

ELIGIBILITY

Single Member Response (ANSI X12 271)

This document represents the inventory of data elements and the format by which health plans will respond to individual or multiple queries from health care providers for eligibility of enrollees. The expectation is that all data elements available to the health plan will be sent in the following format to the provider. The ANSI X12 271 (4010 version) Category represents the electronic transmission requirements for eligibility under the Health Insurance Portability Accountability Act (HIPAA) – 1996. The column for CALINX Agreement is a categorization of the expectations of data sharing based on the CALINX Eligibility Workgroup agreement.

Item #	Data Element	Definition	ANSI X12 271 Category	CALINX Agreement*	Comments
Member Demographics					
1	Last Name (Subscriber/Member)	The surname of the insured individual or subscriber to the coverage.	Situational	Essential	
2	First Name (Subscriber/Member)	The first name of the insured individual or subscriber to the coverage.	Situational	Essential	
3	Middle Name (Subscriber/Member)	The middle name of the subscriber to the indicated coverage or policy.	Situational	Conditional	If none, left blank.
4	Name Suffix (Subscriber/Member)	Suffix of the insured individual or subscriber to the coverage.	Situational	Conditional	
5	Member Identification Number	Insured's or subscriber's unique identification number assigned by a payer.	Situational	Essential	
6	Social Security Number	The unique 9 digit number of the insured individual or subscriber assigned by the Social Security Administration.	Situational	Conditional	
7	Address (Subscriber/Member)	Address line of the current mailing address of the insured individual or subscriber to the coverage	Situational	Essential	

***CALINX – Business Agreement Definitions**

Essential – All data elements must be included.

Conditional – If these data elements are available or applicable to the health plan, required to be included.

Discretionary – These data elements, if available, can be included at the discretion of the health plan.

Eligibility Data Guidelines

Item #	Data Element	Definition	ANSI X12 271 Category	CALINX Agreement*	Comments
8	City	City name of the insured individual or subscriber to the coverage.	Situational	Essential	
9	State	State postal code of the insured individual or subscriber to the coverage.	Situational	Essential	
10	Postal Zone or ZIP Code	The ZIP code of the insured individual or subscriber to the coverage.	Situational	Essential	
11	Home Phone	Telephone number, including area code, at which the subscriber may be contacted.	Situational	Discretionary	
12	Work Phone	Telephone number, including area code, at which the subscriber may be contacted.	Situational	Discretionary	
13	Date of Birth	The date of birth of the individual or subscriber to indicated coverage or policy.	Situational	Essential	
14	Gender	Code indicating the sex of the insured individual or subscriber to the indicated coverage or policy.	Situational	Essential	
	SUBSCRIBER RELATIONSHIP TO INSURED				
15	Individual Relationship Code	Code indicating the relationship between two individuals or entities.	Required	Essential	
16	Subscriber Name	The full name of the subscriber to the coverage.	Situational	Conditional	Required if the individual relationship code is other than the subscriber.
17	Subscriber Social Security Number	The unique 9 digit number subscriber assigned by the Social Security Administration.	Situational	Conditional	Required if the individual relationship code is other than the subscriber.
18	Subscriber/Member ID Number	Subscriber's unique identification number assigned by payer.	Required	Essential	

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CARRIER AND ELIGIBILITY INFORMATION					
19	Health Plan/Payer Name	The organization name who is the source of the eligibility information.	Situational	Essential	Necessary on individual response.
20	Health Plan/Payer Identification Code	Identifies the number by which the information source is know to the receiver.	Required	Essential	
21	Subscriber/Member Effective Date	Date format code conveys the eligibility, service or admission date(s) for the insured individual or subscriber.	Required	Essential	
22	Benefit Code	Information based on Eligibility Benefit Information Code linked to the payer's definitions.	Situational	Conditional	Required for HMO only
23	Benefit Description	Information based on Eligibility Benefit Information Code linked to the payer's definitions.	Situational	Conditional	
24	Co-payment	Amount of co-payment by the subscriber for this particular episode of care.	Situational	Conditional	Message to be provided to distinguish pharmacy, Office visit, ER or other co-payment.
25	Deductible	Amount required to be paid by the subscriber prior to benefit coverage.	Situational	Conditional	
PROVIDER INFORMATION					
26	Medical Group Name	Name of the organization that expects to receive eligibility information.	Situational	Discretionary	Discretionary if ID # is provided.
27	IPA Name	Name of the organization or individual that expects to receive eligibility information.	Situational	Discretionary	Discretionary if ID # is provided.

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28	Medical Group/IPA Number	The identification number of the individual or organization who expects to receive information.	Situational	Conditional	Required for HMO only
29	Provider Name	Name of the individual that expects to receive eligibility information.	Situational	Conditional	Required for HMO only
30	Provider Code #	Number assigned by the payer, regulatory authority or other authorized body or agency to identify provider.	Situational	Conditional	Encourage use of one number scheme, like state license number, by health plans to coordinate physician identifiers.
31	Subscriber/Member Effective Date	Date format code conveys the eligibility, service or admission date(s) for the insured individual or subscriber.	Required	Essential	
EMPLOYER INFORMATION					
32	Group Number (Employer)	The identification number, control number or code assigned by the carrier or administrator to identify the group under which the individual is covered.	Required	Essential	
33	Employer Name	Name of the insured individual's employer.	Situational	Essential	Links enrollment to benefits.
34	Employer Address/City/State/Zip	Mailing address, city, state code and ZIP code of the insured individual's employer.	Situational	Discretionary	

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