



## Companion Guide

### Health Care Eligibility Benefit Inquiry and Response

#### 270/271 Companion Guide

Refers to the ASC X12N 270/271  
Technical Report Type 3 Guide  
(Version 005010X279A1)

October 2012

## **Preface**

This Companion Guide to the v5010 ASC X12N Implementation Guides and associated errata adopted under HIPAA clarifies and specifies the data content when exchanging electronically with Centene Health Plan. Transmissions based on this companion guide, used in tandem with the v5010 ASC X12N Implementation Guides, 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

### SCOPE

This Companion Guide has been designed to describe to Centene's trading partners the format and data content of the Eligibility and Benefit 270/271 transaction set in the Electronic Data Interchange (EDI) environment. The 270 transaction is used to request eligibility and benefit information for Medical and Behavioral lines of business and the 271 transaction is used to respond with this information for the specified member.

### OVERVIEW

The Council for Affordable and Quality Healthcare (CAQH) created the Committee on Operating Rules for Information Exchange (CORE). This committee established a common set of operating rules for health care systems which allow providers and other health Centene has implemented the operating rules for CORE Phase I and Phase II.

### 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.

## 2 GETTING STARTED

### WORKING WITH CENTENE

Direct connection to Centene for the purpose of 270/271 0005010A1 Eligibility Benefit Inquiry and Response transaction submission is available via Centene hosted web service.

### TRADING PARTNER REGISTRATION

All trading partners who wish to submit Eligibility Transactions to Centene via the ASC X12 270 (Version 005010X092A1) and receive corresponding EDI responses (271) must contact [EDIBA@Centene.com](mailto:EDIBA@Centene.com).

## 3 TESTING WITH THE PAYER

### Testing with Centene

X12 270 requests will be checked for proper X12 270 structures via "envelope test validation". This insures the transaction request is complete and formatted as a real-time transaction. Failures of envelope tests can generate a 999 response back to the sender.

Centene provides testing support Monday through Friday, 8:30AM to 4:00PM EST.

### Ramp Management

Centene employs Edifecs Ramp Management for Trading Partner self-testing. Edifecs Ramp Management through Centene is self-service. Users can register and upload test files for automatic verification.

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## 4 CONNECTIVITY WITH THE PAYER/COMMUNICATIONS

### SYSTEM AVAILABILITY AND DOWNTIME

The 270/271 is generally available 24 hours a day, 7 days a week. To allow for maintenance, the 270/271 transactions may be unavailable on Wednesdays from 1pm - 2pm CST.

### TRANSMISSION ADMINISTRATIVE PROCEDURES

Real-time 270 requests contain only one inquiry per member per transaction. The following responses to the inquiry will be provided within 20 seconds: 999 reject or 271.

### RE-TRANSMISSION PROCEDURE

A duplicate transaction may be sent no sooner than 90 seconds after the original attempt was sent by the user if the HTTP post reply message is not received within the 60 second response period.

If no response is received after the second attempt, the provider's system should submit no more than 5 duplicate transactions within the next 15 minutes.

If the additional attempts result in the same timeout termination, the provider's system should notify the provider to contact Centene directly at [ediba@centene.com](mailto:ediba@centene.com) to determine if system availability problems exist or if there are known Internet traffic constraints causing the delay.

### COMMUNICATION PROTOCOL SPECIFICATIONS

Protocol Family: HTTP  
Application Protocol: HTTPS  
HTTP Language: HTML  
HTTP Method: POST  
HTML element for "X12 transaction data": payload  
Production Form URL for Real Time Eligibility Inquiry Submission:

For Webservice:

WSDL  
<https://rt-edi.centene.com/corertservice/Core?wsdl>  
Endpoint:  
<https://rt-edi.centene.com/corertservice/Core>

For HTTP MIME:

<https://rt-edi.centene.com/corertweb/coreRequest>

## 5 CONTACT INFORMATION

### EDI Assistance

Most questions can be answered by referencing this Companion Guide. If you have additional questions related to Centene's Eligibility & Benefits transaction, contact [ediba@centene.com](mailto:ediba@centene.com)

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## 6 CONTROL SEGMENTS/ENVELOPES

### ISA-IEA

This section describes the use of the Interchange Control segments, ISA and IEA. These segments mark the beginning and ending of an interchange. The ISA segment has a fixed length and all the elements within this segment must be populated. This segment includes a description of the expected sender and receiver codes and delimiters. The first element delimiter in the ISA segment is an Asterisk (\*) which will be used as the delimiter throughout the transaction. The final character in the ISA segment is a Tilde (~) will be used as the delimiter for each segment in the transaction.

270:

Segment ID	Element ID	Name	Code	Definition of Code / Notes
ISA				
	ISA01	Authorization Information Qualifier	'00'	No Authorization Information Present
	ISA02	Authorization Information	10 'spaces'	Authorization Information
	ISA03	Security Information Qualifier	'01'	Password Qualifier
	ISA04	Security Information		Password
	ISA05	Interchange ID Qualifier of Sender	'ZZ'	Mutually defined
	ISA06	Interchange Sender ID	<Sender ID>	Interchange Sender ID
	ISA07	Interchange ID Qualifier of Receiver	'ZZ'	U.S. Federal Tax Identification Number
	ISA08	Interchange Receiver ID	421406317	Interchange Receiver ID for Centene
	ISA09	Interchange Date	YYMMDD	Date of the interchange
	ISA10	Interchange Time	HHMM	Time of the interchange
	ISA11	Interchange Control Standards Identifier	'A'	U.S. EDI Community of ASC X12, TDCC and UCS
	ISA12	Interchange Control Version Number	'00501'	
	ISA13	Interchange Control Number		Must be identical to IEA02
	ISA14	Acknowledgement Requested	'0'	No acknowledgement requested
	ISA15	Usage Indicator	'P'	'P': Production Data
	ISA16	Component Element Separator	:	Component element separator is a delimiter and not a data element
IEA		Interchange Control Trailer Segment		
	IEA01	Number of Included Functional Groups	'1'	Functional Group count
	IEA02	Interchange Control Number		Identical to ISA13

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271:

Segment ID	Element ID	Name	Code	Definition of Code / Notes
ISA		Interchange Control Header Segment		
	ISA01	Authorization Information Qualifier	'00'	No Authorization Information Present
	ISA02	Authorization Information	10 'spaces'	Authorization Information
	ISA03	Security Information Qualifier	'00'	No Security Information Present
	ISA04	Security Information	10 'spaces'	No Security Information Note: Value should always be 'spaces'
	ISA05	Interchange ID Qualifier of Sender	'ZZ'	Mutually defined
	ISA06	Interchange Sender ID	421406317	Interchange Sender ID
	ISA07	Interchange ID Qualifier of Receiver	'ZZ'	U.S. Federal Tax Identification Number
	ISA08	Interchange Receiver ID		Interchange Receiver ID for Centene
	ISA09	Interchange Date	YYMMDD	Date of the interchange
	ISA10	Interchange Time	HHMM	Time of the interchange
	ISA11	Interchange Control Standards Identifier	'A'	U.S. EDI Community of ASC X12, TDCC and UCS
	ISA12	Interchange Control Version Number	'00501'	
	ISA13	Interchange Control Number		Identical to IEA02
	ISA14	Acknowledgment Requested	'0'	No Acknowledgement Requested
	ISA15	Usage Indicator	'P'	'P': Production Data
	ISA16	Component Element Separator	:	Component element separator is a delimiter and not a data element
IEA		Interchange Control Trailer Segment		
	IEA01	Number of Included Functional Groups	'1'	Functional Group count
	IEA02	Interchange Control Number		Identical to ISA13

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## GS-GE

This section describes Centene’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 Centene expects functional groups to be sent and how Centene will send functional groups. These discussions will describe how similar transaction sets will be packaged and Centene’s use of functional group control numbers.

### 270:

Segment ID	Element ID	Name	Code	Definition of Code / Notes
GS		Functional Group Header		
	GS01	Functional Identifier Code	'HS'	Eligibility, Coverage or Benefit Inquiry (270)
	GS02	Application Sender's Code		Code identifying party sending transmission; codes agreed to by trading partners.
	GS03	Application Receiver's Code	421406317	Code identifying party receiving transmission; Value should always be CENTENE.
	GS04	Date	CCYYMMDD	Date of functional group creation
	GS05	Time	HHMM	Creation time
	GS06	Group Control Number		Identical to GE02
	GS07	Responsible Agency Code	'X'	Accredited Standards Committee X12. Value should always be 'X'.
	GS08	Version / Release / Industry Identifier Code	'005010X092A1'	Health Care Eligibility Benefit Inquiry and Response 270/271 Implementation Guide version
GE		Functional Group Trailer		
	GE01	Number of Transaction Sets Included	'1'	Number of transactions included
	GE02	Group Control Number		Identical to GS06



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271:

Segment ID	Element ID	Name	Code	Definition of Code / Notes
GS		Functional Group Header		
	GS01	Functional Identifier Code	'HB'	Eligibility, Coverage or Benefit Inquiry (271)
	GS02	Application Sender's Code	421406317	Code identifying party sending transmission; value should always be
	GS03	Application Receiver's Code	<Receiver Code>	Application Receiver Code for Clearinghouse
	GS04	Date	CCYYMMDD	Date of functional group creation
	GS05	Time	HHMM	Creation time
	GS06	Group Control Number		Identical to GE02
	GS07	Responsible Agency Code	'X'	Accredited Standards Committee X12. Value should always be 'X'.
	GS08	Version / Release / Industry Identifier Code	'005010X092A1'	Health Care Eligibility Benefit Inquiry and Response 270/271 Implementation Guide version
GE		Functional Group Trailer		
	GE01	Number of Transaction Sets Included	'1'	Transaction Count; value should always be '1'
	GE02	Group Control Number		Identical to GS06.

### ST-SE

This section indicates the beginning and the ending of a transaction set and provides the count of the transmitted segments including the beginning (ST) and ending (SE) segments. These segments also provide a Transaction Set Control Number which must be identical in each segment.

270:

Segment ID	Element ID	Name	Code	Definition of Code / Notes
ST		Transaction Set Header		
	ST01	Transaction Set Identifier Code	'270'	Eligibility, Coverage or Benefit Inquiry

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	ST02	Transaction Set Control Number		Transaction Set Control Number. The transaction set control numbers in ST02 and SE02 must be identical.
SE		Transaction Set Trailer		
	SE01	Transaction Segment Count	<Total Segments>	Total number of segments included in a transaction set including ST and SE segments.
	SE02	Transaction Set Control Number		Transaction Set Control Number. The transaction set control numbers in ST02 and SE02 must be identical.

### 271:

Segment ID	Element ID	Name	Code	Definition of Code / Notes
ST		Transaction Set Header		
	ST01	Transaction Set Identifier Code	'271'	Eligibility, Coverage or Benefit Information
	ST02	Transaction Set Control Number		Transaction Set Control Number assigned by Centene. The transaction set control numbers in ST02 and SE02 must be identical.
SE		Transaction Set Trailer		
	SE01	Transaction Segment Count	<Total Segments>	Total number of segments included in a transaction set including ST and SE segments.
	SE02	Transaction Set Control Number		Transaction Set Control Number assigned by Centene. The transaction set control numbers in ST02 and SE02 must be identical.

### 7 PAYER SPECIFIC BUSINESS RULES AND LIMITATIONS

Centene is in the process of becoming CORE Phase II certified. 271 responses will comply with CORE Phase II requirements.

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## 270 Request:

Eligibility requests for any explicit service type code as well as a generic service type code “30” will generate a 271 response. Supported Service Type codes:

### Medical Services:

- 1 - Medical Care
- 2 - Surgical
- 4 - Diagnostic X-Ray
- 5 - Diagnostic Lab
- 6 - Radiation Therapy
- 7 - Anesthesia
- 8 - Surgical Assistance
- 12 - DME Purchase
- 13 - Facility
- 18 - DME Rental
- 20 - Second Surgical Opinion
- 30 - Health Benefit Plan Coverage
- 33 - Chiropractic
- 35 - Dental Care
- 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
- A0 - Professional (Physician) Visit - Outpatient
- A3 - Professional (Physician) Visit - Home
- AD - Occupational Therapy
- AE - Physical Medicine
- AF - Speech Therapy
- AG - Skilled Nursing Care
- AL - Vision (Optometry)
- BG - Cardiac Rehabilitation
- BH - Pediatric
- UC - Urgent Care

### Behavioral Services:

- MH - Mental Health
- A6 - Psychotherapy

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A7 - Psychiatric - Inpatient  
A8 - Psychiatric - Outpatient  
AI - Substance Abuse

The 270 inquiry must include the patient's member ID number (Medicaid ID or SSN), last name, first name, and date of birth.

Centene processes all alpha characters, dashes, spaces, apostrophes, or periods. No other special characters are processed.

## 271 Response:

The 271 response for a generic service type code "30" (Health Benefit Plan Coverage) may include the following service type codes:

1 - Medical Care  
33 - Chiropractic  
35 - Dental Care  
47 - Hospital  
48 - Hospital Inpatient  
50 - Hospital Outpatient  
86 - Emergency Services  
88 - Pharmacy  
98 - Professional (Physician) Visit - Office  
AL - Vision (Optometry)  
MH - Mental Health  
UC - Urgent Care

It may include additional service types as information is available in Centene's systems.

The 271 response for a specific service type code will include the health plan name, benefits for the specific benefit type only, and the member's status (Active, Inactive, and Not Covered) along with any member financial responsibility, if available.

Centene's response to a generic "30" inquiry will include the health plan name, benefits for the service 12 types listed above, along with '30', and the member's status (Active, Inactive, and Not Covered) along with any member financial responsibility, if available.

The absence of a specific benefit is not meant to imply that the benefit is not covered and should not be construed as such.

NOTE: Non-CORE specific Service Type Codes are not supported by Centene.

A 270 inquiry containing multiple EQ\*01 codes is not accepted by Centene. This will result in a 271 with AAA segment.

## **8 ACKNOWLEDGEMENTS AND/OR REPORTS**

270 Eligibility Requests submitted to Centene must be HIPAA compliant.

Centene will issue a 999 Acknowledgment for Health Care Insurance (005010X231A1) when a 270 request fails validation of WEDI SNIP Type 4 HIPAA edits.

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Centene does not return positive acknowledgments for successful 270 requests (the 271 acts as the acknowledgment).

The purpose of the 999 Acknowledgment (Reject) is to identify critical errors within the 270 request based on the ASC X12N 270 (version 005010X279A1) Technical Report Type 3 guide. The submitter should review the 999 to determine what errors occurred.

## 9 TRADING PARTNER AGREEMENTS

To initiate the evaluation process for potentially becoming a Trading Partner with Centene, please contact us at EDIBA@Centene.com.

In your request, please include the following information:

- Company Name and Address
- Primary and Alternate Contact Information (Email Address and Phone Numbers)
- Supported Transactions (Current Environment)
- Proposed Transactions
- Current Compliance Levels (HIPAA/ANSI, etc.)

### TRADING PARTNERS

An EDI Trading Partner is defined as any Centene customer (provider, billing service, software vendor, etc.) that transmits to, or receives electronic data from Centene.

The EDI Trading Partner Agreement is located within Ramp Manager. 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.

## 10 TRANSACTION SPECIFIC INFORMATION

A Transaction Loop is a group of related segments. Centene specific values are required for the elements which comprise the segments for the 270/271 Transaction Loops. The following section identifies these loops, their segments and their required element values:

(Note: Centene does not support Dependent Loops at this time: 2100D, 2110D, 2115D, and 2120D)

- Loop 2100A - Information Source
- Loop 2100B - Information Receiver
- Loop 2100C - Subscriber Information
- Loop 2110C - Subscriber Benefit or Eligibility Information
- Loop 2120C - Subscriber Benefit Related Entity Information

### Loop 2100A (270) - Information Source

Loop	Segment	Element	Name	Code	Definition of Code
2100A	NM1	NM101	Entity Identifier Code	'PR'	Payer
2100A	NM1	NM102	Information Source Name	'2'	
2100A	NM1	NM103	Organization Name	'HP Name'	Health Plan Name
2100A	NM1	NM108	Identification Code Qualifier	'PI'	PI: Payor Identification
2100A	NM1	NM109	Identification Code	'68068' or '68069'	68068 = Centene Medical 68069 = Cenpatico

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### Loop 2100B (270) - Information Receiver

Loop	Segment	Element	Name	Code	Definition of Code
2100B	NM1	NM101	Entity Identifier Code	'1P'	Provider
2100B	NM1	NM108	Identification Code Qualifier	'34' 'FI' 'SV' 'XX'	34: Social Security Number FI: Federal Taxpayer ID SV: Service Provider Number XX: NPI
2100B	NM1	NM109	Identification Code of Provider requesting response		ID code

### Loop 2100C (270) - Subscriber Information

Loop	Segment	Element	Name	Code	Definition of Code
2100C	NM1	NM108	Identification Code Qualifier	'MI'	Member Identification Code
2100C	NM1	NM109	Subscriber Identification Code		Unique Member Identifier or SSN
2100C	DMG	DMG01	Date Time Period Format Qualifier	'D8'	D8: Date Format: CCYYMMDD
2100C	DMG	DMG02	Subscriber Birth Date		Date Format: CCYYMMDD
2100C	DTP	DTP01	Date/Time Period Format Qualifier	'102' '291'	102: Issue Date 291: Plan Date
2100C	DTP	DTP02	Date Time Period Format Qualifier	'D8' 'RD8'	D8: Date expressed in format CCYYMMDD; RD8: Range of Dates expressed in format CCYYMMDD-CCYYMMDD; If no date provided, use current date
2100C	DTP	DTP03	Date Time Period		Expression of date or date range. A range of dates is acceptable, but Centene only looks up based on current date.

### Loop 2110C (270) - Subscriber Eligibility & Benefit Information

Loop	Segment	Element	Name	Code	Definition of Code
2110C	EQ				Centene supports only one occurrences of the EQ segment per transaction
2110C	EQ	EQ01	Service Type Code	'30' (Generic) Other standard codes available.	Refer to Section 7 for additional details.

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## Loop 2100A (271) - Information Source

Loop	Segment	Element	Name	Code(s)	Definition of Code
2100A	NM1	NM101	Entity Identifier Code	'PR'	Payer
2100A	NM1	NM102	Information Source Name	'2'	Non-Person Entity
2100A	NM1	NM108	Identification Code Qualifier	'34' 'FI' 'SV' 'XX'	34: Social Security Number FI: Federal Taxpayer ID SV: Service Provider Number XX: NPI

## Loop 2100B (271) - Information Receiver

Loop	Segment	Element	Name	Code(s)	Definition of Code
2100B	NM1	NM109	Identification Code		Information on 270 transaction sent back on 271 transaction.

## Loop 2110C (271) - Subscriber Eligibility or Benefit Info

Loop	Segment	Element	Name	Code(s)	Definition of Code
2110C	EB	EB01	Eligibility or Benefit Information	1 5 6 A B C F G H L N R	1: Active Coverage 5: Active – Pending Investigation 6: Inactive A: Co-Insurance B: Co-Payment C: Deductible F: Limitations G: Out of Pocket (Stop Loss) H: Unlimited I: Non-Covered L: Primary Care Provider N: Services Restricted to Following Provider R: Other or Additional Payer
2110C	EB	EB03	Service Type Code		Returned from 270
2110C	EB	EB05	Plan Coverage Description		Plan Description
2110C	EB	EB07	Monetary Amount		Qualifier based on EB01. EB01=A, B, C, G
2110C	REF	REF01	Reference Identification Qualifier	'18' '6P'	18 – Plan Number 6P – Group Number
2110C	REF	REF02	Reference ID		Plan Identifier
2110C	REF	REF03	Description		Description of the Plan
2110C	DTP	DTP01	Date/Time Qualifier	'356' '357'	356 – Eligibility Begin Date 357 – Eligibility End Date
2110C	DTP	DTP03	Date Time Period		Dates associated with DTP01 qualifier
2110C	MSG	MSG01	Free-Form Message Text		Care Gap information

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## Appendix Revision History

Revision Number	Date	Section	Notes
1.1	01/30/13	4 - CONNECTIVITY WITH THE PAYER/COMMUNICATIONS	Added system downtime
		7 - PAYER SPECIFIC BUSINESS RULES AND LIMITATIONS	Added special character verbiage