

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

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Version 1.9

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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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.ncdp.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 \(msix.net\)](#) 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.

6. Payer Specific Business Rule 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 \(ms.gov\)](#).

The manuals provide detailed information regarding billing for specific services and provider types and payer-specific editing and auditing.

7. 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.

8. 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.

9. 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.

9.1. 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 yyymmddhhmm 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.

10. 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. |

10.1. 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 | | <i>Refer to TR3</i> |
| | 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 | |

MMIS Replacement Project State of Mississippi, Division of Medicaid (DOM) Health Care Eligibility Benefit Inquiry and Response (270/271) Transaction Standard Companion Guide

| 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 | | |
| | | | 102, 291 | 102 - Issue 291 - Plan |
| | DTP01 | Date Time Qualifier | | |

10.2. 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 | | <i>Refer to TR3</i> |
| | 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 | | |
| | | | 102, 291, 442 | 102 – Issue 291 – Plan 442 – Date of Death |
| | DTP01 | Date Time Qualifier | | |
| 2110C | EB | Subscriber Eligibility or Benefit Inquiry | | |

| Loop ID | Reference | Name | Codes | Notes/Comments |
|---------|-----------|---|---|--|
| | | | 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) <i>For all other values, refer to TR3</i> |
| | EB01 | Eligibility or Benefit Information Code | | |
| | | | IND | IND – Individual <i>For all other values, refer to TR3</i> |
| | EB02 | Benefit Coverage Level Code | | |
| | | | | CR 2816 Part 2 – The following CORE service types are returned based on the service types associated with the member’s Medicaid aid categories and benefit plans: 1 – Medical Care 30 - Health Benefit Plan Coverage 33 – Chiropractic 35 – Dental Care 47 – Hospital 48 - Hospital Inpatient 50 - Hospital - Outpatient 82 - Family Planning 86 - Emergency Services 88 – Pharmacy 98 – Professional (Physician) Visit – Office AL – Vision (Optometry) MH – Mental Health UC – Urgent Care |
| | EB03 | Service Type Code | | <i>For all other values, refer to TR3</i> |
| | | | 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 |
| | EB04 | Insurance Type Code | | |

| Loop ID | Reference | Name | Codes | Notes/Comments |
|---------|-----------|---------------------------|----------------|--|
| | | | | MC – Medicaid PL – Personal (Patient Liability) OT – Other=EFP (Exclude Family Planning), SPI (Stop Payment Indicator) or TPL <i>For all other values, refer to TR3</i> |
| | | | 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 • 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 - 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) |
| | EB05 | Plan Coverage Description | | |

| Loop ID | Reference | Name | Codes | Notes/Comments |
|---------|-----------|------|-------|---|
| | | | | <ul style="list-style-type: none"> • 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 • 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 |
| | | | | <p>Service Limit Audit Code and Description Data Value Example - #### (Audit Code) Audit Description</p> |
| | | | | <p>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.</p> |

| Loop ID | Reference | Name | Codes | Notes/Comments |
|---------|------------|--|--|---|
| | | | | 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 | | <i>For all others, refer to TR3</i> |
| | EB07 | Benefit Amount | | <i>Refer to TR3</i> |
| | EB08 | Benefit Percent | | <i>Refer to TR3</i> |
| | | | | Service Limit Qualifiers ONLY: |
| | | | | QA - Quantity Approved 99 - Quantity Used |
| | EB09 | Quality Qualifier | | <i>For all others, refer to TR3</i> |
| | EB10 | Benefit Quantity | | <i>Refer to TR3</i> |
| | REF | Subscriber Additional Information | | |
| | REF01 | Reference Identification Qualifier | 1L, 6P, F6 | 1L – Policy Number 6P – Group Number F6 – Health Insurance Claim Number <i>For all other values, refer to TR3</i> |
| | REF02 | Subscriber Eligibility or Benefit Identifier | | <i>Refer to TR3</i> |
| | REF03 | Plan, Group or Plan Network Name | | <i>Refer to TR3</i> |
| | DTP | Subscriber Date | | |
| | | | 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 <i>For all other values, refer to TR3</i> |
| | DTP01 | Date Time Qualifier | | <i>Refer to TR3</i> |
| | | Date Time Period Format Qualifier | D8, RD8 | D8 – CCYYMMDD RD8 - CCYYMMDD-CCYYMMDD |
| | DTP02 | | | |

| Loop ID | Reference | Name | Codes | Notes/Comments |
|--------------|------------|---|----------------|---|
| | DTP03 | Eligibility or Benefit Date Time Period | | <i>Refer to TR3</i> |
| | MSG | Message Text | | <p>ABD Indicator values are: ABDIND\$A = Aged ABDIND\$B = Blind ABDIND\$D = Disabled</p> <p>DEI Indicator values are: DEIIND\$D = Dual Elig MCAID/MCARE>120% DEIIND\$P = Plad Dual Eligibility DEIIND\$Q = QMB/QMB Dual<100% DEIIND\$\$ = SLMB/SLMB Dual, 120% DEIIND\$U = QI-1/Medicare</p> <p>TPL values are: ABSENT PARENT CASUALTY EPSDT HEALTH INSURANCE OTHER INSURANCE PREGNANT UNASSIGEND</p> |
| | MSG01 | Free Form Text | | |
| 2120C | NM1 | Subscriber Benefit Related Entity Name | | |
| | 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 <i>For all other values, refer to TR3</i> |
| | NM109 | Information Source Primary Identifier | | TPL value is Carrier Identification Number <i>For all other values, refer to TR3</i> |

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 CCYMMDD and 349-Benefit End CCYMMDD 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 |

| Version # | Date of release | Author | Description of change |
|-----------|-----------------|--------------------|---|
| 1.9 | 5/31/2026 | EDI Technical Team | CR 2816 Part 2, Loop 2110C, EB03, Page 11, CORE Service Type Codes Rule Added |