Version 13

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External Interface Specification 270/271 Transaction Sets (Working Draft)

Prepared for

The Office of the Under Secretary of Defense

Personnel and Readiness

And

The Defense Manpower Data Center

3 May, 1999

Developer's Representative Signature	Date
Acquirer's Signature	Date

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1. Entitlements/Eligibility

1.1. Eligibility, Enrollment Inquiry

This section identifies the 270/271 transaction sets required to support the DoD health care benefit Eligibility Inquiry. The 270 is used by the enrolling organization to request (inquire) information from DEERS, and the 271 is used by DEERS to respond to the enrolling organization with coverage, eligibility, and benefit information. This inquiry can be performed for a particular date range or as of the current date.

As recommended by HIPAA standards, a minimum of three repeating hierarchical HL segments should be communicated when *sending* or *receiving* the 270/271 transaction set. The first HL segment should be representative of the Source, identified as DoD. The second HL segment should be representative of the Receiver, identified as the recipient of the information. The third HL segment should be representative of the Subscriber, identified as the Sponsor or DoD personnel. In some cases, a fourth HL segment is required representative of the Dependent/Family Member, identified as persons entitled to health care benefits due to their association with the Subscriber. The presence and format of the third (and/or) fourth HL segment is determined, based on the person for whom the inquiry is being performed.

1.2. Event/Response Functionality

The MCSC will transmit inbound to DEERS the 270 transaction identifying the key inquiry information. In return, DEERS will transmit outbound all relative data pertaining to the subscriber and/or their dependents.

1.3. Transaction Set Process Flow

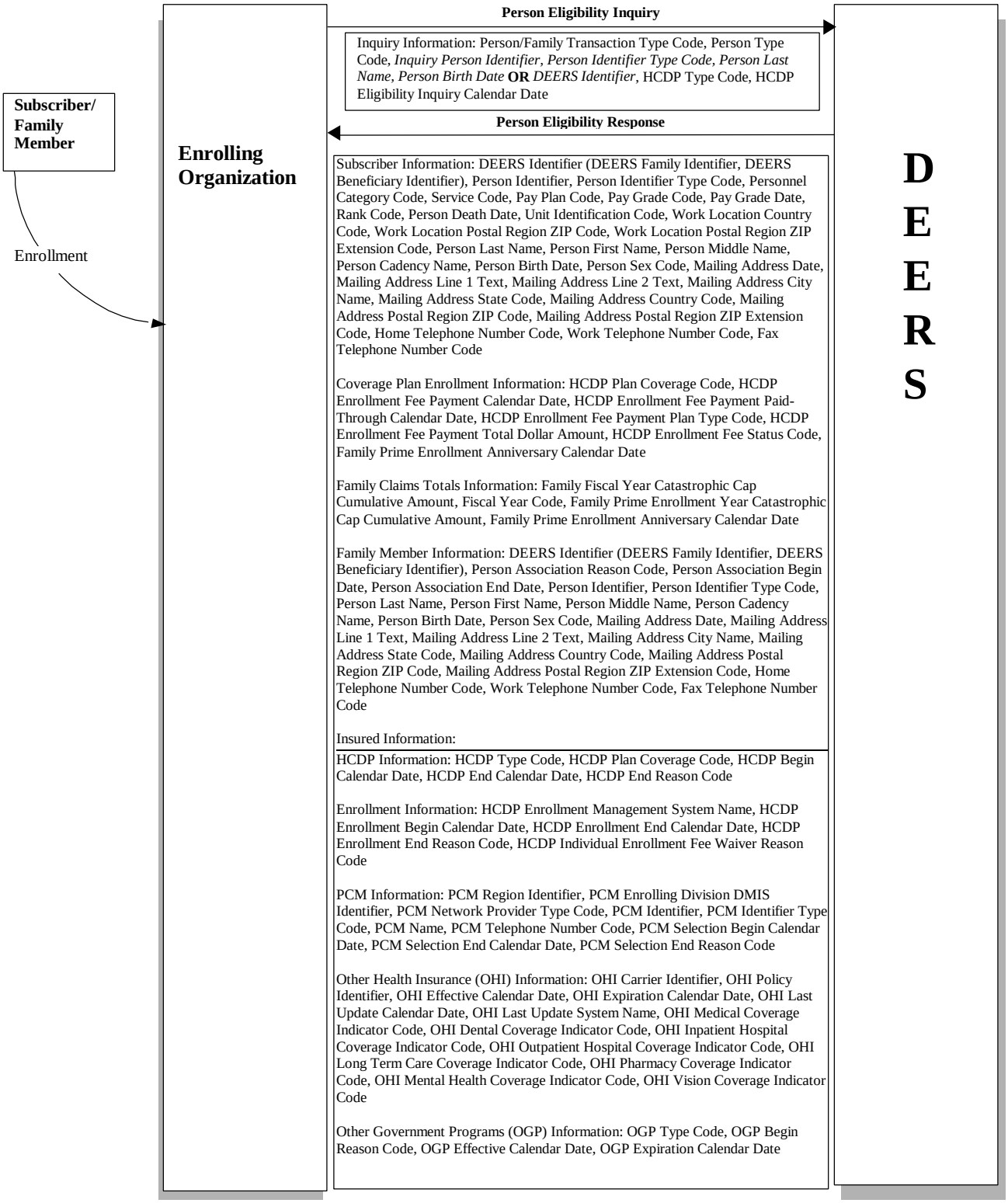

Figure 1: Inquiry for Current Health Benefit Program Eligibility for Enrollment

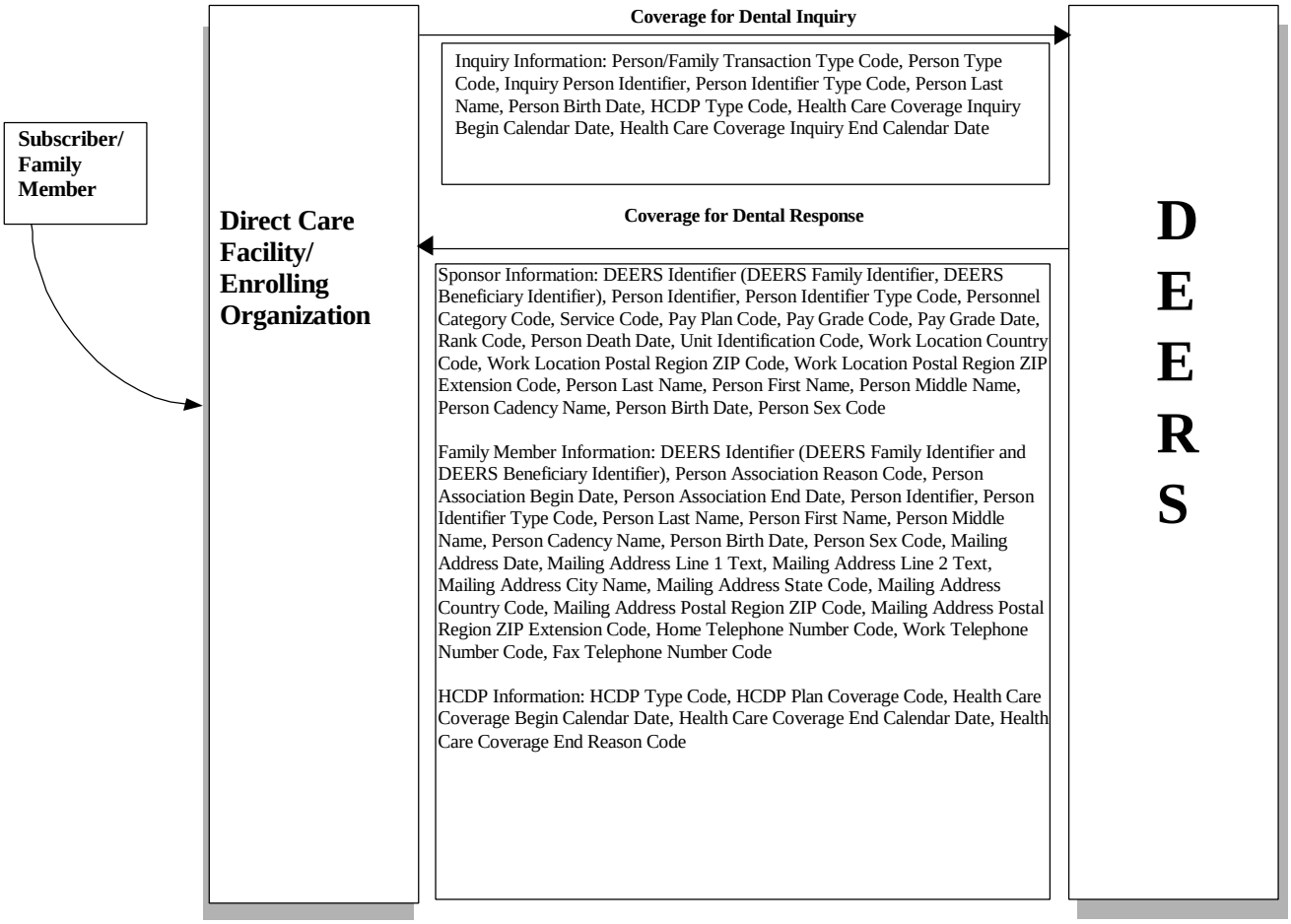

Figure 2: Coverage Inquiry for Dental Care

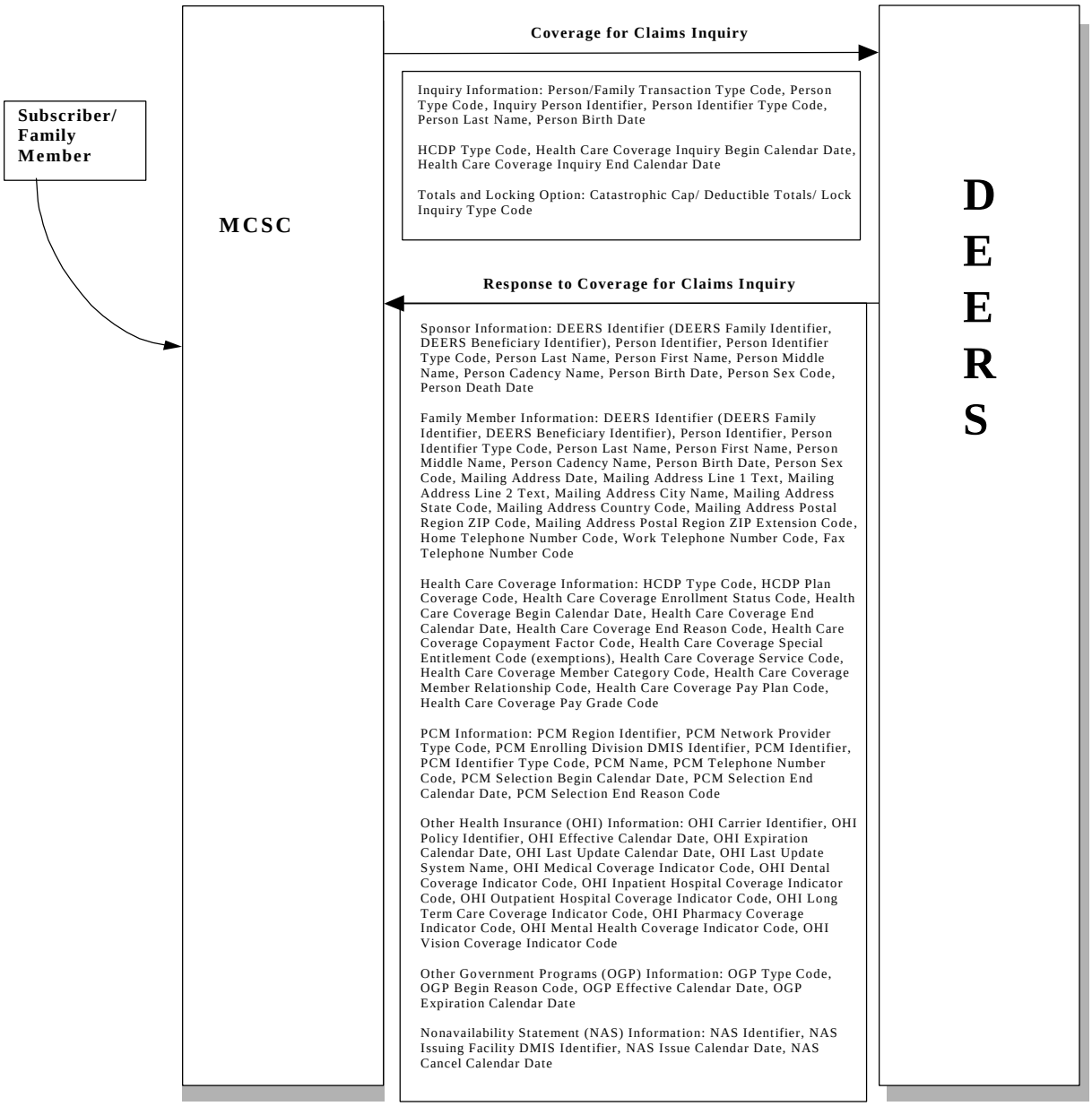

Figure 3: Coverage Inquiry for Claims Without Catastrophic Cap and Deductible Totals

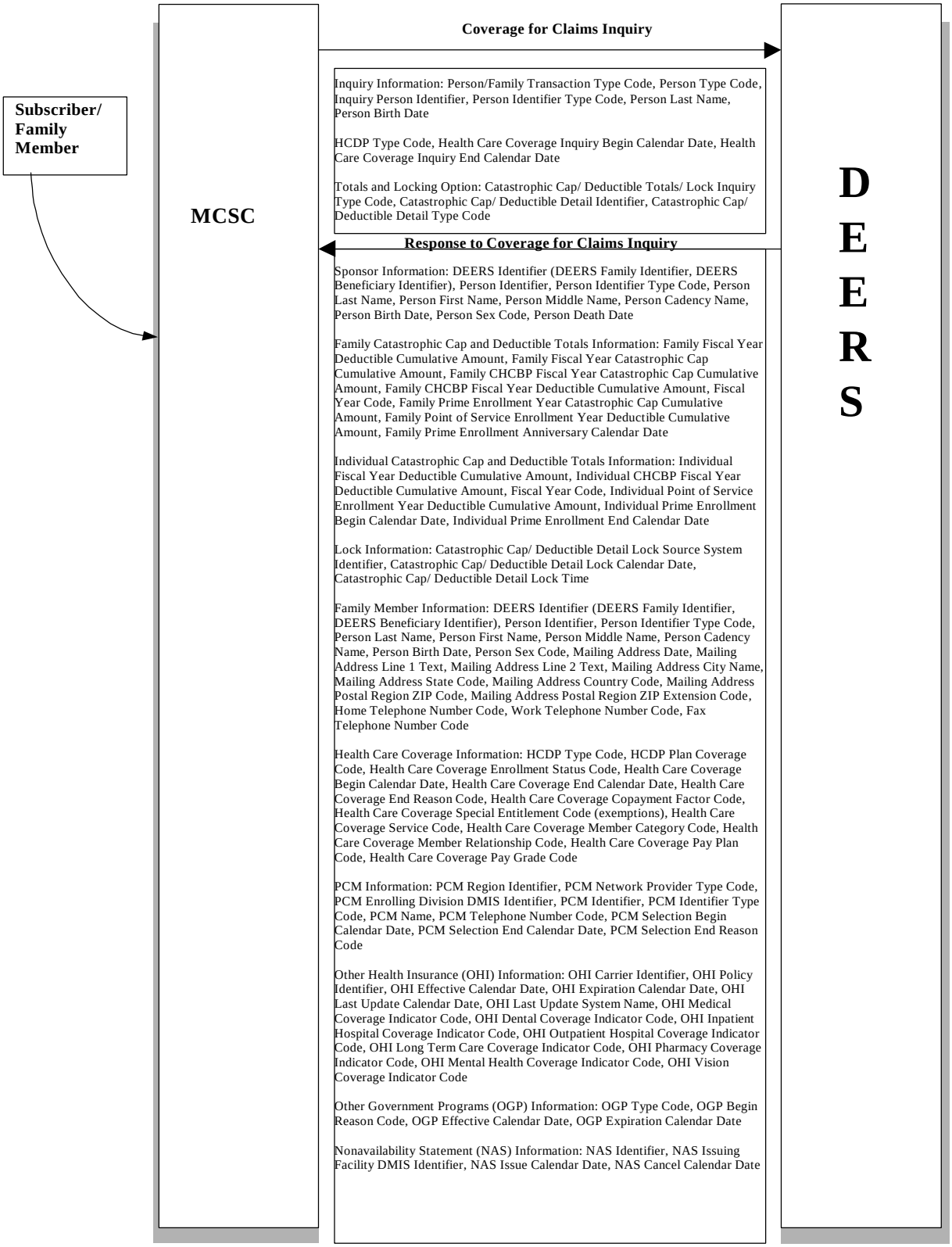

Figure 4: Coverage Inquiry for Claims With Catastrophic Cap and Deductible Totals

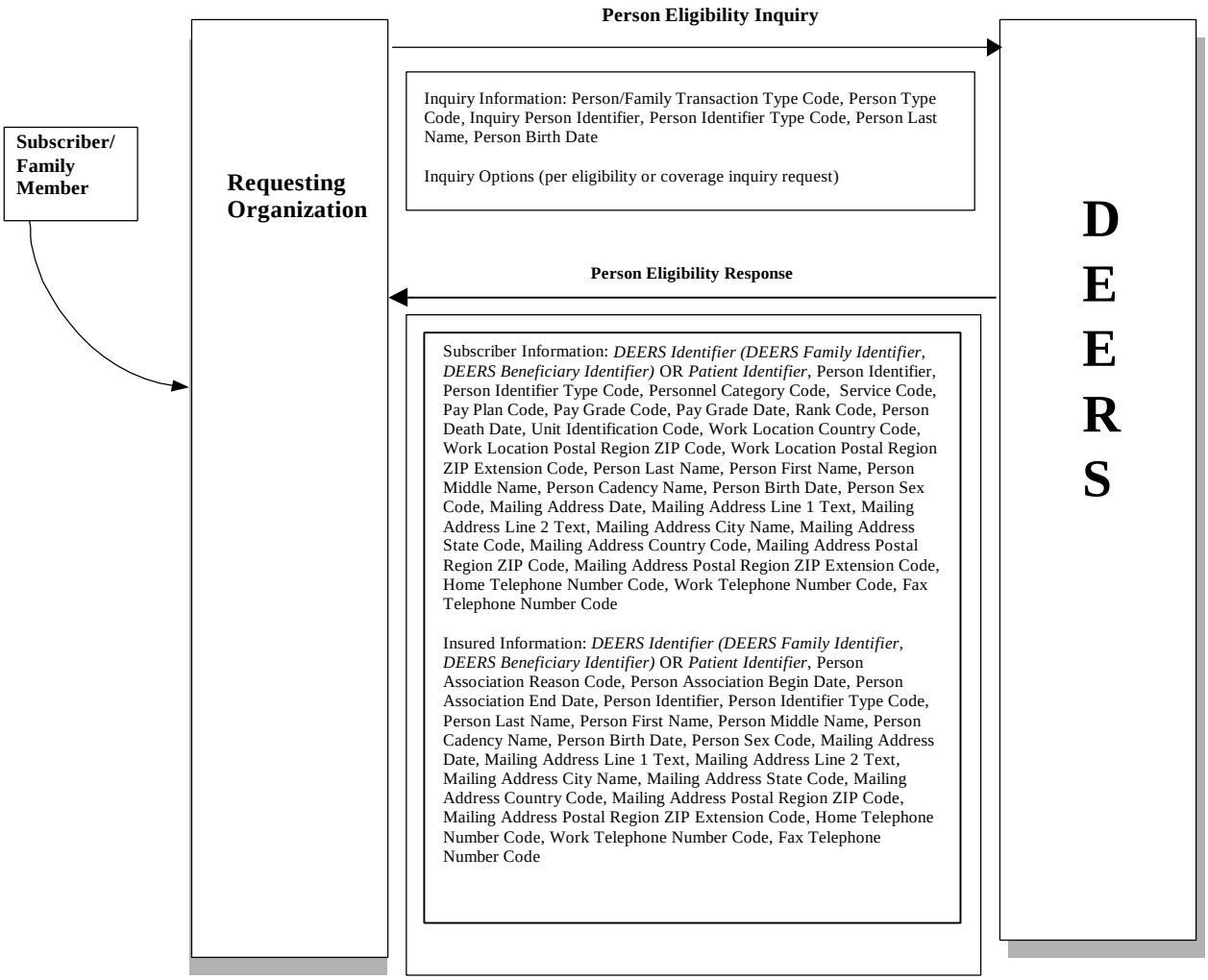

Figure 5: Inquiry and Response for a Partial Match from an Eligibility Inquiry or Coverage Inquiry

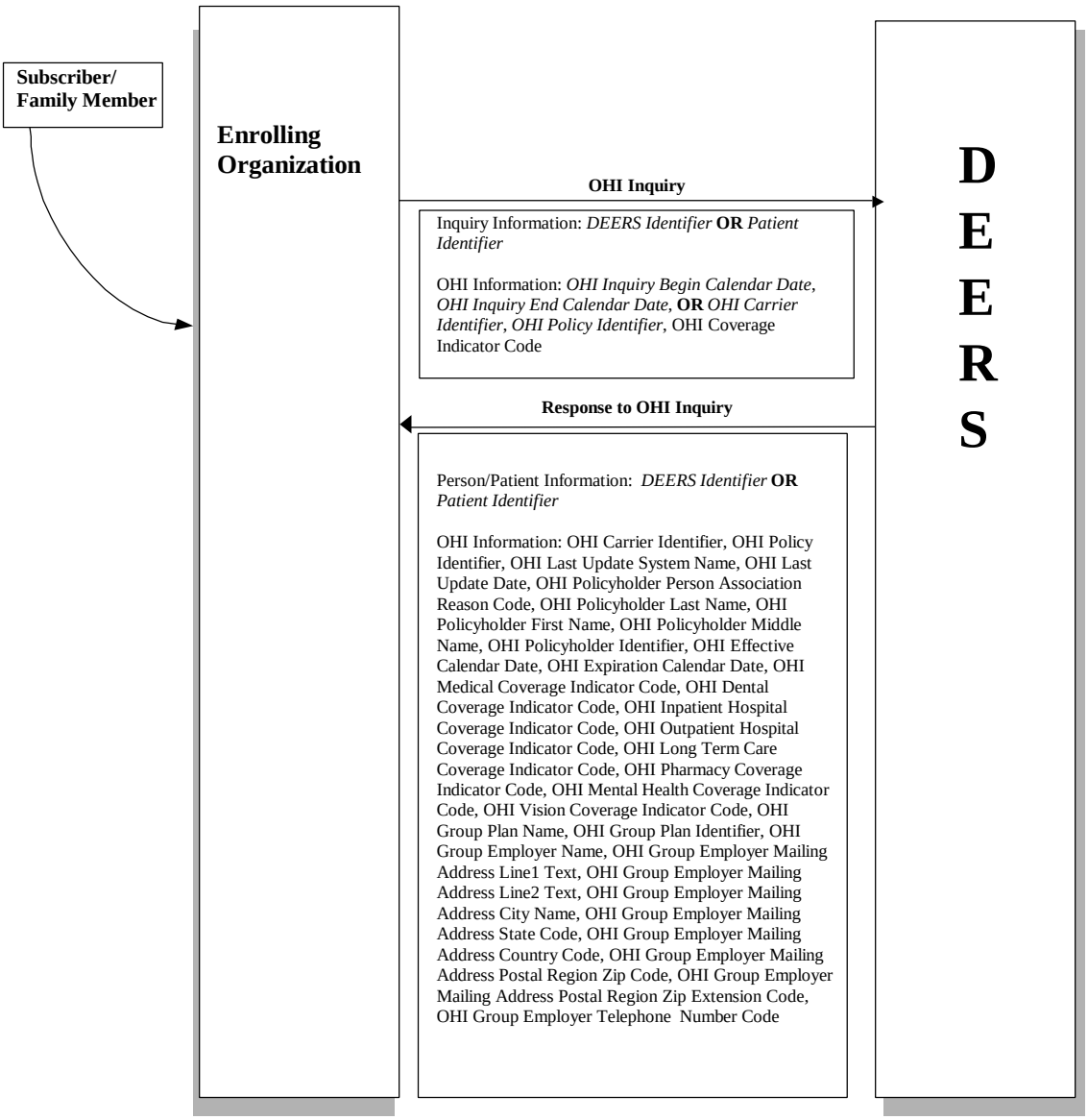

Figure 6: Inquiry for OHI Policy

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2. 270 Proposed Structure [Eligibility, Enrollment INQUIRY] *Subscriber Query

Segments	*Elements*
ST	01, 02
BHT	01, 02, 03, 04, 05, 06
2000A – *Source*	
HL	01, 02, 03, 04
2100A – *Source Name*	
NM1	01, 02, 03, , , , , 08, 09
2000B – *Receiver*	
HL	01, 02, 03, 04
2100B – *Receiver Name*	
NM1	01, 02, 03, , , , , 08, 09
PER	01, , 03, 04, 05, 06
2000C – *Subscriber*	
HL	01, 02, 03, 04
2100C – *Subscriber Name*	
NM1	01, 02, 03, , , , , 08, 09
REF	01, 02
DMG	01, 02
2110C – *Benefit*	
EQ	01, , 03, 04
DTP	01, 02, 03
SE	01, 02

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3. 270 Proposed Structure [Eligibility, Enrollment INQUIRY] *Dependent Query

Segments	*Elements*
ST	01, 02
BHT	01, 02, 03, 04, 05, 06
2000A – *Source*	
HL	01, 02, 03, 04
2100A – *Source Name*	
NM1	01, 02, 03, , , , , 08, 09
2000B – *Receiver*	
HL	01, 02, 03, 04
2100B – *Receiver Name*	
NM1	01, 02, 03, , , , , 08, 09
PER	01, , 03, 04, 05, 06
2000C – *Subscriber*	
HL	01, 02, 03, 04
2100C – *Subscriber Name*	
NM1	01, 02, 03, , , , , 08, 09
2000D – *Dependent*	
HL	01, 02, 03, 04
2100D – *Dependent Name*	
NM1	01, 02, 03
REF	01, 02
DMG	01, 02
2110D – *Benefit*	
EQ	01, , 03, 04
DTP	01, 02, 03
SE	01, 02

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270 Transaction Set [Eligibility, Enrollment INQUIRY] – Dependent Query

Segments

Transaction Set Header (ST)

ID	REF	Element Name	Attributes	Value	Description
ST01	143	Transaction Set ID Code	R/R ID 3/3	270	
ST02	329	Transaction Set Control Number	R/R AN 4/9		Control Identifier

1. Segment BHT

ID	REF	Element Name	Attributes	Value	Description
01	1005	Hierarchical Structure Code	R/R ID 4/4	0022	Source Information, Receiver Information, Subscriber, Dependent
02	353	Transaction Set Purpose Code	R/R ID 2/2	13	13= Request
03	127	Reference ID	R/R AN 1/30		Trace Number
04	373	Date (CCYYMMDD)	R/R DT 8/8		Transaction Online Date DEERS Length=8
05	337	Time (HHMMSS)	R/R TM 4/8		Transaction Online Time DEERS Length=6
06	640	Transaction Type Code	R/R ID 2/2	15	Immediate Response (no follow-up)

2. Segment HL (2000A-Source Level)

ID	REF	Element Name	Attributes	Value	Description
01	628	Hierarchical ID Number	R/R AN 1/12	01	01= Sequential
02	734	Hierarchical Parent ID Number	R/R AN 1/12	0	Identifies that no parent hierarchical levels exist
03	735	Hierarchical Level Code	R/R ID 1/2	20	20= Source Information
04	736	Hierarchical Child Code	R/R ID 1/1	1	Additional subordinate HL data segment in this hierarchical structure

270 Transaction Set [Eligibility, Enrollment INQUIRY] – Dependent Query

3. Segment NM1 (2100A-Source Name loop)

ID	REF	Element Name	Attributes	Value	Description
01	98	Entity ID Code	R/R ID 2/3	P5	P5= Plan Sponsor
02	1065	Entity Type Qualifier	R/R ID 1/1	2	2= Non-Person Entity
03	1035	Last Name or Organization Name	R/S AN 1/35	DoD	Organization Name
08	66	ID Code Qualifier	R/R ID 1/2	46	46= ETIN Qualifier
09	67	ID Code	R/R AN 2/80		Electronic Transmitter ID Number (ETIN)

4. Segment HL (2000B-Receiver Level)

ID	REF	Element Name	Attributes	Value	Description
01	628	Hierarchical ID Number	R/R AN 1/12	02	02= Incremental
02	734	Hierarchical Parent ID Number	R/S AN 1/12	1	Identifies the hierarchical level to which this level is subordinate
03	735	Hierarchical Level Code	R/R ID 1/2	21	21= Receiver Information
04	736	Hierarchical Child Code	R/R ID 1/1	1	Additional subordinate HL data segment in this hierarchical structure

5. Segment NM1 (2100B-Receiver Name Loop)

ID	REF	Element Name	Attributes	Value	Description
01	98	Entity ID Code	R/R ID 2/3	1P	1P= Provider
02	1065	Entity Type Qualifier	R/R ID 1/1	2	2= Non-Person Entity
03	1035	Last Name or Organization Name	R/S AN 1/35	MCSC, MTF	Organization Name
08	66	ID Code Qualifier	R/R ID 1/2	SV	SV= Service Provider
09	67	ID Code Assigned by DEERS	R/R AN 2/80		Site Identifier DEERS Length=6

270 Transaction Set [Eligibility, Enrollment INQUIRY] – Dependent Query

6. Segment PER (Optional)

ID	REF	Element Name	Attributes	Value	Description
01	366	Contact Function Code	R/R ID 2/2	IC	IC= Information Contact
03	365	Communication Number Qualifier	S/S ID 2/2	TE	Telephone
04	364	Communication Number	S/S AN 1/80		Telephone Number Code DEERS Length=14
05	365	Communication Number Qualifier	S/S ID 2/2	FX	Facsimile
06	364	Communication Number	S/S AN 1/80		FAX Telephone Number Code DEERS Length=14

7. Segment HL (2000C-Subscriber/Sponsor Level) **[This HL loop is required. However, it may contain limited segments and elements if the query is originated for a dependent.]**

ID	REF	Element Name	Attributes	Value	Description
01	628	Hierarchical ID Number	R/R AN 1/12	3	3= Incremental
02	734	Hierarchical Parent ID Number	R/S AN 1/12	2	Identifies the hierarchical level to which this level is subordinate
03	735	Hierarchical Level Code	R/R ID 1/2	22	22= Subscriber
04	736	Hierarchical Child Code	R/R ID 1/1	1	0= No subordinate HL data segment in this hierarchical structure (implies that this inquiry is made by the Sponsor) 1= Additional subordinate HL data segment in this hierarchical structure (implies that this inquiry is made by the Dependent) Inquiry Type Code DEERS Length=1

270 Transaction Set [Eligibility, Enrollment INQUIRY] – Dependent Query

8. Segment NM1 (2100C-Subscriber Name Loop)

ID	REF	Element Name	Attributes	Value	Description
01	98	Entity ID Code	R/R ID 2/3	IL	IL= Insured/Subscriber
02	1065	Entity Type Qualifier	R/R ID 1/1	1	1= Person Entity
03	1035	Last Name or Organization Name	S/S AN 1/35		Person Last Name DEERS Length=26
08	66	ID Code Qualifier	S/S ID 1/2	ZZ	ZZ= Mutually Defined (Qualifier)
09	67	ID Code (2-field concatenation of ID Type and ID Number)	S/S AN 2/80		B= Beneficiary DEERS ID D= Temporary ID F= Foreign ID Person Identifier Type Code DEERS Length=1 Inquiry Person Identifier DEERS Length=11

9. Segment REF (Optional)

ID	REF	Element Name	Attributes	Value	Description
01	128	Reference ID Qualifier	R/R ID 2/3	SY	SY= Social Security Number Qualifier
02	127	Reference ID	R/R AN 1/30		S= Social Security Number Person Identifier Type Code DEERS Length=1 Inquiry Person Identifier DEERS Length=11

270 Transaction Set [Eligibility, Enrollment INQUIRY] – Dependent Query

10. Segment DMG (Optional)

ID	REF	Element Name	Attributes	Value	Description
01	1250	Date/Time Format Qualifier	R/S ID 2/3	D8	Date Format
02	1251	Birth Date (CCYYMMDD)	R/S AN 1/35		Person Birth Date DEERS Length=8

11. Segment EQ (2110C-Subscriber Eligibility Loop) Required

ID	REF	Element Name	Attributes	Value	Description
01	1365	Inquiry Service Type Code	R/S ID 1/2	60, 35	60= General Benefits 35= Dental HCDP Type Code DEERS Length=1
03	1207	Coverage Level	R/S ID 3/3	IND, FAM	IND= Inquiry for an individual FAM= Inquiry for a family Person/Family Transaction Type Code DEERS Length=1
04	1336	Insurance Type Code	S/S ID 1/3	C1, SP	C1= Commercial (Eligibility) SP= Supplemental Policy (OHI)

270 Transaction Set [Eligibility, Enrollment INQUIRY] – Dependent Query

12. Segment DTP (Optional) **[An REF02 of 'D8' indicates Eligibility Inquiries for a specific date.]**

ID	REF	Element Name	Attributes	Value	Description
01	374	Date/Time Qualifier	R/R ID 3/3	307	307= Eligibility (indicates an Eligibility Inquiry)
02	1250	Date/Time Format Qualifier	R/R ID 2/3	D8	Date Format
03	1251	Date (CCYYMMDD)	R/R AN 1/35		HCDP Eligibility Inquiry Calendar Date DEERS Length=8

13. Segment HL (2000D-Dependent Level) **[This HL loop is optional, use only when query is originated by a Dependent.]**

ID	REF	Element Name	Attributes	Value	Description
01	628	Hierarchical ID Number	R/R AN 1/12	04	04= Incremental
02	734	Hierarchical Parent ID Number	R/R AN 1/12	3	Identifies the hierarchical level to which this level is subordinate
03	735	Hierarchical Level Code	R/R ID 1/2	23	23= Dependent
04	736	Hierarchical Child Code	R/R ID 1/1	0	Additional subordinate HL data segments in this hierarchical structure

14. Segment NM1 (2100D-Dependent Name Loop)

ID	REF	Element Name	Attributes	Value	Description
01	98	Entity ID Code	R/R ID 2/3	03	03= Dependent
02	1065	Entity Type Qualifier	R/R ID 1/1	1	1= Person Entity
03	1035	Last Name or Organization Name	S/S AN 1/35		Person Last Name DEERS Length=26

270 Transaction Set [Eligibility, Enrollment INQUIRY] – Dependent Query

15. Segment REF

ID	REF	Element Name	Attributes	Value	Description
01	128	Reference ID Qualifier	R/R ID 2/3	SY, HJ	SY= Social Security Number Qualifier HJ= Identity Card Number Qualifier
02	127	Reference ID (*2-field concatenation*)	R/R AN 1/30		S= Social Security Number F= Foreign Identification D= Temporary ID B= Beneficiary DEERS ID Person Identifier Type Code DEERS Length=1 Inquiry Person Identifier DEERS Length=11

16. Segment DMG (Optional)

ID	REF	Element Name	Attributes	Value	Description
01	1250	Date/Time Format Qualifier	R/S ID 2/3	D8	Date Format
02	1251	Birth Date (CCYYMMDD)	R/S AN 1/35		Person Birth Date DEERS Length=8

270 Transaction Set [Eligibility, Enrollment INQUIRY] – Dependent Query

17. Segment EQ (2110D-Dependent Eligibility Loop) Required

ID	REF	Element Name	Attributes	Value	Description
01	1365	Inquiry Service Type Code	R/S ID 1/2	**60**, 35	**60= General Benefits** 35= Dental HCDP Type Code DEERS Length=1
03	1207	Coverage Level	R/S ID 3/3	IND, FAM	IND= Inquiry for an Individual FAM= Inquiry for a Family Person/Family Transaction Type Code DEERS Length=1
04	1336	Insurance Type Code	S/S ID 1/3	**C1**, SP	C1= Commercial (Eligibility) SP= Supplemental Policy (OHI)

18. Segment DTP **[Eligibility Inquiries are for a specific date.]**

ID	REF	Element Name	Attributes	Value	Description
01	374	Date/Time Qualifier	R/R ID 3/3	307	307= Eligibility (indicates an Eligibility Inquiry)
02	1250	Date/Time Format Qualifier	R/R ID 2/3	D8	Date Format
03	1251	Date (CCYYMMDD)	R/R AN 1/35		HCDP Eligibility Inquiry Calendar Date DEERS Length=8

270 Transaction Set [Eligibility, Enrollment INQUIRY] – Dependent Query

Transaction Set Trailer (SE)

ID	REF	Element Name	Attributes	Value	Description
SE01	96	Number of Included Segments	R/R N0 1/10		Total Number of Segments
SE02	329	Transaction Set Control Number	R/R AN 4/9		

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3. 271 Proposed Structure [Eligibility, Enrollment RESPONSE]

Segments	*Elements*	
ST	01, 02	
BHT	01, 02, 03, 04, 05, 06	
2000A – *Source*		
HL	01, , 03, 04	
2100A – *Name*		
NM1	01, 02, 03, , , , , 08, 09	
2000B – *Receiver*		
HL	01, 02, 03, 04	
2100B – *Name*		
NM1	01, 02, 03, , , , , 08, 09	
2000C – *Subscriber*		
HL	01, 02, 03, 04	
TRN	01, 02	
2100C – *Name*		
NM1	01, 02, 03, 04, 05, 06, 07, 08, 09	
REF	01, 02	
REF	01, 02	
REF	01, 02	
N3	01, 02	
N4	01, 02, 03, 04	
PER	01, , 03, 04, 05, 06, 07, 08	
DMG	01, 02, 03	
DTP	01, 02, 03	
DTP	01, 02, 03	
2110C – *Eligibility (Personnel)*		
EB	01	
DTP	01, 02, 03	
LS	01	
2120C – *Entity (Military Unit)*		
NM1	01, 02, , , , , , 08, 09	
N4	, , 03, 04	
LE	01	
2110C – *Eligibility (Fee Payment)*		**Present only at subscriber level**
EB	01, , 03, 04, 05, 06, 07	
REF	01, 02	
DTP	01, 02, 03	
DTP	01, 02, 03	
DTP	01, 02, 03	
2110C – *Eligibility (Family, Standard, Cat Cap)*		
EB	01, 02, 03, 04, , , 07	
DTP	01, 02, 03	
2110C – *Eligibility (Family, Prime, Cat Cap)*		
EB	01, 02, 03, 04, , , 07	
DTP	01, 02, 03	

Segments	*Elements*	
2110C – *Eligibility (Health)*		
EB	01, , 03, 04	
REF	01, 02	
DTP	01, 02, 03	
DTP	01, 02, 03	
MSG	01	
2110C – *Eligibility (Health, Enrollment)*		
EB	01, ,03	
REF	01, 02	
DTP	01, 02, 03	
DTP	01, 02, 03	
MSG	01	
MSG	01	
LS	01	
2120C – *Entity (Manage System)*		
NM1	01, 02, 03	
LE	01	
2110C – *Eligibility (Health, PCM)*		
EB	01, , 03	
REF	01, 02	
DTP	01, 02, 03	
DTP	01, 02, 03	
MSG	01	
LS	01	
2120C – *Entity (PCM)*		
NM1	01, 02, 03, , , , , 08, 09	
N4	, , , , 05, 06	
PER	01, , 03, 04	
LE	01	
2110C – *Eligibility (Health, OHI)*		
EB	01, , 03, 04	
REF	01, 02	
REF	01, 02	
DTP	01, 02, 03	
DTP	01, 02, 03	
LS	01	
2120C – *Entity (OHI)*		
NM1	01, 02, 03, , , , , 08, 09	
LE	01	
2110C – *Eligibility (Health, OGP)*		
EB	01, , 03, 04	
DTP	01, 02, 03	
DTP	01, 02, 03	
MSG	01	
2110C – *Eligibility (Dental)*		**Present only when Dental Query is performed**
EB	01, , 03, 04	
REF	01, 02	
DTP	01, 02, 03	
DTP	01, 02, 03	
MSG	01	

Segments	*Elements*	
2110C – *Eligibility (Dental, Enrollment)*		**Present only when Dental Query is performed.**
EB	01, , 03	
DTP	01, 02, 03	
DTP	01, 02, 03	
MSG	01	
2000D – *Dependent*		
HL	01, 02, 03, 04	
TRN	01, 02	
2100D – *Name*		
NM1	01, 02, 03, 04, 05, , 07, 08, 09	
REF	01, 02	
N3	01, 02	
N4	01, 02, 03, 04	
PER	01, , 03, 04, 05, 06, 07, 08	
AAA	01, , 03, 04	
DMG	01, 02, 03	
INS	01, 02	
DTP	01, 02, 03	
DTP	01, 02, 03	
DTP	01, 02, 03	
2110D – *Eligibility (Health)*		
EB	01, , 03, 04	
REF	01, 02	
DTP	01, 02, 03	
DTP	01, 02, 03	
MSG	01	
2110D – *Eligibility (Health, Enrollment)*		
EB	01, , 03	
REF	01, 02	
DTP	01, 02, 03	
DTP	01, 02, 03	
MSG	01	
MSG	01	
LS	01	
2120D – *Entity (Enrollment Organization)*		
NM1	01, 02, 03	
LE	01	
2110D – *Eligibility (Health, PCM)*		
EB	01, , 03	
REF	01, 02	
DTP	01, 02, 03	
DTP	01, 02, 03	
MSG	01	
LS	01	
2120D – *Entity (PCM)*		
NM1	01, 02, 03, , , , , 08, 09	
N4	, , , , 05, 06	
PER	01, , 03, 04	
LE	01	

2110D – *Eligibility (Health, OHI)*		
EB	01, , 03, 04	
REF	01, 02	
REF	01, 02	
DTP	01, 02, 03	
DTP	01, 02, 03	
LS	01	
2120D – *Entity (OHI)*		
NM1	01, 02, 03, , , , , 08, 09	
LE	01	
2110D – *Eligibility (Health, OGP)*		
EB	01, , 03, 04	
DTP	01, 02, 03	
DTP	01, 02, 03	
MSG	01	
2110D – *Eligibility (Dental)*		**Present only when Dental Query is performed.**
EB	01, , 03, 04	
REF	01, 02	
DTP	01, 02, 03	
DTP	01, 02, 03	
MSG	01	
2110D – *Eligibility (Dental, Enrollment)*		**Present only when Dental Query is performed.**
EB	01, , 03	
DTP	01, 02, 03	
DTP	01, 02, 03	
MSG	01	
SE	01, 02	

271 Transaction Set [Eligibility, Enrollment Inquiry RESPONSE]

Segments

Transaction Set Header (ST)

ID	REF	Element Name	Attributes	Value	Description
ST01	143	Transaction Set ID Code	R/R ID 3/3	271	
ST02	329	Transaction Set Control Number	R/R AN 4/9		Control Identifier

1. Segment BHT

ID	REF	Element Name	Attributes	Value	Description
01	1005	Hierarchical Structure Code	R/R ID 4/4	0022	Source Information, Receiver Information, Subscriber, Dependent
02	353	Transaction Set Purpose Code	R/R ID 2/2	11	11= Response
03	127	Reference ID	R/R AN 1/30		Trace Number (ISA, GS, ST Control Number)
04	373	Date (CCYYMMDD)	R/R DT 8/8		Transaction Online Date DEERS Length=8
05	337	Time (HHMMSS)	R/R TM 4/8		Transaction Online Time DEERS Length=6
06	640	Transaction Type Code	R/R ID 2/2	18	18= Response

2. Segment HL (2000A-Source Level)

ID	REF	Element Name	Attributes	Value	Description
01	628	Hierarchical ID Number	R/R AN 1/12	01	01= Sequential
03	735	Hierarchical Level Code	R/R ID 1/2	20	20= Source Information
04	736	Hierarchical Child Code	R/R ID 1/1	1	Additional subordinate HL data segment in this hierarchical structure

271 Transaction Set [Eligibility, Enrollment Inquiry RESPONSE]

3. Segment NM1 (2100A-Source Name Loop)

ID	REF	Element Name	Attributes	Value	Description
01	98	Entity ID Code	R/R ID 2/3	P5	P5= Plan Sponsor
02	1065	Entity Type Qualifier	R/R ID 1/1	2	2= Non-Person Entity
03	1035	Last Name or Organization Name	S/S AN 1/35	DoD	Organization Name
08	66	ID Code Qualifier	R/R ID 1/2	46	46= ETIN Qualifier
09	67	ID Code	R/R AN 2/80		Electronic Transmitter ID Number (ETIN)

4. Segment HL (2000B-Receiver Level)

ID	REF	Element Name	Attributes	Value	Description
01	628	Hierarchical ID Number	R/R AN 1/12	02	02= Incremental
02	734	Hierarchical Parent ID Number	R/R AN 1/12	1	Identifies the hierarchical level to which this level is subordinate
03	735	Hierarchical Level Code	R/R ID 1/2	21	21= Receiver Information
04	736	Hierarchical Child Code	R/R ID 1/1	1	Additional subordinate HL data segment in this hierarchical structure

5. Segment NM1 (2100B-Receiver Name Loop)

ID	REF	Element Name	Attributes	Value	Description
01	98	Entity ID Code	R/R ID 2/3	1P	1P= Provider
02	1065	Entity Type Qualifier	R/R ID 1/1	2	2= Non-Person Entity
03	1035	Last Name or Organization Name	R/S AN 1/35	MCSC, CHCS	Organization Name
08	66	ID Code Qualifier	R/R ID 1/2	SV	SV= Service Provider
09	67	ID Code Assigned by DEERS	R/R AN 2/80		Site Identifier DEERS Length=6

271 Transaction Set [Eligibility, Enrollment Inquiry RESPONSE]

6. Segment HL (2000C-Subscriber Level) **[The Subscriber Level is always returned. Limited information will be returned during an inquiry response for a dependent or during a family inquiry response when the Sponsor is not an insured.]**

ID	REF	Element Name	Attributes	Value	Description
01	628	Hierarchical ID Number	R/R AN 1/12	03	03= Incremental
02	734	Hierarchical Parent ID Number	R/R AN 1/12	2	Identifies the hierarchical level to which this level is subordinate
03	735	Hierarchical Level Code	R/R ID 1/2	22	22= Subscriber
04	736	Hierarchical Child Code	R/R ID 1/1	1	Additional subordinate HL data segment in this hierarchical structure

7. Segment TRN (Optional)

ID	REF	Element Name	Attributes	Value	Description
01	481	Trace Type Code	R/R ID 1/2		1= Current Transaction Trace Number 2= Reference Transaction Trace Number
02	127	Reference ID	R/R AN 1/30		Trace Number (ISA, GS, ST Control Numbers)

271 Transaction Set [Eligibility, Enrollment Inquiry RESPONSE]

8. Segment NM1 (2100C-Subscriber Name Loop)

ID	REF	Element Name	Attributes	Value	Description
01	98	Entity ID Code	R/R ID 2/3	IL	IL= Insured/Subscriber
02	1065	Entity Type Qualifier	R/R ID 1/1	1	1= Person Entity
03	1035	Last Name or Organization Name	R/S AN 1/35		Person Last Name DEERS Length=26
04	1036	First Name	R/S AN 1/25		Person First Name DEERS Length=20
05	1037	Middle Initial	R/S AN 1/25		Person Middle Name DEERS Length=20
06	1038	Name Prefix	R/N AN 1/10		*Rank Code*
07	1039	Suffix	R/S AN 1/10		Person Cadency Name DEERS Length=4
08	66	ID Code Qualifier	R/S ID 1/2	ZZ	ZZ= Mutually Defined (Qualifier)
09	67	ID Code (2-field concatenation of the ID Type Code and ID Number)	R/S AN 2/80		B= Beneficiary DEERS ID Person Identifier Type Code DEERS Length=1 Person Identifier DEERS Length=11

9. Segment REF (Optional)

ID	REF	Element Name	Attributes	Value	Description
01	128	Reference ID Qualifier	R/R ID 2/3	SY	SY= Social Security Number Qualifier
02	127	Reference ID	R/R AN 1/30		S=Social Security Number Person Identifier Type Code DEERS Length=1 Person Identifier DEERS Length=11

271 Transaction Set [Eligibility, Enrollment Inquiry RESPONSE]

10. Segment REF (Optional)

ID	REF	Element Name	Attributes	Value	Description
01	128	Reference ID Qualifier	R/R ID 2/3	HJ	HJ= Identity Card Number Qualifier
02	127	Reference ID (*2-field concatenation*)	R/R AN 1/30		F= Foreign Identification D= Temporary ID Person Indentifier Type Code DEERS Length=1 Person Identifier DEERS Length=11

11. Segment REF (Optional)

ID	REF	Element Name	Attributes	Value	Description
01	128	Reference ID Qualifier	R/R ID 2/3	ML	ML= Military Qualifier
02	127	Reference ID (*4-field concatenation*)	R/R AN 1/30		Personnel Category Code DEERS Length=1 Service Code DEERS Length=1 Pay Plan Code DEERS Length=3 Pay Grade Code DEERS Length=2

12. Segment N3

ID	REF	Element Name	Attributes	Value	Description
01	166	Mailing Address - Line 1	R/R AN 1/55		Mailing Address Line 1 Text DEERS Length=40
02	166	Mailing Address - Line 2	S/S AN 1/55		Mailing Address Line 2 Text DEERS Length=40

271 Transaction Set [Eligibility, Enrollment Inquiry RESPONSE]

13. Segment N4

ID	REF	Element Name	Attributes	Value	Description
01	19	City Name	R/S AN 2/30		Mailing Address City Name DEERS Length=20
02	156	State Code	S/S ID 2/2		Mailing Address State Code DEERS Length=2
03	116	ZIP Code (*2-field concatenation*)	S/S ID 3/15		Mailing Address Postal Region ZIP Code DEERS Length=5 Mailing Address Postal Region ZIP Extension Code DEERS Length=4
04	26	Country Code	S/S ID 2/3		Mailing Address Country Code DEERS Length=2

14. Segment PER (Optional)

ID	REF	Element Name	Attributes	Value	Description
01	366	Contact ID	R/R ID 2/2	IC	Information Contact
03	365	Communications Qualifier	S/S ID 2/2	HP	Home Telephone
04	364	Communication Number	S/S AN 1/80		Home Telephone Number Code DEERS Length=14
05	365	Communications Qualifier	S/S ID 2/2	WP	Work Telephone
06	364	Communication Number	S/S AN 1/80		Work Telephone Number Code DEERS Length=14
07	365	Communications Qualifier	S/S ID 2/2	FX	Facsimile
08	364	Communication Number	S/S AN 1/80		FAX Telephone Number Code DEERS Length=14

271 Transaction Set [Eligibility, Enrollment Inquiry RESPONSE]

15. Segment DMG

ID	REF	Element Name	Attributes	Value	Description
01	1250	Date/Time Format Qualifier	R/S ID 2/3	D8	Date Format
02	1251	Birth Date (CCYYMMDD)	R/S AN 1/35		Person Birth Date DEERS Length=8
03	1068	Gender Code	R/S ID 1/1	M, F, U	M= Male F= Female U= Other Person Sex Code DEERS Length=1

16. Segment DTP

ID	REF	Element Name	Attributes	Value	Description
01	374	Date/Time Qualifier	R/R ID 3/3	152	152= Effective Date of Change (Mailing Address Date)
02	1250	Date/Time Format Qualifier	R/R ID 2/3	D8	Date Format
03	1251	Date (CCYYMMDD)	R/R AN 1/35		Mailing Address Date DEERS Length=8

17. Segment DTP (If applicable)

ID	REF	Element Name	Attributes	Value	Description
01	374	Date/Time Qualifier	R/R ID 3/3	442	Date of Death Qualifier
02	1250	Date/Time Format Qualifier	R/R ID 2/3	D8	Date Format
03	1251	Date (CCYYMMDD)	R/R AN 1/35		Date of Death DEERS Length=8

271 Transaction Set [Eligibility, Enrollment Inquiry RESPONSE]

18. Segment EB (2110C-Eligibility Loop) Personnel

ID	REF	Element Name	Attributes	Value	Description
01	1390	Eligibility or Benefit Information	R/R ID 1/2	**W**	**W= Other Source of Data (personnel)**

19. Segment DTP

ID	REF	Element Name	Attributes	Value	Description
01	374	Date/Time Qualifier	R/R ID 3/3	193	193= Period Start Date (Pay Grade Date)
02	1250	Date/Time Format Qualifier	R/R ID 2/3	D8	Date Format
03	1251	Date (CCYYMMDD)	R/R AN 1/35		Pay Grade Date DEERS Length=8

20. Segment LS

ID	REF	Element Name	Attributes	Value	Description
01	447	Loop ID Code	R/R AN 1/6		Same Sequential Number as LE01

21. Segment NM1 (2120C-Entity Loop) Military Unit (Optional)

ID	REF	Element Name	Attributes	Value	Description
01	98	Entity ID Code	R/R ID 2/3	36	36= Employer
02	1065	Entity Type Qualifier	R/R ID 1/1	2	2= Non-Person Entity
08	66	ID Code Qualifier	S/S ID 1/2	SV	SV= Service Provider
09	67	ID Code	S/S AN 2/80		Unit Identification Code DEERS Length=8

271 Transaction Set [Eligibility, Enrollment Inquiry RESPONSE]

22. Segment N4 (Optional)

ID	REF	Element Name	Attributes	Value	Description
03	116	Postal Code	R/S ID 3/15		Work Location ZIP Code DEERS Length=5 Work Location ZIP Extension Code DEERS Length=4
04	26	Country Code	R/S ID 2/3		Work Location Country Code DEERS Length=2

23. Segment LE

ID	REF	Element Name	Attributes	Value	Description
01	447	Loop ID Code	R/R AN 1/6		Same Sequential Number as LS01

24. Segment EB (2110C-Eligibility Loop) Fee Payment

ID	REF	Element Name	Attributes	Value	Description
01	1390	Eligibility or Benefit Information	R/R ID 1/2	**CB**	1= Active Coverage (HCC Enrollment Status Code) A= Co-Insurance (OHI, OGP) **CB= Coverage Basis (Fee Payment)** L= PCM MC= Managed Care Coordinator (Enrolling Organization)
03	1365	Inquiry Service Type Code	R/S ID 1/2	**60**, 35	**60= General Benefits** 35= Dental HCDP Type Code DEERS Length=1

271 Transaction Set [Eligibility, Enrollment Inquiry RESPONSE]

ID	REF	Element Name	Attributes	Value	Description
		(continued from previous page)			
04	1336	Insurance Type Code	S/S ID 1/3	**C1**, SP	**C1= Commercial (Eligibility)** SP= Supplemental Policy (OHI) HN= Medicare HMO (OGP) MA= Medicare Part A (OGP) MB= Medicare Part B (OGP) AB= CHAMPVA (OGP)
05	1204	Plan Coverage Description	S/S AN 1/50	A, B, C	A= Exception B= Paid C= Not Paid HCDP Enrollment Fee Status Code DEERS Length=1
06	615	Time Period Qualifier	S/S ID 1/2	21, 37, 34	21= Annual Fee Payment Schedule 37= Quarterly Fee Payment Schedule 34= Monthly Fee HCDP Enrollment Fee Payment Plan Type Code DEERS Length=1
07	782	Monetary Amount	S/S R 1/18		HCDP Enrollment Fee Payment Total Dollar Amount DEERS Length=7

271 Transaction Set [Eligibility, Enrollment Inquiry RESPONSE]

25. Segment REF

ID	REF	Element Name	Attributes	Value	Description
01	128	Reference ID Qualifier	R/R ID 2/3	IL	IL= Policy Qualifier
02	127	Reference ID	R/R AN 1/30		HCDP Plan Coverage Code DEERS Length=2

26. Segment DTP

ID	REF	Element Name	Attributes	Value	Description
01	374	Date/Time Qualifier	R/R ID 3/3	307	307= Eligibility Date
02	1250	Date/Time Format Qualifier	R/R ID 2/3	D8	Date Format
03	1251	Date (CCYYMMDD)	R/R AN 1/35		HCDP Enrollment Fee Payment Calendar Date DEERS Length=8

27. Segment DTP

ID	REF	Element Name	Attributes	Value	Description
01	374	Date/Time Qualifier	R/R ID 3/3		??= Eligibility Date
02	1250	Date/Time Format Qualifier	R/R ID 2/3	D8	Date Format
03	1251	Date (CCYYMMDD)	R/R AN 1/35		HCDP Enrollment Fee Payment Paid Through Calendar Date DEERS Length=8

271 Transaction Set [Eligibility, Enrollment Inquiry RESPONSE]

28. Segment DTP

ID	REF	Element Name	Attributes	Value	Description
01	374	Date/Time Qualifier	R/R ID 3/3	292	292= Benefit (Anniversary Date) Qualifier
02	1250	Date/Time Format Qualifier	R/R ID 2/3	D8	Date Format
03	1251	Date (CCYYMMDD)	R/R AN 1/35		Family Prime Enrollment Anniversary Calendar Date DEERS Length=8

29. Segment EB (2110C-Eligibility Loop) Family, Standard, Catastrophic Cap

ID	REF	Element Name	Attributes	Value	Description
01	1390	Eligibility or Benefit Information	R/R ID 1/2	**G**	C= Deductible **G= Stop Loss (Catastrophic Cap)**
02	1207	Coverage Level Code	R/S ID 3/3	**FAM**	**FAM= Family Level Information** IND= Individual Level Information
03	1365	Inquiry Service Type Code	R/S ID 1/2	**30**	**30= Health**
04	1336	Insurance Type Code	R/S ID 1/3	**IN**	**IN= Indemnity (TRICARE Standard)** HM= Health Maintenance Organization (TRICARE Prime) PS= Point of Service
07	782	Monetary Amount	R/S R 1/18		Family Fiscal Year Catastrophic Cap Cumulative Amount DEERS Length=7

271 Transaction Set [Eligibility, Enrollment Inquiry RESPONSE]

30. Segment DTP

ID	REF	Element Name	Attributes	Value	Description
01	374	Date/Time Qualifier	R/R ID 3/3	193	193= Period Start Date
02	1250	Date/Time Format Qualifier	R/R ID 2/3	D8	Date Format
03	1251	Date (CCYY)	R/R AN 1/35		Fiscal Year Code DEERS Length=4

31. Segment EB (2110C-Eligibility Loop) Family, Prime, Catastrophic Cap

ID	REF	Element Name	Attributes	Value	Description
01	1390	Eligibility or Benefit Information	R/R ID 1/2	**G**	C= Deductible **G= Stop Loss (Catastrophic Cap)**
02	1207	Coverage Level Code	R/S ID 3/3	**FAM**	**FAM= Family Level Information** IND= Individual Level Information
03	1365	Inquiry Service Type Code	R/S ID 1/2	**30**	**30= Health**
04	1336	Insurance Type Code	R/S ID 1/3	**HM**	IN= Indemnity (TRICARE Standard) **HM= Health Maintenance Organization (TRICARE Prime)** PS= Point of Service
07	782	Monetary Amount	R/S R 1/18		Family Prime Enrollment Year Catastrophic Cap Cumulative Amount DEERS Length=7

271 Transaction Set [Eligibility, Enrollment Inquiry RESPONSE]

32. Segment DTP

ID	REF	Element Name	Attributes	Value	Description
01	374	Date/Time Qualifier	R/R ID 3/3	193	193= Period Start Date
02	1250	Date/Time Format Qualifier	R/R ID 2/3	D8	Date Format
03	1251	Date (CCYYMMDD)	R/R AN 1/35		Family Prime Enrollment Anniversary Calendar Date DEERS Length=8

33. Segment EB (2110C-Eligibility Loop) Health

ID	REF	Element Name	Attributes	Value	Description
01	1390	Eligibility or Benefit Information	R/R ID 1/2	**1**	**1= Active Coverage** (HCC Enrollment Status Code) A= Co-Insurance (OHI, OGP) CB= Coverage Basis (Fee Payment) L= PCM MC= Managed Care Coordinator (Enrolling Organization)
03	1365	Inquiry Service Type Code	R/S ID 1/2	**60**, 35	**60= General Benefits** 35= Dental HCDP Type Code DEERS Length=1
04	1336	Insurance Type Code	S/S ID 1/3	**C1**, SP	**C1= Commercial (Eligibility)** SP= Supplemental Policy (OHI) HN= Medicare HMO (OGP) MA= Medicare Part A (OGP) MB= Medicare Part B (OGP) AA= CHAMPUS (OGP)

271 Transaction Set [Eligibility, Enrollment Inquiry RESPONSE]

34. Segment REF

ID	REF	Element Name	Attributes	Value	Description
01	128	Reference ID Qualifier	R/R ID 2/3	1L	1L= Policy # Qualifier
02	127	Reference ID	R/R AN 1/30		HCDP Plan Coverage Code DEERS Length=2

35. Segment DTP

ID	REF	Element Name	Attributes	Value	Description
01	374	Date/Time Qualifier	R/R ID 3/3	356	356= Eligibility Begin Date
02	1250	Date/Time Format Qualifier	R/R ID 2/3	D8	Date Format
03	1251	Date (CCYYMMDD)	R/R AN 1/35		HCDP Begin Calendar Date DEERS Length=8

36. Segment DTP (Optional) – If Applicable

ID	REF	Element Name	Attributes	Value	Description
01	374	Date/Time Qualifier	R/R ID 3/3	357	357= Eligibility End Date
02	1250	Date/Time Format Qualifier	R/R ID 2/3	D8	Date Format
03	1251	Date (CCYYMMDD)	R/R AN 1/35		HCDP End Calendar Date DEERS Length=8

37. Segment MSG

ID	REF	Element Name	Attributes	Value	Description
01	933	Free-form Message Text	R/R AN 1/264		HCDP End Reason Code DEERS Length=1

271 Transaction Set [Eligibility, Enrollment Inquiry RESPONSE]

38. Segment EB (2110C-Eligibility Loop) Health – Enrollment

ID	REF	Element Name	Attributes	Value	Description
01	1390	Eligibility or Benefit Information	R/R ID 1/2	**MC**	1= Active Coverage (HCC Enrollment Status Code) A= Co-Insurance (OHI, OGP) CB= Coverage Basis (Fee Payment) L= PCM **MC= Managed Care Coordinator (Enrolling Organization)**
03	1365	Inquiry Service Type Code	R/S ID 1/2	**60**, 35	**60= General Benefits** 35= Dental HCDP Type Code DEERS Length=1

39. Segment REF

ID	REF	Element Name	Attributes	Value	Description
01	128	Reference ID Qualifier	R/R ID 2/3	1L	Policy Number Qualifier
02	127	Reference ID	R/R AN 1/30		HCDP Plan Coverage Code DEERS Length=2

40. Segment DTP (If applicable)

ID	REF	Element Name	Attributes	Value	Description
01	374	Date/Time Qualifier	R/R ID 3/3	193	193= Period Start Date
02	1250	Date/Time Format Qualifier	R/R ID 2/3	D8	Date Format
03	1251	Date (CCYYMMDD)	R/R AN 1/35		HCDP Enrollment Begin Calendar Date DEERS Length=8

271 Transaction Set [Eligibility, Enrollment Inquiry RESPONSE]

41. Segment DTP (If applicable)

ID	REF	Element Name	Attributes	Value	Description
01	374	Date/Time Qualifier	R/R ID 3/3	194	194= Period End Date
02	1250	Date/Time Format Qualifier	R/R ID 2/3	D8	Date Format
03	1251	Date (CCYYMMDD)	R/R AN 1/35		HCDP Enrollment End Calendar Date DEERS Length=8

42. Segment MSG

ID	REF	Element Name	Attributes	Value	Description
01	933	Free-form Message Text	R/R AN 1/264		HCDP Enrollment End Reason Code DEERS Length=1

43. Segment MSG

ID	REF	Element Name	Attributes	Value	Description
01	933	Free-form Message Text	R/R AN 1/264		HCDP Individual Enrollment Fee Waiver Reason Code DEERS Length=1

44. Segment LS

ID	REF	Element Name	Attributes	Value	Description
01	447	Loop ID Code	R/R AN 1/6		Same Sequential Number as LE01

271 Transaction Set [Eligibility, Enrollment Inquiry RESPONSE]

45. Segment NM1 (2120C-Entity Loop) Enrollment Management System

ID	REF	Element Name	Attributes	Value	Description
01	98	Entity ID Code	R/R ID 2/3	13	13= Contracted Service Provider (Enrolled Organization)
02	1065	Entity Type Qualifier	R/R ID 1/1	2	2= Non-Person Entity
03	1035	Last Name or Organization Name	S/S AN 1/35		HCDP Enrollment Management System Name

46. Segment LE

ID	REF	Element Name	Attributes	Value	Description
01	447	Loop ID Code	R/R AN 1/6		Same Sequential Number as LS01

47. Segment EB (2110C-Eligibility Loop) Health – PCM

ID	REF	Element Name	Attributes	Value	Description
01	1390	Eligibility or Benefit Information	R/R ID 1/2	**L**	1= Active Coverage (HCC Enrollment Status Code) A= Co-Insurance (OHI, OGP) CB= Coverage Basis (Fee Payment) **L= PCM** MC= Managed Care Coordinator (Enrolling Organization)
03	1365	Inquiry Service Type Code	R/S ID 1/2	**60**, 35	**60= General Benefits** 35= Dental HCDP Type Code DEERS Length=1

271 Transaction Set [Eligibility, Enrollment Inquiry RESPONSE]

48. Segment REF

ID	REF	Element Name	Attributes	Value	Description
01	128	Reference ID Qualifier	R/R ID 2/3	N6	Plan Provider ID Number
02	127	Reference ID (*2-field concatenation*)	R/R AN 1/30		D= Direct Care C= Civilian U= USFHP N= None PCM Network Provider Type Code DEERS Length=1 PCM Enrolling Division DMIS Identifier DEERS Length=4

49. Segment DTP

ID	REF	Element Name	Attributes	Value	Description
01	374	Date/Time Qualifier	R/R ID 3/3	193	193= Period Start Date
02	1250	Date/Time Format Qualifier	R/R ID 2/3	D8	Date Format
03	1251	Date (CCYYMMDD)	R/R AN 1/35		PCM Selection Begin Calendar Date DEERS Length=8

50. Segment DTP

ID	REF	Element Name	Attributes	Value	Description
01	374	Date/Time Qualifier	R/R ID 3/3	194	194= Period End Date
02	1250	Date/Time Format Qualifier	R/R ID 2/3	D8	Date Format
03	1251	Date (CCYYMMDD)	R/R AN 1/35		PCM Selection End Calendar Date DEERS Length=8

271 Transaction Set [Eligibility, Enrollment Inquiry RESPONSE]

51. Segment MSG

ID	REF	Element Name	Attributes	Value	Description
01	933	Free-form Message Text	R/R AN 1/264		PCM Selection End Reason Code DEERS Length=1

52. Segment LS

ID	REF	Element Name	Attributes	Value	Description
01	447	Loop ID Code	R/R AN 1/6		Same Sequential Number as LE01

53. Segment NM1 (2120C-Entity Loop) PCM

ID	REF	Element Name	Attributes	Value	Description
01	98	Entity ID Code	R/R ID 2/3	P3	P3= Primary Care Manager
02	1065	Entity Type Qualifier	R/R ID 1/1	1	1= Person Entity
03	1035	Last Name or Organization Name	S/S AN 1/35		PCM Name DEERS Length=40
08	66	ID Code Qualifier	R/S ID 1/2	SV, FI, 34	SV= Service Provider FI= Federal Taxpayer ID 34= Social Security Number PCM Identifier Type Code DEERS Length=12
09	67	ID Code	R/S AN 2/80		PCM Identifier DEERS Length=13

271 Transaction Set [Eligibility, Enrollment Inquiry RESPONSE]

54. Segment N4

ID	REF	Element Name	Attributes	Value	Description
05	309	Location Qualifier	S/N ID 1/2	***RJ***	***RJ= Region Code***
06	310	Location Identifier	S/N AN 1/30		PCM Region Identifier DEERS Length=4

55. Segment PER (Optional)

ID	REF	Element Name	Attributes	Value	Description
01	366	Contact ID	R/R ID 2/2	IC	IC= Information Contact
03	365	Communications Qualifier	R/S ID 2/2	TE	Telephone
04	364	Communication Number	R/S AN 1/80		PCM Telephone Number Code DEERS Length=14

56. Segment LE

ID	REF	Element Name	Attributes	Value	Description
01	447	Loop ID Code	R/R AN 1/6		Same Sequential Number as LS01

271 Transaction Set [Eligibility, Enrollment Inquiry RESPONSE]

57. Segment EB (2110C-Eligibility Loop) Health – OHI

ID	REF	Element Name	Attributes	Value	Description
01	1390	Eligibility or Benefit Information	R/R ID 1/2	**A**	1= Active Coverage (HCC Enrollment Status Code) **A= Co-Insurance (OHI, OGP)** CB= Coverage Basis (Fee Payment) L= PCM MC= Managed Care Coordinator (Enrolling Organization)
03	1365	Inquiry Service Type Code	R/S ID 1/2	**60**, 35	**60= General Benefits** 35= Dental HCDP Type Code DEERS Length=1
04	1336	Insurance Type Code	S/S ID 1/3	**SP**	C1= Commercial (Eligibility) **SP= Supplemental Policy (OHI)** HN= Medicare HMO (OGP) MA= Medicare Part A (OGP) MB= Medicare Part B (OGP) AB= CHAMPVA (OGP)

271 Transaction Set [Eligibility, Enrollment Inquiry RESPONSE]

58. Segment REF

ID	REF	Element Name	Attributes	Value	Description
01	128	Reference ID Qualifier	R/R ID 2/3	IG	IG= Insurance Policy Number Qualifier
02	127	Reference ID	R/R AN 1/30		OHI Policy Identifier DEERS Length=26

59. Segment REF

ID	REF	Element Name	Attributes	Value	Description
01	128	Reference ID Qualifier	R/R ID 2/3	R	R= Additional Payer (Detailed OHI Information)
02	127	Reference ID (*8-field concatenation*)	R/R AN 1/30		1= OHI Medical Coverage Indicator Code 35= OHI Dental Care Coverage Indicator Code 48= OHI Inpatient Hospital Coverage Indicator Code 50= OHI Outpatient Hospital Coverage Indicator Code 54= OHI Long Term Care Coverage Indicator Code 88= OHI Pharmacy Coverage Indicator Code A4= OHI Mental Health Coverage Indicator Code AL= OHI Vision Coverage Indicator Code DEERS Length=16

271 Transaction Set [Eligibility, Enrollment Inquiry RESPONSE]

60. Segment DTP

ID	REF	Element Name	Attributes	Value	Description
01	374	Date/Time Qualifier	R/R ID 3/3	290	290= Coordination of Benefits Qualifier
02	1250	Date/Time Format Qualifier	R/R ID 2/3	RD8	Date Range Format
03	1251	Date (CCYYMMDD-CCYYMMDD)	R/R AN 1/35		OHI Effective Calendar Date OHI Expiration Calendar Date DEERS Length=17

61. Segment DTP

ID	REF	Element Name	Attributes	Value	Description
01	374	Date/Time Qualifier	R/R ID 3/3	472	472= Service (Date Last Update) Qualifier
02	1250	Date/Time Format Qualifier	R/R ID 2/3	D8	Date Format
03	1251	Date (CCYYMMDD)	R/R AN 1/35		OHI Last Update Calendar Date DEERS Length=8

62. Segment LS

ID	REF	Element Name	Attributes	Value	Description
01	447	Loop ID Code	R/R AN 1/6		Same Sequential Number as LE01

271 Transaction Set [Eligibility, Enrollment Inquiry RESPONSE]

63. Segment NM1 (2120C-Entity Loop) OHI

ID	REF	Element Name	Attributes	Value	Description
01	98	Entity ID Code	R/R ID 2/3	PR	PR= Payer
02	1065	Entity Type Qualifier	R/R ID 1/1	2	2= Non-Person Entity
03	1035	Last Name or Organization Name	R/S AN 1/35		OHI Last Update System Name
08	66	ID Code Qualifier	R/S ID 1/2	PI	PI= Payer ID
09	67	ID Code	R/S AN 2/80		OHI Carrier Identifier DEERS Length=9

64. Segment LE

ID	REF	Element Name	Attributes	Value	Description
01	447	Loop ID Code	R/R AN 1/6		Same Sequential Number as LS01

271 Transaction Set [Eligibility, Enrollment Inquiry RESPONSE]

65. Segment EB (2110C-Eligibility Loop) Health – OGP

ID	REF	Element Name	Attributes	Value	Description
01	1390	Eligibility or Benefit Information	R/R ID 1/2	**A**	1= Active Coverage (HCC Enrollment Status Code) **A= Co-Insurance (OHI, OGP)** CB= Coverage Basis (Fee Payment) L= PCM MC= Managed Care Coordinator (Enrolling Organization)
03	1365	Inquiry Service Type Code	R/S ID 1/2	**60**, 35	**60= General Benefits** 35= Dental HCDP Type Code DEERS Length=1
04	1336	Insurance Type Code	S/S ID 1/3	HN, MA, MB, AB	C1= Commercial (Eligibility) SP= Supplemental Policy (OHI) **HN= Medicare HMO (OGP)** **MA= Medicare Part A (OGP)** **MB= Medicare Part B (OGP)** **AB= CHAMPVA (OGP)** OGP Type Code DEERS Length=1

271 Transaction Set [Eligibility, Enrollment Inquiry RESPONSE]

66. Segment DTP

ID	REF	Element Name	Attributes	Value	Description
01	374	Date/Time Qualifier	R/R ID 3/3	193	193= Period Start Date
02	1250	Date/Time Format Qualifier	R/R ID 2/3	D8	Date Format
03	1251	Date (CCYYMMDD)	R/R AN 1/35		OGP Effective Calendar Date DEERS Length=8

67. Segment DTP

ID	REF	Element Name	Attributes	Value	Description
01	374	Date/Time Qualifier	R/R ID 3/3	194	194= Period End Date
02	1250	Date/Time Format Qualifier	R/R ID 2/3	D8	Date Format
03	1251	Date (CCYYMMDD)	R/R AN 1/35		OGP Expiration Calendar Date DEERS Length=8

68. Segment MSG

ID	REF	Element Name	Attributes	Value	Description
01	933	Free-form Message Text	R/R AN 1/264		OGP Begin Reason Code DEERS Length=1

271 Transaction Set [Eligibility, Enrollment Inquiry RESPONSE]

69. Segment EB (2110C-Eligibility Loop) Dental **[Present only when Dental Query is performed.]**

ID	REF	Element Name	Attributes	Value	Description
01	1390	Eligibility or Benefit Information	R/R ID 1/2	**1**	**1= Active Coverage** (HCC Enrollment Status Code) A= Co-Insurance (OHI, OGP) CB= Coverage Basis (Fee Payment) L= PCM MC= Managed Care Coordinator (Enrolling Organization)
03	1365	Inquiry Service Type Code	R/S ID 1/2	60, 35	60= General Benefits **35= Dental** HCDP Type Code DEERS Length=1
04	1336	Insurance Type Code	S/S ID 1/3	**C1**, SP	**C1= Commercial (Eligibility)** SP= Supplemental Policy (OHI) HN= Medicare HMO (OGP) MA= Medicare Part A (OGP) MB= Medicare Part B (OGP) AB= CHAMPVA (OGP)

271 Transaction Set [Eligibility, Enrollment Inquiry RESPONSE]

70. Segment REF

ID	REF	Element Name	Attributes	Value	Description
01	128	Reference ID Qualifier	R/R ID 2/3	1L	1L= Policy # Qualifier
02	127	Reference ID	R/R AN 1/30		HCDP Plan Coverage Code DEERS Length=2

71. Segment DTP

ID	REF	Element Name	Attributes	Value	Description
01	374	Date/Time Qualifier	R/R ID 3/3	356	356= Eligibility Begin Date
02	1250	Date/Time Format Qualifier	R/R ID 2/3	D8	Date Format
03	1251	Date (CCYYMMDD)	R/R AN 1/35		HCDP Begin Calendar Date DEERS Length=8

72. Segment DTP

ID	REF	Element Name	Attributes	Value	Description
01	374	Date/Time Qualifier	R/R ID 3/3	357	357= Eligibility End Date
02	1250	Date/Time Format Qualifier	R/R ID 2/3	D8	Date Format
03	1251	Date (CCYYMMDD)	R/R AN 1/35		HCDP End Calendar Date DEERS Length=8

73. Segment MSG

ID	REF	Element Name	Attributes	Value	Description
01	933	Free-form Message Text	R/R AN 1/264		HCDP End Reason Code DEERS Length=1

271 Transaction Set [Eligibility, Enrollment Inquiry RESPONSE]

74. Segment EB (2110C-Eligibility Loop) Dental – Enrollment **[Present only when Dental Query is performed.]**

ID	REF	Element Name	Attributes	Value	Description
01	1390	Eligibility or Benefit Information	R/R ID 1/2	**MC**	1= Active Coverage (HCC Enrollment Status Code) A= Co-Insurance (OHI, ogp) CB= Coverage Basis (Fee Payment) L= PCM **MC= Managed Care Coordinator (Enrolling Organization)**
03	1365	Inquiry Service Type Code	R/S ID 1/2	60, **35**	60= General Benefits **35= Dental** HCDP Type Code DEERS Length=1

75. Segment DTP

ID	REF	Element Name	Attributes	Value	Description
01	374	Date/Time Qualifier	R/R ID 3/3	193	193= Period Start Date
02	1250	Date/Time Format Qualifier	R/R ID 2/3	D8	Date Format
03	1251	Date (CCYYMMDD)	R/R AN 1/35		HCDP Enrollment Begin Calendar Date DEERS Length=8

76. Segment DTP

ID	REF	Element Name	Attributes	Value	Description
01	374	Date/Time Qualifier	R/R ID 3/3	194	194= Period End Date
02	1250	Date/Time Format Qualifier	R/R ID 2/3	D8	Date Format
03	1251	Date (CCYYMMDD)	R/R AN 1/35		HCDP Enrollment End Calendar Date DEERS Length=8

271 Transaction Set [Eligibility, Enrollment Inquiry RESPONSE]

77. Segment MSG

ID	REF	Element Name	Attributes	Value	Description
01	933	Free-form Message Text	R/R AN 1/264		HCDP Enrollment End Reason Code DEERS Length=1

78. Segment HL (2000D-Dependent Level) **[The Dependent Level is only returned if it was requested.]**

ID	REF	Element Name	Attributes	Value	Description
01	628	Hierarchical ID Number	R/R AN 1/12	4	4= Incremental
02	734	Hierarchical Parent ID Number	R/R AN 1/12	2	Identifies the hierarchical level to which this level is subordinate
03	735	Hierarchical Level Code	R/R ID 1/2	23	23= Dependent
04	736	Hierarchical Child Code	R/R ID 1/1	0	Additional subordinate HL data segment in this hierarchical structure

79. Segment TRN

ID	REF	Element Name	Attributes	Value	Description
01	481	Trace Type Code	R/R ID 1/2		1= Current Transaction Trace Number 2= Reference Transaction Trace Number
02	127	Reference ID	R/R AN 1/30		Trace Number (ISA, GS, ST Control Numbers)

271 Transaction Set [Eligibility, Enrollment Inquiry RESPONSE]

80. Segment NM1 (2100D-Dependent Name Loop)

ID	REF	Element Name	Attributes	Value	Description
01	98	Entity ID Code	R/R ID 2/3	03	03= Dependent
02	1065	Entity Type Qualifier	R/R ID 1/1	1	1= Person Entity
03	1035	Last Name or Organization Name	R/S AN 1/35		Person Last Name DEERS Length=26
04	1036	Name First	R/S AN 1/25		Person First Name DEERS Length=20
05	1037	Name Middle	R/S AN 1/25		Person Middle Name DEERS Length=20
07	1039	Name Suffix	R/S AN 1/10		Person Cadency Name DEERS Length=4
08	66	ID Code Qualifier	R/S ID 1/2	ZZ	ZZ= Mutually Defined (Qualifier)
09	67	ID Code (2-field concatenation of the ID Type Code and ID Number)	R/S AN 2/80		B= Beneficiary DEERS ID Person Identifier Type Code DEERS Length=1 Person Identifier DEERS Length=11

271 Transaction Set [Eligibility, Enrollment Inquiry RESPONSE]

81. Segment REF

ID	REF	Element Name	Attributes	Value	Description
01	128	Reference ID Qualifier	R/R ID 2/3	HJ, SY	SY= Social Security Number Qualifier HJ= Identity Card Number
02	127	Reference ID (*2-field concatenation*)	R/R AN 1/30		S= Social Security Number F= Foreign Identification D= Temporary ID Person Identifier Type Code DEERS Length=1 Person Identifier DEERS Length=11

82. Segment N3

ID	REF	Element Name	Attributes	Value	Description
01	166	Mailing Address - Line 1	R/R AN 1/55		Mailing Address Line 1 Text DEERS Length=40
02	166	Mailing Address - Line 2	S/S AN 1/55		Mailing Address Line 2 Text DEERS Length=40

271 Transaction Set [Eligibility, Enrollment Inquiry RESPONSE]

83. Segment N4

ID	REF	Element Name	Attributes	Value	Description
01	19	City Name	R/S AN 2/30		Mailing Address City Name DEERS Length=20
02	156	State Code	R/S ID 2/2		Mailing Address State Code DEERS Length=2
03	116	ZIP Code (*2-field concatenation*)	R/S ID 3/15		Mailing Address Postal Region ZIP Code DEERS Length=5 Mailing Address Postal Region ZIP Extension Code DEERS Length=4
04	26	Country Code	R/S ID 2/3		Mailing Address Country Code DEERS Length=2

84. Segment PER

ID	REF	Element Name	Attributes	Value	Description
01	366	Contact ID	R/R ID 2/2	IC	IC= Information Contact
03	365	Communications Qualifier	R/S ID 2/2	HP	Home Telephone
04	364	Communication Number	R/S AN 1/80		Home Telephone Number Code DEERS Length=14
05	365	Communications Qualifier	R/S ID 2/2	WP	Work Telephone
06	364	Communication Number	R/S AN 1/80		Work Telephone Number Code DEERS Length=14
07	365	Communications Qualifier	R/S ID 2/2	FX	Facsimile
08	364	Communication Number	R/S AN 1/80		FAX Telephone Number Code DEERS Length=14

271 Transaction Set [Eligibility, Enrollment Inquiry RESPONSE]

85. Segment AAA

ID	REF	Element Name	Attributes	Value	Description
01	1073	Yes/No Condition Response Code	R/R ID 1/1	Y or N	Code used to indicate if the 270 Inquiry request was valid
03	901	Reject Reason Code	R/R ID 2/2		Code used to further explain rejection
04	889	Follow-up Action Code	R/R ID 1/1	C	C= Correct and Resubmit

86. Segment DMG

ID	REF	Element Name	Attributes	Value	Description
01	1250	Date/Time Format Qualifier	R/S ID 2/3	D8	D8= Date Format Qualifier
02	1251	Birth Date (CCYYMMDD)	R/S AN 1/35		Person Birth Date DEERS Length=8
03	1068	Gender Code	R/S ID 1/1	M, F, U	M= Male F= Female U= Other Person Sex Code DEERS Length=1

87. Segment INS

ID	REF	Element Name	Attributes	Value	Description
01	1073	Insured Indicator	R/R ID 1/1	N	N= Insured Person is a Dependent
02	1069	Individual Relationship Code	R/R ID 2/2		Person Association Reason Code DEERS Length=2

271 Transaction Set [Eligibility, Enrollment Inquiry RESPONSE]

88. Segment DTP

ID	REF	Element Name	Attributes	Value	Description
01	374	Date/Time Qualifier	R/R ID 3/3	346	346= Plan Begin Date
02	1250	Date/Time Format Qualifier	R/R ID 2/3	D8	Date Format
03	1251	Date (CCYYMMDD)	R/R AN 1/35		Person Association Begin Date DEERS Length=8

89. Segment DTP (Optional)

ID	REF	Element Name	Attributes	Value	Description
01	374	Date/Time Qualifier	R/R ID 3/3	347	347= Plan End Date
02	1250	Date/Time Format Qualifier	R/R ID 2/3	D8	Date Format
03	1251	Date (CCYYMMDD)	R/R AN 1/35		Person Association End Date DEERS Length=8

90. Segment DTP

ID	REF	Element Name	Attributes	Value	Description
01	374	Date/Time Qualifier	R/R ID 3/3	152	152= Effective Date of Change (Mailing Address Date)
02	1250	Date/Time Format Qualifier	R/R ID 2/3	D8	Date Format
03	1251	Date (CCYYMMDD)	R/R AN 1/35		Mailing Address Date DEERS Length=8

271 Transaction Set [Eligibility, Enrollment Inquiry RESPONSE]

91. Segment EB (2110D-Eligibility Loop) Health

ID	REF	Element Name	Attributes	Value	Description
01	1390	Eligibility or Benefit Information	R/R ID 1/2	**1**	**1= Active Coverage** (HCC Enrollment Status Code) A= Co-Insurance (OHI, OGP) CB= Coverage Basis (Fee Payment) L= PCM MC= Managed Care Coordinator (Enrolling Organization)
03	1365	Inquiry Service Type Code	R/S ID 1/2	**60**, 35	**60= General Benefits** 35= Dental HCDP Type Code DEERS Length=1
04	1336	Insurance Type Code	S/S ID 1/3	**C1**, SP	**C1= Commercial (Eligibility)** SP= Supplemental Policy (OHI) HN= Medicare HMO (OGP) MA= Medicare Part A (OGP) MB= Medicare Part B (OGP) AB= CHAMPVA (OGP)

92. Segment REF

ID	REF	Element Name	Attributes	Value	Description
01	128	Reference ID Qualifier	R/R ID 2/3	1L	1L= Policy # Qualifier
02	127	Reference ID	R/R AN 1/30		HCDP Plan Coverage Code DEERS Length=2

271 Transaction Set [Eligibility, Enrollment Inquiry RESPONSE]

93. Segment DTP

ID	REF	Element Name	Attributes	Value	Description
01	374	Date/Time Qualifier	R/R ID 3/3	356	356= Eligibility Begin Date
02	1250	Date/Time Format Qualifier	R/R ID 2/3	D8	Date Format
03	1251	Date (CCYYMMDD)	R/R AN 1/35		HCDP Begin Calendar Date DEERS Length=8

94. Segment DTP

ID	REF	Element Name	Attributes	Value	Description
01	374	Date/Time Qualifier	R/R ID 3/3	357	357= Eligibility End Date
02	1250	Date/Time Format Qualifier	R/R ID 2/3	D8	Date Format
03	1251	Date (CCYYMMDD)	R/R AN 1/35		HCDP End Calendar Date DEERS Length=8

95. Segment MSG

ID	REF	Element Name	Attributes	Value	Description
01	933	Free-form Message Text	R/R AN 1/264		HCDP End Reason Code DEERS Length=1

271 Transaction Set [Eligibility, Enrollment Inquiry RESPONSE]

96. Segment EB (2110D-Eligibility Loop) Health – Enrollment

ID	REF	Element Name	Attributes	Value	Description
01	1390	Eligibility or Benefit Information	R/R ID 1/2	**MC**	1= Active Coverage (HCC Enrollment Status Code) A= Co-Insurance (OHI, OGP) CB= Coverage Basis (Fee Payment) L= PCM **MC= Managed Care Coordinator (Enrolling Organization)**
03	1365	Inquiry Service Type Code	R/S ID 1/2	**60**, 35	**60= General Benefits** 35= Dental HCDP Type Code DEERS Length=1

97. Segment REF

ID	REF	Element Name	Attributes	Value	Description
01	128	Reference ID Qualifier	R/R ID 2/3	1L	1L= Policy # Qualifier
02	127	Reference ID	R/R AN 1/30		HCDP Plan Coverage Code DEERS Length=2

98. Segment DTP

ID	REF	Element Name	Attributes	Value	Description
01	374	Date/Time Qualifier	R/R ID 3/3	193	193= Period Start Date
02	1250	Date/Time Format Qualifier	R/R ID 2/3	D8	Date Format
03	1251	Date (CCYYMMDD)	R/R AN 1/35		HCDP Enrollment Begin Calendar Date DEERS Length=8

271 Transaction Set [Eligibility, Enrollment Inquiry RESPONSE]

99. Segment DTP (Optional)

ID	REF	Element Name	Attributes	Value	Description
01	374	Date/Time Qualifier	R/R ID 3/3	194	194= Period End Date
02	1250	Date/Time Format Qualifier	R/R ID 2/3	D8	Date Format
03	1251	Date (CCYYMMDD)	R/R AN 1/35		HCDP Enrollment End Calendar Date DEERS Length=8

100. Segment MSG

ID	REF	Element Name	Attributes	Value	Description
01	933	Free-form Message Text	R/R AN 1/264		HCDP Enrollment End Reason Code DEERS Length=1

101. Segment MSG

ID	REF	Element Name	Attributes	Value	Description
01	933	Free-form Message Text	R/R AN 1/264		HCDP Individual Enrollment Fee Waiver Reason Code DEERS Length=1

102. Segment LS

ID	REF	Element Name	Attributes	Value	Description
01	447	Loop ID Code	R/R AN 1/6		Same Sequential Number as LE01

271 Transaction Set [Eligibility, Enrollment Inquiry RESPONSE]

103. Segment NM1 (2120D-Entity Loop) Enrollment Management System

ID	REF	Element Name	Attributes	Value	Description
01	98	Entity ID Code	R/R ID 2/3	13	13= Contracted Service Provider (Enrollment Management System Name)
02	1065	Entity Type Qualifier	R/R ID 1/1	2	2= Non-Person Entity
03	1035	Last Name or Organization Name	R/S AN 1/35		HCDP Enrollment Management System Name

104. Segment LE

ID	REF	Element Name	Attributes	Value	Description
01	447	Loop ID Code	R/R AN 1/6		Same Sequential Number as LS01

105. Segment EB (2110D-Eligibility Loop) Health – PCM

ID	REF	Element Name	Attributes	Value	Description
01	1390	Eligibility or Benefit Information	R/R ID 1/2	**L**	1= Active Coverage (HCC Enrollment Status Code) A= Co-Insurance (OHI, OGP) CB= Coverage Basis (Fee Payment) **L= PCM** MC= Managed Care Coordinator (Enrolling Organization)
03	1365	Inquiry Service Type Code	R/S ID 1/2	**60**, 35	**60= General Benefits** 35= Dental HCDP Type Code DEERS Length=1

271 Transaction Set [Eligibility, Enrollment Inquiry RESPONSE]

106. Segment REF

ID	REF	Element Name	Attributes	Value	Description
01	128	Reference ID Qualifier	R/R ID 2/3	N6	Plan Network Identification Number
02	127	Reference ID (*2-field concatenation*)	R/R AN 1/30		D= Direct Care C= Civilian U= USFHP N= None PCM Network Provider Type Code DEERS Length=1 PCM Enrolling Division DMIS Identifier DEERS Length=4

107. Segment DTP

ID	REF	Element Name	Attributes	Value	Description
01	374	Date/Time Qualifier	R/R ID 3/3	193	193= Period Start Date
02	1250	Date/Time Format Qualifier	R/R ID 2/3	D8	Date Format
03	1251	Date (CCYYMMDD)	R/R AN 1/35		PCM Selection Begin Calendar Date DEERS Length=8

108. Segment DTP (Optional)

ID	REF	Element Name	Attributes	Value	Description
01	374	Date/Time Qualifier	R/R ID 3/3	194	194= Period End Date
02	1250	Date/Time Format Qualifier	R/R ID 2/3	D8	Date Format
03	1251	Date (CCYYMMDD)	R/R AN 1/35		PCM Selection End Calendar Date DEERS Length=8

271 Transaction Set [Eligibility, Enrollment Inquiry RESPONSE]

109. Segment MSG

ID	REF	Element Name	Attributes	Value	Description
01	933	Free-form Message Text	R/R AN 1/264		PCM Selection End Reason Code DEERS Length=1

110. Segment LS

ID	REF	Element Name	Attributes	Value	Description
01	447	Loop ID Code	R/R AN 1/6		Same Sequential Number as LE01

111. Segment NM1 (2120C-Entity Loop) PCM

ID	REF	Element Name	Attributes	Value	Description
01	98	Entity ID Code	R/R ID 2/3	P3	P3= Primary Care Manager
02	1065	Entity Type Qualifier	R/R ID 1/1	1	1= Person Entity
03	1035	Last Name or Organization Name	S/S AN 1/35		PCM Name DEERS Length=40
08	66	ID Code Qualifier	R/S ID 1/2	SV, FI, 34	SV= Service Provider FI= Federal Tax ID 34= Social Security Number PCM Identifier Type Code DEERS Length=12
09	67	ID Code	R/S AN 2/80		PCM Identifier DEERS Length=13

271 Transaction Set [Eligibility, Enrollment Inquiry RESPONSE]

112. Segment N4

ID	REF	Element Name	Attributes	Value	Description
05	309	Location Qualifier	S/S ID 1/2	RJ	RJ= Region Code
06	310	Location Identifier	S/S AN 1/30		PCM Region Identifier DEERS Length=4

113. Segment PER

ID	REF	Element Name	Attributes	Value	Description
01	366	Contact ID	R/R ID 2/2	IC	IC= Information Contact
03	365	Communications Qualifier	R/S ID 2/2	TE	Telephone
04	364	Communication Number	R/S AN 1/80		PCM Telephone Number Code DEERS Length=14

114. Segment LE

ID	REF	Element Name	Attributes	Value	Description
01	447	Loop ID Code	R/R AN 1/6		Same Sequential Number as LS01

271 Transaction Set [Eligibility, Enrollment Inquiry RESPONSE]

115. Segment EB (2110D-Eligibility Loop) Health – OHI

ID	REF	Element Name	Attributes	Value	Description
01	1390	Eligibility or Benefit Information	R/R ID 1/2	**A**	1= Active Coverage (HCC Enrollment Status Code) **A= Co-Insurance (OHI, OGP)** CB= Coverage Basis (Fee Payment) L= PCM MC= Managed Care Coordinator (Enrolling Organization)
03	1365	Inquiry Service Type Code	R/S ID 1/2	**60**, 35	**60= General Benefits** 35= Dental HCDP Type Code DEERS Length=1
04	1336	Insurance Type Code	S/S ID 1/3	**SP**	C1= Commercial (Eligibility) **SP= Supplemental Policy (OHI)** HN= Medicare HMO (OGP) MA= Medicare Part A (OGP) MB= Medicare Part B (OGP)

116. Segment REF

ID	REF	Element Name	Attributes	Value	Description
01	128	Reference ID Qualifier	R/R ID 2/3	IG	IG= Insurance Policy Number Qualifier
02	127	Reference ID	R/R AN 1/30		OHI Policy Identifier DEERS Length=26

271 Transaction Set [Eligibility, Enrollment Inquiry RESPONSE]

117. Segment REF

ID	REF	Element Name	Attributes	Value	Description
01	128	Reference ID Qualifier	R/R ID 2/3	R	R= Additional Payer (Detailed OHI Information)
02	127	Reference ID (*8-field concatenation*)	R/R AN 1/30		1= OHI Medical Coverage Indicator Code 35= OHI Dental Care Coverage Indicator Code 48= OHI Inpatient Hospital Coverage Indicator Code 50= OHI Outpatient Hospital Coverage Indicator Code 54= OHI Long Term Care Coverage Indicator Code 88= OHI Pharmacy Coverage Indicator Code A4= OHI Mental Health Coverage Indicator Code AL= OHI Vision Coverage Indicator Code DEERS Length=16

118. Segment DTP

ID	REF	Element Name	Attributes	Value	Description
01	374	Date/Time Qualifier	R/R ID 3/3	290	Coordination of Benefits Qualifier
02	1250	Date/Time Format Qualifier	R/R ID 2/3	RD8	Date Range Format
03	1251	Date CCYYMMDD-CCYYMMDD	R/R AN 1/35		OHI Effective Calendar Date OHI Expiration Calendar Date DEERS Length=17

271 Transaction Set [Eligibility, Enrollment Inquiry RESPONSE]

119. Segment DTP

ID	REF	Element Name	Attributes	Value	Description
01	374	Date/Time Qualifier	R/R ID 3/3	472	472= Service (Date Last Update) Qualifier
02	1250	Date/Time Format Qualifier	R/R ID 2/3	D8	Date Format
03	1251	Date (CCYYMMDD)	R/R AN 1/35		OHI Last Update Calendar Date DEERS Length=8

120. Segment LS

ID	REF	Element Name	Attributes	Value	Description
01	447	Loop ID Code	R/R AN 1/6		Same Sequential Number as LE01

121. Segment NM1 (2120D-Entity Loop) OHI

ID	REF	Element Name	Attributes	Value	Description
01	98	Entity ID Code	R/R ID 2/3	PR	PR= Payer
02	1065	Entity Type Qualifier	R/R ID 1/1	2	2= Non-Person Entity
03	1035	Last Name or Organization Name	R/S AN 1/35		OHI Last Update System Name
08	66	ID Code Qualifier	R/S ID 1/2	SV	SV= Service Provider
09	67	ID Code	R/S AN 2/80		OHI Carrier Identifier DEERS Length=9

122. Segment LE

ID	REF	Element Name	Attributes	Value	Description
01	447	Loop ID Code	R/R AN 1/6		Same Sequential Number as LS01

271 Transaction Set [Eligibility, Enrollment Inquiry RESPONSE]

123. Segment EB (2110D-Eligibility Loop) Health – OGP

ID	REF	Element Name	Attributes	Value	Description
01	1390	Eligibility or Benefit Information	R/R ID 1/2	**A**	1= Active Coverage (HCC Enrollment Status Code) **A= Co-Insurance (OHI, OGP)** CB= Coverage Basis (Fee Payment) L= PCM MC= Managed Care Coordinator (Enrolling Organization)
03	1365	Inquiry Service Type Code	R/S ID 1/2	**60**, 35	**60= General Benefits** 35= Dental HCDP Type Code DEERS Length=1
04	1336	Insurance Type Code	S/S ID 1/3	HN, MA, MB, AB	C1= Commercial (Eligibility) SP= Supplemental Policy (OHI) **HN= Medicare HMO (OGP)** **MA= Medicare Part A (OGP)** **MB= Medicare Part B (OGP)** **AB= CHAMPVA (OGP)** OGP Type Code DEERS Length=1

271 Transaction Set [Eligibility, Enrollment Inquiry RESPONSE]

124. Segment DTP

ID	REF	Element Name	Attributes	Value	Description
01	374	Date/Time Qualifier	R/R ID 3/3	193	193= Period Start Date
02	1250	Date/Time Format Qualifier	R/R ID 2/3	D8	Date Format
03	1251	Date (CCYYMMDD)	R/R AN 1/35		OGP Effective Calendar Date DEERS Length=8

125. Segment DTP

ID	REF	Element Name	Attributes	Value	Description
01	374	Date/Time Qualifier	R/R ID 3/3	194	194= Period End Date
02	1250	Date/Time Format Qualifier	R/R ID 2/3	D8	Date Format
03	1251	Date (CCYYMMDD)	R/R AN 1/35		OGP Expiration Calendar Date DEERS Length=8

126. Segment MSG

ID	REF	Element Name	Attributes	Value	Description
01	933	Free-form Message Text	R/R AN 1/264		OGP Begin Reason Code DEERS Length=1

271 Transaction Set [Eligibility, Enrollment Inquiry RESPONSE]

127. Segment EB (2110D-Eligibility Loop) Dental **[Present only when Dental Query is performed.]**

ID	REF	Element Name	Attributes	Value	Description
01	1390	Eligibility or Benefit Information	R/R ID 1/2	**1**	**1= Active Coverage** (HCC Enrollment Status Code) A= Co-Insurance (OHI, OGP) CB= Coverage Basis (Fee Payment) L= PCM MC= Managed Care Coordinator (Enrolling Organization)
03	1365	Inquiry Service Type Code	R/S ID 1/2	60, **35**	60= General Benefits **35= Dental** HCDP Type Code DEERS Length=1
04	1336	Insurance Type Code	S/S ID 1/3	**C1**, SP	**C1= Commercial (Eligibility)** SP= Supplemental Policy (OHI) HN= Medicare HMO (OGP) MA= Medicare Part A (OGP) MB= Medicare Part B (OGP) AB= CHAMPVA (OGP)

128. Segment REF

ID	REF	Element Name	Attributes	Value	Description
01	128	Reference ID Qualifier	R/R ID 2/3	1L	1L= Policy # Qualifier
02	127	Reference ID	R/R AN 1/30		HCDP Plan Coverage Code DEERS Length=2

271 Transaction Set [Eligibility, Enrollment Inquiry RESPONSE]

129. Segment DTP

ID	REF	Element Name	Attributes	Value	Description
01	374	Date/Time Qualifier	R/R ID 3/3	356	356= Eligibility Begin Date
02	1250	Date/Time Format Qualifier	R/R ID 2/3	D8	Date Format
03	1251	Date (CCYYMMDD)	R/R AN 1/35		HCDP Begin Calendar Date DEERS Length=8

130. Segment DTP (Optional)

ID	REF	Element Name	Attributes	Value	Description
01	374	Date/Time Qualifier	R/R ID 3/3	357	357= Eligibility End Date
02	1250	Date/Time Format Qualifier	R/R ID 2/3	D8	Date Format
03	1251	Date (CCYYMMDD)	R/R AN 1/35		HCDP End Calendar Date DEERS Length=8

131. Segment MSG

ID	REF	Element Name	Attributes	Value	Description
01	933	Free-form Message Text	R/R AN 1/264		HCDP End Reason Code DEERS Length=1

271 Transaction Set [Eligibility, Enrollment Inquiry RESPONSE]

132. Segment EB (2110D-Eligibility Loop) Dental – Enrollment **[Present only when Dental Query is performed.]**

ID	REF	Element Name	Attributes	Value	Description
01	1390	Eligibility or Benefit Information	R/R ID 1/2	**MC**	1= Active Coverage (HCC Enrollment Status Code) A= Co-Insurance (OHI, OGP) CB= Coverage Basis (Fee Payment) L= PCM **MC= Managed Care Coordinator (Enrolling Organization)**
03	1365	Inquiry Service Type Code	R/S ID 1/2	60, **35**	60= General Benefits **35= Dental** HCDP Type Code DEERS Length=1

133. Segment DTP

ID	REF	Element Name	Attributes	Value	Description
01	374	Date/Time Qualifier	R/R ID 3/3	193	193= Period Start Date
02	1250	Date/Time Format Qualifier	R/R ID 2/3	D8	Date Format
03	1251	Date (CCYYMMDD)	R/R AN 1/35		HCDP Enrollment Begin Calendar Date DEERS Length=8

134. Segment DTP (Optional)

ID	REF	Element Name	Attributes	Value	Description
01	374	Date/Time Qualifier	R/R ID 3/3	194	194= Period End Date
02	1250	Date/Time Format Qualifier	R/R ID 2/3	D8	Date Format
03	1251	Date (CCYYMMDD)	R/R AN 1/35		HCDP Enrollment End Calendar Date DEERS Length=8

271 Transaction Set [Eligibility, Enrollment Inquiry RESPONSE]

135. Segment MSG

ID	REF	Element Name	Attributes	Value	Description
01	933	Free-form Message Text	R/R AN 1/264		HCDP Enrollment End Reason Code DEERS Length=1

Transaction Set Trailer (SE)

ID	REF	Element Name	Attributes	Value	Description
SE01	96	Number of Included Segments	R/R N0 1/10		Total Number of Segments
SE02	329	Transaction Set Control Number	R/R AN 4/9		

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4. 270 Proposed Structure [CLAIMS Coverage Inquiry] *Subscriber Query

Segments	*Elements*
ST	01, 02
BHT	01, 02, 03, 04, 05, 06
2000A – *Source*	
HL	01, 02, 03, 04
2100A – *Source Name*	
NM1	01, 02, 03, , , , , 08, 09
2000B – *Receiver*	
HL	01, 02, 03, 04
2100B – *Receiver Name*	
NM1	01, 02, 03, , , , , 08, 09
PER	01, 02, 03, 04, 05, 06
2000C – *Subscriber*	
HL	01, 02, 03, 04
TRN	01, 02
2100C – *Subscriber Name*	
NM1	01, 02, 03
REF	01, 02
DMG	01, 02
2110C – *Benefit*	
EQ	01, , 03, 04
DTP	01, 02, 03
SE	01, 02

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4. 270 Proposed Structure [CLAIMS Coverage Inquiry] *Dependent Query

Segments	*Elements*
ST	01, 02
BHT	01, 02, 03, 04, 05, 06
2000A – *Source*	
HL	01, 02, 03, 04
2100A – *Source Name*	
NM1	01, 02, 03, , , , , 08, 09
2000B – *Receiver*	
HL	01, 02, 03, 04
2100B – *Receiver Name*	
NM1	01, 02, 03, , , , , 08, 09
PER	01, 02, 03, 04, 05, 06
2000C – *Subscriber*	
HL	01, 02, 03, 04
TRN	01, 02
2100C – *Subscriber Name*	
NM1	01, 02, 03
2000D – *Dependent*	
HL	01, 02, 03, 04
TRN	01, 02
2100D – *Dependent Name*	
NM1	01, 02, 03
REF	01, 02
DMG	01, 02
2110D – *Benefit*	
EQ	01, , 03, 04
DTP	01, 02, 03
SE	01, 02

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270 Transaction Set [Claims Coverage INQUIRY] – Dependent Query

Segments

Transaction Set Header (ST)

ID	REF	Element Name	Attributes	Value	Description
ST01	143	Transaction Set ID Code	R/R ID 3/3	270	
ST02	329	Transaction Set Control Number	R/R AN 4/9		Control Identifier

1. Segment BHT

ID	REF	Element Name	Attributes	Value	Description
01	1005	Hierarchical Structure Code	R/R ID 4/4	0022	Source Information, Receiver Information, Subscriber, Dependent
02	353	Transaction Set Purpose Code	R/R ID 2/2	13	13= Request 36= Authority to Deduct (Lock) Catastrophic Cap/ Deductible Lock Access/Update Code DEERS Length=1
03	127	Reference ID	R/S AN 1/30		Trace Number
04	373	Date (CCYYMMDD)	R/R DT 8/8		Transaction Online Date DEERS Length=8
05	337	Time (HHMMSS)	R/R TM 4/8		Transaction Online Time DEERS Length=6
06	640	Transaction Type Code	R/R ID 2/2	15	15= Immediate Response (no follow-up)

270 Transaction Set [Claims Coverage INQUIRY] – Dependent Query

2. Segment HL (2000A-Source Level)

ID	REF	Element Name	Attributes	Value	Description
01	628	Hierarchical ID Number	R/R AN 1/12	01	01= Sequential
02	734	Hierarchical Parent ID Number	R/R AN 1/12	0	Identifies that no parent hierarchical levels exist
03	735	Hierarchical Level Code	R/R ID 1/2	20	20= Source Information
04	736	Hierarchical Child Code	R/R ID 1/1	1	Additional subordinate HL data segment in this hierarchical structure

3. Segment NM1 (2100A-Source Name Loop)

ID	REF	Element Name	Attributes	Value	Description
01	98	Entity ID Code	R/R ID 2/3	P5	P5= Plan Sponsor
02	1065	Entity Type Qualifier	R/R ID 1/1	2	2= Non-Person Entity
03	1035	Last Name or Organization Name	R/S AN 1/35	DoD	Organization Name
08	66	ID Code Qualifier	R/R ID 1/2	46	46= ETIN Qualifier
09	67	ID Code	R/R AN 2/80		Electronic Transmitter ID Number (ETIN)

4. Segment HL (2000B-Receiver Level)

ID	REF	Element Name	Attributes	Value	Description
01	628	Hierarchical ID Number	R/R AN 1/12	02	02= Incremental
02	734	Hierarchical Parent ID Number	R/S AN 1/12	1	Identifies the hierarchical level to which this level is subordinate
03	735	Hierarchical Level Code	R/R ID 1/2	21	21= Receiver Information
04	736	Hierarchical Child Code	R/R ID 1/1	1	Additional subordinate HL data segment in this hierarchical structure

270 Transaction Set [Claims Coverage INQUIRY] – Dependent Query

5. Segment NM1 (2100B-Receiver Name Loop)

ID	REF	Element Name	Attributes	Value	Description
01	98	Entity ID Code	R/R ID 2/3	1P	1P= Provider
02	1065	Entity Type Qualifier	R/R ID 1/1	2	2= Non-Person Entity
03	1035	Last Name or Organization Name	R/S AN 1/35	MCSC, MTF	Organization Name
08	66	ID Code Qualifier	R/R ID 1/2	SV	SV= Service Provider
09	67	ID Code Assigned by DEERS	R/R AN 2/80		Site Identifier DEERS Length=6

6. Segment PER (Optional)

ID	REF	Element Name	Attributes	Value	Description
01	366	Contact Function Code	R/R ID 2/2	IC	IC= Information Contact
02	93	Name	S/S AN 1/60		
03	365	Communication Number Qualifier	S/S ID 2/2	TE	Telephone
04	364	Communication Number	S/S AN 1/80		Telephone Number Code DEERS Length=14
05	365	Communication Number Qualifier	S/S ID 2/2	FX	Facsimile
06	364	Communication Number	S/S AN 1/80		FAX Telephone Number Code DEERS Length=14

270 Transaction Set [Claims Coverage INQUIRY] – Dependent Query

7. Segment HL (2000C-Subscriber/Sponsor Level) **[This HL loop is required. However, it may contain limited segments and elements if the query is originated for a dependent. The example being shown is for a Dependent Query.]**

ID	REF	Element Name	Attributes	Value	Description
01	628	Hierarchical ID Number	R/R AN 1/12	3	3= Incremental
02	734	Hierarchical Parent ID Number	R/S AN 1/12	2	Identifies the hierarchical level to which this level is subordinate
03	735	Hierarchical Level Code	R/R ID 1/2	22	22= Subscriber
04	736	Hierarchical Child Code	R/R ID 1/1	1	0= No subordinate HL data segment in this hierarchical structure (implies that this inquiry is made by the Sponsor) 1= Additional subordinate HL data segment in this hierarchical structure (implies that this inquiry is made by the Dependent) Inquiry Type Code DEERS Length=1

8. Segment TRN (Optional)

ID	REF	Element Name	Attributes	Value	Description
01	481	Trace Type Code	R/R ID 1/2		1= Current Transaction Trace Number 2= Reference Transaction Trace Number
02	127	Reference ID	R/R AN 1/30		Catastrophic Cap/ Deductible Detail Type Code DEERS Length=1 Catastrophic Cap/ Deductible Detail Identifier DEERS Length=12

270 Transaction Set [Claims Coverage INQUIRY] – Dependent Query

9. Segment NM1 (2100C-Subscriber Name Loop) **[Limited information in a Dependent Inquiry.]**

ID	REF	Element Name	Attributes	Value	Description
01	98	Entity ID Code	R/R ID 2/3	IL	IL= Insured/Subscriber
02	1065	Entity Type Qualifier	R/R ID 1/1	1	1= Person Entity
03	1035	Last Name or Organization Name	S/S AN 1/35		Person Last Name DEERS Length=26

10. Segment REF (Optional) **[Not used during a Dependent Query.]**

ID	REF	Element Name	Attributes	Value	Description
01	128	Reference ID Qualifier	R/R ID 2/3	SY, HJ	SY= Social Security Number HJ= Identity Card Number
02	127	Reference ID (*2-field concatenation*)	R/R AN 1/30		S= Social Security Number D= Temporary ID F= Foreign ID Person Identifier Type Code DEERS Length=1 Inquiry Person Identifier DEERS Length=11

11. Segment DMG (Optional) **[Not used during a Dependent Query.]**

ID	REF	Element Name	Attributes	Value	Description
01	1250	Date/Time Format Qualifier	R/S ID 2/3	D8	D8= Date Format Qualifier
02	1251	Birth Date (CCYYMMDD)	R/S AN 1/35		Person Birth Date DEERS Length=8

270 Transaction Set [Claims Coverage INQUIRY] – Dependent Query

12. Segment EQ (2110C-Subscriber Eligibility Loop) **[This loop is optional, not used during a Dependent Query.]**

ID	REF	Element Name	Attributes	Value	Description
01	1365	Inquiry Service Type Code	R/S ID 1/2	**30**, 35, 1	30= Health (use for Claims Coverage queries) 35= Dental 1= Medical Care (Claims Coverage Query with Totals) HCDP Type Code DEERS Length=1
03	1207	Coverage Level	R/S ID 3/3	IND, FAM	IND= Inquiry for an Individual FAM= Inquiry for a Family Person/Family Transaction Type Code DEERS Length=1
04	1336	Insurance Type Code	S/S ID 1/3	C1, SP	C1= Commercial (Eligibility) SP= Supplemental Policy (OHI)

13. Segment DTP **[The Claims Eligibility Inquiry requires an DTP02 of 'RD8' for a date range.]**

ID	REF	Element Name	Attributes	Value	Description
01	374	Date/Time Qualifier	R/R ID 3/3	307	307= Eligibility
02	1250	Date/Time Format Qualifier	R/R ID 2/3	RD8	Date Range Format
03	1251	Date: CCYYMMDD-CCYYMMDD	R/R AN 1/35		HCC Inquiry Begin Date HCC Inquiry End Date DEERS Length=17

270 Transaction Set [Claims Coverage INQUIRY] – Dependent Query

14. Segment HL (2000D-Dependent Level) **[This HL loop is optional, use only when query is originated by a Dependent.]**

ID	REF	Element Name	Attributes	Value	Description
01	628	Hierarchical ID Number	R/R AN 1/12	04	04= Incremental
02	734	Hierarchical Parent ID Number	R/R AN 1/12	3	Identifies the hierarchical level to which this level is subordinate
03	735	Hierarchical Level Code	R/R ID 1/2	23	23= Dependent
04	736	Hierarchical Child Code	R/R ID 1/1	0	Additional subordinate HL data segments in this hierarchical structure

15. Segment TRN (Optional)

ID	REF	Element Name	Attributes	Value	Description
01	481	Trace Type Code	R/R ID 1/2		1= Current Transaction Trace Number 2= Reference Transaction Trace Number
02	127	Reference ID	R/R AN 1/30		Catastrophic Cap/ Deductible Detail Type Code DEERS Length=1 Catastrophic Cap/ Deductible Detail Identifier DEERS Length=12

16. Segment NM1 (2100D-Dependent Name Loop)

ID	REF	Element Name	Attributes	Value	Description
01	98	Entity ID Code	R/R ID 2/3	03	03= Dependent
02	1065	Entity Type Qualifier	R/R ID 1/1	1	1= Person Entity
03	1035	Last Name or Organization Name	S/S AN 1/35		Person Last Name DEERS Length=26

270 Transaction Set [Claims Coverage INQUIRY] – Dependent Query

17. Segment REF

ID	REF	Element Name	Attributes	Value	Description
01	128	Reference ID Qualifier	R/R ID 2/3	SY, HJ	SY= Social Security Number Qualifier HJ= Identity Card Number Qualifier
02	127	Reference ID (*2-field concatenation*)	R/R AN 1/30		S= Social Security Number D= Temporary ID Person Identifier Type Code DEERS Length=1 Inquiry Person Identifier DEERS Length=11

18. Segment DMG

ID	REF	Element Name	Attributes	Value	Description
01	1250	Date/Time Format Qualifier	R/S ID 2/3	D8	D8= Date Format Qualifier
02	1251	Birth Date (CCYYMMDD)	R/S AN 1/35		Person Birth Date DEERS Length=8

270 Transaction Set [Claims Coverage INQUIRY] – Dependent Query

19. Segment EQ (2110D-Dependent Eligibility Loop)

ID	REF	Element Name	Attributes	Value	Description
01	1365	Inquiry Service Type Code	R/S ID 1/2	**30**, 35, 1	**30= Health (use for Claims Coverage Eligibility queries)** 35= Dental 1= Medical Care (Claims Coverage Query with Totals) HCDP Type Code DEERS Length=1
03	1207	Coverage Level	R/S ID 3/3	IND, FAM	IND= Inquiry for an Individual FAM= Inquiry for a Family Person/Family Transaction Type Code DEERS Length=1
04	1336	Insurance Type Code	S/S ID 1/3	**C1**, SP	**C1= Commercial (Eligibility)** SP= Supplemental Policy (OHI)

20. Segment DTP **[The Claims Eligibility Inquiry requires an REF02 of 'RD8' for a date range.]**

ID	REF	Element Name	Attributes	Value	Description
01	374	Date/Time Qualifier	R/R ID 3/3	307	307= Eligibility Qualifier
02	1250	Date/Time Format Qualifier	R/R ID 2/3	RD8	Date Range Format
03	1251	Date: CCYYMMDD-CCYYMMDD	R/R AN 1/35		HCC Inquiry Begin Date HCC Inquiry End Date DEERS Length=17

270 Transaction Set [Claims Coverage INQUIRY] – Dependent Query

Transaction Set Trailer (SE)

ID	REF	Element Name	Attributes	Value	Description
SE01	96	Number of Included Segments	R/R N0 1/10		Total Number of Segments
SE02	329	Transaction Set Control Number	R/R AN 4/9		

5. 271 Proposed Structure For Claims Coverage Response

Segments	*Elements*
ST	01, 02
BHT	01, 02, 03, 04, 05, 06
2000A – *Source*	
HL	01, 02, 03, 04
2100A – *Name*	
NM1	01, 02, 03, , , , , 08, 09
2000B – *Receiver*	
HL	01, 02, 03, 04
2100B – *Name*	
NM1	01, 02, 03, , , , , 08, 09
2000C – *Subscriber*	
HL	01, 02, 03, 04
TRN	01, 02, 03, 04
2100C – *Name*	
NM1	01, 02, 03, 04, 05, , 07, 08, 09
REF	01, 02
N3	01, 02
N4	01, 02, 03, 04
PER	01, , 03, 04, 05, 06, 07, 08
DMG	01, 02, 03
DTP	01, 02, 03
DTP	01, 02, 03
AAA	01, , 03, 04
2110C – *Eligibility (Family, Fiscal Year, Deductible)*	
EB	01, 02, 03, 04, , , 07
DTP	01, 02, 03
2110C – *Eligibility (Family, Fiscal Year, Cat Cap)*	
EB	01, 02, 03, 04, , , 07
DTP	01, 02, 03
2110C – *Eligibility (Family, CHCBP, Cat Cap)*	
EB	01, 02, 03, 04, , , 07
DTP	01, 02, 03
2110C – *Eligibility (Family, CHCBP, Deductible)*	
EB	01, 02, 03, 04, , , 07
DTP	01, 02, 03
2110C – *Eligibility (Family, Prime, Cat Cap)*	
EB	01, 02, 03, 04, , , 07
DTP	01, 02, 03
2110C – *Eligibility (Family, Enrollment Year POS, Deductible)*	
EB	01, 02, 03, 04, , , 07
DTP	01, 02, 03
2110D – *Eligibility (Individual, Fiscal Year, Deductible)*	
EB	01, 02, 03, 04, , , 07
DTP	01, 02, 03
2110D – *Eligibility (Individual, CHCBP, Cat Cap)*	
EB	01, 02, 03, 04, , , 07
DTP	01, 02, 03

Segments	*Elements*
2110D – *Eligibility (Individual, POS, Deductible)*	
EB	01, 02, 03, 04, , , 07
DTP	01, 02, 03
2110C – *Eligibility (Health Care Coverage)*	
EB	01, , 03, 04, 05
REF	01, 02
REF	01, 02
DTP	01, 02, 03
DTP	01, 02, 03
MSG	01
2110C – *Eligibility (PCM)*	
EB	01, , 03
REF	01, 02
DTP	01, 02, 03
DTP	01, 02, 03
MSG	01
LS	01
2120C – *Entity (PCM)*	
NM1	01, 02, 03, , , , , 08, 09
N4	, , , , 05, 06
PER	01, , 03, 04
LE	01
2110C – *Eligibility (OHI)*	
EB	01, , 03, 04
REF	01, 02
REF	01, 02
DTP	01, 02, 03
DTP	01, 02, 03
LS	01
2120C – *Entity (OHI)*	
NM1	01, 02, 03, , , , , 08, 09
LE	01
2110C – *Eligibility (OGP)*	
EB	01, , 03, 04
DTP	01, 02, 03
DTP	01, 02, 03
MSG	01
2110C – *Eligibility (NAS)*	
EB	01, , 03, 04
REF	01, 02
DTP	01, 02, 03
LS	01
2120C – *Entity (NAS Issuing)*	
NM1	01, 02, , , , , , 08, 09
LE	01

2000D – *Dependent*
- HL 01, 02, 03, 04
- TRN 01, 02, 03, 04
- 2100D – *Name*
  - NM1 01, 02, 03, 04, 05, , 07, 08, 09
  - REF 01, 02
  - REF 01, 02
  - N3 01, 02
  - N4 01, 02, 03, 04
  - PER 01, , 03, 04, 05, 06, 07, 08
  - DMG 01, 02, 03
  - DTP 01, 02, 03
  - 2110D – *Eligibility (Individual, Fiscal Year, Deductible)*
    - EB 01, 02, 03, 04, , , 07
    - DTP 01, 02, 03
  - 2110D – *Eligibility (Individual, CHCBP, Cat Cap)*
    - EB 01, 02, 03, 04, , , 07
    - DTP 01, 02, 03
  - 2110D – *Eligibility (Individual, POS, Deductible)*
    - EB 01, 02, 03, 04, , , 07
    - DTP 01, 02, 03
    - DTP 01, 02, 03
  - 2110D – *Eligibility (Health Care Coverage)*
    - EB 01, , 03
    - REF 01, 02
    - REF 01, 02
    - DTP 01, 02, 03
    - DTP 01, 02, 03
    - MSG 01
  - 2110D – *Eligibility (PCM)*
    - EB 01, , 03
    - REF 01, 02
    - DTP 01, 02, 03
    - DTP 01, 02, 03
    - MSG 01
    - LS 01
    - 2120D – *Entity (PCM)*
      - NM1 01, 02, 03, , , , , 08, 09
      - N4 , , , , 05, 06
      - PER 01, , 03, 04
      - LE 01
  - 2110D – *Eligibility (OHI)*
    - EB 01, , 03, 04
    - REF 01, 02
    - REF 01, 02
    - DTP 01, 02, 03
    - DTP 01, 02, 03
    - MSG 01
    - LS 01
    - 2120D – *Entity (OHI)*
      - NM1 01, 02, , , , , , 08, 09
      - LE 01

2110D – *Eligibility (OGP)*
EB 01, , 03, 04
DTP 01, 02, 03
DTP 01, 02, 03
MSG 01
2110D – *Eligibility (NAS)*
EB 01, , 03, 04
REF 01, 02
DTP 01, 02, 03
DTP 01, 02, 03
LS 01
2120D – *Entity (NAS Issuing)*
NM1 01, 02, , , , , , 08, 09
LE 01
SE 01, 02

271 Transaction Set [Claims Coverage RESPONSE]

Segments

Transaction Set Header (ST)

ID	REF	Element Name	Attributes	Value	Description
ST01	143	Transaction Set ID Code	R/R ID 3/3	271	
ST02	329	Transaction Set Control Number	R/R AN 4/9		Control Identifier

1. Segment BHT

ID	REF	Element Name	Attributes	Value	Description
01	1005	Hierarchical Structure Code	R/R ID 4/4	0022	Source Information, Receiver Information, Subscriber, Dependent
02	353	Transaction Set Purpose Code	R/R ID 2/2	**11**, 36	**11= Response** 36= Authority to Deduct (Lock) Catastrophic Cap/ Deductible Lock Access/Update Code DEERS Length=1
03	127	Reference ID	R/S AN 1/30		Trace Number (ISA, GS, ST Control Numbers)
04	373	Date (CCYYMMDD)	R/R DT 8/8		Transaction Online Date DEERS Length=8
05	337	Time (HHMMSS)	R/R TM 4/8		Transaction Online Time DEERS Length=6
06	640	Transaction Type Code	R/R ID 2/2	18	18= Response

2. Segment HL (2000A-Source Level)

ID	REF	Element Name	Attributes	Value	Description
01	628	Hierarchical ID Number	R/R AN 1/12	01	01= Sequential
03	735	Hierarchical Level Code	R/R ID 1/2	20	20= Source Information
04	736	Hierarchical Child Code	R/R ID 1/1	1	Additional subordinate HL data segment in this hierarchical structure

271 Transaction Set [Claims Coverage RESPONSE]

3. Segment NM1 (2100A-Source Name Loop)

ID	REF	Element Name	Attributes	Value	Description
01	98	Entity ID Code	R/R ID 2/3	P5	P5= Plan Sponsor
02	1065	Entity Type Qualifier	R/R ID 1/1	2	2= Non-Person Entity
03	1035	Last Name or Organization Name	S/S AN 1/35	DoD	Organization Name
08	66	ID Code Qualifier	R/R ID 1/2	46	46= ETIN Qualifier
09	67	ID Code	R/R AN 2/80		Electronic Transmitter ID Number (ETIN)

4. Segment HL (2000B-Receiver Level)

ID	REF	Element Name	Attributes	Value	Description
01	628	Hierarchical ID Number	R/R AN 1/12	02	02= Incremental
02	734	Hierarchical Parent ID Number	R/R AN 1/12	1	Identifies the hierarchical level to which this level is subordinate
03	735	Hierarchical Level Code	R/R ID 1/2	21	21= Receiver Information
04	736	Hierarchical Child Code	R/R ID 1/1	1	Additional subordinate HL data segment in this hierarchical structure

5. Segment NM1 (2100B-Receiver Name Loop)

ID	REF	Element Name	Attributes	Value	Description
01	98	Entity ID Code	R/R ID 2/3	1P	1P= Provider
02	1065	Entity Type Qualifier	R/R ID 1/1	2	2= Non-Person Entity
03	1035	Last Name or Organization Name	R/S AN 1/35	MCSC, MTF	Organization Name
08	66	ID Code Qualifier	R/R ID 1/2	SV	SV= Service Provider
09	67	ID Code Assigned by DEERS	R/R AN 2/80		Site Identifier DEERS Length=6

271 Transaction Set [Claims Coverage RESPONSE]

6. Segment HL (2000C-Subscriber Level) **[The Subscriber Level is always returned. Limited information will be returned during an inquiry on a dependent or during a family inquiry when the Sponsor is not an insured.]**

ID	REF	Element Name	Attributes	Value	Description
01	628	Hierarchical ID Number	R/R AN 1/12	03	03= Incremental
02	734	Hierarchical Parent ID Number	R/R AN 1/12	2	Identifies the hierarchical level to which this level is subordinate
03	735	Hierarchical Level Code	R/R ID 1/2	22	22= Subscriber
04	736	Hierarchical Child Code	R/R ID 1/1	1	Additional subordinate HL data segment in this hierarchical structure

271 Transaction Set [Claims Coverage RESPONSE]

7. Segment TRN (Optional)

ID	REF	Element Name	Attributes	Value	Description
01	481	Trace Type Code	R/R ID 1/2		1= Current Transaction Trace Number 2= Reference Transaction Trace Number
02	127	Reference ID	R/R AN 1/30		Catastrophic Cap/ Deductible Detail Type Code DEERS Length=1 Catastrophic Cap/ Deductible Detail Identifier DEERS Length=12
03	509	Originating Company ID	S/S AN 10/10		Catastrophic Cap/Deductible Detail Lock Source System Identifier DEERS Length=10
04	127	Reference ID	S/S AN 1/30		Lock Acceptance/Denied Identifier Catastrophic Cap/Deductible Detail Lock Calendar Date and Time DEERS Length=30

271 Transaction Set [Claims Coverage RESPONSE]

8. Segment NM1 (2100C-Subscriber Name Loop)

ID	REF	Element Name	Attributes	Value	Description
01	98	Entity ID Code	R/R ID 2/3	IL	IL= Insured/Subscriber
02	1065	Entity Type Qualifier	R/R ID 1/1	1	1= Person Entity
03	1035	Last Name or Organization Name	R/S AN 1/35		Person Last Name DEERS Length=26
04	1036	First Name	R/S AN 1/25		Person First Name DEERS Length=20
05	1037	Middle Initial	R/S AN 1/25		Person Middle Name DEERS Length=20
07	1039	Suffix	R/S AN 1/10		Person Cadency Name DEERS Length=4
08	66	ID Code Qualifier	R/S ID 1/2	ZZ	ZZ= Mutually Defined (Qualifier)
09	67	ID Code	R/S AN 2/80		B= Beneficiary DEERS ID Person Identifier DEERS Length=11

9. Segment REF

ID	REF	Element Name	Attributes	Value	Description
01	128	Reference ID Qualifier	R/R ID 2/3	SY, HJ	SY= Social Security Number HJ= Identity Card Number
02	127	Reference ID (*2-field concatenation*)	R/R AN 1/30		S= Social Security Number F= Foreign Identification T= Temporary ID Person Identifier Type Code DEERS Length=1 Person Identifier DEERS Length=11

271 Transaction Set [Claims Coverage RESPONSE]

10. Segment N3

ID	REF	Element Name	Attributes	Value	Description
01	166	Mailing Address - Line 1	R/R AN 1/55		Mailing Address Line 1 Text DEERS Length=40
02	166	Mailing Address - Line 2	S/S AN 1/55		Mailing Address Line 2 Text DEERS Length=40

11. Segment N4

ID	REF	Element Name	Attributes	Value	Description
01	19	City Name	R/S AN 2/30		Mailing Address City Name DEERS Length=20
02	156	State Code	R/S ID 2/2		Mailing Address State Code DEERS Length=2
03	116	ZIP Code (*2-field concatenation*)	R/S ID 3/15		Mailing Address Postal Region ZIP Code DEERS Length=5 Mailing Address ZIP Extension Code DEERS Length=4
04	26	Country Code	R/S ID 2/3		Mailing Address Country Code DEERS Length=2

271 Transaction Set [Claims Coverage RESPONSE]

12. Segment PER

ID	REF	Element Name	Attributes	Value	Description
01	366	Contact ID	R/R ID 2/2	IC	IC= Information Contact
03	365	Communications Qualifier	R/S ID 2/2	HP	Home Telephone
04	364	Communication Number	R/S AN 1/80		Home Telephone Number Code DEERS Length=14
05	365	Communications Qualifier	R/S ID 2/2	WP	Work Telephone
06	364	Communication Number	R/S AN 1/80		Work Telephone Number Code DEERS Length=14
07	365	Communications Qualifier	R/S ID 2/2	FX	Facsimile
08	364	Communication Number	R/S AN 1/80		FAX Telephone Number Code DEERS Length=14

13. Segment DMG

ID	REF	Element Name	Attributes	Value	Description
01	1250	Date/Time Format Qualifier	R/S ID 2/3	D8	D8= Date Format Qualifier
02	1251	Birth Date (CCYYMMDD)	R/S AN 1/35		Person Birth Date DEERS Length=8
03	1068	Gender Code	R/S ID 1/1	M, F, U	M= Male F= Female U= Other Person Sex Code DEERS Length=1

271 Transaction Set [Claims Coverage RESPONSE]

14. Segment DTP

ID	REF	Element Name	Attributes	Value	Description
01	374	Date/Time Qualifier	R/R ID 3/3	152	152= Effective Date of Change (Mailing Address Date)
02	1250	Date/Time Format Qualifier	R/R ID 2/3	D8	Date Format
03	1251	Date (CCYYMMDD)	R/R AN 1/35		Mailing Address Date DEERS Length=8

15. Segment DTP

ID	REF	Element Name	Attributes	Value	Description
01	374	Date/Time Qualifier	R/R ID 3/3	442	442= Date of Death Qualifier
02	1250	Date/Time Format Qualifier	R/R ID 2/3	D8	Date Format
03	1251	Date (CCYYMMDD)	R/R AN 1/35		Date of Death DEERS Length=8

16. Segment AAA **[Optional Error Handling]**

ID	REF	Element Name	Attributes	Value	Description
01	1073	Yes/No Condition Response Code	R/R ID 1/1	Y or N	Code used to indicate if the 270 Inquiry request was valid
03	901	Reject Reason Code	R/R ID 2/2		Code used to further explain rejection
04	889	Follow-up Action Code	R/R ID 1/1	C	C= Correct and Resubmit

271 Transaction Set [Claims Coverage RESPONSE]

17. Segment EB (2110C-Eligibility Loop) Family, Fiscal Year, Deductible

ID	REF	Element Name	Attributes	Value	Description
01	1390	Eligibility or Benefit Information	R/R ID 1/2	**C**	**C= Deductible** G= Stop Loss (Catastrophic Cap)
02	1207	Coverage Level Code	R/S ID 3/3	**FAM**	**FAM= Family Level Information** IND= Individual Level Information
03	1365	Inquiry Service Type Code	R/S ID 1/2	**9**	**9= Other Medical (Catastrophic Cap/Deductible Totals Inquiry Response)**
04	1336	Insurance Type Code	R/S ID 1/3	**IN**	**IN= Indemnity (TRICARE Standard)** HM= Health Maintenance Organization (TRICARE Prime) PS= Point of Service
07	782	Monetary Amount	R/S R 1/18		Family Fiscal Year Deductible Cumulative Amount DEERS Length=7

18. Segment DTP

ID	REF	Element Name	Attributes	Value	Description
01	374	Date/Time Qualifier	R/R ID 3/3	193	193= Period Start Date
02	1250	Date/Time Format Qualifier	R/R ID 2/3	D8	Date Format
03	1251	Date (CCYY)	R/R AN 1/35		Fiscal Year Code DEERS Length=4

271 Transaction Set [Claims Coverage RESPONSE]

19. Segment EB (2110C-Eligibility Loop) Family, Fiscal Year, Catastrophic Cap

ID	REF	Element Name	Attributes	Value	Description
01	1390	Eligibility or Benefit Information	R/R ID 1/2	**G**	C= Deductible **G= Stop Loss (Catastrophic Cap)**
02	1207	Coverage Level Code	R/S ID 3/3	**FAM**	**FAM= Family Level Information** IND= Individual Level Information
03	1365	Inquiry Service Type Code	R/S ID 1/2	**9**	**9= Other Medical (Catastrophic Cap/Deductible Totals Inquiry Response)**
04	1336	Insurance Type Code	R/S ID 1/3	**IN**	**IN= Indemnity (TRICARE Standard)** HM= Health Maintenance Organization (TRICARE Prime) PS= Point of Service
07	782	Monetary Amount	R/S R 1/18		Family Fiscal Year Catastrophic Cap Cumulative Amount DEERS Length=7

20. Segment DTP

ID	REF	Element Name	Attributes	Value	Description
01	374	Date/Time Qualifier	R/R ID 3/3	193	193= Period Start Date
02	1250	Date/Time Format Qualifier	R/R ID 2/3	D8	Date Format
03	1251	Date (CCYY)	R/R AN 1/35		Fiscal Year Code DEERS Length=4

271 Transaction Set [Claims Coverage RESPONSE]

21. Segment EB (2110C-Eligibility Loop) Family, CHCBP, Catastrophic Cap

ID	REF	Element Name	Attributes	Value	Description
01	1390	Eligibility or Benefit Information	R/R ID 1/2	**G**	C= Deductible **G= Stop Loss (Catastrophic Cap)**
02	1207	Coverage Level Code	R/S ID 3/3	**FAM**	**FAM= Family Level Information** IND= Individual Level Information
03	1365	Inquiry Service Type Code	R/S ID 1/2	**9**	**9= Other Medical (Catastrophic Cap/Deductible Totals Inquiry Response)**
04	1336	Insurance Type Code	R/S ID 1/3	**IN**	**IN= Indemnity (TRICARE Standard)** HM= Health Maintenance Organization (TRICARE Prime) PS= Point of Service
07	782	Monetary Amount	R/S R 1/18		Family CHCBP Fiscal Year Catastrophic Cap Cumulative Amount DEERS Length=7

22. Segment DTP

ID	REF	Element Name	Attributes	Value	Description
01	374	Date/Time Qualifier	R/R ID 3/3	193	193= Period Start Date
02	1250	Date/Time Format Qualifier	R/R ID 2/3	D8	Date Format
03	1251	Date (CCYY)	R/R AN 1/35		Fiscal Year Code DEERS Length=4

271 Transaction Set [Claims Coverage RESPONSE]

23. Segment EB (2110C-Eligibility Loop) Family, CHCBP, Deductible

ID	REF	Element Name	Attributes	Value	Description
01	1390	Eligibility or Benefit Information	R/R ID 1/2	**G**	C= Deductible **G= Stop Loss (Catastrophic Cap)**
02	1207	Coverage Level Code	R/S ID 3/3	**FAM**	**FAM= Family Level Information** IND= Individual Level Information
03	1365	Inquiry Service Type Code	R/S ID 1/2	**9**	**9= Other Medical (Catastrophic Cap/Deductible Totals Inquiry Response)**
04	1336	Insurance Type Code	R/S ID 1/3	**IN**	**IN= Indemnity (TRICARE Standard)** HM= Health Maintenance Organization (TRICARE Prime) PS= Point of Service
07	782	Monetary Amount	R/S R 1/18		Family CHCBP Fiscal Year Deductible Cumulative Amount DEERS Length=7

24. Segment DTP

ID	REF	Element Name	Attributes	Value	Description
01	374	Date/Time Qualifier	R/R ID 3/3	193	193= Period Start Date
02	1250	Date/Time Format Qualifier	R/R ID 2/3	D8	Date Format
03	1251	Date (CCYY)	R/R AN 1/35		Fiscal Year Code DEERS Length=4

271 Transaction Set [Claims Coverage RESPONSE]

25. Segment EB (2110C-Eligibility Loop) Family, Prime, Catastrophic Cap

ID	REF	Element Name	Attributes	Value	Description
01	1390	Eligibility or Benefit Information	R/R ID 1/2	**G**	C= Deductible **G= Stop Loss (Catastrophic Cap)**
02	1207	Coverage Level Code	R/S ID 3/3	**FAM**	**FAM= Family Level Information** IND= Individual Level Information
03	1365	Inquiry Service Type Code	R/S ID 1/2	**9**	**9= Other Medical (Catastrophic Cap/Deductible Totals Inquiry Response)**
04	1336	Insurance Type Code	R/S ID 1/3	**HM**	IN= Indemnity (TRICARE Standard) **HM= Health Maintenance Organization (TRICARE Prime)** PS= Point of Service
07	782	Monetary Amount	R/S R 1/18		Family Prime Enrollment Year Catastrophic Cap Cumulative Amount DEERS Length=7

26. Segment DTP

ID	REF	Element Name	Attributes	Value	Description
01	374	Date/Time Qualifier	R/R ID 3/3	193	193= Period Start Date
02	1250	Date/Time Format Qualifier	R/R ID 2/3	D8	Date Format
03	1251	Date (CCYYMMDD)	R/R AN 1/35		Family Prime Enrollment Anniversary Calendar Date DEERS Length=8

271 Transaction Set [Claims Coverage RESPONSE]

27. Segment EB (2110C-Eligibility Loop) Family, Enrollment Year Point of Service, Deductible

ID	REF	Element Name	Attributes	Value	Description
01	1390	Eligibility or Benefit Information	R/R ID 1/2	**C**	**C= Deductible** G= Stop Loss (Catastrophic Cap)
02	1207	Coverage Level Code	R/S ID 3/3	**FAM**	**FAM= Family Level Information** IND= Individual Level Information
03	1365	Inquiry Service Type Code	R/S ID 1/2	**9**	**9= Other Medical (Catastrophic Cap/Deductible Totals Inquiry Response)**
04	1336	Insurance Type Code	R/S ID 1/3	**PS**	IN= Indemnity (TRICARE Standard) HM= Health Maintenance Organization (TRICARE Prime) **PS= Point of Service**
07	782	Monetary Amount	R/S R 1/18		Family Point of Service Enrollment Year Deductible Cumulative Amount DEERS Length=7

28. Segment DTP

ID	REF	Element Name	Attributes	Value	Description
01	374	Date/Time Qualifier	R/R ID 3/3	193	193= Period Start Date
02	1250	Date/Time Format Qualifier	R/R ID 2/3	D8	Date Format
03	1251	Date (CCYYMMDD)	R/R AN 1/35		Family Prime Enrollment Anniversary Calendar Date DEERS Length=8

271 Transaction Set [Claims Coverage RESPONSE]

29. Segment EB (2110D-Eligibility Loop) Individual, Fiscal Year, Deductible

ID	REF	Element Name	Attributes	Value	Description
01	1390	Eligibility or Benefit Information	R/R ID 1/2	**C**	**C= Deductible** G= Stop Loss (Catastrophic Cap)
02	1207	Coverage Level Code	R/S ID 3/3	**IND**	FAM= Family Level Information **IND= Individual Level Information**
03	1365	Inquiry Service Type Code	R/S ID 1/2	**9**	**9= Other Medical (Catastrophic Cap/Deductible Totals Inquiry Response)**
04	1336	Insurance Type Code	R/S ID 1/3	**IN**	**IN= Indemnity (TRICARE Standard)** HM= Health Maintenance Organization (TRICARE Prime) PS= Point of Service
07	782	Monetary Amount	R/S R 1/18		Individual Fiscal Year Deductible Cumulative Amount DEERS Length=7

30. Segment DTP

ID	REF	Element Name	Attributes	Value	Description
01	374	Date/Time Qualifier	R/R ID 3/3	193	193= Period Start Date
02	1250	Date/Time Format Qualifier	R/R ID 2/3	D8	Date Format
03	1251	Date (CCYY)	R/R AN 1/35		Fiscal Year Code DEERS Length=4

271 Transaction Set [Claims Coverage RESPONSE]

31. Segment EB (2110D-Eligibility Loop) Individual, CHCBP, Deductible

ID	REF	Element Name	Attributes	Value	Description
01	1390	Eligibility or Benefit Information	R/R ID 1/2	**G**	C= Deductible **G= Stop Loss (Catastrophic Cap)**
02	1207	Coverage Level Code	R/S ID 3/3	**IND**	FAM= Family Level Information **IND= Individual Level Information**
03	1365	Inquiry Service Type Code	R/S ID 1/2	**9**	**9= Other Medical (Catastrophic Cap/Deductible Totals Inquiry Response)**
04	1336	Insurance Type Code	R/S ID 1/3	**IN**	**IN= Indemnity (TRICARE Standard)** HM= Health Maintenance Organization (TRICARE Prime) PS= Point of Service
07	782	Monetary Amount	R/S R 1/18		Individual CHCBP Fiscal Year Deductible Cumulative Amount DEERS Length=7

32. Segment DTP

ID	REF	Element Name	Attributes	Value	Description
01	374	Date/Time Qualifier	R/R ID 3/3	193	193= Period Start Date
02	1250	Date/Time Format Qualifier	R/R ID 2/3	D8	Date Format
03	1251	Date (CCYY)	R/R AN 1/35		Fiscal Year Code DEERS Length=4

271 Transaction Set [Claims Coverage RESPONSE]

33. Segment EB (2110D-Eligibility Loop) Individual, Point of Service, Deductible

ID	REF	Element Name	Attributes	Value	Description
01	1390	Eligibility or Benefit Information	R/R ID 1/2	**C**	**C= Deductible** G= Stop Loss (Catastrophic Cap)
02	1207	Coverage Level Code	R/S ID 3/3	**IND**	FAM= Family Level Information **IND= Individual Level Information**
03	1365	Inquiry Service Type Code	R/S ID 1/2	**30**	**30= Health**
04	1336	Insurance Type Code	R/S ID 1/3	**PS**	IN= Indemnity (TRICARE Standard) HM= Health Maintenance Organization (TRICARE Prime) **PS= Point of Service**
07	782	Monetary Amount	R/S R 1/18		Individual Point of Service Enrollment Year Deductible Cumulative Amount DEERS Length=7

34. Segment DTP

ID	REF	Element Name	Attributes	Value	Description
01	374	Date/Time Qualifier	R/R ID 3/3	193	193= Period Start Date
02	1250	Date/Time Format Qualifier	R/R ID 2/3	D8	Date Format
03	1251	Date (CCYYMMDD)	R/R AN 1/35		Individual Prime Enrollment Begin Calendar Date DEERS Length=8

271 Transaction Set [Claims Coverage RESPONSE]

35. Segment DTP

ID	REF	Element Name	Attributes	Value	Description
01	374	Date/Time Qualifier	R/R ID 3/3	193	194= Period End Date
02	1250	Date/Time Format Qualifier	R/R ID 2/3	D8	Date Format
03	1251	Date (CCYYMMDD)	R/R AN 1/35		Individual Prime Enrollment End Calendar Date DEERS Length=8

271 Transaction Set [Claims Coverage RESPONSE]

36. Segment EB (2110C-Eligibility Loop) Health Care Coverage

ID	REF	Element Name	Attributes	Value	Description
01	1390	Eligibility or Benefit Information	R/R ID 1/2	**1,** 5	**1= Active Coverage** (HCC Enrollment Status Code) 5= Active Coverage Pending Investigation (HCC Enrollment Status Code) A= Co-Insurance (OHI, OGP) F= Limitations (NAS) L= PCM
03	1365	Inquiry Service Type Code	R/S ID 1/2	**30**, 35	**30= Health(Claims Eligibility response)** 35= Dental HCDP Type Code DEERS Length=1
05	1204	Plan Coverage Description (*4-field concatenation*)	S/S AN 1/50		HCC Copayment Factor Code DEERS Length=1 HCC Special Entitlement Code DEERS Length=1 HCC Member Category Code DEERS Length=1 HCC Service Code DEERS Length=1 HCC Pay Plan Code DEERS Length=2 HCC Pay Grade Code DEERS Length=2

271 Transaction Set [Claims Coverage RESPONSE]

37. Segment REF

ID	REF	Element Name	Attributes	Value	Description
01	128	Reference ID Qualifier	R/R ID 2/3	1L	1L= Policy # Qualifier
02	127	Reference ID	R/R AN 1/30		HCDP Plan Coverage Code DEERS Length=2

38. Segment REF

ID	REF	Element Name	Attributes	Value	Description
01	128	Reference ID Qualifier	R/R ID 2/3	MRC	MRC= Member Relationship Category Qualifier
02	127	Reference ID	R/R AN 1/30		HCC Member Relationship Code DEERS Length=1

39. Segment DTP

ID	REF	Element Name	Attributes	Value	Description
01	374	Date/Time Qualifier	R/R ID 3/3	356	356= Eligibility Begin Date
02	1250	Date/Time Format Qualifier	R/R ID 2/3	D8	Date Format
03	1251	Date (CCYYMMDD)	R/R AN 1/35		HCC Begin Calendar Date DEERS Length=8

271 Transaction Set [Claims Coverage RESPONSE]

40. Segment DTP

ID	REF	Element Name	Attributes	Value	Description
01	374	Date/Time Qualifier	R/R ID 3/3	357	357= Eligibility End Date
02	1250	Date/Time Format Qualifier	R/R ID 2/3	D8	Date Format
03	1251	Date (CCYYMMDD)	R/R AN 1/35		HCC End Calendar Date DEERS Length=8

41. Segment MSG

ID	REF	Element Name	Attributes	Value	Description
01	933	Free-form Message Text	R/R AN 1/264		HCC End Reason Code DEERS Length=1

42. Segment EB (2110C-Eligibility Loop) PCM

ID	REF	Element Name	Attributes	Value	Description
01	1390	Eligibility or Benefit Information	R/R ID 1/2	**L**	1= Active Coverage (HCC Enrollment Status Code) 5= Active Coverage Pending Investigation (HCC Enrollment Status Code) A= Co-Insurance (OHI, OGP) F= Limitations (NAS) **L= PCM**
03	1365	Inquiry Service Type Code	R/S ID 1/2	**30**, 35	**30= Health(Claims Eligibility response)** 35= Dental HCDP Type Code DEERS Length=1

271 Transaction Set [Claims Coverage RESPONSE]

43. Segment REF

ID	REF	Element Name	Attributes	Value	Description
01	128	Reference ID Qualifier	R/R ID 2/3	N6	Plan Network Identification Number
02	127	Reference ID (*2-field concatenation*)	R/R AN 1/30		D= Direct Care C= Civilian U= USFHP N= None PCM Network Provider Type Code DEERS Length=1 PCM Enrolling Division DMIS Identifier DEERS Length=4

44. Segment DTP

ID	REF	Element Name	Attributes	Value	Description
01	374	Date/Time Qualifier	R/R ID 3/3	193	193= Period Start Date
02	1250	Date/Time Format Qualifier	R/R ID 2/3	D8	Date Format
03	1251	Date (CCYYMMDD)	R/R AN 1/35		PCM Selection Begin Calendar Date DEERS Length=8

45. Segment DTP

ID	REF	Element Name	Attributes	Value	Description
01	374	Date/Time Qualifier	R/R ID 3/3	194	194= Period End Date
02	1250	Date/Time Format Qualifier	R/R ID 2/3	D8	Date Format
03	1251	Date (CCYYMMDD)	R/R AN 1/35		PCM Selection End Calendar Date DEERS Length=8

271 Transaction Set [Claims Coverage RESPONSE]

46. Segment MSG

ID	REF	Element Name	Attributes	Value	Description
01	933	Free-form Message Text	R/R AN 1/264		PCM Selection End Reason Code DEERS Length=1

47. Segment LS

ID	REF	Element Name	Attributes	Value	Description
01	447	Loop ID Code	R/R AN 1/6		Same Sequential Number as LE01

48. Segment NM1 (2120C-Entity Loop) PCM

ID	REF	Element Name	Attributes	Value	Description
01	98	Entity ID Code	R/R ID 2/3	P3	P3= Primary Care Manager
02	1065	Entity Type Qualifier	R/R ID 1/1	1	1= Person Entity
03	1035	Last Name or Organization Name	S/S AN 1/35		PCM Name DEERS Length=40
08	66	ID Code Qualifier	R/S ID 1/2	SV, FI, 34	SV= Service Provider FI= Federal Tax ID 34= Social Security Number PCM Identifier Type Code DEERS Length=12
09	67	ID Code	R/S AN 2/80		PCM Identifier DEERS Length=13

271 Transaction Set [Claims Coverage RESPONSE]

49. Segment N4

ID	REF	Element Name	Attributes	Value	Description
05	309	Location Qualifier	R/N ID 1/2	RJ	RJ= Region Qualifier
06	310	Location Identifier	R/N AN 1/30		PCM Region Identifier DEERS Length=4

50. Segment PER (Optional)

ID	REF	Element Name	Attributes	Value	Description
01	366	Contact ID	R/R ID 2/2	IC	IC= Information Contact
03	365	Communications Qualifier	R/S ID 2/2	TE	Telephone
04	364	Communication Number	R/S AN 1/80		PCM Telephone Number Code DEERS Length=14

51. Segment LE

ID	REF	Element Name	Attributes	Value	Description
01	447	Loop ID Code	R/R AN 1/6		Same Sequential Number as LS01

271 Transaction Set [Claims Coverage RESPONSE]

52. Segment EB (2110C-Eligibility Loop) OHI

ID	REF	Element Name	Attributes	Value	Description
01	1390	Eligibility or Benefit Information	R/R ID 1/2	**A**	1= Active Coverage (HCC Enrollment Status Code) 5= Active Coverage Pending Investigation (HCC Enrollment Status Code) **A= Co-Insurance (OHI, OGP)** F= Limitations (NAS) L= PCM
03	1365	Inquiry Service Type Code	R/S ID 1/2	**30**, 35	**30= Health (Claims Eligibility response)** 35= Dental HCDP Type Code DEERS Length=1
04	1336	Insurance Type Code	S/S ID 1/3	**SP**	C1= Commercial (Eligibility) **SP= Supplemental Policy (OHI)** HN= Medicare HMO (OGP) MA= Medicare Part A (OGP) MB= Medicare Part B (OGP) AB= CHAMPVA (OGP)

53. Segment REF

ID	REF	Element Name	Attributes	Value	Description
01	128	Reference ID Qualifier	R/R ID 2/3	IG	IG= Insurance Policy Number Qualifier
02	127	Reference ID	R/R AN 1/30		OHI Policy Identifier DEERS Length=26

271 Transaction Set [Claims Coverage RESPONSE]

54. Segment REF

ID	REF	Element Name	Attributes	Value	Description
01	128	Reference ID Qualifier	R/R ID 2/3	R	R= Additional Payer (Detailed OHI Information)
02	127	Reference ID (*8-field concatenation*)	R/R AN 1/30		1= OHI Medical Coverage Indicator Code 35= OHI Dental Care Coverage Indicator Code 48= OHI Inpatient Hospital Coverage Indicator Code 50= OHI Outpatient Hospital Coverage Indicator Code 54= OHI Long Term Care Coverage Indicator Code 88= OHI Pharmacy Coverage Indicator Code A4= OHI Mental Health Coverage Indicator Code AL= OHI Vision Coverage Indicator Code DEERS Length=16

55. Segment DTP

ID	REF	Element Name	Attributes	Value	Description
01	374	Date/Time Qualifier	R/R ID 3/3	290	290= Coordination of Benefits Qualifier
02	1250	Date/Time Format Qualifier	R/R ID 2/3	RD8	Date Range Format
03	1251	Date (CCYYMMDD-CCYYMMDD)	R/R AN 1/35		OHI Effective Calendar Date OHI Expiration Calendar Date DEERS Length=17

271 Transaction Set [Claims Coverage RESPONSE]

56. Segment DTP

ID	REF	Element Name	Attributes	Value	Description
01	374	Date/Time Qualifier	R/R ID 3/3	193	472= Service (Date Last Update) Qualifier
02	1250	Date/Time Format Qualifier	R/R ID 2/3	D8	Date Format
03	1251	Date (CCYYMMDD)	R/R AN 1/35		OHI Last Update Calendar Date DEERS Length=8

57. Segment LS

ID	REF	Element Name	Attributes	Value	Description
01	447	Loop ID Code	R/R AN 1/6		Same Sequential Number as LE01

58. Segment NM1 (2120C-Entity Loop) OHI

ID	REF	Element Name	Attributes	Value	Description
01	98	Entity ID Code	R/R ID 2/3	PR	PR= Payer
02	1065	Entity Type Qualifier	R/R ID 1/1	2	2= Non-Person Entity
03	1035	Last Name or Organization Name	R/S AN 1/35		OHI Last Update System Name
08	66	ID Code Qualifier	R/S ID 1/2	PI	PI= Payer ID
09	67	ID Code	R/S AN 2/80		OHI Carrier Identifier DEERS Length=9

59. Segment LE

ID	REF	Element Name	Attributes	Value	Description
01	447	Loop ID Code	R/R AN 1/6		Same Sequential Number as LS01

271 Transaction Set [Claims Coverage RESPONSE]

60. Segment EB (2110C-Eligibility Loop) OGP

ID	REF	Element Name	Attributes	Value	Description
01	1390	Eligibility or Benefit Information	R/R ID 1/2	**A**	1= Active Coverage (HCC Enrollment Status Code) 5= Active Coverage Pending Investigation (HCC Enrollment Status Code) **A= Co-Insurance (OHI, OGP)** F= Limitations (NAS L= PCM
03	1365	Inquiry Service Type Code	R/S ID 1/2	**30**	**30= Health(Claims Eligibility response)** HCDP Type Code DEERS Length=1
04	1336	Insurance Type Code	S/S ID 1/3	HN, MA, MB, AB	C1= Commercial (Eligibility) SP= Supplemental Policy (OHI) **HN= Medicare HMO (OGP)** **MA= Medicare Part A (OGP)** **MB= Medicare Part B (OGP)** **AB= CHAMPVA (OGP)** OGP Type Code DEERS Length=1

271 Transaction Set [Claims Coverage RESPONSE]

61. Segment DTP

ID	REF	Element Name	Attributes	Value	Description
01	374	Date/Time Qualifier	R/R ID 3/3	193	193= Period Start Date
02	1250	Date/Time Format Qualifier	R/R ID 2/3	D8	Date Format
03	1251	Date (CCYYMMDD)	R/R AN 1/35		OGP Effective Calendar Date DEERS Length=8

62. Segment DTP (Optional)

ID	REF	Element Name	Attributes	Value	Description
01	374	Date/Time Qualifier	R/R ID 3/3	194	194= Period End Date
02	1250	Date/Time Format Qualifier	R/R ID 2/3	D8	Date Format
03	1251	Date (CCYYMMDD)	R/R AN 1/35		OGP Expiration Calendar Date DEERS Length=8

63. Segment MSG

ID	REF	Element Name	Attributes	Value	Description
01	933	Free-form Message Text	R/R AN 1/264		OGP Begin Reason Code DEERS Length=1

271 Transaction Set [Claims Coverage RESPONSE]

64. Segment EB (2110C-Eligibility Loop) NAS

ID	REF	Element Name	Attributes	Value	Description
01	1390	Eligibility or Benefit Information	R/R ID 1/2	**F**	1= Active Coverage (HCC Enrollment Status Code) 5= Active Coverage Pending Investigation (HCC Enrollment Status Code) A= Co-Insurance (OHI, OGP) **F= Limitations (NAS)** L= PCM
03	1365	Inquiry Service Type Code	R/S ID 1/2	30	**30= Health(Claims Eligibility response)** 35= Dental HCDP Type Code DEERS Length=1
04	1336	Insurance Type Code	S/S ID 1/3	**OT**	**Other** (NAS)

65. Segment REF

ID	REF	Element Name	Attributes	Value	Description
01	128	Reference ID Qualifier	R/R ID 2/3	9F	9F= Referral Number Qualifier
02	127	Reference ID	R/R AN 1/30		NAS Identifier DEERS Length=16

271 Transaction Set [Claims Coverage RESPONSE]

66. Segment DTP

ID	REF	Element Name	Attributes	Value	Description
01	374	Date/Time Qualifier	R/R ID 3/3	348	348= Benefit Begin Date (NAS Issue Calendar Date Qualifier)
02	1250	Date/Time Format Qualifier	R/R ID 2/3	D8	Date Format
03	1251	Date (CCYYMMDD)	R/R AN 1/35		NAS Issue Calendar Date DEERS Length=8

67. Segment DTP

ID	REF	Element Name	Attributes	Value	Description
01	374	Date/Time Qualifier	R/R ID 3/3	??	??= (NAS Cancel Calendar Date Qualifier)
02	1250	Date/Time Format Qualifier	R/R ID 2/3	D8	Date Format
03	1251	Date (CCYYMMDD)	R/R AN 1/35		NAS Cancel Calendar Date DEERS Length=8

68. Segment LS

ID	REF	Element Name	Attributes	Value	Description
01	447	Loop ID Code	R/R AN 1/6		Same Sequential Number as LE01

271 Transaction Set [Claims Coverage RESPONSE]

69. Segment NM1 (2120C-Entity Loop) NAS Issuing

ID	REF	Element Name	Attributes	Value	Description
01	98	Entity ID Code	R/R ID 2/3	1P	1P= Provider (NAS Issuing Facility DMIS Identifier)
02	1065	Entity Type Qualifier	R/R ID 1/1	2	2= Non-Person Entity
08	66	ID Code Qualifier	R/S ID 1/2	SV	SV= Service Provider
09	67	ID Code	R/S AN 2/80		NAS Issuing Facility DMIS Identifier DEERS Length=4

70. Segment LE

ID	REF	Element Name	Attributes	Value	Description
01	447	Loop ID Code	R/R AN 1/6		Same Sequential Number as LS01

71. Segment HL (2000D-Dependent Level) **[The Dependent Level is only returned if it was requested.]**

ID	REF	Element Name	Attributes	Value	Description
01	628	Hierarchical ID Number	R/R AN 1/12	4	4= Incremental
02	734	Hierarchical Parent ID Number	R/R AN 1/12	2	Identifies the hierarchical level to which this level is subordinate
03	735	Hierarchical Level Code	R/R ID 1/2	23	23= Dependent
04	736	Hierarchical Child Code	R/R ID 1/1	0	Additional subordinate HL data segment in this hierarchical structure

271 Transaction Set [Claims Coverage RESPONSE]

72. Segment TRN

ID	REF	Element Name	Attributes	Value	Description
01	481	Trace Type Code	R/R ID 1/2		1= Current Transaction Trace Number 2= Reference Transaction Trace Number
02	127	Reference ID	R/R AN 1/30		Catastrophic Cap/ Deductible Detail Type Code DEERS Length=1 Catastrophic Cap/ Deductible Detail Identifier DEERS Length=12
03	509	Originating Company ID	S/S AN 10/10		Catastrophic Cap/Deductible Detail Lock Source System Identifier DEERS Length=10
04	127	Reference ID	S/S AN 1/30		Lock Acceptance/Denied Identifier Catastrophic Cap/Deductible Detail Lock Calendar Date and Time DEERS Length=30

271 Transaction Set [Claims Coverage RESPONSE]

73. Segment NM1 (2100D-Dependent Name Loop)

ID	REF	Element Name	Attributes	Value	Description
01	98	Entity ID Code	R/R ID 2/3	03	03= Dependent
02	1065	Entity Type Qualifier	R/R ID 1/1	1	1= Person Entity
03	1035	Last Name or Organization Name	R/S AN 1/35		Person Last Name DEERS Length=26
04	1036	First Name	R/S AN 1/25		Person First Name DEERS Length=20
05	1037	Middle Initial	R/S AN 1/25		Person Middle Name DEERS Length=20
07	1039	Suffix	R/S AN 1/10		Person Cadency Name DEERS Length=4
08	66	ID Code Qualifier	R/S ID 1/2	ZZ	ZZ= Mutually Defined (Qualifier)
09	67	ID Code	R/S AN 2/80		B= Beneficiary DEERS ID Person Identifier DEERS Length=11

74. Segment REF

ID	REF	Element Name	Attributes	Value	Description
01	128	Reference ID Qualifier	R/R ID 2/3	SY, HJ	SY= Social Security Number HJ= Identity Card Number
02	127	Reference ID (*2-field concatenation*)	R/R AN 1/30		S= Social Security Number F= Foreign Identification D= Temporary ID Person Identifier Type Code DEERS Length=1 Person Identifier DEERS Length=11

271 Transaction Set [Claims Coverage RESPONSE]

75. Segment REF

ID	REF	Element Name	Attributes	Value	Description
01	128	Reference ID Qualifier	R/R ID 2/3	MRC	MRC= Member Relationship Category Qualifier
02	127	Reference ID	R/R AN 1/30		HCC Member Relationship Code DEERS Length=1

76. Segment N3

ID	REF	Element Name	Attributes	Value	Description
01	166	Mailing Address - Line 1	R/R AN 1/55		Mailing Address Line 1 Text DEERS Length=40
02	166	Mailing Address - Line 2	S/S AN 1/55		Mailing Address Line 2 Text DEERS Length=40

271 Transaction Set [Claims Coverage RESPONSE]

77. Segment N4

ID	REF	Element Name	Attributes	Value	Description
01	19	City Name	R/S AN 2/30		Mailing Address City Name DEERS Length=20
02	156	State Code	R/S ID 2/2		Mailing Address State Code DEERS Length=2
03	116	ZIP Code (*2-field concatenation*)	R/S ID 3/15		Mailing Address Postal Region ZIP Code DEERS Length=5 Mailing Address Postal Region ZIP Extension Code DEERS Length=4
04	26	Country Code	R/S ID 2/3		Mailing Address Country Code DEERS Length=2

78. Segment PER

ID	REF	Element Name	Attributes	Value	Description
01	366	Contact ID	R/R ID 2/2	IC	IC= Information Contact
03	365	Communications Qualifier	R/S ID 2/2	HP	Home Telephone
04	364	Communication Number	R/S AN 1/80		Home Telephone Number Code DEERS Length=14
05	365	Communications Qualifier	R/S ID 2/2	WP	Work Telephone
06	364	Communication Number	R/S AN 1/80		Work Telephone Number Code DEERS Length=14
07	365	Communications Qualifier	R/S ID 2/2	FX	Facsimile
08	364	Communication Number	R/S AN 1/80		FAX Telephone Number Code DEERS Length=14

271 Transaction Set [Claims Coverage RESPONSE]

79. Segment DMG

ID	REF	Element Name	Attributes	Value	Description
01	1250	Date/Time Format Qualifier	R/S ID 2/3	D8	D8= Date Format Qualifier
02	1251	Birth Date (CCYYMMDD)	R/S AN 1/35		Person Birth Date DEERS Length=8
03	1068	Gender Code	R/S ID 1/1	M, F, U	M= Male F= Female U= Other Person Sex Code DEERS Length=1

80. Segment DTP

ID	REF	Element Name	Attributes	Value	Description
01	374	Date/Time Qualifier	R/R ID 3/3	152	152= Effective Date of Change (Mailing Address Date)
02	1250	Date/Time Format Qualifier	R/R ID 2/3	D8	Date Format
03	1251	Date (CCYYMMDD)	R/R AN 1/35		Mailing Address Date DEERS Length=8

271 Transaction Set [Claims Coverage RESPONSE]

81. Segment EB (2110D-Eligibility Loop) Individual, Fiscal Year, Deductible

ID	REF	Element Name	Attributes	Value	Description
01	1390	Eligibility or Benefit Information	R/R ID 1/2	**C**	**C= Deductible** G= Stop Loss (Catastrophic Cap)
02	1207	Coverage Level Code	R/S ID 3/3	**IND**	FAM= Family Level Information **IND= Individual Level Information**
03	1365	Inquiry Service Type Code	R/S ID 1/2	**9**	**9= Other Medical (Catastrophic Cap/Deductible Totals Inquiry Response)**
04	1336	Insurance Type Code	R/S ID 1/3	**IN**	**IN= Indemnity (TRICARE Standard)** HM= Health Maintenance Organization (TRICARE Prime) PS= Point of Service
07	782	Monetary Amount	R/S R 1/18		Individual Fiscal Year Deductible Cumulative Amount DEERS Length=7

82. Segment DTP

ID	REF	Element Name	Attributes	Value	Description
01	374	Date/Time Qualifier	R/R ID 3/3	193	193= Period Start Date
02	1250	Date/Time Format Qualifier	R/R ID 2/3	D8	Date Format
03	1251	Date (CCYY)	R/R AN 1/35		Fiscal Year Code DEERS Length=4

271 Transaction Set [Claims Coverage RESPONSE]

83. Segment EB (2110D-Eligibility Loop) Individual, CHCBP, Deductible

ID	REF	Element Name	Attributes	Value	Description
01	1390	Eligibility or Benefit Information	R/R ID 1/2	**G**	C= Deductible **G= Stop Loss (Catastrophic Cap)**
02	1207	Coverage Level Code	R/S ID 3/3	**IND**	FAM= Family Level Information **IND= Individual Level Information**
03	1365	Inquiry Service Type Code	R/S ID 1/2	**9**	**9= Other Medical (Catastrophic Cap/Deductible Totals Inquiry Response)**
04	1336	Insurance Type Code	R/S ID 1/3	**IN**	**IN= Indemnity (TRICARE Standard)** HM= Health Maintenance Organization (TRICARE Prime) PS= Point of Service
07	782	Monetary Amount	R/S R 1/18		Individual CHCBP Fiscal Year Deductible Cumulative Amount DEERS Length=7

84. Segment DTP

ID	REF	Element Name	Attributes	Value	Description
01	374	Date/Time Qualifier	R/R ID 3/3	193	193= Period Start Date
02	1250	Date/Time Format Qualifier	R/R ID 2/3	D8	Date Format
03	1251	Date (CCYY)	R/R AN 1/35		Fiscal Year Code DEERS Length=4

271 Transaction Set [Claims Coverage RESPONSE]

85. Segment EB (2110D-Eligibility Loop) Individual, Point of Service, Deductible

ID	REF	Element Name	Attributes	Value	Description
01	1390	Eligibility or Benefit Information	R/R ID 1/2	**C**	**C= Deductible** G= Stop Loss (Catastrophic Cap)
02	1207	Coverage Level Code	R/S ID 3/3	**IND**	FAM= Family Level Information **IND= Individual Level Information**
03	1365	Inquiry Service Type Code	R/S ID 1/2	**30**	**30= Health**
04	1336	Insurance Type Code	R/S ID 1/3	**PS**	IN= Indemnity (TRICARE Standard) HM= Health Maintenance Organization (TRICARE Prime) **PS= Point of Service**
07	782	Monetary Amount	R/S R 1/18		Individual Point of Service Enrollment Year Deductible Cumulative Amount DEERS Length=7

86. Segment DTP

ID	REF	Element Name	Attributes	Value	Description
01	374	Date/Time Qualifier	R/R ID 3/3	193	193= Period Start Date
02	1250	Date/Time Format Qualifier	R/R ID 2/3	D8	Date Format
03	1251	Date (CCYYMMDD)	R/R AN 1/35		Individual Prime Enrollment Begin Calendar Date DEERS Length=8

271 Transaction Set [Claims Coverage RESPONSE]

87. Segment DTP

ID	REF	Element Name	Attributes	Value	Description
01	374	Date/Time Qualifier	R/R ID 3/3	193	194= Period End Date
02	1250	Date/Time Format Qualifier	R/R ID 2/3	D8	Date Format
03	1251	Date (CCYYMMDD)	R/R AN 1/35		Individual Prime Enrollment End Calendar Date DEERS Length=8

271 Transaction Set [Claims Coverage RESPONSE]

88. Segment EB (2110D-Eligibility Loop) Health Care Coverage

ID	REF	Element Name	Attributes	Value	Description
01	1390	Eligibility or Benefit Information	R/R ID 1/2	**1**, 5	**1= Active Coverage** (HCC Enrollment Status Code) 5= Active Coverage Pending Investigation (HCC Enrollment Status Code) A= Co-Insurance (OHI, OGP) F= Limitations (NAS) L= PCM
03	1365	Inquiry Service Type Code	R/S ID 1/2	**30**, 35	**30= Health (Claim Eligibility response)** 35= Dental HCDP Type Code DEERS Length=1
05	1204	Plan Coverage Description (4-field concatenation)	S/S AN 1/50		HCC Copayment Factor Code DEERS Length=1 HCC Special Entitlement Code DEERS Length=1 HCC Member Category Code DEERS Length=1 HCC Service Code DEERS Length=1 HCC Pay Plan Code DEERS Length=2 HCC Pay Grade Code DEERS Length=2

271 Transaction Set [Claims Coverage RESPONSE]

89. Segment REF

ID	REF	Element Name	Attributes	Value	Description
01	128	Reference ID Qualifier	R/R ID 2/3	1L	1L= Policy # Qualifier
02	127	Reference ID	R/R AN 1/30		HCDP Plan Coverage Code DEERS Length=2

90. Segment REF

ID	REF	Element Name	Attributes	Value	Description
01	128	Reference ID Qualifier	R/R ID 2/3	MRC	MRC= Member Relationship Category Qualifier
02	127	Reference ID	R/R AN 1/30		HCC Member Relationship Code DEERS Length=1

91. Segment DTP

ID	REF	Element Name	Attributes	Value	Description
01	374	Date/Time Qualifier	R/R ID 3/3	356	356= Eligibility Begin Date
02	1250	Date/Time Format Qualifier	R/R ID 2/3	D8	Date Format
03	1251	Date (CCYYMMDD)	R/R AN 1/35		HCC Begin Calendar Date DEERS Length=8

271 Transaction Set [Claims Coverage RESPONSE]

92. Segment DTP

ID	REF	Element Name	Attributes	Value	Description
01	374	Date/Time Qualifier	R/R ID 3/3	357	357= Eligibility End Date
02	1250	Date/Time Format Qualifier	R/R ID 2/3	D8	Date Format
03	1251	Date (CCYYMMDD)	R/R AN 1/35		HCC End Calendar Date DEERS Length=8

93. Segment MSG

ID	REF	Element Name	Attributes	Value	Description
01	933	Free-form Message Text	R/R AN 1/264		HCC End Reason Code DEERS Length=1

94. Segment EB (2110D-Eligibility Loop) PCM

ID	REF	Element Name	Attributes	Value	Description
01	1390	Eligibility or Benefit Information	R/R ID 1/2	**L**	1= Active Coverage (HCC Enrollment Status Code) 5= Active Coverage Pending Investigation (HCC Enrollment Status Code) A= Co-Insurance (OHI, OGP) F= Limitations (NAS) **L= PCM**
03	1365	Inquiry Service Type Code	R/S ID 1/2	**30**, 35	**30= Health(Claims Eligibility response)** 35= Dental HCDP Type Code DEERS Length=1

271 Transaction Set [Claims Coverage RESPONSE]

95. Segment REF

ID	REF	Element Name	Attributes	Value	Description
01	128	Reference ID Qualifier	R/R ID 2/3	N6	Plan Network Identification Number
02	127	Reference ID (*2-field concatenation*)	R/R AN 1/30		D= Direct Care C= Civilian U= USFHP N= None PCM Network Provider Type Code DEERS Length=1 PCM Enrolling Division DMIS Identifier DEERS Length=4

96. Segment DTP

ID	REF	Element Name	Attributes	Value	Description
01	374	Date/Time Qualifier	R/R ID 3/3	193	193= Period Start Date
02	1250	Date/Time Format Qualifier	R/R ID 2/3	D8	Date Format
03	1251	Date (CCYYMMDD)	R/R AN 1/35		PCM Selection Begin Calendar Date DEERS Length=8

97. Segment DTP

ID	REF	Element Name	Attributes	Value	Description
01	374	Date/Time Qualifier	R/R ID 3/3	194	194= Period End Date
02	1250	Date/Time Format Qualifier	R/R ID 2/3	D8	Date Format
03	1251	Date (CCYYMMDD)	R/R AN 1/35		PCM Selection End Calendar Date DEERS Length=8

271 Transaction Set [Claims Coverage RESPONSE]

98. Segment MSG

ID	REF	Element Name	Attributes	Value	Description
01	933	Free-form Message Text	R/R AN 1/264		PCM Selection End Reason Code DEERS Length=1

99. Segment LS

ID	REF	Element Name	Attributes	Value	Description
01	447	Loop ID Code	R/R AN 1/6		Same Sequential Number as LE01

100. Segment NM1 (2120D-Entity Loop) PCM

ID	REF	Element Name	Attributes	Value	Description
01	98	Entity ID Code	R/R ID 2/3	P3	P3= Primary Care Manager
02	1065	Entity Type Qualifier	R/R ID 1/1	1	1= Person Entity
03	1035	Last Name or Organization Name	S/S AN 1/35		PCM Name DEERS Length=40
08	66	ID Code Qualifier	R/R ID 1/2	SV, FI, 34	SV= Service Provider FI= Federal Tax ID 34= Social Security Number PCM Identifier Type Code DEERS Length=12
09	67	ID Code	R/R AN 2/80		PCM Identifier (PCM Name) DEERS Length=13

271 Transaction Set [Claims Coverage RESPONSE]

101. Segment N4

ID	REF	Element Name	Attributes	Value	Description
05	309	Location Qualifier	R/R ID 1/2	RJ	RJ= Region Qualifier
06	310	Location Identifier	R/R AN 1/6		PCM Region Identifier DEERS Length=4

102. Segment PER

ID	REF	Element Name	Attributes	Value	Description
01	366	Contact ID	R/R ID 2/2	IC	IC= Information Contact
03	365	Communications Qualifier	R/S ID 2/2	TE	Telephone
04	364	Communication Number	R/S AN 1/80		PCM Telephone Number Code DEERS Length=14

103. Segment LE

ID	REF	Element Name	Attributes	Value	Description
01	447	Loop ID Code	R/R AN 1/6		Same Sequential Number as LS01

271 Transaction Set [Claims Coverage RESPONSE]

104. Segment EB (2110D-Eligibility Loop) OHI

ID	REF	Element Name	Attributes	Value	Description
01	1390	Eligibility or Benefit Information	R/R ID 1/2	**A**	1= Active Coverage (HCC Enrollment Status Code) 5= Active Coverage Pending Investigation (HCC Enrollment Status Code **A= Co-Insurance (OHI, OGP)** F= Limitations (NAS) L= PCM
03	1365	Inquiry Service Type Code	R/S ID 1/2	**30**, 35	**30= Health (Claims Eligibility response)** 35= Dental HCDP Type Code DEERS Length=1
04	1336	Insurance Type Code	S/S ID 1/3	**SP**	C1= Commercial (Eligibility) **SP= Supplemental Policy (OHI)** HN= Medicare HMO (OGP) MA= Medicare Part A (OGP) MB= Medicare Part B (OGP) AB= CHAMPVA (OGP)

105. Segment REF

ID	REF	Element Name	Attributes	Value	Description
01	128	Reference ID Qualifier	R/R ID 2/3	IG	IG= Insurance Policy Number Qualifier
02	127	Reference ID	R/R AN 1/30		OHI Policy Identifier DEERS Length=26

271 Transaction Set [Claims Coverage RESPONSE]

106. Segment REF

ID	REF	Element Name	Attributes	Value	Description
01	128	Reference ID Qualifier	R/R ID 2/3	R	R= Additional Payer (Detailed OHI Information)
02	127	Reference ID (*8-field concatenation*)	R/R AN 1/30		1= OHI Medical Coverage Indicator Code 35= OHI Dental Care Coverage Indicator Code 48= OHI Inpatient Hospital Coverage Indicator Code 50= OHI Outpatient Hospital Coverage Indicator Code 54= OHI Long Term Care Coverage Indicator Code 88= OHI Pharmacy Coverage Indicator Code A4= OHI Mental Health Coverage Indicator Code AL= OHI Vision Coverage Indicator Code DEERS Length=16

107. Segment DTP

ID	REF	Element Name	Attributes	Value	Description
01	374	Date/Time Qualifier	R/R ID 3/3	290	Coordination of Benefits Qualifier
02	1250	Date/Time Format Qualifier	R/R ID 2/3	RD8	Date Range Format
03	1251	Date CCYYMMDD-CCYYMMDD	R/R AN 1/35		OHI Effective Calendar Date OHI Expiration Calendar Date DEERS Length=17

271 Transaction Set [Claims Coverage RESPONSE]

108. Segment DTP

ID	REF	Element Name	Attributes	Value	Description
01	374	Date/Time Qualifier	R/R ID 3/3	472	472= Service (Date Last Update) Qualifier
02	1250	Date/Time Format Qualifier	R/R ID 2/3	D8	Date Format
03	1251	Date (CCYYMMDD)	R/R AN 1/35		OHI Last Update Calendar Date DEERS Length=8

109. Segment MSG

ID	REF	Element Name	Attributes	Value	Description
01	933	Free-form Message Text	R/R ID 1/264		DEERS Length=1

110. Segment LS

ID	REF	Element Name	Attributes	Value	Description
01	447	Loop ID Code	R/R AN 1/6		Same Sequential Number as LE01

111. Segment NM1 (2120D-Entity Loop) OHI

ID	REF	Element Name	Attributes	Value	Description
01	98	Entity ID Code	R/R ID 2/3	PR	PR= Payer
02	1065	Entity Type Qualifier	R/R ID 1/1	2	2= Non-Person Entity
08	66	ID Code Qualifier	R/R ID 1/2	PI	PI= Payer ID
09	67	ID Code	R/R AN 2/80		OHI Carrier Identifier DEERS Length=9

271 Transaction Set [Claims Coverage RESPONSE]

112. Segment LE

ID	REF	Element Name	Attributes	Value	Description
01	447	Loop ID Code	R/R AN 1/6		Same Sequential Number as LS01

113. Segment EB (2110D-Eligibility Loop) OGP

ID	REF	Element Name	Attributes	Value	Description
01	1390	Eligibility or Benefit Information	R/R ID 1/2	**A**	1= Active Coverage (HCC Enrollment Status Code) 5= Active Coverage Pending Investigation (HCC Enrollment Status Code) **A= Co-Insurance (OHI, OGP)** F= Limitations (NAS) L= PCM
03	1365	Inquiry Service Type Code	R/S ID 1/2	**30**, 35	**30= Health (Claims Eligibility response** 35= Dental HCDP Type Code DEERS Length=1
04	1336	Insurance Type Code	S/S ID 1/3	HN, MA, MB, AB	C1= Commercial (Eligibility) SP= Supplemental Policy (OHI) **HN= Medicare HMO (OGP)** **MA= Medicare Part A (OGP)** **MB= Medicare Part B (OGP)** **AB= CHAMPVA (OGP)** OGP Type Code DEERS Length=1

271 Transaction Set [Claims Coverage RESPONSE]

114. Segment DTP

ID	REF	Element Name	Attributes	Value	Description
01	374	Date/Time Qualifier	R/R ID 3/3	193	193= Period Start Date
02	1250	Date/Time Format Qualifier	R/R ID 2/3	D8	Date Format
03	1251	Date (CCYYMMDD)	R/R AN 1/35		OGP Effective Calendar Date DEERS Length=8

115. Segment DTP (Optional)

ID	REF	Element Name	Attributes	Value	Description
01	374	Date/Time Qualifier	R/R ID 3/3	194	194= Period End Date
02	1250	Date/Time Format Qualifier	R/R ID 2/3	D8	Date Format
03	1251	Date (CCYYMMDD)	R/R AN 1/35		OGP Expiration Calendar Date DEERS Length=8

116. Segment MSG

ID	REF	Element Name	Attributes	Value	Description
01	933	Free-form Message Text	R/R AN 1/264		OGP Begin Reason Code DEERS Length=1

271 Transaction Set [Claims Coverage RESPONSE]

117. Segment EB (2110D-Eligibility Loop) NAS

ID	REF	Element Name	Attributes	Value	Description
01	1390	Eligibility or Benefit Information	R/R ID 1/2	**F**	1= Active Coverage (HCC Enrollment Status Code) 5= Active Coverage Pending Investigation (HCC Enrollment Status Code) A= Co-Insurance (OHI, OGP) **F= Limitations (NAS)** L= PCM
03	1365	Inquiry Service Type Code	R/S ID 1/2	30	**30= Health(Claims Eligibility response)** 35= Dental HCDP Type Code DEERS Length=1
04	1336	Insurance Type Code	S/S ID 1/3	**OT**	**Other** (NAS)

118. Segment REF

ID	REF	Element Name	Attributes	Value	Description
01	128	Reference ID Qualifier	R/R ID 2/3	9F	9F= Referral Number Qualifier
02	127	Reference ID	R/R AN 1/30		NAS Identifier DEERS Length=16

271 Transaction Set [Claims Coverage RESPONSE]

119. Segment DTP

ID	REF	Element Name	Attributes	Value	Description
01	374	Date/Time Qualifier	R/R ID 3/3	348	348= Benefit Begin Date
02	1250	Date/Time Format Qualifier	R/R ID 2/3	D8	Date Format
03	1251	Date (CCYYMMDD)	R/R AN 1/35		NAS Issue Calendar Date DEERS Length=8

120. Segment DTP

ID	REF	Element Name	Attributes	Value	Description
01	374	Date/Time Qualifier	R/R ID 3/3	348	348= Benefit Begin Date
02	1250	Date/Time Format Qualifier	R/R ID 2/3	D8	Date Format
03	1251	Date (CCYYMMDD)	R/R AN 1/35		NAS Cancel Calendar Date DEERS Length=8

121. Segment LS

ID	REF	Element Name	Attributes	Value	Description
01	447	Loop ID Code	R/R AN 1/6		Same Sequential Number as LE01

271 Transaction Set [Claims Coverage RESPONSE]

122. Segment NM1 (2120D-Entity Loop) NAS Issuing

ID	REF	Element Name	Attributes	Value	Description
01	98	Entity ID Code	R/R ID 2/3	1P	1P= Provider (NAS Issuing Facility DMIS Identifier)
02	1065	Entity Type Qualifier	R/R ID 1/1	2	2= Non-Person Entity
08	66	ID Code Qualifier	R/S ID 1/2	SV	SV= Service Provider
09	67	ID Code	R/S AN 2/80		NAS Issuing Facility DMIS Identifier DEERS Length=4

123. Segment LE

ID	REF	Element Name	Attributes	Value	Description
01	447	Loop ID Code	R/R AN 1/6		Same Sequential Number as LS01

Transaction Set Trailer (SE)

ID	REF	Element Name	Attributes	Value	Description
SE01	96	Number of Included Segments	R/R N0 1/10		Total Number of Segments
SE02	329	Transaction Set Control Number	R/R AN 4/9		

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6. 271 Proposed Structure For Partial Match

Segments	*Elements*
ST	01, 02
BHT	01, 02, 03, 04, 05, 06
2000A – *Source*	
HL	01, 02, 03, 04
2100A – *Name*	
NM1	01, 02, 03, , , , , 08, 09
2000B – *Receiver*	
HL	01, 02, 03, 04
2100B – *Name*	
NM1	01, 02, 03, , , , , 08, 09
2000C – *Subscriber*	
HL	01, 02, 03, 04
2100C - Name	
NM1	01, 02, 03, 04, 05, 06, 07,08, 09
REF	01, 02
REF	01, 02
N3	01, 02
N4	01, 02, 03, 04
PER	01, , 03, 04, 05, 06, 07, 08
DMG	01, 02, 03
AAA	01, , 03, 04
DTP	01, 02, 03
DTP	01, 02, 03
2110C – *Eligibility (Military Unit)*	
EB	01
DTP	01, 02, 03
LS	01
2120C – *Entity (Unit)*	
NM1	01, 02, , , , , , 08, 09
N4	, , 03, 04
LE	01
2000D – *Dependent*	
HL	01, 02, 03, 04
2100D – *Name*	
NM1	01, 02, 03, 04, 05, , 07
REF	01, 02
REF	01, 02
N3	01, 02
N4	01, 02, 03, 04
PER	01, , 03, 04, 05, 06, 07, 08
DMG	01, 02, 03
AAA	01, , 03, 04
INS	01, 02
DTP	01, 02, 03
DTP	01, 02, 03
DTP	01, 02, 03
SE	01, 02

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271 Transaction Set (Partial Match)

Segments

Transaction Set Header (ST)

ID	REF	Element Name	Attributes	Value	Description
ST01	143	Transaction Set ID Code	R/R ID 3/3	271	
ST02	329	Transaction Set Control Number	R/R AN 4/9		Control Identifier

1. Segment BHT

ID	REF	Element Name	Attributes	Value	Description
01	1005	Hierarchical Structure Code	R/R ID 4/4	0022	Source Information, Receiver Information, Subscriber, Dependent
02	353	Transaction Set Purpose Code	R/R ID 2/2	11	11= Response
03	127	Reference ID	R/R AN 1/30		Trace Number
04	373	Date (CCYYMMDD)	R/R DT 8/8		Transaction Online Date DEERS Length=8
05	337	Time (HHMMSS)	R/R TM 4/8		Transaction Online Time DEERS Length=6
06	640	Transaction Type Code	R/R ID 2/2	18	18= Response

2. Segment HL (2000A-Source Level)

ID	REF	Element Name	Attributes	Value	Description
01	628	Hierarchical ID Number	R/R AN 1/12	01	01= Sequential
02	734	Hierarchical Parent ID Number	R/R AN 1/12	0	Indicates that no parent hierarchical levels exist
03	735	Hierarchical Level Code	R/R ID 1/2	20	20= Source Information
04	736	Hierarchical Child Code	R/R ID 1/1	1	Additional subordinate HL data segment in this hierarchical structure

271 Transaction Set (Partial Match)

3. Segment NM1 (2100A-Source Name Loop)

ID	REF	Element Name	Attributes	Value	Description
01	98	Entity ID Code	R/R ID 2/3	P5	P5= Plan Sponsor
02	1065	Entity Type Qualifier	R/R ID 1/1	2	2= Non-Person Entity
03	1035	Last Name or Organization Name	S/S AN 1/35	DoD	Organization Name
08	66	ID Code Qualifier	R/R ID 1/2	46	46= ETIN Qualifier
09	67	ID Code	R/R AN 2/80		Electronic Transmitter ID Number (ETIN)

4. Segment HL (2000B-Receiver Level)

ID	REF	Element Name	Attributes	Value	Description
01	628	Hierarchical ID Number	R/R AN 1/12	02	02= Incremental
02	734	Hierarchical Parent ID Number	R/R AN 1/12	1	Identifies the hierarchical level to which this level is subordinate
03	735	Hierarchical Level Code	R/R ID 1/2	21	21= Receiver Information
04	736	Hierarchical Child Code	R/R ID 1/1	1	Additional subordinate HL data segment in this hierarchical structure

5. Segment NM1 (2100B-Receiver Name Loop)

ID	REF	Element Name	Attributes	Value	Description
01	98	Entity ID Code	R/R ID 2/3	1P	1P= Provider
02	1065	Entity Type Qualifier	R/R ID 1/1	2	2= Non-Person Entity
03	1035	Last Name or Organization Name	R/S AN 1/35	MCSC, MTF	Organization Name
08	66	ID Code Qualifier	R/R ID 1/2	SV	SV= Service Provider
09	67	ID Code Assigned by DEERS	R/R AN 2/80		Site Identifier DEERS Length=6

271 Transaction Set (Partial Match)

6. Segment HL (2000C-Subscriber Level) **[The Subscriber Level is always returned.]**

ID	REF	Element Name	Attributes	Value	Description
01	628	Hierarchical ID Number	R/R AN 1/12	03	03= Incremental
02	734	Hierarchical Parent ID Number	R/R AN 1/12	2	Identifies the hierarchical level to which this level is subordinate
03	735	Hierarchical Level Code	R/R ID 1/2	22	22= Subscriber
04	736	Hierarchical Child Code	R/R ID 1/1	1	Additional subordinate HL data segment in this hierarchical structure

7. Segment NM1 (2100C-Subscriber Name Loop)

ID	REF	Element Name	Attributes	Value	Description
01	98	Entity ID Code	R/R ID 2/3	IL	IL= Insured/Subscriber
02	1065	Entity Type Qualifier	R/R ID 1/1	1	1= Person Entity
03	1035	Last Name or Organization Name	R/S AN 1/35		Person Last Name DEERS Length=26
04	1036	First Name	R/S AN 1/25		Person First Name DEERS Length=20
05	1037	Middle Initial	R/S AN 1/25		Person Middle Name DEERS Length=20
06	1038	Prefix	R/S AN 1/10		Rank Code DEERS Length=6
07	1039	Suffix	R/S AN 1/10		Person Cadency Name DEERS Length=4
08	66	ID Code Qualifier	R/S ID 1/2	ZZ	ZZ= Mutually Defined (Qualifier)
09	67	ID Code (*2-field concatenation*)	R/S AN 2/80		B= Beneficiary DEERS ID Person Identifier Type Code DEERS Length=1 Person Identifier DEERS Length=11

271 Transaction Set (Partial Match)

8. Segment REF

ID	REF	Element Name	Attributes	Value	Description
01	128	Reference ID Qualifier	R/R ID 2/3	HJ, SY	SY= Social Security Number HJ= Identity Card Number
02	127	Reference ID (*2-field concatenation*)	R/R AN 1/30		S= Social Security Number F= Foreign Identification D= Temporary ID Person Identifier Type Code DEERS Length=1 Inquiry Person Identifier DEERS Length=11

9. Segment REF

ID	REF	Element Name	Attributes	Value	Description
01	128	Reference ID Qualifier	R/R ID 2/3	ML	ML= Military Qualifier
02	127	Reference ID (*4-field concatenation*)	R/R AN 1/30		HCC Personnel Category Code DEERS Length=1 HCC Service Code DEERS Length=1 HCC Pay Plan Code DEERS Length=2 HCC Pay Grade Code DEERS Length=2

271 Transaction Set (Partial Match)

10. Segment N3

ID	REF	Element Name	Attributes	Value	Description
01	166	Mailing Address - Line 1	R/R AN 1/55		Mailing Address Line 1 Text DEERS Length=40
02	166	Mailing Address - Line 2	S/S AN 1/55		Mailing Address Line 2 Text DEERS Length=40

11. Segment N4

ID	REF	Element Name	Attributes	Value	Description
01	19	City Name	R/S AN 2/30		Mailing Address City Name DEERS Length=20
02	156	State Code	R/S ID 2/2		Mailing Address State Code DEERS Length=2
03	116	ZIP Code (*2-field concatenation*)	R/S ID 3/15		Mailing Address Postal Region ZIP Code DEERS Length=5 Mailing Address Postal Region ZIP Extension Code DEERS Length=4
04	26	Country Code	R/S ID 2/3		Mailing Address Country Code DEERS Length=2

271 Transaction Set (Partial Match)

12. Segment PER

ID	REF	Element Name	Attributes	Value	Description
01	366	Contact ID	R/R ID 2/2	IC	IC= Information Contact
03	365	Communications Qualifier	R/S ID 2/2	HP	Home Telephone
04	364	Communication Number	R/S AN 1/80		Home Telephone Number Code DEERS Length=14
05	365	Communications Qualifier	R/S ID 2/2	WP	Work Telephone
06	364	Communication Number	R/S AN 1/80		Work Telephone Number Code DEERS Length=14
07	365	Communications Qualifier	R/S ID 2/2	FX	Facsimile
08	364	Communication Number	R/S AN 1/80		FAX Telephone Number Code DEERS Length=14

13. Segment DMG

ID	REF	Element Name	Attributes	Value	Description
01	1250	Date/Time Format Qualifier	R/S ID 2/3	D8	D8= Date Format Qualifier
02	1251	Birth Date (CCYYMMDD)	R/S AN 1/35		Person Birth Date DEERS Length=8
03	1068	Gender Code	R/S ID 1/1	M, F, U	M= Male F= Female U= Other Person Sex Code DEERS Length=1

271 Transaction Set (Partial Match)

14. Segment AAA **[Optional Error Handling]**

ID	REF	Element Name	Attributes	Value	Description
01	1073	Yes/No Condition Response Code	R/R ID 1/1	Y or N	Code used to indicate if the 270 Inquiry request was valid
03	901	Reject Reason Code	R/R ID 2/2	79	79= Invalid Participant Identification
04	889	Follow-up Action Code	R/R ID 1/1	C	C= Correct and Resubmit

15. Segment DTP

ID	REF	Element Name	Attributes	Value	Description
01	374	Date/Time Qualifier	R/R ID 3/3	152	152= Effective Date of Change (Mailing Address Date)
02	1250	Date/Time Format Qualifier	R/R ID 2/3	D8	Date Format
03	1251	Date (CCYYMMDD)	R/R AN 1/35		Mailing Address Date DEERS Length=8

16. Segment DTP (If applicable)

ID	REF	Element Name	Attributes	Value	Description
01	374	Date/Time Qualifier	R/R ID 3/3	442	Date of Death Qualifier
02	1250	Date/Time Format Qualifier	R/R ID 2/3	D8	Date Format
03	1251	Date (CCYYMMDD)	R/R AN 1/35		Date of Death DEERS Length=8

17. Segment EB (2110C-Eligibility Loop) Personnel

ID	REF	Element Name	Attributes	Value	Description
01	1390	Eligibility or Benefit Information	R/R ID 1/2	**W**	**W= Other Source of Data (Personnel)**

271 Transaction Set (Partial Match)

18. Segment DTP

ID	REF	Element Name	Attributes	Value	Description
01	374	Date/Time Qualifier	R/R ID 3/3	193	193= Period Start Date (Pay Grade Date)
02	1250	Date/Time Format Qualifier	R/R ID 2/3	D8	Date Format
03	1251	Date (CCYYMMDD)	R/R AN 1/35		Pay Grade Date DEERS Length=8

19. Segment LS

ID	REF	Element Name	Attributes	Value	Description
01	447	Loop ID Code	R/R AN 1/6		Same Sequential Number as LE01

20. Segment NM1 (2120C-Entity Loop) Unit

ID	REF	Element Name	Attributes	Value	Description
01	98	Entity ID Code	R/R ID 2/3	36	36= Employer
02	1065	Entity Type Qualifier	R/R ID 1/1	2	2= Non-Person Entity
08	66	ID Code Qualifier	R/S ID 1/2	SV	SV= Service Provider
09	67	ID Code	R/S AN 2/80		Unit Identification Code DEERS Length=8

271 Transaction Set (Partial Match)

21. Segment N4

ID	REF	Element Name	Attributes	Value	Description
03	116	ZIP Code (*2-field concatenation*)	R/S ID 3/15		Work Location Postal Region ZIP Code DEERS Length=5 Work Location Postal Region ZIP Extension Code DEERS Length=4
04	26	Country Code	R/S ID 2/3		Work Location Country Code DEERS Length=2

22. Segment LE

ID	REF	Element Name	Attributes	Value	Description
01	447	Loop ID Code	R/R AN 1/6		Same Sequential Number as LS01

23. Segment HL (2000D-Dependent Level) **[The Dependent Level is only returned if it was requested.]**

ID	REF	Element Name	Attributes	Value	Description
01	628	Hierarchical ID Number	R/R AN 1/12	4	4= Incremental
02	734	Hierarchical Parent ID Number	R/R AN 1/12	2	Identifies the hierarchical level to which this level is subordinate
03	735	Hierarchical Level Code	R/R ID 1/2	23	23= Dependent
04	736	Hierarchical Child Code	R/R ID 1/1	0	Additional subordinate HL data segment in this hierarchical structure

271 Transaction Set (Partial Match)

24. Segment NM1 (2100D-Dependent Name Loop)

ID	REF	Element Name	Attributes	Value	Description
01	98	Entity ID Code	R/R ID 2/3	03	03= Dependent
02	1065	Entity Type Qualifier	R/R ID 1/1	1	1= Person Entity
03	1035	Last Name or Organization Name	R/S AN 1/35		Person Last Name DEERS Length=26
04	1036	First Name	R/S AN 1/25		Person First Name DEERS Length=20
05	1037	Middle Initial	R/S AN 1/25		Person Middle Name DEERS Length=20
07	1039	Suffix	R/S AN 1/10		Person Cadency Name DEERS Length=4

25. Segment REF

ID	REF	Element Name	Attributes	Value	Description
01	128	Reference ID Qualifier	R/R ID 2/3	SY	SY= Social Security Number Qualifier
02	127	Reference ID	R/R AN 1/30		Social Security Number DEERS Length=11

26. Segment REF

ID	REF	Element Name	Attributes	Value	Description
01	128	Reference ID Qualifier	R/R ID 2/3	HJ	HJ= Identity Card Number Qualifier
02	127	Reference ID (*2-field concatenation*)	R/R AN 1/30		F= Foreign Identification D= Temporary ID Person Identifier Type Code DEERS Length=1 Inquiry Person Identifier DEERS Length=11

271 Transaction Set (Partial Match)

27. Segment N3

ID	REF	Element Name	Attributes	Value	Description
01	166	Mailing Address - Line 1	R/R AN 1/55		Mailing Address Line 1 Text DEERS Length=40
02	166	Mailing Address - Line 2	S/S AN 1/55		Mailing Address Line 2 Text DEERS Length=40

28. Segment N4

ID	REF	Element Name	Attributes	Value	Description
01	19	City Name	R/S AN 2/30		Mailing Address City Name DEERS Length=20
02	156	State Code	R/S ID 2/2		Mailing Address State Code DEERS Length=2
03	116	ZIP Code (*2-field concatenation*)	R/S ID 3/15		Mailing Address Postal Region ZIP Code DEERS Length=5 Mailing Address Postal Region ZIP Extension Code DEERS Length=4
04	26	Country Code	R/S ID 2/3		Mailing Address Country Code DEERS Length=2

271 Transaction Set (Partial Match)

29. Segment PER

ID	REF	Element Name	Attributes	Value	Description
01	366	Contact ID	R/R ID 2/2	IC	IC= Information Contact
03	365	Communications Qualifier	R/S ID 2/2	HP	Home Telephone
04	364	Communication Number	R/S AN 1/80		Home Telephone Number Code DEERS Length=14
05	365	Communications Qualifier	R/S ID 2/2	WP	Work Telephone
06	364	Communication Number	R/S AN 1/80		Work Telephone Number Code DEERS Length=14
07	365	Communications Qualifier	R/S ID 2/2	FX	Facsimile
08	364	Communication Number	R/S AN 1/80		FAX Telephone Number Code DEERS Length=14

30. Segment DMG

ID	REF	Element Name	Attributes	Value	Description
01	1250	Date/Time Format Qualifier	R/S ID 2/3	D8	D8= Date Format Qualifier
02	1251	Birth Date (CCYYMMDD)	R/S AN 1/35		Person Birth Date DEERS Length=8
03	1068	Gender Code	R/S ID 1/1	M, F, U	M= Mail F= Female U= Other Person Sex Code DEERS Length=1

271 Transaction Set (Partial Match)

31. Segment AAA **[Optional Error Handling]**

ID	REF	Element Name	Attributes	Value	Description
01	1073	Yes/No Condition Response Code	R/R ID 1/1	Y or N	Code used to indicate if the 270 Inquiry request was valid
03	901	Reject Reason Code	R/R ID 2/2	79	79= Invalid Participant Identification
04	889	Follow-up Action Code	R/R ID 1/1	C	C= Correct and Resubmit

32. Segment INS

ID	REF	Element Name	Attributes	Value	Description
01	1073	Insured Indicator	R/R ID 1/1	N	N= Insured Person is a Dependent
02	1069	Individual Relationship Code	R/R ID 2/2		Person Association Reason Code DEERS Length=2

33. Segment DTP

ID	REF	Element Name	Attributes	Value	Description
01	374	Date/Time Qualifier	R/R ID 3/3	346	346= Plan Begin Date (Person Association Begin Date)
02	1250	Date/Time Format Qualifier	R/R ID 2/3	D8	Date Format
03	1251	Date (CCYYMMDD)	R/R AN 1/35		Person Association Begin Date DEERS Length=8

271 Transaction Set (Partial Match)

34. Segment DTP

ID	REF	Element Name	Attributes	Value	Description
01	374	Date/Time Qualifier	R/R ID 3/3	347	347= Plan End Date (Person Association End Date)
02	1250	Date/Time Format Qualifier	R/R ID 2/3	D8	Date Format
03	1251	Date (CCYYMMDD)	R/R AN 1/35		Person Association End Date DEERS Length=8

35. Segment DTP

ID	REF	Element Name	Attributes	Value	Description
01	374	Date/Time Qualifier	R/R ID 3/3	152	152= Effective Date of Change (Mailing Address Date)
02	1250	Date/Time Format Qualifier	R/R ID 2/3	D8	Date Format
03	1251	Date (CCYYMMDD)	R/R AN 1/35		Mailing Address Date DEERS Length=8

Transaction Set Trailer (SE)

ID	REF	Element Name	Attributes	Value	Description
SE01	96	Number of Included Segments	R/R N0 1/10		Total Number of Segments
SE02	329	Transaction Set Control Number	R/R AN 4/9		

7. 270 Proposed Structure [Catastrophic Cap/Deductible Totals INQUIRY] *Subscriber Query

Segments	*Elements*
ST	01, 02
BHT	01, 02, 03, 04, 05, 06
2000A – *Source*	
HL	01, 02, 03, 04
2100A – *Source Name*	
NM1	01, 02, 03, , , , , 08, 09
2000B – *Receiver*	
HL	01, 02, 03, 04
2100B – *Receiver Name*	
NM1	01, 02, 03, , , , , 08, 09
2000C – *Subscriber*	
HL	01, 02, 03, 04
TRN	01, 02
2100C – *Subscriber Name*	
NM1	01, 02, 03, , , , , 08, 09
2110C – *Benefit*	
EQ	01, , 03, 04
DTP	01, 02, 03
DTP	01, 02, 03
SE	01, 02

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7. 270 Proposed Structure [Catastrophic Cap/Deductible Totals INQUIRY] *Dependent Query

Segments	*Elements*
ST	01, 02
BHT	01, 02, 03, 04, 05, 06
2000A – *Source*	
HL	01, 02, 03, 04
2100A – *Source Name*	
NM1	01, 02, 03, , , , , 08, 09
2000B – *Receiver*	
HL	01, 02, 03, 04
2100B – *Receiver Name*	
NM1	01, 02, 03, , , , , 08, 09
2000C – *Subscriber*	
HL	01, 02, 03, 04
TRN	01, 02
2100C – *Subscriber Name*	
NM1	01, 02, 03, , , , , 08, 09
2000D – *Dependent*	
HL	01, 02, 03, 04
TRN	01, 02
2100D – *Dependent Name*	
NM1	01, 02
REF	01, 02
2110D – *Benefit*	
EQ	01, , 03, 04
DTP	01, 02, 03
DTP	01, 02, 03
SE	01, 02

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270 Transaction Set [Catastrophic Cap/Deductible Totals INQUIRY] – Dependent Query

Segments

Transaction Set Header (ST)

ID	REF	Element Name	Attributes	Value	Description
ST01	143	Transaction Set ID Code	R/R ID 3/3	270	
ST02	329	Transaction Set Control Number	R/R AN 4/9		Control Identifier

1. Segment BHT

ID	REF	Element Name	Attributes	Value	Description
01	1005	Hierarchical Structure Code	R/R ID 4/4	0022	Source Information, Receiver Information, Subscriber, Dependent
02	353	Transaction Set Purpose Code	R/R ID 2/2	13, 36	13= Request 36= Authority to Deduct (Lock) Catastrophic Cap/ Deductible Lock Access/Update Code DEERS Length=1
03	127	Reference ID	R/R AN 1/30		Trace Number
04	373	Date (CCYYMMDD)	R/R DT 8/8		Transaction Online Date DEERS Length=8
05	337	Time (HHMMSS)	R/R TM 4/8		Transaction Online Time DEERS Length=6
06	640	Transaction Type Code	R/R ID 2/2	15	15= Immediate Response (no follow-up)

270 Transaction Set [Catastrophic Cap/Deductible Totals INQUIRY] – Dependent Query

2. Segment HL (2000A-Source Level)

ID	REF	Element Name	Attributes	Value	Description
01	628	Hierarchical ID Number	R/R AN 1/12	01	01= Sequential
02	734	Hierarchical Parent ID Number	R/R AN 1/12	0	Identifies that no parent hierarchical levels exist
03	735	Hierarchical Level Code	R/R ID 1/2	20	20= Source Information
04	736	Hierarchical Child Code	R/R ID 1/1	1	Additional subordinate HL data segment in this hierarchical structure

3. Segment NM1 (2100A-Source Name Loop)

ID	REF	Element Name	Attributes	Value	Description
01	98	Entity ID Code	R/R ID 2/3	P5	P5= Plan Sponsor
02	1065	Entity Type Qualifier	R/R ID 1/1	2	2= Non-Person Entity
03	1035	Last Name or Organization Name	R/S AN 1/35	DoD	Organization Name
08	66	ID Code Qualifier	R/R ID 1/2	46	46= ETIN Qualifier
09	67	ID Code	R/R AN 2/80		Electronic Transmitter ID Number (ETIN)

4. Segment HL (2000B-Receiver Level)

ID	REF	Element Name	Attributes	Value	Description
01	628	Hierarchical ID Number	R/R AN 1/12	02	02= Incremental
02	734	Hierarchical Parent ID Number	R/S AN 1/12	1	Identifies the hierarchical level to which this level is subordinate
03	735	Hierarchical Level Code	R/R ID 1/2	21	21= Receiver Information
04	736	Hierarchical Child Code	R/R ID 1/1	1	Additional subordinate HL data segment in this hierarchical structure

270 Transaction Set [Catastrophic Cap/Deductible Totals INQUIRY] – Dependent Query

5. Segment NM1 (2100B-Receiver Name Loop)

ID	REF	Element Name	Attributes	Value	Description
01	98	Entity ID Code	R/R ID 2/3	1P	1P= Provider
02	1065	Entity Type Qualifier	R/R ID 1/1	2	2= Non-Person Entity
03	1035	Last Name or Organization Name	R/S AN 1/35	MCSC	Organization Name
08	66	ID Code Qualifier	R/R ID 1/2	SV	SV= Service Provider
09	67	ID Code Assigned by DEERS	R/R AN 2/80		Site Identifier DEERS Length=6

6. Segment HL (2000C-Subscriber/Sponsor Level) **[This HL loop is required. However, it may contain limited segments and elements if the query is originated for a dependent. The example being shown is for a Dependent Query.]**

ID	REF	Element Name	Attributes	Value	Description
01	628	Hierarchical ID Number	R/R AN 1/12	3	3= Incremental
02	734	Hierarchical Parent ID Number	R/S AN 1/12	2	Identifies the hierarchical level to which this level is subordinate
03	735	Hierarchical Level Code	R/R ID 1/2	22	22= Subscriber
04	736	Hierarchical Child Code	R/R ID 1/1	1	0= No subordinate HL data segment in this hierarchical structure (implies that this inquiry is made by the Sponsor) 1= Additional subordinate HL data segment in this hierarchical structure (implies that this inquiry is made by the Dependent) Inquiry Type Code DEERS Length=1

270 Transaction Set [Catastrophic Cap/Deductible Totals INQUIRY] – Dependent Query

7. Segment TRN (Optional)

ID	REF	Element Name	Attributes	Value	Description
01	481	Trace Type Code	R/R ID 1/2		1= Current Transaction Trace Number 2= Reference Transaction Trace Number
02	127	Reference ID	R/R AN 1/30		Catastrophic Cap/ Deductible Detail Type Code DEERS Length=1 Catastrophic Cap/ Deductible Detail Identifier DEERS Length=12

8. Segment NM1 (2100C-Subscriber Name Loop)

ID	REF	Element Name	Attributes	Value	Description
01	98	Entity ID Code	R/R ID 2/3	IL	IL= Insured/Subscriber
02	1065	Entity Type Qualifier	R/R ID 1/1	1	1= Person Entity
08	66	ID Code Qualifier	S/S ID 1/2	ZZ	ZZ= Mutually Defined (Qualifier)
09	67	ID Code	S/S AN 2/80		B= Beneficiary DEERS ID Person Identifier Type Code DEERS Length=1 Inquiry Person Identifier DEERS Length=11

270 Transaction Set [Catastrophic Cap/Deductible Totals INQUIRY] – Dependent Query

9. Segment EQ (2110C-Subscriber Eligibility Loop) **[This loop is optional, not used during a Dependent Query.]**

ID	REF	Element Name	Attributes	Value	Description
01	1365	Inquiry Service Type Code	R/S ID 1/2	9	9= Other Medical (Catastrophic Cap/Deductible Totals Inquiry) HCDP Type Code DEERS Length=1
03	1207	Coverage Level	R/S ID 3/3	IND	IND= Inquiry for an Individual Person/Family Transaction Type Code DEERS Length=1
04	1336	Insurance Type Code	S/S ID 1/3	C1	C1= Commercial (Eligibility)

10. Segment DTP

ID	REF	Element Name	Attributes	Value	Description
01	374	Date/Time Qualifier	R/R ID 3/3	193	193= Period Start Date (Catastrophic Cap/ Deductible Inquiry Begin Calendar Date)
02	1250	Date/Time Format Qualifier	R/R ID 2/3	D8	Date Format
03	1251	Date (CCYYMMDD)	R/R AN 1/35		Catastrophic Cap/ Deductible Inquiry Begin Calendar Date DEERS Length=8

270 Transaction Set [Catastrophic Cap/Deductible Totals INQUIRY] – Dependent Query

11. Segment DTP

ID	REF	Element Name	Attributes	Value	Description
01	374	Date/Time Qualifier	R/R ID 3/3	194	194= Period End Date (Catastrophic Cap/ Deductible Inquiry End Calendar Date)
02	1250	Date/Time Format Qualifier	R/R ID 2/3	D8	Date Format
03	1251	Date (CCYYMMDD)	R/R AN 1/35		Catastrophic Cap/ Deductible Inquiry End Calendar Date DEERS Length=8

12. Segment HL (2000D-Dependent Level) **[This HL loop is optional, use only when query is originated for a dependent.]**

ID	REF	Element Name	Attributes	Value	Description
01	628	Hierarchical ID Number	R/R AN 1/12	04	04= Incremental
02	734	Hierarchical Parent ID Number	R/R AN 1/12	3	Identifies the hierarchical level to which this level is subordinate
03	735	Hierarchical Level Code	R/R ID 1/2	23	23= Dependent
04	736	Hierarchical Child Code	R/R ID 1/1	1	Additional subordinate HL data segments in this hierarchical structure

270 Transaction Set [Catastrophic Cap/Deductible Totals INQUIRY] – Dependent Query

13. Segment TRN (Optional)

ID	REF	Element Name	Attributes	Value	Description
01	481	Trace Type Code	R/R ID 1/2		1= Current Transaction Trace Number 2= Reference Transaction Trace Number
02	127	Reference ID	R/R AN 1/30		Catastrophic Cap/ Deductible Detail Type Code DEERS Length=1 Catastrophic Cap/ Deductible Detail Identifier DEERS Length=12

14. Segment NM1 (2100D-Dependent Name Loop)

ID	REF	Element Name	Attributes	Value	Description
01	98	Entity ID Code	R/R ID 2/3	03	03= Dependent
02	1065	Entity Type Qualifier	R/R ID 1/1	1	1= Person Entity

270 Transaction Set [Catastrophic Cap/Deductible Totals INQUIRY] – Dependent Query

15. Segment REF (Optional)

ID	REF	Element Name	Attributes	Value	Description
01	128	Reference ID Qualifier	R/R ID 2/3	HJ	HJ= Identity Card Number Qualifier
02	127	Reference ID (*2-field concatenation*)	R/R AN 1/30		B= Beneficiary DEERS ID Person Identifier Type Code DEERS Length=1 Inquiry Person Identifier DEERS Length=11

16. Segment EQ (2110D-Dependent Eligibility Loop)

ID	REF	Element Name	Attributes	Value	Description
01	1365	Inquiry Service Type Code	R/S ID 1/2	9	**9= Other Medical (Catastrophic Cap/Deductible Totals Inquiry)** HCDP Type Code DEERS Length=1
03	1207	Coverage Level	R/S ID 3/3	IND	IND= Inquiry for an Individual Person/Family Transaction Type Code DEERS Length=1
04	1336	Insurance Type Code	S/S ID 1/3	C1	C1= Commercial (Eligibility)

270 Transaction Set [Catastrophic Cap/Deductible Totals INQUIRY] – Dependent Query

17. Segment DTP

ID	REF	Element Name	Attributes	Value	Description
01	374	Date/Time Qualifier	R/R ID 3/3	193	193= Period Start Date (Catastrophic Cap/ Deductible Inquiry Begin Calendar Date)
02	1250	Date/Time Format Qualifier	R/R ID 2/3	D8	Date Format
03	1251	Date (CCYYMMDD)	R/R AN 1/35		Catastrophic Cap/ Deductible Inquiry Begin Calendar Date DEERS Length=8

18. Segment DTP

ID	REF	Element Name	Attributes	Value	Description
01	374	Date/Time Qualifier	R/R ID 3/3	194	194= Period End Date (Catastrophic Cap/ Deductible Inquiry End Calendar Date)
02	1250	Date/Time Format Qualifier	R/R ID 2/3	D8	Date Format
03	1251	Date (CCYYMMDD)	R/R AN 1/35		Catastrophic Cap/ Deductible Inquiry End Calendar Date DEERS Length=8

Transaction Set Trailer (SE)

ID	REF	Element Name	Attributes	Value	Description
SE01	96	Number of Included Segments	R/R N0 1/10		Total Number of Segments
SE02	329	Transaction Set Control Number	R/R AN 4/9		

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8. 271 for Catastrophic Cap/Deductible Totals Inquiry Response Structure

Segments	*Elements*
ST	01, 02
BHT	01, 02, 03, 04, 05, 06
2000A – *Source*	
HL	01, 02, 03, 04
2100A – *Name*	
NM1	01, 02, 03, , , , , 08, 09
2000B – *Receiver*	
HL	01, 02, 03, 04
2100B – *Name*	
NM1	01, 02, 03, , , , , 08, 09
2000C – *Subscriber*	
HL	01, 02, 03, 04
TRN	01, 02, 03, 04
2100C – *Name*	
NM1	01, 02, , , , , , 08, 09
2110C – *Eligibility (Family, Fiscal Year, Deductible)*	
EB	01, 02, 03, 04, , , 07
DTP	01, 02, 03
2110C – *Eligibility (Family, Fiscal Year, Cat Cap)*	
EB	01, 02, 03, 04, , , 07
DTP	01, 02, 03
2110C – *Eligibility (Family, CHCBP, Cat Cap)*	
EB	01, 02, 03, 04, , , 07
DTP	01, 02, 03
2110C – *Eligibility (Family, CHCBP, Deductible)*	
EB	01, 02, 03, 04, , , 07
DTP	01, 02, 03
2110C – *Eligibility (Family, Prime, Cat Cap)*	
EB	01, 02, 03, 04, , , 07
DTP	01, 02, 03
2110C – *Eligibility (Family, Enrollment Year POS, Deductible)*	
EB	01, 02, 03, 04, , , 07
DTP	01, 02, 03
2110C – *Eligibility (Individual, Fiscal Year, Deductible)*	
EB	01, 02, 03, 04, , , 07
DTP	01, 02, 03
2110C – *Eligibility (Individual, Fiscal Year, Cat Cap)*	
EB	01, 02, 03, 04, , , 07
DTP	01, 02, 03
2110C – *Eligibility (Individual, POS, Deductible)*	
EB	01, 02, 03, 04, , , 07
DTP	01, 02, 03
2000D – *Dependent*	
HL	01, 02, 03, 04
TRN	01, 02, 03, 04
2100D – *Name*	
NM1	01, 02
REF	01, 02

2110D – *Eligibility (Individual, Fiscal Year, Deductible)*

EB	01, 02, 03, 04, , , 07
DTP	01, 02, 03

2110D – *Eligibility (Individual, Fiscal Year, Cat Cap)*

EB	01, 02, 03, 04, , , 07
DTP	01, 02, 03

2110D – *Eligibility (Individual, POS, Deductible)*

EB	01, 02, 03, 04, , , 07
DTP	01, 02, 03

SE	01, 02

271 Transaction Set [Catastrophic Cap/Deductible Totals Inquiry RESPONSE]

Segments

Transaction Set Header (ST)

ID	REF	Element Name	Attributes	Value	Description
ST01	143	Transaction Set ID Code	R/R ID 3/3	271	
ST02	329	Transaction Set Control Number	R/R AN 4/9		Control Identifier

1. Segment BHT

ID	REF	Element Name	Attributes	Value	Description
01	1005	Hierarchical Structure Code	R/R ID 4/4	0022	Source Information, Receiver Information, Subscriber, Dependent
02	353	Transaction Set Purpose Code	R/R ID 2/2	11, 36	11= Response 36= Authority to Deduct (Lock) Catastrophic Cap/ Deductible Lock Access/Update Code DEERS Length=1
03	127	Reference ID	R/R AN 1/30		Trace Number (ISA, GS, ST Control Number)
04	373	Date (CCYYMMDD)	R/R DT 8/8		Transaction Online Date DEERS Length=8
05	337	Time (HHMMSS)	R/R TM 4/8		Transaction Online Time DEERS Length=6
06	640	Transaction Type Code	R/R ID 2/2	18	18= Response

271 Transaction Set [Catastrophic Cap/Deductible Totals Inquiry RESPONSE]

2. Segment HL (2000A-Source Level)

ID	REF	Element Name	Attributes	Value	Description
01	628	Hierarchical ID Number	R/R AN 1/12	01	01= Sequential
02	734	Hierarchical Parent ID Number	R/R AN 1/12	0	Indicates that no parent hierarchical levels exist
03	735	Hierarchical Level Code	R/R ID 1/2	20	20= Source Information
04	736	Hierarchical Child Code	R/R ID 1/1	1	Additional subordinate HL data segment in this hierarchical structure

3. Segment NM1 (2100A-Source Name Loop)

ID	REF	Element Name	Attributes	Value	Description
01	98	Entity ID Code	R/R ID 2/3	P5	P5= Plan Sponsor
02	1065	Entity Type Qualifier	R/R ID 1/1	2	2= Non-Person Entity
03	1035	Last Name or Organization Name	S/S AN 1/35	DoD	Organization Name
08	66	ID Code Qualifier	R/R ID 1/2	46	46= ETIN Qualifier
09	67	ID Code	R/R AN 2/80		Electronic Transmitter ID Number (ETIN)

4. Segment HL (2000B-Receiver Level)

ID	REF	Element Name	Attributes	Value	Description
01	628	Hierarchical ID Number	R/R AN 1/12	02	02= Incremental
02	734	Hierarchical Parent ID Number	R/R AN 1/12	1	Identifies the hierarchical level to which this level is subordinate
03	735	Hierarchical Level Code	R/R ID 1/2	21	21= Receiver Information
04	736	Hierarchical Child Code	R/R ID 1/1	1	Additional subordinate HL data segment in this hierarchical structure

271 Transaction Set [Catastrophic Cap/Deductible Totals Inquiry RESPONSE]

5. Segment NM1 (2100B-Receiver Name Loop)

ID	REF	Element Name	Attributes	Value	Description
01	98	Entity ID Code	R/R ID 2/3	1P	1P= Provider
02	1065	Entity Type Qualifier	R/R ID 1/1	2	2= Non-Person Entity
03	1035	Last Name or Organization Name	R/S AN 1/35	MCSC	Organization Name
08	66	ID Code Qualifier	R/R ID 1/2	SV	SV= Service Provider
09	67	ID Code Assigned by DEERS	R/R AN 2/80		Site Identifier DEERS Length=6

6. Segment HL (2000C-Subscriber Level) **[The Subscriber Level will contain Deductible and Catastrophic Cap Totals for the Family.]**

ID	REF	Element Name	Attributes	Value	Description
01	628	Hierarchical ID Number	R/R AN 1/12	03	03= Incremental
02	734	Hierarchical Parent ID Number	R/R AN 1/12	2	Identifies the hierarchical level to which this level is subordinate
03	735	Hierarchical Level Code	R/R ID 1/2	22	22= Subscriber
04	736	Hierarchical Child Code	R/R ID 1/1	1	Additional subordinate HL data segment in this hierarchical structure

271 Transaction Set [Catastrophic Cap/Deductible Totals Inquiry RESPONSE]

7. Segment TRN

ID	REF	Element Name	Attributes	Value	Description
01	481	Trace Type Code	R/R ID 1/2		1= Current Transaction Trace Number 2= Reference Transaction Trace Number
02	127	Reference ID	R/R AN 1/30		Catastrophic Cap/ Deductible Detail Type Code DEERS Length=1 Catastrophic Cap/ Deductible Detail Identifier DEERS Length=12
03	509	Originating Company ID	S/S AN 10/10		Catastrophic Cap/Deductible Detail Lock Source System Identifier DEERS Length=10
04	127	Reference ID	S/S AN 1/30		Catastrophic Cap/Deductible Detail Lock Calendar Date and Time DEERS Length=30

271 Transaction Set [Catastrophic Cap/Deductible Totals Inquiry RESPONSE]

8. Segment NM1 (2100C-Subscriber Name Loop)

ID	REF	Element Name	Attributes	Value	Description
01	98	Entity ID Code	R/R ID 2/3	IL	IL= Insured/Subscriber
02	1065	Entity Type Qualifier	R/R ID 1/1	1	1= Person Entity
08	66	ID Code Qualifier	R/S ID 1/2	ZZ	ZZ= Mutually Defined (Qualifier)
09	67	ID Code (2-field concatenation of the ID Type Code and ID Number)	R/S AN 2/80		B= Beneficiary DEERS ID Person Identifier Type Code DEERS Length=1 Inquiry Person Identifier DEERS Length=11

271 Transaction Set [Catastrophic Cap/Deductible Totals Inquiry RESPONSE]

9. Segment EB (2110C-Eligibility Loop) Family, Fiscal Year, Deductible

ID	REF	Element Name	Attributes	Value	Description
01	1390	Eligibility or Benefit Information	R/R ID 1/2	**C**	**C= Deductible** G= Stop Loss (Catastrophic Cap)
02	1207	Coverage Level Code	R/S ID 3/3	**FAM**	**FAM= Family Level Information** IND= Individual Level Information
03	1365	Inquiry Service Type Code	R/S ID 1/2	**9**	**9= Other Medical (Catastrophic Cap/Deductible Totals Inquiry Response)**
04	1336	Insurance Type Code	R/S ID 1/3	**IN**	**IN= Indemnity (TRICARE Standard)** HM= Health Maintenance Organization (TRICARE Prime) PS= Point of Service
07	782	Monetary Amount	R/S R 1/18		Family Fiscal Year Deductible Cumulative Amount DEERS Length=7

10. Segment DTP

ID	REF	Element Name	Attributes	Value	Description
01	374	Date/Time Qualifier	R/R ID 3/3	193	193= Period Start Date
02	1250	Date/Time Format Qualifier	R/R ID 2/3	D8	Date Format
03	1251	Date (CCYY)	R/R AN 1/35		Fiscal Year Code DEERS Length=4

271 Transaction Set [Catastrophic Cap/Deductible Totals Inquiry RESPONSE]

11. Segment EB (2110C-Eligibility Loop) Family, Fiscal Year, Catastrophic Cap

ID	REF	Element Name	Attributes	Value	Description
01	1390	Eligibility or Benefit Information	R/R ID 1/2	**G**	C= Deductible **G= Stop Loss (Catastrophic Cap)**
02	1207	Coverage Level Code	R/S ID 3/3	**FAM**	**FAM= Family Level Information** IND= Individual Level Information
03	1365	Inquiry Service Type Code	R/S ID 1/2	**9**	**9= Other Medical (Catastrophic Cap/Deductible Totals Inquiry Response)**
04	1336	Insurance Type Code	R/S ID 1/3	**IN**	**IN= Indemnity (TRICARE Standard)** HM= Health Maintenance Organization (TRICARE Prime) PS= Point of Service
07	782	Monetary Amount	R/S R 1/18		Family Fiscal Year Catastrophic Cap Cumulative Amount DEERS Length=7

12. Segment DTP

ID	REF	Element Name	Attributes	Value	Description
01	374	Date/Time Qualifier	R/R ID 3/3	193	193= Period Start Date
02	1250	Date/Time Format Qualifier	R/R ID 2/3	D8	Date Format
03	1251	Date (CCYY)	R/R AN 1/35		Fiscal Year Code DEERS Length=4

271 Transaction Set [Catastrophic Cap/Deductible Totals Inquiry RESPONSE]

13. Segment EB (2110C-Eligibility Loop) Family, CHCBP, Catastrophic Cap

ID	REF	Element Name	Attributes	Value	Description
01	1390	Eligibility or Benefit Information	R/R ID 1/2	**G**	C= Deductible **G= Stop Loss (Catastrophic Cap)**
02	1207	Coverage Level Code	R/S ID 3/3	**FAM**	**FAM= Family Level Information** IND= Individual Level Information
03	1365	Inquiry Service Type Code	R/S ID 1/2	**9**	**9= Other Medical (Catastrophic Cap/Deductible Totals Inquiry Response)**
04	1336	Insurance Type Code	R/S ID 1/3	**IN**	**IN= Indemnity (TRICARE Standard)** HM= Health Maintenance Organization (TRICARE Prime) PS= Point of Service
07	782	Monetary Amount	R/S R 1/18		Family CHCBP Fiscal Year Catastrophic Cap Cumulative Amount DEERS Length=7

14. Segment DTP

ID	REF	Element Name	Attributes	Value	Description
01	374	Date/Time Qualifier	R/R ID 3/3	193	193= Period Start Date
02	1250	Date/Time Format Qualifier	R/R ID 2/3	D8	Date Format
03	1251	Date (CCYY)	R/R AN 1/35		Fiscal Year Code DEERS Length=4

271 Transaction Set [Catastrophic Cap/Deductible Totals Inquiry RESPONSE]

15. Segment EB (2110C-Eligibility Loop) Family, CHCBP, Deductible

ID	REF	Element Name	Attributes	Value	Description
01	1390	Eligibility or Benefit Information	R/R ID 1/2	**G**	C= Deductible **G= Stop Loss (Catastrophic Cap)**
02	1207	Coverage Level Code	R/S ID 3/3	**FAM**	**FAM= Family Level Information** IND= Individual Level Information
03	1365	Inquiry Service Type Code	R/S ID 1/2	**9**	**9= Other Medical (Catastrophic Cap/Deductible Totals Inquiry Response)**
04	1336	Insurance Type Code	R/S ID 1/3	**IN**	**IN= Indemnity (TRICARE Standard)** HM= Health Maintenance Organization (TRICARE Prime) PS= Point of Service
07	782	Monetary Amount	R/S R 1/18		Family CHCBP Fiscal Year Deductible Cumulative Amount DEERS Length=7

16. Segment DTP

ID	REF	Element Name	Attributes	Value	Description
01	374	Date/Time Qualifier	R/R ID 3/3	193	193= Period Start Date
02	1250	Date/Time Format Qualifier	R/R ID 2/3	D8	Date Format
03	1251	Date (CCYY)	R/R AN 1/35		Fiscal Year Code DEERS Length=4

271 Transaction Set [Catastrophic Cap/Deductible Totals Inquiry RESPONSE]

17. Segment EB (2110C-Eligibility Loop) Family, Prime, Catastrophic Cap

ID	REF	Element Name	Attributes	Value	Description
01	1390	Eligibility or Benefit Information	R/R ID 1/2	**G**	C= Deductible **G= Stop Loss (Catastrophic Cap)**
02	1207	Coverage Level Code	R/S ID 3/3	**FAM**	**FAM= Family Level Information** IND= Individual Level Information
03	1365	Inquiry Service Type Code	R/S ID 1/2	**9**	**9= Other Medical (Catastrophic Cap/Deductible Totals Inquiry Response)**
04	1336	Insurance Type Code	R/S ID 1/3	**HM**	IN= Indemnity (TRICARE Standard) **HM= Health Maintenance Organization (TRICARE Prime)** PS= Point of Service
07	782	Monetary Amount	R/S R 1/18		Family Prime Enrollment Catastrophic Cap Cumulative Amount DEERS Length=7

18. Segment DTP

ID	REF	Element Name	Attributes	Value	Description
01	374	Date/Time Qualifier	R/R ID 3/3	193	193= Period Start Date
02	1250	Date/Time Format Qualifier	R/R ID 2/3	D8	Date Format
03	1251	Date (CCYYMMDD)	R/R AN 1/35		Family Prime Enrollment Anniversary Calendar Date DEERS Length=8

271 Transaction Set [Catastrophic Cap/Deductible Totals Inquiry RESPONSE]

19. Segment EB (2110C-Eligibility Loop) Family, Enrollment Year Point of Service, Deductible

ID	REF	Element Name	Attributes	Value	Description
01	1390	Eligibility or Benefit Information	R/R ID 1/2	**C**	**C= Deductible** G= Stop Loss (Catastrophic Cap)
02	1207	Coverage Level Code	R/S ID 3/3	**FAM**	**FAM= Family Level Information** IND= Individual Level Information
03	1365	Inquiry Service Type Code	R/S ID 1/2	**9**	**9= Other Medical (Catastrophic Cap/Deductible Totals Inquiry Response)**
04	1336	Insurance Type Code	R/S ID 1/3	**PS**	IN= Indemnity (TRICARE Standard) HM= Health Maintenance Organization (TRICARE Prime) **PS= Point of Service**
07	782	Monetary Amount	R/S R 1/18		Family Point of Service Enrollment Year Deductible Cumulative Amount DEERS Length=7

20. Segment DTP

ID	REF	Element Name	Attributes	Value	Description
01	374	Date/Time Qualifier	R/R ID 3/3	193	193= Period Start Date
02	1250	Date/Time Format Qualifier	R/R ID 2/3	D8	Date Format
03	1251	Date (CCYYMMDD)	R/R AN 1/35		Family Prime Enrollment Anniversary Calendar Date DEERS Length=8

271 Transaction Set [Catastrophic Cap/Deductible Totals Inquiry RESPONSE]

21. Segment EB (2110D-Eligibility Loop) Individual, Fiscal Year, Deductible

ID	REF	Element Name	Attributes	Value	Description
01	1390	Eligibility or Benefit Information	R/R ID 1/2	**C**	**C= Deductible** G= Stop Loss (Catastrophic Cap)
02	1207	Coverage Level Code	R/S ID 3/3	**IND**	FAM= Family Level Information **IND= Individual Level Information**
03	1365	Inquiry Service Type Code	R/S ID 1/2	**9**	**9= Other Medical (Catastrophic Cap/Deductible Totals Inquiry Response)**
04	1336	Insurance Type Code	R/S ID 1/3	**IN**	**IN= Indemnity (TRICARE Standard)** HM= Health Maintenance Organization (TRICARE Prime) PS= Point of Service
07	782	Monetary Amount	R/S R 1/18		Individual Fiscal Year Deductible Cumulative Amount DEERS Length=7

22. Segment DTP

ID	REF	Element Name	Attributes	Value	Description
01	374	Date/Time Qualifier	R/R ID 3/3	193	193= Period Start Date
02	1250	Date/Time Format Qualifier	R/R ID 2/3	D8	Date Format
03	1251	Date (CCYY)	R/R AN 1/35		Fiscal Year Code DEERS Length=4

271 Transaction Set [Catastrophic Cap/Deductible Totals Inquiry RESPONSE]

23. Segment EB (2110D-Eligibility Loop) Individual, CHCBP, Deductible

ID	REF	Element Name	Attributes	Value	Description
01	1390	Eligibility or Benefit Information	R/R ID 1/2	**G**	C= Deductible **G= Stop Loss (Catastrophic Cap)**
02	1207	Coverage Level Code	R/S ID 3/3	**IND**	FAM= Family Level Information **IND= Individual Level Information**
03	1365	Inquiry Service Type Code	R/S ID 1/2	**9**	**9= Other Medical (Catastrophic Cap/Deductible Totals Inquiry Response)**
04	1336	Insurance Type Code	R/S ID 1/3	**IN**	**IN= Indemnity (TRICARE Standard)** HM= Health Maintenance Organization (TRICARE Prime) PS= Point of Service
07	782	Monetary Amount	R/S R 1/18		Individual CHCBP Fiscal Year Deductible Cumulative Amount DEERS Length=7

24. Segment DTP

ID	REF	Element Name	Attributes	Value	Description
01	374	Date/Time Qualifier	R/R ID 3/3	193	193= Period Start Date
02	1250	Date/Time Format Qualifier	R/R ID 2/3	D8	Date Format
03	1251	Date (CCYY)	R/R AN 1/35		Fiscal Year Code DEERS Length=4

271 Transaction Set [Catastrophic Cap/Deductible Totals Inquiry RESPONSE]

25. Segment EB (2110D-Eligibility Loop) Individual, Point of Service, Deductible

ID	REF	Element Name	Attributes	Value	Description
01	1390	Eligibility or Benefit Information	R/R ID 1/2	**C**	**C= Deductible** G= Stop Loss (Catastrophic Cap)
02	1207	Coverage Level Code	R/S ID 3/3	**IND**	FAM= Family Level Information **IND= Individual Level Information**
03	1365	Inquiry Service Type Code	R/S ID 1/2	**30**	**30= Health**
04	1336	Insurance Type Code	R/S ID 1/3	**PS**	IN= Indemnity (TRICARE Standard) HM= Health Maintenance Organization (TRICARE Prime) **PS= Point of Service**
07	782	Monetary Amount	R/S R 1/18		Individual Point of Service Enrollment Year Deductible Cumulative Amount DEERS Length=7

26. Segment DTP

ID	REF	Element Name	Attributes	Value	Description
01	374	Date/Time Qualifier	R/R ID 3/3	193	193= Period Start Date
02	1250	Date/Time Format Qualifier	R/R ID 2/3	D8	Date Format
03	1251	Date (CCYYMMDD)	R/R AN 1/35		Individual Prime Enrollment Begin Calendar Date DEERS Length=8

271 Transaction Set [Catastrophic Cap/Deductible Totals Inquiry RESPONSE]

27. Segment DTP

ID	REF	Element Name	Attributes	Value	Description
01	374	Date/Time Qualifier	R/R ID 3/3	193	194= Period End Date
02	1250	Date/Time Format Qualifier	R/R ID 2/3	D8	Date Format
03	1251	Date (CCYYMMDD)	R/R AN 1/35		Individual Prime Enrollment End Calendar Date DEERS Length=8

28. Segment HL (2000D-Dependent Level) **[The Dependent Level contains the individual totals for catastrophic cap and deductible for the individual for whom they were queried.]**

ID	REF	Element Name	Attributes	Value	Description
01	628	Hierarchical ID Number	R/R AN 1/12	4	4= Incremental
02	734	Hierarchical Parent ID Number	R/R AN 1/12	2	Identifies the hierarchical level to which this level is subordinate
03	735	Hierarchical Level Code	R/R ID 1/2	23	23= Dependent
04	736	Hierarchical Child Code	R/R ID 1/1	0	Additional subordinate HL data segment in this hierarchical structure

271 Transaction Set [Catastrophic Cap/Deductible Totals Inquiry RESPONSE]

29. Segment TRN (Optional)

ID	REF	Element Name	Attributes	Value	Description
01	481	Trace Type Code	R/R ID 1/2		1= Current Transaction Trace Number 2= Reference Transaction Trace Number
02	127	Reference ID	R/R AN 1/30		Catastrophic Cap/ Deductible Detail Type Code DEERS Length=1 Catastrophic Cap/ Deductible Detail Identifier DEERS Length=12
03	509	Originating Company ID	S/S AN 10/10		Catastrophic Cap/Deductible Detail Lock Source System Identifier DEERS Length=10
04	127	Reference ID	S/S AN 1/30		Catastrophic Cap/Deductible Detail Lock Calendar Date and Time DEERS Length=30

30. Segment NM1 (2100D-Dependent Name Loop)

ID	REF	Element Name	Attributes	Value	Description
01	98	Entity ID Code	R/R ID 2/3	03	03= Dependent
02	1065	Entity Type Qualifier	R/R ID 1/1	1	1= Person Entity

271 Transaction Set [Catastrophic Cap/Deductible Totals Inquiry RESPONSE]

31. Segment REF

ID	REF	Element Name	Attributes	Value	Description
01	128	Reference ID Qualifier	R/R ID 2/3	HJ	HJ= Identity Card Number Qualifier
02	127	Reference ID (*2-field concatenation*)	R/R AN 1/30		B= Beneficiary DEERS ID Person Identifier Type Code DEERS Length=1 Person Identifier DEERS Length=11

32. Segment EB (2110D-Eligibility Loop) Individual, Fiscal Year, Deductible

ID	REF	Element Name	Attributes	Value	Description
01	1390	Eligibility or Benefit Information	R/R ID 1/2	**C**	**C= Deductible** G= Stop Loss (Catastrophic Cap)
02	1207	Coverage Level Code	R/S ID 3/3	**IND**	FAM= Family Level Information **IND= Individual Level Information**
03	1365	Inquiry Service Type Code	R/S ID 1/2	**9**	**9= Other Medical (Catastrophic Cap/Deductible Totals Inquiry Response)**
04	1336	Insurance Type Code	R/S ID 1/3	**IN**	**IN= Indemnity (TRICARE Standard)** HM= Health Maintenance Organization (TRICARE Prime) PS= Point of Service
07	782	Monetary Amount	R/S R 1/18		Individual Fiscal Year Deductible Cumulative Amount DEERS Length=7

271 Transaction Set [Catastrophic Cap/Deductible Totals Inquiry RESPONSE]

33. Segment DTP

ID	REF	Element Name	Attributes	Value	Description
01	374	Date/Time Qualifier	R/R ID 3/3	193	193= Period Start Date
02	1250	Date/Time Format Qualifier	R/R ID 2/3	D8	Date Format
03	1251	Date (CCYY)	R/R AN 1/35		Fiscal Year Code DEERS Length=4

34. Segment EB (2110D-Eligibility Loop) Individual, CHCBP, Deductible

ID	REF	Element Name	Attributes	Value	Description
01	1390	Eligibility or Benefit Information	R/R ID 1/2	**G**	C= Deductible **G= Stop Loss (Catastrophic Cap)**
02	1207	Coverage Level Code	R/S ID 3/3	**IND**	FAM= Family Level Information **IND= Individual Level Information**
03	1365	Inquiry Service Type Code	R/S ID 1/2	**9**	**9= Other Medical (Catastrophic Cap/Deductible Totals Inquiry Response)**
04	1336	Insurance Type Code	R/S ID 1/3	**IN**	**IN= Indemnity (TRICARE Standard)** HM= Health Maintenance Organization (TRICARE Prime) PS= Point of Service
07	782	Monetary Amount	R/S R 1/18		Individual CHCBP Fiscal Year Deductible Cumulative Amount DEERS Length=7

271 Transaction Set [Catastrophic Cap/Deductible Totals Inquiry RESPONSE]

35. Segment DTP

ID	REF	Element Name	Attributes	Value	Description
01	374	Date/Time Qualifier	R/R ID 3/3	193	193= Period Start Date
02	1250	Date/Time Format Qualifier	R/R ID 2/3	D8	Date Format
03	1251	Date (CCYY)	R/R AN 1/35		Fiscal Year Code DEERS Length=4

36. Segment EB (2110D-Eligibility Loop) Individual, Point of Service, Deductible

ID	REF	Element Name	Attributes	Value	Description
01	1390	Eligibility or Benefit Information	R/R ID 1/2	**C**	**C= Deductible** G= Stop Loss (Catastrophic Cap)
02	1207	Coverage Level Code	R/S ID 3/3	**IND**	FAM= Family Level Information **IND= Individual Level Information**
03	1365	Inquiry Service Type Code	R/S ID 1/2	**30**	**30= Health**
04	1336	Insurance Type Code	R/S ID 1/3	**PS**	IN= Indemnity (TRICARE Standard) HM= Health Maintenance Organization (TRICARE Prime) **PS= Point of Service**
07	782	Monetary Amount	R/S R 1/18		Individual Point of Service Enrollment Year Deductible Cumulative Amount DEERS Length=7

271 Transaction Set [Catastrophic Cap/Deductible Totals Inquiry RESPONSE]

37. Segment DTP

ID	REF	Element Name	Attributes	Value	Description
01	374	Date/Time Qualifier	R/R ID 3/3	193	193= Period Start Date
02	1250	Date/Time Format Qualifier	R/R ID 2/3	D8	Date Format
03	1251	Date (CCYYMMDD)	R/R AN 1/35		Individual Prime Enrollment Begin Calendar Date DEERS Length=8

Transaction Set Trailer (SE)

ID	REF	Element Name	Attributes	Value	Description
SE01	96	Number of Included Segments	R/R N0 1/10		Total Number of Segments
SE02	329	Transaction Set Control Number	R/R AN 4/9		

9. 270 Proposed Structure [OHI Inquiry] *Subscriber Query

Segments	*Elements*
ST	01, 02
BHT	01, 02, 03, 04, 05, 06
2000A – *Source*	
HL	01, 02, 03, 04
2100A – *Source Name*	
NM1	01, 02, 03, , , , , 08, 09
2000B – *Receiver*	
HL	01, 02, 03, 04
2100B – *Receiver Name*	
NM1	01, 02, 03, , , , , 08, 09
PER	01, , 03, 04, 05, 06
2000C – *Subscriber*	
HL	01, 02, 03, 04
2100C – *Subscriber Name*	
NM1	01, 02, 03, , , , , 08, 09
2110C – *Benefit*	
EQ	01, , , 04
REF	01, 02
REF	01, 02
DTP	01, 02, 03
SE	01, 02

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9. 270 Proposed Structure [OHI Inquiry] *Dependent Query

Segments	*Elements*
ST	01, 02
BHT	01, 02, 03, 04, 05, 06
2000A – *Source*	
HL	01, 02, 03, 04
2100A – *Source Name*	
NM1	01, 02, 03, , , , , 08, 09
2000B – *Receiver*	
HL	01, 02, 03, 04
2100B – *Receiver Name*	
NM1	01, 02, 03, , , , , 08, 09
PER	01, , 03, 04, 05, 06
2000C – *Subscriber*	
HL	01, 02, 03, 04
2100C – *Subscriber Name*	
NM1	01, 02, 03, , , , , 08, 09
2000D – *Dependent*	
HL	01, 02, 03, 04
2100D – *Dependent Name*	
NM1	01, 02, 03
REF	01, 02
2110D – *Benefit*	
EQ	01, , , 04
REF	01, 02
REF	01, 02
DTP	01, 02, 03
SE	01, 02

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270 Transaction Set [OHI Inquiry] – Dependent Query

Segments

Transaction Set Header (ST)

ID	REF	Element Name	Attributes	Value	Description
ST01	143	Transaction Set ID Code	R/R ID 3/3	270	
ST02	329	Transaction Set Control Number	R/R AN 4/9		Control Identifier

1. Segment BHT

ID	REF	Element Name	Attributes	Value	Description
01	1005	Hierarchical Structure Code	R/R ID 4/4	0022	Source Information, Receiver Information, Subscriber, Dependent
02	353	Transaction Set Purpose Code	R/R ID 2/2	13	13= Request
03	127	Reference ID	R/R AN 1/30		Trace Number
04	373	Date (CCYYMMDD)	R/R DT 8/8		Transaction Online Date DEERS Length=8
05	337	Time (HHMMSS)	R/R TM 4/8		Transaction Online Time DEERS Length=6
06	640	Transaction Type Code	R/R ID 2/2	15	15= Immediate Response (no follow-up)

2. Segment HL (2000A-Source Level)

ID	REF	Element Name	Attributes	Value	Description
01	628	Hierarchical ID Number	R/R AN 1/12	01	01= Sequential
02	734	Hierarchical Parent ID Number	R/R AN 1/12	0	Identifies that no parent hierarchical levels exist
03	735	Hierarchical Level Code	R/R ID 1/2	20	20= Source Information
04	736	Hierarchical Child Code	R/R ID 1/1	1	Additional subordinate HL data segment in this hierarchical structure

270 Transaction Set [OHI Inquiry] – Dependent Query

3. Segment NM1 (2100A-Source Name Loop)

ID	REF	Element Name	Attributes	Value	Description
01	98	Entity ID Code	R/R ID 2/3	P5	P5= Plan Sponsor
02	1065	Entity Type Qualifier	R/R ID 1/1	2	2= Non-Person Entity
03	1035	Last Name or Organization Name	R/S AN 1/35	DoD	Organization Name
08	66	ID Code Qualifier	R/R ID 1/2	46	46= ETIN Qualifier
09	67	ID Code	R/R AN 2/80		Electronic Transmitter ID Number (ETIN)

4. Segment HL (2000B-Receiver Level)

ID	REF	Element Name	Attributes	Value	Description
01	628	Hierarchical ID Number	R/R AN 1/12	02	02= Incremental
02	734	Hierarchical Parent ID Number	R/S AN 1/12	1	Identifies the hierarchical level to which this level is subordinate
03	735	Hierarchical Level Code	R/R ID 1/2	21	21= Receiver Information
04	736	Hierarchical Child Code	R/R ID 1/1	1	Additional subordinate HL data segment in this hierarchical structure

5. Segment NM1 (2100B-Receiver Name Loop)

ID	REF	Element Name	Attributes	Value	Description
01	98	Entity ID Code	R/R ID 2/3	1P	1P= Provider
02	1065	Entity Type Qualifier	R/R ID 1/1	2	2= Non-Person Entity
03	1035	Last Name or Organization Name	R/S AN 1/35	MCSC, MTF	Organization Name
08	66	ID Code Qualifier	R/R ID 1/2	SV	SV= Service Provider
09	67	ID Code Assigned by DEERS	R/R AN 2/80		Site Identifier DEERS Length=6

270 Transaction Set [OHI Inquiry] – Dependent Query

6. Segment PER (Optional)

ID	REF	Element Name	Attributes	Value	Description
01	366	Contact Function Code	R/R ID 2/2	IC	IC= Information Contact
03	365	Communication Number Qualifier	S/S ID 2/2	TE	Telephone
04	364	Communication Number	S/S AN 1/80		Telephone Number Code DEERS Length=14
05	365	Communication Number Qualifier	S/S ID 2/2	FX	Facsimile
06	364	Communication Number	S/S AN 1/80		FAX Telephone Number Code DEERS Length=14

7. Segment HL (2000C-Subscriber/Sponsor Level) **[This HL loop is required. However, it may contain limited segments and elements if the query is originated for a dependent. The example being shown is for a Dependent Query.]**

ID	REF	Element Name	Attributes	Value	Description
01	628	Hierarchical ID Number	R/R AN 1/12	3	3= Incremental
02	734	Hierarchical Parent ID Number	R/S AN 1/12	2	Identifies the hierarchical level to which this level is subordinate
03	735	Hierarchical Level Code	R/R ID 1/2	22	22= Subscriber
04	736	Hierarchical Child Code	R/R ID 1/1	1	0= No subordinate HL data segment in this hierarchical structure (implies that this inquiry is made by the Sponsor) 1= Additional subordinate HL data segment in this hierarchical structure (implies that this inquiry is made by the Dependent) Inquiry Type Code DEERS Length=1

270 Transaction Set [OHI Inquiry] – Dependent Query

8. Segment NM1 (2100C-Subscriber Name Loop)

ID	REF	Element Name	Attributes	Value	Description
01	98	Entity ID Code	R/R ID 2/3	IL	IL= Insured/Subscriber
02	1065	Entity Type Qualifier	R/R ID 1/1	1	1= Person Entity
03	1035	Last Name or Organization Name	S/S AN 1/35		OHI Policyholder Surname Text DEERS Length=26
08	66	ID Code Qualifier	S/S ID 1/2	ZZ	ZZ= Mutually Defined (Qualifier)
09	67	ID Code (*2-field concatenation*)	S/S AN 2/80		B= Beneficiary DEERS ID Person Identifier Type Code DEERS Length=1 Inquiry Person Identifier DEERS Length=11

9. Segment EQ (2110C-Subscriber Eligibility Loop) **[This loop is optional, not used during a Dependent Query.]**

ID	REF	Element Name	Attributes	Value	Description
01	1365	Inquiry Service Type Code	R/S ID 1/2	60	**60= Health (use for general Eligibility queries)** HCDP Type Code DEERS Length=1
04	1336	Insurance Type Code	S/S ID 1/3	**SP**	**SP= Supplemental Policy (OHI)**

270 Transaction Set [OHI Inquiry] – Dependent Query

10. Segment REF **[Optional, must be included when inquiring on a specific OHI policy.]**

ID	REF	Element Name	Attributes	Value	Description
01	128	Reference ID Qualifier	R/R ID 2/3	***18***	***18= Plan Number Qualifier (Carrier Number)***
02	127	Reference ID	R/R AN 1/30		OHI Carrier Identifier DEERS Length=9

11. Segment REF **[Optional, must be included when inquiring on a specific OHI policy.]**

ID	REF	Element Name	Attributes	Value	Description
01	128	Reference ID Qualifier	R/R ID 2/3	***1L***	***1L= Group or Policy Number Qualifier***
02	127	Reference ID	R/R AN 1/30		OHI Policy Identifier DEERS Length=26

12. Segment DTP **[Optional, used for inquiring on a specific date range. An OHI Inquiry that is not for a specific policy and does not include a date range will get a response with all OHI information for a two-period.]**

ID	REF	Element Name	Attributes	Value	Description
01	374	Date/Time Qualifier	R/R ID 3/3	307	307= Eligibility
02	1250	Date/Time Format Qualifier	R/R ID 2/3	RD8	Date Range Format
03	1251	Date: CCYYMMDD-CCYYMMDD	R/R AN 1/35		OHI Inquiry Begin Calendar Date OHI Inquiry End Calendar Date DEERS Length=17

270 Transaction Set [OHI Inquiry] – Dependent Query

13. Segment HL (2000D-Dependent Level) **[This HL loop is optional, use only when query is originated for a dependent.]**

ID	REF	Element Name	Attributes	Value	Description
01	628	Hierarchical ID Number	R/R AN 1/12	04	04= Incremental
02	734	Hierarchical Parent ID Number	R/R AN 1/12	3	Identifies the hierarchical level to which this level is subordinate
03	735	Hierarchical Level Code	R/R ID 1/2	23	23= Dependent
04	736	Hierarchical Child Code	R/R ID 1/1	1	Additional subordinate HL data segments in this hierarchical structure

14. Segment NM1 (2100D-Dependent Name Loop)

ID	REF	Element Name	Attributes	Value	Description
01	98	Entity ID Code	R/R ID 2/3	03	03= Dependent
02	1065	Entity Type Qualifier	R/R ID 1/1	1	1= Person Entity
03	1035	Last Name or Organization Name	S/S AN 1/35		Person Last Name DEERS Length=26

15. Segment REF (Optional)

ID	REF	Element Name	Attributes	Value	Description
01	128	Reference ID Qualifier	R/R ID 2/3	HJ	HJ= Identity Card Number Qualifier
02	127	Reference ID (*2-field concatenation*)	R/R AN 1/30		B= Beneficiary DEERS ID Person Identifier Type Code DEERS Length=1 Inquiry Person Identifier DEERS Length=11

270 Transaction Set [OHI Inquiry] – Dependent Query

16. Segment EQ (2110D-Dependent Eligibility Loop)

ID	REF	Element Name	Attributes	Value	Description
01	1365	Inquiry Service Type Code	R/S ID 1/2	60	**60= Health (use for general eligibility queries)** HCDP Type Code DEERS Length=1
04	1336	Insurance Type Code	S/S ID 1/3	**SP**	**SP= Supplemental Policy (OHI)**

17. Segment REF **[Optional, must be included when inquiring on a specific OHI policy.]**

ID	REF	Element Name	Attributes	Value	Description
01	128	Reference ID Qualifier	R/R ID 2/3	***18***	***18= Plan Number Qualifier (Carrier Number)***
02	127	Reference ID	R/R AN 1/30		OHI Carrier Identifier DEERS Length=9

18. Segment REF **[Optional, must be included when inquiring on a specific OHI policy.]**

ID	REF	Element Name	Attributes	Value	Description
01	128	Reference ID Qualifier	R/R ID 2/3	***1L***	***1L= Group or Policy Number Qualifier***
02	127	Reference ID	R/R AN 1/30		OHI Policy Identifier DEERS Length=26

270 Transaction Set [OHI Inquiry] – Dependent Query

19. Segment DTP **[Optional, used for inquiring on a specific date range. An OHI Inquiry that is not for a specific policy and does not include a date range will get a response with all OHI information for a two-year period.]**

ID	REF	Element Name	Attributes	Value	Description
01	374	Date/Time Qualifier	R/R ID 3/3	307	307= Eligibility
02	1250	Date/Time Format Qualifier	R/R ID 2/3	RD8	Date Range Format
03	1251	Date: CCYYMMDD-CCYYMMDD	R/R AN 1/35		OHI Inquiry Begin Calendar Date OHI Inquiry End Calendar Date DEERS Length=17

Transaction Set Trailer (SE)

ID	REF	Element Name	Attributes	Value	Description
SE01	96	Number of Included Segments	R/R N0 1/10		Total Number of Segments
SE02	329	Transaction Set Control Number	R/R AN 4/9		

10. 271 for OHI Proposed Structure

Segments	*Elements*
ST	01, 02
BHT	01, 02, 03, 04, 05, 06
2000A – *Source*	
HL	01, 02, 03, 04
2100A – *Source Name*	
NM1	01, 02, 03, , , , , 08, 09
2000B – *Receiver*	
HL	01, 02, 03, 04
2100B – *Receiver Name*	
NM1	01, 02, 03, , , , , 08, 09
2000C – *Subscriber*	
HL	01, 02, 03, 04
2100C – *Subscriber Name*	
NM1	01, 02, , , , , , 08, 09
AAA	01, , 03, 04
MSG	01
2110C – *Eligibility (OHI)*	
EB	01, , 03, 04, 05
REF	01, 02
REF	01, 02
REF	01, 02
REF	01, 02, 03
DTP	01, 02, 03
DTP	01, 02, 03
MSG	01
LS	01
2120C - *Entity*	
NM1	01, 02, 03
N3	01, 02
N4	01, 02, 03, 04
PER	01, , 03, 04
LE	01
2000D – *Dependent*	
HL	01, 02, 03, 04
2100D - Name	
NM1	01, 02
REF	01, 02
AAA	01, , 03, 04
MSG	01
2110C – *Eligibility (OHI)*	
EB	01, , 03, 04, 05
REF	01, 02
REF	01, 02
REF	01, 02
REF	01, 02, 03
DTP	01, 02, 03
DTP	01, 02, 03
MSG	01
LS	01

Segments		*Elements*
	2120C – *Entity*	
	NM1	01, 02, 03
	N3	01, 02
	N4	01, 02, 03, 04
	PER	01, , 03, 04
	LE	01
SE		01, 02

271 Transaction Set [OHI Inquiry RESPONSE]

Segments

Transaction Set Header (ST)

ID	REF	Element Name	Attributes	Value	Description
ST01	143	Transaction Set ID Code	R/R ID 3/3	271	
ST02	329	Transaction Set Control Number	R/R AN 4/9		Control Identifier

1. Segment BHT

ID	REF	Element Name	Attributes	Value	Description
01	1005	Hierarchical Structure Code	R/R ID 4/4	0022	Source Information, Receiver Information, Subscriber, Dependent
02	353	Transaction Set Purpose Code	R/R ID 2/2	11	11= Response
03	127	Reference ID	R/R AN 1/30		Trace Number
04	373	Date (CCYYMMDD)	R/R DT 8/8		Transaction Online Date DEERS Length=8
05	337	Time (HHMMSS)	R/R TM 4/8		Transaction Online Time DEERS Length=6
06	640	Transaction Type Code	R/R ID 2/2	18	18= Response

2. Segment HL (2000A-Source Level)

ID	REF	Element Name	Attributes	Value	Description
01	628	Hierarchical ID Number	R/R AN 1/12	01	01= Sequential
02	734	Hierarchical Parent ID Number	R/R AN 1/12	0	Indicates that no parent hierarchical levels exist
03	735	Hierarchical Level Code	R/R ID 1/2	20	20= Source Information
04	736	Hierarchical Child Code	R/R ID 1/1	1	Additional subordinate HL data segment in this hierarchical structure

271 Transaction Set [OHI Inquiry RESPONSE]

3. Segment NM1 (2100A-Source Name Loop)

ID	REF	Element Name	Attributes	Value	Description
01	98	Entity ID Code	R/R ID 2/3	P5	P5= Plan Sponsor
02	1065	Entity Type Qualifier	R/R ID 1/1	2	2= Non-Person Entity
03	1035	Last Name or Organization Name	S/S AN 1/35	DoD	Organization Name
08	66	ID Code Qualifier	R/R ID 1/2	46	46= ETIN Qualifier
09	67	ID Code	R/R AN 2/80		Electronic Transmitter ID Number (ETIN)

4. Segment HL (2000B-Receiver Level)

ID	REF	Element Name	Attributes	Value	Description
01	628	Hierarchical ID Number	R/R AN 1/12	02	02= Incremental
02	734	Hierarchical Parent ID Number	R/R AN 1/12	1	Identifies the hierarchical level to which this level is subordinate
03	735	Hierarchical Level Code	R/R ID 1/2	21	21= Receiver Information
04	736	Hierarchical Child Code	R/R ID 1/1	1	Additional subordinate HL data segment in this hierarchical structure

5. Segment NM1 (2100B-Receiver Name Loop)

ID	REF	Element Name	Attributes	Value	Description
01	98	Entity ID Code	R/R ID 2/3	1P	1P= Provider
02	1065	Entity Type Qualifier	R/R ID 1/1	2	2= Non-Person Entity
03	1035	Last Name or Organization Name	R/S AN 1/35	MCSC, MTF	Organization Name
08	66	ID Code Qualifier	R/R ID 1/2	SV	SV= Service Provider
09	67	ID Code Assigned by DEERS	R/R AN 2/80		Site Identifier DEERS Length=6

271 Transaction Set [OHI Inquiry RESPONSE]

6. Segment HL (2000C-Subscriber Level) **[The Subscriber Level is always returned. Limited information will be returned during an inquiry on a dependent.]**

ID	REF	Element Name	Attributes	Value	Description
01	628	Hierarchical ID Number	R/R AN 1/12	03	03= Incremental
02	734	Hierarchical Parent ID Number	R/R AN 1/12	2	Identifies the hierarchical level to which this level is subordinate
03	735	Hierarchical Level Code	R/R ID 1/2	22	22= Subscriber
04	736	Hierarchical Child Code	R/R ID 1/1	1	Additional subordinate HL data segment in this hierarchical structure

7. Segment NM1 (2100C-Subscriber Name Loop)

ID	REF	Element Name	Attributes	Value	Description
01	98	Entity ID Code	R/R ID 2/3	IL	IL= Insured/Subscriber
02	1065	Entity Type Qualifier	R/R ID 1/1	1	1= Person Entity
08	66	ID Code Qualifier	R/S ID 1/2	ZZ	ZZ= Mutually Defined (Qualifier)
09	67	ID Code	R/S AN 2/80		DEERS ID DEERS Length=11

8. Segment AAA **[Optional Error Handling]**

ID	REF	Element Name	Attributes	Value	Description
01	1073	Yes/No Condition Response Code	R/R ID 1/1	Y or N	Code used to indicate if the 270 Inquiry request was valid
03	901	Reject Reason Code	R/R ID 2/2		Code used to further explain rejection
04	889	Follow-up Action Code	R/R ID 1/1	C	C= Correct and Resubmit

271 Transaction Set [OHI Inquiry RESPONSE]

9. Segment MSG

ID	REF	Element Name	Attributes	Value	Description
01	933	Free-form Message Text	R/M AN 1/264		

271 Transaction Set [OHI Inquiry RESPONSE]

10. Segment EB (2110C-Eligibility Loop) OHI **[This loop will occur at least once per OHI policy in affect for the inquiry dates. This loop will repeat once for each Insurance Line of Business (Dental, Pharmacy, etc. see EB03) that this OHI policy covers.]**

ID	REF	Element Name	Attributes	Value	Description
01	1390	Eligibility or Benefit Information	R/R ID 1/2	**R**	**R= Additional Payer (Detailed OHI Information)**
03	1365	Inquiry Service Type Code	R/S ID 1/2	1, 35, 48, 50, 54, 88, A4, AL	1= OHI Medical Coverage Indicator Code 35= OHI Dental Care Coverage Indicator Code 48= OHI Inpatient Hospital Coverage Indicator Code 50= OHI Outpatient Hospital Coverage Indicator Code 54= OHI Long Term Care Coverage Indicator Code 88= OHI Pharmacy Coverage Indicator Code A4= OHI Mental Health Coverage Indicator Code AL= OHI Vision Coverage Indicator Code
04	1336	Insurance Type Code	S/S ID 1/3	**SP**	**SP= Supplemental Policy (OHI)**
05	1204	Plan Coverage Description	R/S AN 1/50		C= CHAMPUS Supplement GR-Group M= Medicare Supplement NG= Private SD= Student OHI Type Code DEERS Length=2

271 Transaction Set [OHI Inquiry RESPONSE]

11. Segment REF

ID	REF	Element Name	Attributes	Value	Description
01	128	Reference ID Qualifier	R/R ID 2/3	IG	IG= Insurance Policy Number Qualifier
02	127	Reference ID	R/R AN 1/30		OHI Policy Identifier DEERS Length=26

12. Segment REF

ID	REF	Element Name	Attributes	Value	Description
01	128	Reference ID Qualifier	R/R ID 2/3	***18***	***18= Plan Number Qualifier (Carrier Number)***
02	127	Reference ID	R/R AN 1/30		OHI Carrier Identifier DEERS Length=9

13. Segment REF

ID	REF	Element Name	Attributes	Value	Description
01	128	Reference ID Qualifier	R/R ID 2/3	***6P***	***6P= Group Policy Qualifier***
02	127	Reference ID	R/R AN 1/30		OHI Group Plan Identifier DEERS Length=10
03	352	Description	R/S AN 1/80		OHI Group Plan Name DEERS Length=18

271 Transaction Set [OHI Inquiry RESPONSE]

14. Segment REF

ID	REF	Element Name	Attributes	Value	Description
01	128	Reference ID Qualifier	R/R ID 2/3	1W	1W= Member Identification Number Qualifier
02	127	Reference ID (2-field concatenation of the Policy Holder's ID and the Association Reason Code with the Policy Holder)	R/R AN 1/30		OHI Insured Person Identifier DEERS Length=9 OHI Policyholder Person Association Reason Code DEERS Length=2
03	352	Description (3-field concatenation of the Policy Holder's Last, First and Middle Name)	R/S AN 1/80		OHI Policyholder Surname Text DEERS Length=26 OHI Policyholder Forename Text DEERS Length=20 OHI Policyholder Middle Name DEERS Length=20

15. Segment DTP

ID	REF	Element Name	Attributes	Value	Description
01	374	Date/Time Qualifier	R/R ID 3/3	290	290= Coordination of Benefits Date
02	1250	Date/Time Format Qualifier	R/R ID 2/3	RD8	Date Range Format
03	1251	Date: CCYYMMDD-CCYYMMDD	R/R AN 1/35		OHI Effective Calendar Date OHI Expiration Calendar Date DEERS Length=17

271 Transaction Set [OHI Inquiry RESPONSE]

16. Segment DTP

ID	REF	Element Name	Attributes	Value	Description
01	374	Date/Time Qualifier	R/R ID 3/3	472	472= Service (Last Update Date)
02	1250	Date/Time Format Qualifier	R/R ID 2/3	D8	Date Qualifier
03	1251	Date (CCYYMMDD)	R/R AN 1/35		OHI Last Update Calendar Date DEERS Length=8

17. Segment MSG

ID	REF	Element Name	Attributes	Value	Description
01	933	Free-form Message Text	R/R AN 1/264		OHI Last Update System Name DEERS Length=40

18. Segment LS

ID	REF	Element Name	Attributes	Value	Description
01	447	Loop ID Code	R/R AN 1/6		Same Sequential Number as LE01

19. Segment NM1 (2120C-Entity Loop) OHI

ID	REF	Element Name	Attributes	Value	Description
01	98	Entity ID Code	R/R ID 2/3	P5	P5= Plan Sponsor (Group Policy Holder)
02	1065	Entity Type Qualifier	R/R ID 1/1	2	2= Non-Person Entity
03	1035	Last Name or Organization Name	R/S AN 1/35		OHI Group Employer Name DEERS Length=40

271 Transaction Set [OHI Inquiry RESPONSE]

20. Segment N3

ID	REF	Element Name	Attributes	Value	Description
01	166	Mailing Address - Line 1	R/R AN 1/55		OHI Group Employer Mailing Address Line 1 Text DEERS Length=40
02	166	Mailing Address - Line 2	S/S AN 1/55		OHI Group Employer Mailing Address Line 2 Text DEERS Length=40

21. Segment N4

ID	REF	Element Name	Attributes	Value	Description
01	19	City Name	R/S AN 2/30		OHI Group Employer Mailing Address City Name DEERS Length=20
02	156	State Code	R/S ID 2/2		OHI Group Employer Mailing Address State Code DEERS Length=2
03	116	ZIP Code (*2-field concatenation*)	R/S ID 3/15		OHI Group Employer Mailing Address Postal Region ZIP Code DEERS Length=5 OHI Group Employer Mailing Address Postal Region ZIP Extension Code DEERS Length=4
04	26	Country Code	R/S ID 2/3		OHI Group Employer Mailing Address Country Code DEERS Length=2

271 Transaction Set [OHI Inquiry RESPONSE]

22. Segment PER

ID	REF	Element Name	Attributes	Value	Description
01	366	Contact ID	R/R ID 2/2	IC	IC= Information Contact
03	365	Communications Qualifier	R/S ID 2/2	WP	Work Telephone
04	364	Communication Number	R/S AN 1/80		OHI Group Employer Telephone Number Code DEERS Length=14

23. Segment LE

ID	REF	Element Name	Attributes	Value	Description
01	447	Loop ID Code	R/R AN 1/6		Same Sequential Number as LS01

24. Segment HL (2000D-Dependent Level) **[The Dependent Level is only returned if the Inquiry was for the Dependent.]**

ID	REF	Element Name	Attributes	Value	Description
01	628	Hierarchical ID Number	R/R AN 1/12	4	4= Incremental
02	734	Hierarchical Parent ID Number	R/R AN 1/12	2	Identifies the hierarchical level to which this level is subordinate
03	735	Hierarchical Level Code	R/R ID 1/2	23	23= Dependent
04	736	Hierarchical Child Code	R/R ID 1/1	0	Additional subordinate HL data segment in this hierarchical structure

25. Segment NM1 (2100D-Dependent Name Loop)

ID	REF	Element Name	Attributes	Value	Description
01	98	Entity ID Code	R/R ID 2/3	03	03= Dependent
02	1065	Entity Type Qualifier	R/R ID 1/1	1	1= Person Entity

271 Transaction Set [OHI Inquiry RESPONSE]

26. Segment REF

ID	REF	Element Name	Attributes	Value	Description
01	128	Reference ID Qualifier	R/R ID 2/3	HJ	HJ= Identity Card Number Qualifier
02	127	Reference ID	R/S AN 1/30		DEERS ID DEERS Length=11

27. Segment AAA **[Optional Error Handling]**

ID	REF	Element Name	Attributes	Value	Description
01	1073	Yes/No Condition Response Code	R/R ID 1/1	Y or N	Code used to indicate if the 270 Inquiry request was valid
03	901	Reject Reason Code	R/R ID 2/2		Code used to further explain rejection
04	889	Follow-up Action Code	R/R ID 1/1	C	C= Correct and Resubmit

28. Segment MSG

ID	REF	Element Name	Attributes	Value	Description
01	933	Free-form Message Text	R/R AN 1/264		

271 Transaction Set [OHI Inquiry RESPONSE]

29. Segment EB (2110C-Eligibility Loop) OHI **[This loop will occur at least once per OHI policy in affect for the inquiry dates. This loop will repeat once for each Insurance Line of Business (Dental, Pharmacy, etc. see EB03) that this OHI policy covers.]**

ID	REF	Element Name	Attributes	Value	Description
01	1390	Eligibility or Benefit Information	R/R ID 1/2	**R**	**R= Additional Payer (Detailed OHI Information)**
03	1365	Inquiry Service Type Code	R/S ID 1/2	1, 35, 48, 50, 54, 88, A4, AL	1= OHI Medical Coverage Indicator Code 35= OHI Dental Care Coverage Indicator Code 48= OHI Inpatient Hospital Coverage Indicator Code 50= OHI Outpatient Hospital Coverage Indicator Code 54= OHI Long Term Care Coverage Indicator Code 88= OHI Pharmacy Coverage Indicator Code A4= OHI Mental Health Coverage Indicator Code AL= OHI Vision Coverage Indicator Code
04	1336	Insurance Type Code	S/S ID 1/3	**SP**	**SP= Supplemental Policy (OHI)**
05	1204	Plan Coverage Description	R/S AN 1/50		C= CHAMPUS Supplement GR-Group M= Medicare Supplement NG= Private SD= Student OHI Type Code DEERS Length=2

271 Transaction Set [OHI Inquiry RESPONSE]

30. Segment REF

ID	REF	Element Name	Attributes	Value	Description
01	128	Reference ID Qualifier	R/R ID 2/3	IG	IG= Insurance Policy Number Qualifier
02	127	Reference ID	R/R AN 1/30		OHI Policy Identifier DEERS Length=26

31. Segment REF

ID	REF	Element Name	Attributes	Value	Description
01	128	Reference ID Qualifier	R/R ID 2/3	***18***	***18= Plan Number Qualifier (Carrier Number)***
02	127	Reference ID	R/R AN 1/30		OHI Carrier Identifier DEERS Length=9

32. Segment REF

ID	REF	Element Name	Attributes	Value	Description
01	128	Reference ID Qualifier	R/R ID 2/3	***6P***	***6P= Group Policy Qualifier***
02	127	Reference ID	R/R AN 1/30		OHI Group Plan Identifier DEERS Length=10
03	352	Description	R/S AN 1/80		OHI Group Plan Name DEERS Length=18

271 Transaction Set [OHI Inquiry RESPONSE]

33. Segment REF

ID	REF	Element Name	Attributes	Value	Description
01	128	Reference ID Qualifier	R/R ID 2/3	1W	1W= Member Identification Number Qualifier
02	127	Reference ID (2-field concatenation of the Policy Holder's ID and the Association Reason Code with the Policy Holder)	R/R AN 1/30		OHI Insured Person Identifier DEERS Length=9 OHI Policyholder Person Association Reason Code DEERS Length=2
03	352	Description (3-field concatenation of the Policy Holder's Last, First and Middle Name)	R/S AN 1/80		OHI Policyholder Surname Text DEERS Length=26 OHI Policyholder Forename Text DEERS Length=20 OHI Policyholder Middle Name DEERS Length=20

34. Segment DTP

ID	REF	Element Name	Attributes	Value	Description
01	374	Date/Time Qualifier	R/R ID 3/3	290	290= Coordination of Benefits Date
02	1250	Date/Time Format Qualifier	R/R ID 2/3	RD8	Date Range Format
03	1251	Date: CCYYMMDD-CCYYMMDD	R/R AN 1/35		OHI Effective Calendar Date OHI Expiration Calendar Date DEERS Length=17

271 Transaction Set [OHI Inquiry RESPONSE]

35. Segment DTP

ID	REF	Element Name	Attributes	Value	Description
01	374	Date/Time Qualifier	R/R ID 3/3	472	472= Service (Date Last Updated)
02	1250	Date/Time Format Qualifier	R/R ID 2/3	D8	Date Qualifier
03	1251	Date (CCYYMMDD)	R/R AN 1/35		OHI Last Update Calendar Date DEERS Length=8

36. Segment MSG

ID	REF	Element Name	Attributes	Value	Description
01	933	Free-form Message Text	R/R AN 1/264		OHI Last Update System Name DEERS Length=40

37. Segment LS

ID	REF	Element Name	Attributes	Value	Description
01	447	Loop ID Code	R/R AN 1/6		Same Sequential Number as LE01

38. Segment NM1 (2120C-Entity Loop) OHI

ID	REF	Element Name	Attributes	Value	Description
01	98	Entity ID Code	R/R ID 2/3	P5	P5= Plan Sponsor (Group Policy Holder)
02	1065	Entity Type Qualifier	R/R ID 1/1	2	2= Non-Person Entity
03	1035	Last Name or Organization Name	R/S AN 1/35		OHI Group Employer Name DEERS Length=40

271 Transaction Set [OHI Inquiry RESPONSE]

39. Segment N3

ID	REF	Element Name	Attributes	Value	Description
01	166	Mailing Address - Line 1	R/R AN 1/55		OHI Group Employer Mailing Address Line 1 Text DEERS Length=40
02	166	Mailing Address - Line 2	S/S AN 1/55		OHI Group Employer Mailing Address Line 2 Text DEERS Length=40

40. Segment N4

ID	REF	Element Name	Attributes	Value	Description
01	19	City Name	R/S AN 2/30		OHI Group Employer Mailing Address City Name DEERS Length=20
02	156	State Code	R/S ID 2/2		OHI Group Employer Mailing Address State Code DEERS Length=2
03	116	ZIP Code (*2-field concatenation*)	R/S ID 3/15		OHI Group Employer Mailing Address Postal Region ZIP Code DEERS Length=5 OHI Group Employer Mailing Address Postal Region ZIP Extension Code DEERS Length=4
04	26	Country Code	R/S ID 2/3		OHI Group Employer Mailing Address Country Code DEERS Length=2

271 Transaction Set [OHI Inquiry RESPONSE]

41. Segment PER

ID	REF	Element Name	Attributes	Value	Description
01	366	Contact ID	R/R ID 2/2	IC	IC= Information Contact
03	365	Communications Qualifier	R/S ID 2/2	WP	Work Telephone
04	364	Communication Number	R/S AN 1/80		OHI Group Employer Telephone Number Code DEERS Length=14

42. Segment LE

ID	REF	Element Name	Attributes	Value	Description
01	447	Loop ID Code	R/R AN 1/6		Same Sequential Number as LS01

Transaction Set Trailer (SE)

ID	REF	Element Name	Attributes	Value	Description
SE01	96	Number of Included Segments	R/R N0 1/10		Total Number of Segments
SE02	329	Transaction Set Control Number	R/R AN 4/9		

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