



**Optima Health
 HIPAA Transaction
 Standard Companion Guide
 271 – Health Care Eligibility Benefit Response
 Refers to the X12N Implementation Guide**

The Optima Health 271 Companion Guide is to be used with the HIPAA-AS Implementation Guide, which provides comprehensive information associated with an ANSI 271 transaction. The Optima Health Companion Guide is used in conjunction with the HIPAA Implementation Guide; it is intended to clarify issues where the HIPAA Implementation Guide provides options or choices to be made. The HIPAA Implementation Guide can be downloaded from the following address: http://www.wpc-edi.com/hipaa/HIPAA_40.asp

LEGEND for Optima Health Matrix for 271

Shaded rows represent segments; Non Shaded rows represent "data elements".

*Members in the Optima Health system can uniquely be identified using their unique member number. Dependent loops and their respective Hierarchy Levels will not be used. Each member is considered a subscriber for Optima Health EDI transactions.

Loop ID	Reference	Name	Codes	Notes/Comments
	ISA	Interchange Control Header		
	ISA05	Interchange ID Qualifier	ZZ	Mutually defined
	ISA07	Interchange ID Qualifier	ZZ	Mutually defined
	ISA16	Component Element Separator	:	:
	GS	Functional Group Header		
	GS02	Application Sender's Code	541677022	Optima Health identifier
2100A	NM1	Information Source Name		
	NM101	Entity Identifier Code	PR	Payer
	NM102	Entity Type Qualifier	2	Non-Person Entity
	NM103	Organization Name	Sentara Health Plan	
	NM108	Identification Code Qualifier	46	
	NM109	Identification Code	SENTARAHEALTHPLAN	
2100C	NM1	Subscriber Name		
	NM101	Entity Identifier Code	IL	Subscriber
	NM108	Identification Code Qualifier	MI	Member Identification Number
	NM109	Identification Code		OptimaHealth 9 digit member number without the asterisk
2100C	REF	Subscriber Additional Information		
	REF01	Reference Identification Qualifier	SY	Social Security Number Qualifier
	REF02	Reference Identification		OptimaHealth member social security number without dashes
2100C	AAA	Subscriber Request Validation		
	AAA03		62 72	DOS Not within allowable inquiry period Invalid/Missing Subscriber/Insured ID

Loop ID	Reference	Name	Codes	Notes/Comments
2100C	DMG	Subscriber Demographic Information		Segment is not created when AAA03=72
	DMG02	Date Time Period		Subscriber Birth Date
2100C	DTP	Subscriber Date		Segment is not created when AAA03=62 or AAA03=72
	DTP01	Date/Time Qualifier	346	Plan Begin Date
	DTP02	Date Time Period Format Qualifier	D8	CCYYMMDD
2110C	EB	Subscriber Eligibility or Benefit Information		
	EB01	Eligibility or Benefit Information	A B	Co-Insurance Co-Payment
	EB03	Service Type Code	5 30 48 50 60 62 86 88 98 A7 AD AE AF	Diagnosis Lab Health Benefit Plan Coverage Hospital - Inpatient Hospital - Outpatient General Benefits MRI/CAT Scan Emergency Services Pharmacy Professional (Physician) Visit - Office Psychiatric - Inpatient Occupational Therapy Physical Medicine Speech Therapy