hhs.gov/

- Centers for Medicare and Medicaid Services (CMS) – http://www.cms.gov/
- Designated Standard Maintenance Organizations (DSMO) – http://www.hipaa-dsmo.org/
- National Council of Prescription Drug Programs (NCPDP) – http://www.ncpdp.org/
- National Uniform Billing Committee (NUBC) – http://www.nubc.org/
- Washington Publishing Company (WPC) at http://wpc-edi.com/
- Accredited Standards Committee (ASC X12) – http://www.x12.org/
- Affordable Care Act (ACA) Section 1104 information is at the CMS website. For information on ACA Administrative Simplification information follow this link: https://www.cms.gov/regulations-and-guidance/HIPAA-Administrative-Simplification/affordable-care-act/operatingrulesforHIPAATransactions.html

1.4. Additional Information

It is assumed that the trading partner has purchased and is familiar with the ASC X12 Type 3 Technical Report (TR3) being referenced in this Companion Guide. TR3s can be purchased from the ASC X12 store at http://store.x12.org/store/.

2. Getting Started

2.1. Working with Mississippi DOM

The Electronic Data Interchange (EDI) Department is available to assist trading partners when questions arise. See Section 5 for details.

2.2. Trading Partner Registration

Trading Partner registration is completed through the secure provider portal. All required fields must be completed, and an electronic signature must be included.

2.3. Certification and Testing Overview

All covered entities who submit electronic transactions are required to certify. This includes Clearing houses, Software Vendors, Provider Groups, and Coordinated Care Organizations (CCOs). Such agencies certify users who submit transactions through them on their behalf. Users who submit transactions directly must be certified. Users who submit transactions through CCOs should receive certification requirement information from the CCO.

3. Testing with the Payer

This section contains a detailed description of the testing phase. Testing is required for the Health Care Claims Status Request and Response (270/271). Before exchanging production transactions with MS DOM, each trading partner must complete production authorization testing. Trading partner testing includes HIPAA compliance testing as well as validating the use of conditional, optional, and mutually defined components of the transaction.

To obtain approval for Production from Mississippi DOM, trading partners are recommended to submit five unique requests, but not to exceed 25 successful and unique submissions and receive the associated 999 (accepted) acknowledgement in response.

Trading Partner Authorization Testing is detailed in the Trading Partner Profile Testing Packet for ASC X12 transactions available on the MS DOM Training Portal (EDI Technical Documents | Mississippi Division of Medicaid (ms.gov)) — click on the MOVEit Portal at Mississippi Replacement Project (msxix.net) page.

Questions may be directed to the EDI Helpdesk at 1 800-884-3222 or via the "Contact Us" link at the top of the Portal home page at: Mississippi Medical Assistance Portal for Providers > Home (msxix.net).

4. Connectivity with the Payer/Communications

Users can register to access the provider portal in order to upload EDI files.

To register/logon to the provider portal, visit: Mississippi Medical Assistance Portal for Providers > Home (msxix.net).

Submission of EDI Transactions via MOVEit, go to: Mississippi Replacement Project (msxix.net)

4.1. Passwords

Passwords are provided during initial enrollment and can be reset by contacting Provider Relations – Electronic Claims Submission (ECS) Department at 1 800-884-3222. These passwords may not be shared.

5. Contact Information

In an effort to assist the community with their electronic data exchange needs, MS DOM has the following options available for either contacting a help desk or referencing a website for further assistance:

- For general information go to Mississippi DOM Website: EDI Technical Documents | Mississippi Division of Medicaid (ms.gov)
- For EDI Services (technical, enrollment, or setup questions):
    - E-mail: MS_EDI_Helpdesk@gainwelltechnologies.com
    - Telephone: 1 800-884-3222
    - Hours are Monday through Friday from 08:00 AM to 05:00 PM CST.

Payer Specific Business Rules and Limitations

Payer specific business rule information regarding MS DOM can be found at the "For Our Providers" webpage on the MS DOM website, Providers | Mississippi Division of Medicaid (ms.gov).

6. Acknowledgements and/or Reports

The acknowledgement process will create the TA1 and 999 acknowledgement responses for the 270 transactions. No acknowledgement responses are expected for the 271 transactions.

7. Trading Partner Agreements

An Electronic Data Interchange (EDI) Trading Partner is defined as any MS DOM customer (provider, billing service, software vendor, employer group, financial institution, etc.) that transmits to or receives electronic data from MS DOM.

Payers have EDI Trading Partner Agreements (TPAs) that accompany the standard Implementation Guide to ensure the integrity of the electronic transaction process. The Trading Partner Agreement is related to the electronic exchange of information, whether the agreement is an entity or a part of a larger agreement, between each party to the agreement.

8. Transaction-Specific Information

This section describes how ASC X12N Implementation Guides (IGs) adopted under HIPAA are detailed in a table. The tables contain a row for each segment that has additional information MS DOM provides that 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 MS DOM

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

All MS DOM members are considered “subscribers,” so they all have individual loops. See the Implementation Guide for additional information. Dependent loops for eligibility transactions will not be processed.

8.1. Naming Your Files

When uploading batch files, the submitter can name their files using the following format for processing and tracking purposes:

1. <SubmitterId> – Use the trading partner ID (submitter ID) assigned. This is to be used by all providers, vendors, and clearinghouses submitting batch transactions.
2. <filetype> – Assign a file type – preferably transaction type, example 270, 276, 278Q, 837D, 837I, 837P.
3. <datetime>. – Use the date/time value format of yyyymmddhhmm to uniquely identify the file and avoid duplicate files.
4. <filetypeext> – Use the file type extension to identify the file type (e.g. .txt)

Here are some examples of good file naming standards:

- TP01234567_270_201708301140512.txt
- TP01234567_270_TRANS01_20170830.txt
- TP01234567_270_SMALL_FILE_2017_08.txt

When downloading batch files, the submitter files will be in the following format, example 271, 277, 278R, 835, TA1, 999:

- TP01234567_YYYYJJJ_(9 digit sequence).271
- TP01234567_YYYYJJJ_(9 digit sequence).277
- TP01234567_YYYYJJJ_(9 digit sequence).278R
- TP01234567_YYYYJJJ_(9 digit sequence).835
- TP01234567_YYYYJJJ_(9 digit sequence).TA1
- TP01234567_YYYYJJJ_(9 digit sequence).999
  *Where YYYYJJJ is the 4-digit year and 3-digit Julian day.

9. Conventions

Most of the companion guide is in table format (see example below). Only loops, elements, or segments with clarifications or comments are listed. For further information, please see the TR3 for each transaction.

Table 1. Conventions Sample

Loop ID	Segment/ Element Reference	Loop Name	Codes	Notes/Comments
	270	Eligibility Benefit Request		
	BHT	Beginning of Hierarchical Transaction		
	BHT01	Hierarchical Structure Code	0022	0022 - Information Source, Information Receiver, Subscriber, Dependent
	BHT02	Transaction Set Purpose Code	01, 13	01 - Cancellation 13 - Request
2100A	NM1	Information Source Name		
	NM101	Entity Identifier Code	PR	PR – Payer
	NM102	Entity Type Qualifier	2	2 – Non-Person Entity
	NM103	Information Source Last or Organization Name	MISSISSIPPI DIVISION OF MEDICAID	
	NM108	Identification Code Qualifier	PI	PI - Payor Identification
	NM109	Information Source Primary Identifier	MS_TXIX	MS_TXIX - Mississippi Title 19

Table 2. Conventions Fields

Column Name	Description
Loop ID	Loop, header, or trailer.
Segment/Element Reference	Segment or Element ID.
Loop Name	Name of Loop, header, or trailer.
Codes	Code values.
Note/Comments	Comments or clarifications for Mississippi DOM. Values, data length, and repeats are also listed here. Clarifications in field length only indicate what Mississippi DOM uses or returns to process the transaction. MS DOM still accepts the minimum and maximum field lengths required by the Technical Report Type 3 (TR3) for each element.

9.1. Transaction 270, Health Care Claim: Eligibility Benefit Inquiry

Table 3. Health Care Eligibility Benefit Inquiry (270)

Loop ID	Reference	Name	Codes	Notes/Comments
	270	Eligibility Benefit Request		
	ISA	Interchange Control Header		
	ISA01	Authorization Information Qualifier	00	00 - No Authorization Information Present
	ISA03	Security Information Qualifier	00	00 - No Authorization Information Present
	ISA05	Interchange ID Qualifier	ZZ	ZZ – Mutually Defined
	ISA06	Interchange Sender ID	Trading Partner ID	The Gainwell Technologies Electronic Transaction Identification Number (ETIN) assigned to the submitter is expected in this data element. This is the same as your 8-digit Mississippi DOM Trading Partner ID
	ISA07	Interchange ID Qualifier	ZZ	ZZ – Mutually Defined
	ISA08	Interchange Receiver ID	77032	
	ISA11	Repetition Separator	^	Caret
	ISA12	Interchange Control Version Number	00501	
	ISA15	Interchange Usage Indicator		*Refer to TR3*
	ISA16	Component Element Separator	:	Colon
	GS	Functional Group Header		
	GS01	Functional Identifier Code	HS	HS – Eligibility, Coverage or Benefit Inquiry
	GS02	Application Sender's Code	Trading Partner ID	Value should equal ISA06.
	GS03	Application Receiver's Code	77032	Value should equal ISA08.
	GS07	Responsible Agency Code	X	
	GS08	Version / Release / Industry / Identifier Code	005010X279A1	
	ST	Transaction Set Header		
	ST01	Transaction Set Identifier Code	270	270 – Eligibility, Coverage or Benefit Inquiry
	ST03	Implementation Convention Reference	005010X279A1	

Loop ID	Reference	Name	Codes	Notes/Comments
	BHT	Beginning of Hierarchical Transaction		
	BHT01	Hierarchical Structure Code	0022	0022 - Information Source, Information Receiver, Subscriber, Dependent
	BHT02	Transaction Set Purpose Code	01, 13	01 - Cancellation 13 – Request
2100A	NM1	Information Source Name		
	NM101	Entity Identifier Code	PR	PR – Payer
	NM102	Entity Type Qualifier	2	2 – Non-Person Entity
	NM103	Information Source Last or Organization Name	MISSISSIPPI DIVISION OF MEDICAID	
	NM108	Identification Code Qualifier	PI	PI - Payor Identification
	NM109	Information Source Primary Identifier	MS_TXIX	MS_TXIX - Mississippi Title 19
2100B	NM1	Information Receiver Name		
	NM101	Entity Identifier Code	1P	1P – Provider
	NM108	Identification Code Qualifier	XX	XX – NPI
	NM109	Information Receiver Identification Number		Value is Mississippi Division of Medicaid Provider ID
2100C	NM1	Subscriber Name		Medicaid Subscriber is always the patient
	NM108	Identification Code Qualifier	MI	MI – Member Identification Number
	NM109	Subscriber Primary Identifier		Value is 9-digit Mississippi Division of Medicaid Recipient/Beneficiary ID
	REF	Subscriber Additional Information		
	REF01	Reference Identification Qualifier	EJ, SY	EJ - Patient Account Number SY - Social Security Number
	DTP	Subscriber Date		
	DTP01	Date Time Qualifier	102, 291	102 – Issue 291 - Plan

9.2. Transaction 271, Health Care Claim: Eligibility Benefit Response

Table 4. Health Care Eligibility Response (271)

Loop ID	Reference	Name	Codes	Notes/Comments
	271	**Eligibility Benefit Response**		
	ISA	**Interchange Control Header**		
	ISA01	Authorization Information Qualifier	00	00 - No Authorization Information Present
	ISA03	Security Information Qualifier	00	00 - No Authorization Information Present
	ISA05	Interchange ID Qualifier	ZZ	ZZ – Mutually Defined
	ISA06	Interchange Sender ID	77032	
	ISA07	Interchange ID Qualifier	ZZ	ZZ – Mutually Defined
	ISA08	Interchange Receiver ID	Trading Partner ID	The Gainwell Technologies Electronic Transaction Identification Number (ETIN) assigned to the submitter is expected in this data element. This is the same as your 8-digit Mississippi DOM Trading Partner ID
	ISA11	Repetition Separator	^	Caret
	ISA12	Interchange Control Version Number	00501	
	ISA15	Interchange Usage Indicator		*Refer to TR3*
	ISA16	Component Element Separator	:	Colon
	GS	**Functional Group Header**		
	GS01	Functional Identifier Code	HB	HB – Eligibility, Coverage or Benefit Information (271)
	GS02	Application Sender's Code	77032	Value should equal ISA06
	GS03	Application Receiver's Code	Trading Partner ID	Value should equal ISA08
	GS07	Responsible Agency Code	X	
	GS08	Version / Release / Industry / Identifier Code	005010X279A1	
	ST	**Transaction Set Header**		
	ST01	Transaction Set Identifier Code	271	271 – Eligibility, Coverage or Benefit Information

Loop ID	Reference	Name	Codes	Notes/Comments
	ST03	Implementation Convention Reference	005010X279A1	
	BHT	**Beginning of Hierarchical Transaction**		
	BHT01	Hierarchical Structure Code	0022	0022 - Information Source, Information Receiver, Subscriber, Dependent
	BHT02	Transaction Set Purpose Code	11	11 – Response
2100A	**NM**	**Request Validation**		
	NM103	Information Source Last or Organization Name	MISSISSIPPI DIVISION OF MEDICAID	
	NM109	Information Source Primary Identifier	MS_TXIX	MS_TXIX - Mississippi Title 19
2100B	**NM1**	**Information Receiver Name**		
	NM109	Information Receiver Identification Number		Value is Mississippi Division of Medicaid Provider ID
2100C	**NM**	**Subscriber Name**		**Eligibility Data is always presented in the Subscriber loop**
	NM101	Identification Qualifier	IL	IL - Insured or Subscriber
	NM108	Identification Code Qualifier	MI	MI - Member Identification Number
	NM109	Subscriber Primary Identifier		Value is 9-digit Mississippi Division of Medicaid Recipient/Beneficiary ID
	REF	**SUBSCRIBER ADDITIONAL IDENTIFICATION**		
	REF01	Reference Identification Qualifier	EJ, SY	EJ - Patient Account Number SY - Social Security Number
	REF02	Subscriber Supplemental Identifier		
	DTP	**Subscriber Date**		
	DTP01	Date Time Qualifier	102, 291, 442	102 – Issue 291 – Plan 442 – Date of Death
2110C	**EB**	**Subscriber Eligibility or Benefit Inquiry**		

Loop ID	Reference	Name	Codes	Notes/Comments
	EB01	Eligibility or Benefit Information Code	1, 6, D, F, I, L, MC, N, R, U, X, Y	1 - Active Coverage=Medicaid 6 – Inactive D – Description of Service=EFP F – Limitation I – Non-Covered L – Primary Care Provider=Managed Care MC – Managed Care Coordinator=Managed Care N – Services Restricted to Following Provider=SPI R – Other or Additional Payor=Medicare U – Contact Following Entity=TPL (Third Party Liability) X – Health Care Facility (LTC) Y – Spenddown (Patient Liability) *For all other values, refer to TR3*
	EB02	Benefit Coverage Level Code	IND	IND – Individual *For all other values, refer to TR3*
	EB03	Service Type Code		*Refer to TR3*
	EB04	Insurance Type Code	HM, LC, MA, MB, MC, PL, OT	HM – Health Maintenance Organization (HMO)=Managed Care LC – Long Term Care MA – Medicare Part A MB – Medicare Part B MC – Medicaid PL – Personal (Patient Liability) OT – Other=EFP (Exclude Family Planning), SPI (Stop Payment Indicator) or TPL *For all other values, refer to TR3*
	EB05	Plan Coverage Description	Free Form Text	EFP, LTC (Long Term Care), Patient Liability, SPI, or TPL value is a description and/or number that identifies the plan or coverage COE Code values used: • 001 - SSI – Individual • 002 – SSI – Retro Eligibility • 003 - Foster Care Children • 005 – SSI – in Institution • 006 – Protected SSI Child • 007 – Protected Foster Care Child

Loop ID	Reference	Name	Codes	Notes/Comments
				• 010 – Nursing Home, under 300% FPL • 011 – Long Term Hospital, under 300% • 012 – Swing Bed, under 300% FPL • 013 – Nursing Home, Eligible at Home • 014 – Long Term Hospital, SSI Eligible at Home • 015 – Swing Bed, SSI Eligible at Home ~~• 019 – Disabled Child at Home~~ • 019 - Katie Beckett Program • 020 – Emergency SSI Limitations Case • 021 – Emergency Immigrant • 025 - Working Disabled • 026 - Foster Care Children • 027 - Breast and Cervical Cancer • 029 – Family Planning • 031 – Qualified Medicare Beneficiary (QMB) • 035 – Qualified Working Disabled Individual (QWDI) • 045 – Healthier MS waiver Only (No Medicare) • 051 – Specified Low-Income Medicare (SLMB) • 054 – Qualified Individual (Q1-1) • 062 – HCBS Assisted Living Waiver • 063 – HCBS Elderly/Disabled Waiver • 064 – HCBS ID/DD Waiver • 065 – HCBS Independent Living Waiver • 066 – TBI/SCI Waiver (Traumatic Brain Injury/Spinal Cord Injury) • 071 - Newborn 0-1 (<194% FPL) • 072 - Children ages 1-5 (<143% FPL) • 073 - Children ages 6-19 (<107 % FPL) • 074 - Quasi-CHIP ages 6-19 • 075 - Parents/Caretakers of Minors • 085 – Medical Assistance – Intact Family

Loop ID	Reference	Name	Codes	Notes/Comments
				• 087 – Children up to Age 6 • 088 - Pregnant Women • 091 – Child Under Age 19, under 100% • 093 – Cost of Living • 094 – Disable Adult Child-DAC • 095 – Widow(er) 60+yrs • 096 – Widow(er) 50+yrs • 099 – CHIP Service Limit Audit Code and Description Data Value Example - #### (Audit Code) Audit Description **NOTE: ONLY SERVICE LIMITS THAT HAVE PAID CLAIMS WITHIN MSU AUDIT PERIODS WILL BE DISPLAYED. If no paid claim associated within the MSU audit periods, service limit information will not be returned in the 271 response.**
				Service Limit Qualifiers ONLY: 7 - Floating Days 22 - State Fiscal Year or Federal Fiscal Year – 10-01 thru 09-30 23 - Calendar Year 29 - Remaining 34 - Floating Months or Calendar Month
	EB06	Time Period Qualifier		*For all others, **r**efer to TR3*
	EB07	Benefit Amount		*Refer to TR3*
	EB08	Benefit Percent		*Refer to TR3*
				Service Limit Qualifiers ONLY: QA - Quantity Approved 99 - Quantity Used
	EB09	Quality Qualifier		*For all others, **r**efer to TR3*
	EB10	Benefit Quantity		*Refer to TR3*
	REF	**Subscriber Additional Information**		

Loop ID	Reference	Name	Codes	Notes/Comments
	REF01	Reference Identification Qualifier	1L, 6P, F6	1L – Policy Number 6P – Group Number F6 – Health Insurance Claim Number *For all other values, refer to TR3*
	REF02	Subscriber Eligibility or Benefit Identifier		*Refer to TR3*
	REF03	Plan, Group or Plan Network Name		*Refer to TR3*
	DTP	**Subscriber Date**		
	DTP01	Date Time Qualifier	096, 304, 307, **318,** 348, 349, 356, 435, 472, 636	096 – Discharge 304 – Latest Visit or Consultation 307 – Eligibility **318 - Added** 348 – Benefit Begin 349 – Benefit End 356 – Eligibility Begin 435 – Admission 472 - Service 636 – Date of Last Update *For all other values, refer to TR3*
	DTP02	Date Time Period Format Qualifier	D8, RD8	D8 – CCYYMMDD RD8 - CCYYMMDD-CCYYMMDD
	DTP03	Eligibility or Benefit Date Time Period		*Refer to TR3*
	MSG	**Message Text**		
	MSG01	Free Form Text		**ABD Indicator values are:** ABDIND$A = Aged ABDIND$B = Blind ABDIND$D = Disabled **DEI Indicator values are:** DEIIND$D = Dual Elig MCAID/MCARE>120% DEIIND$P = Plad Dual Eligibility DEIIND$Q = QMB/QMB Dual<100% DEIIND$S = SLMB/SLMB Dual, 120% DEIIND$U = QI-1/Medicare **TPL values are:** ABSENT PARENT CASUALTY EPSDT HEALTH INSURANCE OTHER INSURANCE PREGNANT UNASSIGEND
2120C	**NM1**	**Subscriber Benefit Related Entity Name**		

Loop ID	Reference	Name	Codes	Notes/Comments
	NM101	Entity Identifier Code	1P, 13, P5, PR	1P – Provider 13 – Contracted Services P5 – Plan Sponsor PR – Payer
	NM102	Entity Type Qualifier	2	2 – Non-Person Entity
	NM103	Information Source Last or Organization Name		
	NM108	Identification Code Qualifier	PI	PI – Payor Identification=TPL *For all other values, refer to TR3*
	NM109	Information Source Primary Identifier		TPL value is Carrier Identification Number *For all other values, refer to TR3*

Appendix A. Frequently Asked Questions

This appendix contains a compilation of questions and answers relative to MS DOM and its providers.

Q1: How soon should I expect to receive a 271 health care eligibility response to my submitted 270 transactions?

A1: Typically, trading partners will receive the 271 response file within 30 minutes or less of sending the 270 inquiry file. However, due to system volume, it may take up to two hours to receive a response.

Q2: How many 270 inquiry transaction files can I send at one time?

A2: See the Transaction Specific Information section or refer to the 270/271 Addendum that was signed at the time of the agreement.

Q3: Can I send 270 inquiry transactions to Medicaid without selecting the transaction on my Trading Partner Agreement?

A3: No. All Trading Partners must have signed a Trading Partner Agreement and a 270/271 Addendum and be set up for the transaction types agreed upon.

Appendix B. Change History

Version #	Date of release	Author	Description of change
1.1	12/16/2021	EDI Technical Team	Initial document creation. Section 9.1, Page 5 - Naming Your File
1.2	8/12/2022	EDI Technical Team	271 Response Loops 2110C and 2120C EB, REF, DTP and MSG segments, Pages 10 thru 12 updates 271 Response Loops 2120C NM1 segment, Page 12 updates Mississippi Logo clean-up Copyright change from 2021 to 2022
1.3	9/30/2022	EDI Technical Team	Production connectivity URLs and contact information updated, Pages 2 and 4 Section 9.1, Page 5 - Naming Your File 271 Response Loops 2100C DTP segment, Pages 10 added
1.4	10/17/2022	EDI Technical Team	270 and 271, Loops 2100A, NM109, Pages 8 and 10, value changed from 77032 to MS_TXIX 271, Loop 2010C, EB05, Page 12 through 13, COE Codes and Descriptions added.
1.5	2/5/2023	EDI Technical Team	271 Response Loop 2110C, EB01, EB04, EB05, and DTP segments, Pages 11 and 13, updates for Long Term Care and Patient Liability 271 Response enhancement to Loop 2110C DTP segments added to return 348-Benefit Begin CCYYMMDD and 349-Benefit End CCYYMMDD Dates for all Medicaid Benefit Plans where EB01=1-Active Coverage outside 307-Eligibility DTP data
1.6	8/23/2024	EDI Technical Team	CR 2467 Loop 2110C, EB05, EB06 and EB09, Page 13, Service Limit Audit Codes, Audit Code Description and Service Limit Qualifiers
1.7	2/19/2025	EDI Technical Team	CR 2802 Loop 2110C, DTP, Page 15, Qualifier 318-Added added for all Medicaid Benefit Plans where EB01=1-Active Coverage
1.8	7/1/2025	EDI Technical Team	WT 22325 Loop 2110C, EB05, Page 12, COE 19 Description updated to read "• 019 - Katie Beckett Program" and • 019 - Disabled Child at Home was removed