surescripts

Eligibility

surescripts

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1. Eligibility Overview

About Eligibility

Eligibility provides providers with the electronic delivery of PBM/payer member data at the point of care. Through the provider vendor interface, the provider can request patient information such as eligibility and pharmacy benefit coverage information.

About This Guide

This Surescripts Eligibility Companion Guide was created to assist Pharmacy Benefit Managers (PBMs)/Payers and provider vendors in developing and transferring messages needed to provide PBM/payer member data regarding eligibility information and pharmacy benefit coverage, at the point of care. The ID Load allows PBM/Payers to provide Surescripts with their member roster to populate the Surescripts Master Patient Index (MPI). This guide also includes Eligibility for Pharmacy information.

Notes:

- The terms PBM/payer or processor, who acts on behalf of the PBM/payer, are referred to as PBM/payer throughout this guide.
- The terms message and transaction are used interchangeably throughout this guide. The term transaction will be used when referring to X12N/005010X279A1 Health Care Eligibility Benefit Inquiry and Response (270/271).
- For the purposes of this guide, the term provider vendor also includes pharmacies.
- The terms cancellation, termination, or expiration are used interchangeably throughout this guide.

The audience for this document includes any customer responsible for developing a system interface for these electronic prescribing messages.

Note Usage

Throughout this guide, different note styles are used for the following purposes:

Note: This is used when a Note is required for content specific to Surescripts.

Reference: This is used when referencing NCPDP documentation.

Document References

This guide is meant to support and integrate with the X12 standard guides where applicable. It does not reproduce the base standard in its entirety. Customers should read and comprehend the associated standards prior to reading this guide.

Please reference the following documents when reading this guide:

Document Title
ASC X12N/005010X279A1 Health Care Eligibility Benefit Inquiry and Response (270/271)
ASC X12N/005010X231A1 Implementation Acknowledgement for Health Care Insurance (999)
Surescripts Connectivity and Authentication Implementation Guide

For sections of this guide pertaining to X12 Standards:

“MATERIALS REPRODUCED WITH THE CONSENT OF”

2. Integration & Production

Integration Process

When a customer begins integrating a Surescripts product into their application(s), they will be provided access to all the Surescripts documentation pertaining to the product being implemented. In addition, customers will be provided access to the staging environment to design, develop and test the product integration within their application.

> **Note:** The time frame of the project can vary depending on the customer's resource allocation for the project.

Meeting Requirements

During Integration, customers will ensure their system has met all product requirements. The Certification Testing will focus on message format, application workflow and display in accordance with Surescripts documentation and the associated Application Certification Requirements (ACRs). Upon successful completion of certification and, when applicable, other pre-production network requirements (e.g., Identity Proofing, Attestations, DEA audit), customers will be enabled in production.

For requirements, consider the following:

- Surescripts ACRs are required to be met to achieve production status on the Surescripts network and will be enforced as part of certification.
- To ensure high-quality transactions, Surescripts applies additional business rules above and beyond the NCPDP schema defined requirements that will cause a message to be successful or rejected.
- Surescripts test cases do not cover all possible scenarios in production. Customers are responsible for testing any other applicable scenarios specific to their production environment.
- In accordance with the customer's legal agreement with Surescripts, each customer is responsible for ensuring compliance with all applicable laws including, but not limited to, local and state laws/regulations where doing business.

Surescripts Terminology Usage

The following table outlines terminology usage for this guide:

Term	Term usage
must	Requirements that are enforced as part of the production code.
shall	The requirements customers are required to meet in order to be certified on the Surescripts network. These requirements will be enforced as part of certification.
should	Used for guidance and best practices. Best practices can also be found in Best Practice sections. Participants are encouraged, but not required, to meet best practices in order to be certified on the Surescripts network.
E.###	Designates an Eligibility ACR.

> **Note:** ACRs are found throughout the guide and are summarized in the **Application Certification Requirements** section.

Transition to Production

Once certification and the contract are complete and approved by the Surescripts Certification Review Board, the customer is ready to move into production. Surescripts will configure the production connection and validate successful operations with the customer. Prior to the transition to production, Surescripts Account Management will work with the customer and internal Surescripts teams to discuss the following:

- Production support contacts (Escalation Matrix)
- Support process and training
- Support hours

Communication Rules

Please refer to the Connectivity and Authentication Guide for additional connectivity and authentication information. For the network to be reliable, there are communication rules to which all customers must adhere.

Timeouts

For timeouts, consider the following:

- When sending a message to Surescripts, the initiator should set the http timeout to no less than 30 seconds.
- A receiving system must reply with a valid 271/999/TA1/NAK response within 10 seconds.

UTC Time Format

By using Coordinated Universal Time (UTC), the receiver of a message will know the time regardless of their time zone. For example: If a message was sent from Boston at 5:30PM EDT (Eastern Daylight Time), the time would be sent as 21:30 UTC time. If this message was received in Chicago CDT (Central Daylight Time), the 21:30 UTC could be converted to the local CDT time of 4:30PM. Refer to **http://en.wikipedia.org/wiki/Coordinated_Universal_Time**, or **http://www.w3.org/XML/** for more information. UTC time must be synchronized with NIST (National Institute of Standards and Technology) and the difference must be less than one minute. Drift of no more than one minute will be acceptable.

When sending only a Date (not Date and Time), it should be sent in your local time zone, and the receiver should interpret it in their local time. Neither party should attempt to convert the Date to UTC.

All standard programming languages should have a function for generating a date in the UTC time zone or displaying a date in the local time zone. The format of the date/time fields in the XML schema must use the xsd:dateTime format. Examples of that format are: CCYY-MM-DDTHH:MM:SS.FZ, where the UTC time zone may be specified as Z, + 00:00, or - 00:00. For example, 2013-01-01T16:09:04.5Z, or 2013-01-01T16:09:04.5-00:00, or 2013-01-01T16:09:04.5+00:00, where 16:09:04.5Z would be 16 hours, 09 minutes, 04 seconds, 5 fractional seconds. UTC time is denoted by either the “Z” in the first example or the “-00:00” in the second example, or the “+00:00” in the third example. The fractional seconds is not required. Refer to xsd:dateTime for more information.

For simple date fields that do not include the time portion, the format is: CCYY-MM-DD.

Compliance

Surescripts goal is efficiency and consistency across the network so all customers can meet the highest measures of patient safety, end-to-end reliability, and quality. To ensure that customers comply with and adhere to the approved certification requirements, Surescripts:

- Monitors customers in production to ensure all network customers remain in compliance with certification requirements and contractual terms.
- Initiates a remediation process for identified compliance issues.

To ensure network and patient safety, customer agrees to notify Surescripts of any modifications through use of the Surescripts recertification form. Upon receipt of this form, changes will be reviewed, and a determination made as to what (if any) level of certification may be required before being placed into production.

When changes are made to a customer's implementation, the customer should advise their account manager. The customer will be given a recertification guide to provide details regarding the changes made. Upon receipt of the completed document, the details will be reviewed, and a determination will be made as to what (if any) level of recertification is necessary.

As a reminder, Surescripts conducts certification with customers to ensure the application adheres to network requirements. Surescripts will enforce mandatory fields as required by the Standards body and Surescripts guide requirements. To maximize interoperability, customers are recommended to support optional fields that have been created to address gaps in discrete data needs and the many solutions that are in place for the benefit of the receiver. Surescripts encourages, but does not guarantee, the use of optional discrete fields to support end user workflows.

This guide is intended for certification on our network only and is not intended to ensure compliance with state and federal law. In accordance with the customer's legal agreement with Surescripts, each customer is responsible for conducting its own due diligence to ensure compliance with all applicable laws and requirements, including, but not limited to, local and state laws and regulations in which the customer's application is deployed and used.

3. Messages Overview

> **Note:** For the purposes of this guide, the Health Care Eligibility, Coverage, or Benefit Inquiry (270) will be referred to as the Eligibility Request and the Health Care Eligibility, Coverage, or Benefit Information (271) will be referred to as the Eligibility Response.

Message Descriptions

Eligibility Request/Response

Eligibility Request and Eligibility Response messages are used to request and respond to a patient eligibility check. These messages enable customers to supply a patient's name and demographic information to Surescripts and get back some or all of the following information from each PBM/payer that covers the patient:

- Health Plan Number/Name
- Cardholder ID
- Relationship Code
- Person Code
- Group Number, Group Name
- Formulary ID
- Alternative List ID
- Coverage List ID
- Copay List ID
- IIN (formerly BIN)
- PCN
- Type of Coverage:
  - Primary
  - Secondary
  - Tertiary
- Type of Prescription Benefit:
  - Pharmacy (Retail)
  - Mail Order
  - Specialty Pharmacy
  - Long-Term Care (LTC)

Interchange Acknowledgment

This X12 specification, TA1, is utilized to acknowledge receipt/header errors for unrecognizable messages and errors in real time. For the Surescripts message set, it only applies to the Eligibility Request and Eligibility Response. None of the other specifications utilize this message.

Implementation Acknowledgement

The implementation acknowledgement, or 999, informs the submitter that the functional group arrived at the destination and is required as a response to receipt of an X12 message, and only for errors with real time messages. Surescripts only supports a real time environment for the Eligibility Request and Eligibility Response messages, so the 999 will only be sent if there are errors. The 999 reports on errors generated due to data or segment issues that do not comply with X12N/005010X279A1 Health Care Eligibility Benefit Inquiry and Response (270/271).

Eligibility Message Flow

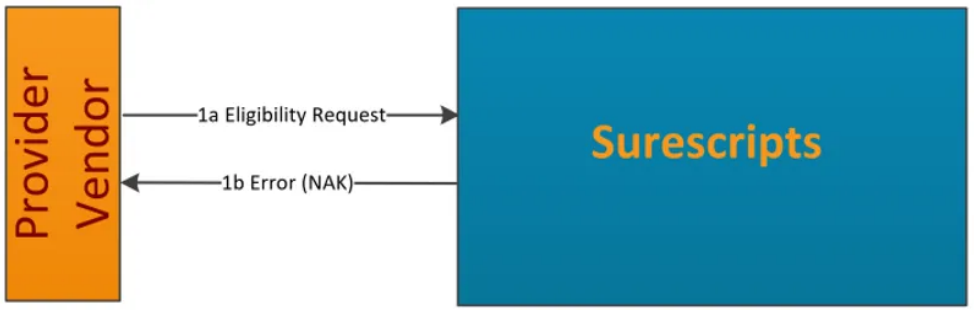
The following steps depict the Eligibility message flow:

1. A requester sends an Eligibility Request to Surescripts.
2. Surescripts validates the format of the transaction.
3. Surescripts locates the patient based on demographic information.
4. Surescripts determines to which PBM/payers the Eligibility Request should be directed.
5. The PBM/payer verifies the patient and responds to Surescripts with an Eligibility Response indicating the patient's eligibility status.
6. Surescripts validates the format of the incoming Eligibility Response, consolidates all Eligibility Responses and sends the information back to the requester.

Eligibility Detailed Message Flow Scenarios

The following diagrams depict various scenarios where NAK, TA1, 999, and ACK messages are sent in response to an Eligibility message.

Scenario 1 - Surescripts Cannot Recognize Message or System Error:

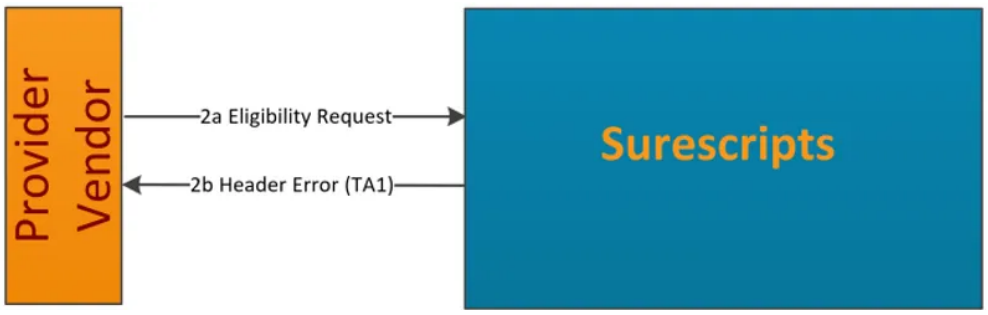


1a) Eligibility Request message is sent to Surescripts.

1b) Surescripts cannot recognize the message and sends error text back to the provider vendor. Errors include:

- cannot validate the sender's Participant ID and/or password
- cannot identify the message
- a system error occurs before the message is being processed

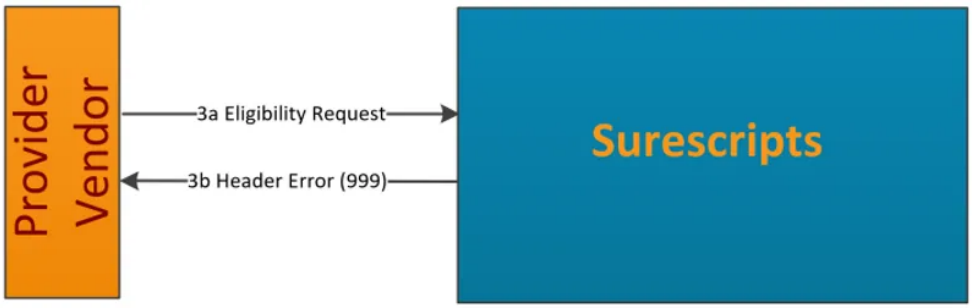
Scenario 2 - Surescripts Recognized Message Format but Errors Found:



2a) Eligibility Request message is sent to Surescripts.

2b) Surescripts finds an error within the header and reports errors with the TA1.

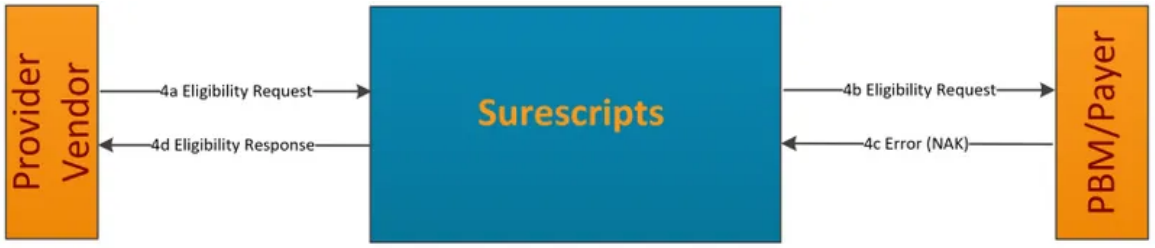
Scenario 3 - Surescripts Recognized Message Format but Errors Found:



3a) Eligibility Request message is sent to Surescripts.

3b) Surescripts finds a syntax error within the message and reports errors with the 999.

Scenario 4 - PBM/Payer Cannot Recognize Message or System Error:



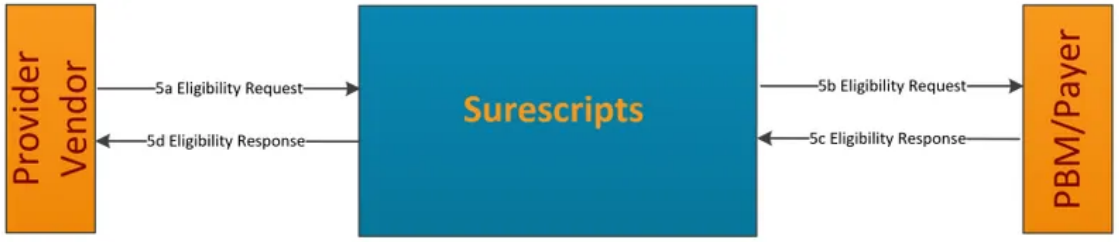
4a) Eligibility Request message is sent to Surescripts.

4b) Surescripts forwards the message on to the PBM/payer.

4c) The PBM/payer cannot recognize the message or System Error and sends error text to Surescripts.

4d) Surescripts creates an Eligibility Response with errors and returns it to the provider vendor.

Scenario 5 - PBM/Payer Validates Message and Returns Eligibility Response with AAA segment in the Eligibility Response showing business error to Provider Vendor



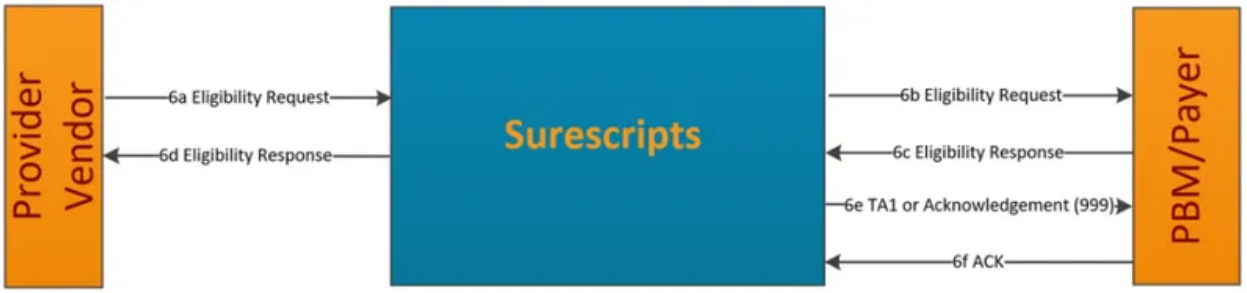
5a) Eligibility Request message is sent to Surescripts.

5b) Surescripts forwards the message on to the PBM/payer.

5c) The PBM/payer returns the Eligibility Response business error in AAA segment.

5d) Surescripts forwards the Eligibility Response message on to the provider vendor.

Scenario 6 - PBM/Payer Returns Non-Compliant Eligibility Response (i.e., syntax error or header error):



6a) Eligibility Request message is sent to Surescripts.

6b) Surescripts forwards the message on to the PBM/payer.

6c) The PBM/payer returns an Eligibility Response with syntax error or header error.

6d) Surescripts creates an Eligibility Response with AAA (request validation), indicating the type of error, and returns it to the provider vendor.

6e) Surescripts sends TA1 or a syntax error Acknowledgment (999) to PBM/payer.

6f) PBM/Payer returns ACK.

General Interface Description

The message specifications have been defined to follow HIPAA standards where available and to allow the most effective processing. Delimiters separate components, data elements, and segments (see subsection **Appendix B: Dynamic Delimiters** for clarification). For the X12 specifications, the delimiters are defined in the ISA segment of the message. If a data element in the middle of a segment is omitted, the separator acts as a “place holder”.

The significant characters must be left justified. Leading spaces, if used, are assumed to be significant characters. Trailing spaces should be suppressed.

Dynamic Delimiters

X12 utilizes delimiters to separate component, segments, elements, etc. or as indicators (i.e., for segment repetition.) These delimiters are defined within specified segments of the messages. Customer's systems need to be able to dynamically set and handle these delimiters. Surescripts recommends the use of unprintable characters as delimiters rather than the entire full character set (Refer to **Appendix B: Dynamic Delimiters** for a full list of acceptable characters).

For X12 messages, the delimiter set is defined within the ISA segment. The following is an example:

ISA*00* *01*PWPHY12345*ZZ*POCID *ZZ*S00000000000001*091217*0309*^*00501*000000001*1*P*[~

In the example above, the asterisk (*) is a delimiter based on its position immediately following ISA. The segment delimiter is determined by calculating the last character of the fixed width row. The row is 106 total bytes; therefore, the segment delimiter is the 106th character.

Choosing a Delimiter

Surescripts has published a list of allowed delimiters for the X12 messages (Refer to **Appendix B: Dynamic Delimiters** for a full list of acceptable characters). The customers may choose any allowed delimiter desired for the messages they create. However, it is important that customers communicate which delimiters they are using to ensure they will not cause issues with their trading partners' messages.

Surescripts recommends the following delimiters for X12 data:

- Data Element Separator – hex 1D, decimal 29
- Segment Terminator – hex 1E, decimal 30
- Component Element Separator (ISA 16) – hex 1C, decimal 28
- Repetition Character (ISA11) – hex 1F, decimal 31

Using Dynamic Delimiters

A Surescripts customer can expect to receive delimiters that are different than the set they define for their messages. The customer needs to determine the delimiters dynamically when the message is processed according to the rules listed in the above section. See **Appendix B: Dynamic Delimiters** for a complete list of acceptable characters.

Delimiter Examples

The delimiters used in the examples below are the ~ for segment separation and the * for element separation.

Example 1:

NM1*IL*1*SMITH*JOHN*L***34*444115555~

Elements 6 and 7 are not included; therefore, the asterisks (**) act as placeholders for the omitted elements.

When data elements are omitted from the end of a segment, the data element delimiters do not need to be used. The segment is ended with a segment terminator.

Example 2:

Elements 8 and 9 can be omitted in the same segment as Example 1. The new segment would become:

NM1*IL*1*SMITH*JOHN*L~

And not:

NM1*IL*1*SMITH*JOHN*L****~

Example 3:

Surescripts does not publish segments that are HIPAA compliant but not utilized by Surescripts. If a message contains these segments, it will still be valid and accepted; but the data within the segment may not be utilized.

ABC*ABC01*ABC02*ABC03*ABC04*ABC05*ABC06~

If elements ABC02 and ABC03 are not used (not shown on the Surescripts EDI specifications) then no value should be sent. However, the elements must be represented with a place holder because there are used elements (ABC04, 05 and 06) after them.

This is the correct representation:

ABC*ABC01***ABC04*ABC05*ABC06~

ABC02 and ABC03 must be represented so that it is known that the next data value is ABC04.

This is the INCORRECT representation:

ABC*ABC01*ABC04*ABC05*ABC06~

If the placeholders for ABC02 and ABC03 are removed, ABC04 would be mistaken for ABC02.

Representation

The following table lists the Field Type Notation used within the messages:

Type	X12 Notation
Alphanumeric	AN
Date	DT
Decimal	R
ID Number	ID
Numeric	Nn
String	AN
Time	TM

Each element, if sent, has a minimum and maximum length.

For example:AN 1/3 means an alphanumeric with range from one to three characters.AN 3/3 means an alphanumeric with three characters.

Numeric Representation

The decimal point is represented by a period and should be used as follows:

- only when there are significant digits to the right of the decimal
- when there is a digit before and after the decimal point
- not with whole numbers

For example, consider the following possible values for a 5-digit field:

Correct:	2.515	251.5	25.15	2515	0.2515	2.5
Incorrect:	.2515	2515.	3.00			

Character Set

The character set contains ASCII values 32 – 126, which include:

Symbols	**! " # $ % & ' ( ) * + , - . / : ; < = > ? @ [\ ] ^ _ ` { | } ~**
Numerals	Ø to 9
Letters, upper and lower case	A to Z, a to z

Notes:

- To assist in successful message processing, Surescripts recommends not hardcoding the greater than symbol (>) in Eligibility messages.
- Formulary IDs are case sensitive. See **Eligibility Response Fields** for more information.
- For ID File Load only:
  - The decimal 94 ^ cannot be used in the ID Load process.

Message Validation

Surescripts will ensure that customers are in compliance with the message specifications outlined in this guide during testing and will continue to enforce once in production.

At a minimum, Surescripts validations include:

- The sender identification and authentication
- The recipient identification
- Syntax of the message, including field lengths, data types, and code values
- Surescripts business rules

Note: Surescripts ACRs are not enforced as part of validations, but instead through the certification process.

Failure Mode/Response Approach

Surescripts' error processing approaches are defined below.

Error Processing for Eligibility Request and Eligibility Response

When a network communication or system failure occurs between the originating customer and Surescripts, an error message will not be returned to the customer. Customers should establish a timeout parameter to allow their system to recover in the event that Surescripts does not respond.

Surescripts has defined four different levels of failure for exchanging errors with the customer.

NAK: In instances where Surescripts or a customer receives a message that is unrecognizable or a system error occurs, the recipient will send back an XML formatted NAK.

The NAK is an XML formatted message. Error (NAK) <nak status="n">Text Message</nak>

Message Type	Status	Error	Message
NAK	1	Invalid Syntax	Transaction cannot be identified nor processed
NAK	3	Transaction Timeout	Transaction Timeout
NAK	4	System Error	System Error

An example of a nak: <nak status="4"> System Error </nak>

TA1: The TA1 acknowledges the receipt of a message. It validates the syntax of the interchange ISA and IEA segments. It notifies the sender that the receiver got the message, or it reports errors so the sender is aware of interchange problems. Surescripts utilizes the TA1 to only report errors. Surescripts only utilizes the TA1 to report errors when an error occurs within the header.

999: The 999 message reports functional problems to the sender. The sender will receive a 999 when a syntax error occurs in the body of the message or if the sender participant ID is invalid.

ACK: The ACK message is a small XML file, containing <ack status="y"/>, which serves as the PBM/Payer's acceptance of the 999 message.

271: When a non-syntax error occurs during processing of an Eligibility Request message, AAA segments in the Eligibility Response will be used to report the errors.

4. Best Practices

Patient Demographic Detail

Customers requesting eligibility should send in the most up-to-date and complete patient demographic information to ensure the highest probability of receiving patient benefit information in return. Entering accurate patient information will aid in identification of the patient's benefit information prior to prescribing. These fields are utilized by the Surescripts matching algorithm to locate patient coverage in the master patient index:

- Patient First Name
- Patient Middle Name
- Patient Last Name
- Patient Suffix
- Patient Date-of-Birth
- Patient Gender
- Patient Address Line 1
- Patient Address Line 2
- Patient City
- Patient State
- Patient Zip Code

For more information, see **Patient Match Verification**.

Eligibility Response Fields

Eligibility responses include key fields that inform a provider's decision when writing a prescription and during the dispensing of the medication at the pharmacy. Absence of key fields causes downstream workflow issues like the inability to accurately tie the active formulary results from the coverage selected leading to lower provider satisfaction and leads to negative patient outcomes. Key fields include:

- Active Coverage
- Plan Coverage Description (Health Plan Name)
- IIN (Previously BIN)
- PCN
- Group ID (Group Number)
- Group Name
- Plan ID
- NCPDP ID
- Formulary Status List ID
- Coverage ID
- Alternatives ID
- Copay ID
- Person Code

- Cardholder ID
- Entity Identifier Code (Loop 2120C Subscriber Benefit Related Entity Name)
- Insurance Type Code

Returning all critical fields will result in a better experience for everyone involved in the prescribing process. In addition to sending the above fields, the contents should be human readable for the Plan Coverage Description (Health Plan Name) and Group Name. This aids in efficient and effective processing of a patient's prescription from provider to pharmacy.

When providing the formulary identifiers (Formulary Status, Coverage, Alternatives, & Copay) on eligibility responses, it is paramount to ensure they match to the active formulary list IDs provided in your formulary data. Robust formulary accurately informs the provider when prescribing and when the Formulary IDs are not present in either (Formulary or Eligibility) responses it prevents this process.

> **Note:** To aid in matching, case sensitivity is required for the formulary identifiers (Formulary Status, Coverage, Alternatives, & Copay).

Eligibility Request Utilization

Eligibility requests generally should correspond closely to the number of scripts being written or processed at a pharmacy. Per ACR E.100 and E.101, eligibility shall be sent once in 3 days in conjunction with a scheduled outpatient visit or treatment event. See **Application Certification Requirements** for more information. To assist in ensuring appropriate processing, interfaces can prevent multiple attempts to manually request eligibility via pop-up indicator or greying out of the "Check Benefit" button after the initial request has been placed.

BenefitsCoordination Elements

Data from eligibility responses is used to populate the first BenefitsCoordination segment within the routing message (NewRx) with the associated benefit information from the PBM/payer. If more than one active coverage is returned, only the single coverage information utilized to write the prescription is sent. Subsequent BenefitsCoordination elements should be used for coupon/discount information. In the eligibility response, the ISA13 control number shall be populated in the first BenefitsCoordination segment within the PayerIdentification/MutuallyDefined field, even if there is no active coverage listed in that Eligibility Response. Prescriber vendors who are not utilizing the Surescripts Eligibility Request/Eligibility Response messages should use the first BenefitsCoordination element for coupon/discount information.

Subscriber – Unique Identification

The subscriber is a person who can be uniquely identified to an information source by a unique Member Identification Number (which may include a unique suffix to the primary policy holder's identification number). The subscriber may or may not be the patient.

> **Reference:** ASC X12N/005010X279A1 Health Care Eligibility Benefit Inquiry and Response (270/271) Sec. 1.4.2: Page 5.

For example, Joe Johnson is the primary policy holder and has a Member ID 555123. He is considered a subscriber. Joe's wife, Jane Johnson, is covered under Joe's policy and has a Member ID 555124. Both Joe and Jane are considered subscribers because they have unique member ID numbers.

Since PBM/payers uniquely identify each member, the subscriber level should be used instead of the dependent level. However, receivers of the Eligibility Request need to be able to handle patients at the dependent level since the standard allows it. If the

patient is submitted in the dependent loop (in Eligibility Request), the patient information must be returned in the subscriber loop (in Eligibility Response). This is due to the fact that PBM/payer's assign unique identifiers to all members thus they are deemed to be subscribers according to the standard.

IIN (Issuer Identification Number) Truncation

Per NCPDP, since 8-digit IINs are now being assigned, use the first 6 digits of the IIN as the BIN even if the first digit(s) is a zero. Once new version of the NCPDP Telecommunication Standard is adopted, truncation will no longer be necessary. Refer to **NCPDP Processor ID (BIN)** for more information.

For example, an IIN that is 8-digits (e.g., 12345600) will be truncated to include the first 6-digits (e.g., 123456).

5. Eligibility Messaging

This section provides guidelines for the data messaging interfaces between the provider vendor or pharmacy and PBM/payers. Standard segments will be required for commonly transmitted data such as basic patient demographics and eligibility information.

The Patient and Eligibility Data will be transmitted between the provider vendor or pharmacy system, Surescripts, and PBM/payer using the currently accepted X12 envelope segments. Message formats used include the X12 Eligibility Request (Health Care Eligibility Benefit Inquiry) and the X12 Eligibility Response (Health Care Eligibility Benefit Response).

The requester is a provider vendor or pharmacy system, and the eligibility responder is a PBM/payer.

See **Eligibility Premium Features** for more information.

Relationship to the X12 Eligibility Request and Eligibility Response Standard

All eligibility requests and responses sent to Surescripts by customers must comply with the X12 standard for eligibility for a health plan mandated under HIPAA by the Department of Health and Human Services (the "270/271 Implementation Guide"). The descriptions in this section of Eligibility Request transactions and the Eligibility Response transactions clarify the information that Surescripts expects to be included in Eligibility Request and Eligibility Response messages exchanged with Surescripts. Nothing in these Specifications are intended or shall be deemed to: (a) change the definition, data condition, or use of a data element or segment in a HIPAA-mandated standard; (b) add any data elements or segments to the maximum defined data set of a HIPAA-mandated standard; (c) use any code or data elements that are either marked "not used" in the 270/271 Implementation Guide; or (d) change the meaning or intent of the 270/271 Implementation Guide.

The guidelines for data messaging interfaces provided in this document are tailored to the needs of provider vendor system and PBM/payer customers related to prescription drug benefits and are a subset of the X12 standard. The X12 standard covers a great number of other business scenarios that are not described in this section; however, Surescripts will support the minimum requirements of the X12 Eligibility Request/Eligibility Response transaction. See Section 1.4.7 of the 270/271 Implementation Guide (“Implementation Compliant Use of the 270/271 Transaction Set”).

> **Note:** Even though Surescripts has implemented a subset of the X12N 270/271 standard, customers should be able to handle receiving all the segments, elements and related codes contained in the HIPAA X12N 270/271 standard. Refer to the **Document References** for the exact reference guides needed.

If a provider vendor submits an Eligibility Request that does not comply with the X12 standard, Surescripts will return a 999 response. If a provider vendor system customer submits an Eligibility Request that complies with the X12 Eligibility Request/Eligibility Response transaction but contains information that is unexpected by Surescripts, Surescripts will return an Eligibility Response based on the information received by Surescripts that was expected, but the response may include AAA segments if insufficient information expected by Surescripts is submitted to generate a meaningful response.

If a PBM/payer customer submits an Eligibility Response that does not comply with the X12 standard, Surescripts will return a 999 response to the PBM/payer. The response to the PBM/payer should be responded to with an ACK. If a PBM/payer customer submits an Eligibility Response that complies with the X12 Eligibility Request/Eligibility Response transaction but contains information that is unexpected by Surescripts, Surescripts will pass the response to the requesting provider vendor system. However, PBM/payer customers should be aware that such responses may not be understood or usable by the recipient provider vendor system.

Patient Match Verification

The specific fields that are used to match the patient are listed below. Only valid patient data should be entered. Invalid data or filler data may result in “patient not found” or an incorrect match.

- Last Name NM103
- First Name NM104 – Use formal name. Do not use preferred name or nickname.
- Middle Name NM105
- Suffix NM107 – If relevant, the name suffix should be included in this field.
- Street Address (line 1) N301
- Street Address (line 2) N302
- City N401
- State N402
- Zip N403
- DOB DMG02
- Gender DMG03

Insufficient Information

In the event that insufficient identifying elements are sent to Surescripts to uniquely identify a patient, Surescripts returns an Eligibility Response with an AAA segment identifying “Subscriber/Insured Not Found” or “Patient Not Found” and sends recommendations for future searches, if appropriate.

Patient Not Found with Hint Errors

When “Patient Not Found with Hint” error message is received in an AAA response, the provider vendor system should work to correct and resubmit, including those fields that would assist in identifying the patient. The error is sent if patient is not found and one or more of the following fields are missing:

- Patient First Name
- Patient Last Name
- Patient Zip Code
- Patient Date-of-Birth

Sending all fields will aid in locating more patients, enabling more informed decision making during the prescribing process.

Non-Unique Match

In the event that multiple patients are found for the submitted data elements and a unique match cannot be determined, Surescripts returns an Eligibility Response with an AAA segment identifying “Subscriber/Insured Not Found or Patient Not Found” and, if possible, lists the missing data elements needed to help identify an exact patient match.

PBM/payers assign a unique ID to each covered member. For this reason, customers should use the subscriber loop since each member is being treated as a subscriber according to the standard.

> **Note:** PBM/payers should always return the data they had in their system in the Eligibility Response and not echo back what was sent in the Eligibility Request.

If any of the demographic fields listed above are different from what the provider vendor sent, a change flag is returned from the PBM/payer. If a field comes in blank and the PBM/payer sends back a value, this is considered a change. However, if the provider vendor sends a value in a field and the PBM/payer is unable to compare this field because they do not store this field in their patient data, the change flag must not be set and the data from the request must not be returned.

The change flag is in the INS segment. INS03 = 001, INS04 = 25.

In the case of error conditions including patient not found - AAA error 75, contract /authorization error - AAA error 41, and general system errors – AAA error 42, do not send back patient information from the Eligibility Request. Therefore, in these error conditions, no patient data should be sent back. The provider vendor should disregard any patient information under these error scenarios.

Examples:

1. This is an example where the PBM/payer should indicate that a change has been made and set the change flag in the INS segment.
2. **Provider vendor sends**: Joe M Doe, DOB 19550412, Gender Male, and Address 55 HIGH STREET, SEATTLE, WA 55111
   PBM/payer returns: Joseph M Doe, DOB 19550412, Gender Male, and Address 55 HIGH STREET, St. Paul, MN 55111
   In this example, the PBM/payer does not need to set the change flag because they have not changed any of the information returned, but the middle initial is blank due to the field not being supported in the PBM/payer's system:
3. **Provider vendor sends**: Joe M Doe, DOB 19550412, Gender Male, and Address 55 HIGH STREET, St. Paul MN, 55111
   PBM/payer returns: Joe Doe, DOB 19550412, Gender Male, and Address 55 HIGH STREET, St. Paul MN, 55111
   In this example, the PBM/payer looks up the information and finds a blank for the middle name (which is a supported field in the PBM/payer's system). This is considered a change so the change flag needs to be set:
4. **Provider vendor sends**: Joe M Doe, DOB 19550412, Gender Male,
   PBM/payer returns: Joe Doe, DOB 19550412, Gender Male,
   This is an example where the patient is not found, so none of the patient information is returned.
   Provider vendor sends: Joe M Doe, DOB 19550412, Gender Male, and Address 55 HIGH STREET, St. Paul MN 55111
   PBM/payer returns: No Patient Data and an AAA segment with error 75 – Subscriber/Insured Not Found.

270 Eligibility, Coverage, or Benefit Inquiry

This section contains a subset of information on the Eligibility, Coverage, or Benefit Inquiry Transaction Set (270) for use within the context of an E-Prescribing environment.

Since PBM/payers uniquely identify each member, the subscriber level should be used instead of the dependent level. However, receivers of the Eligibility Request are required to be able to handle patients at the dependent level since the standard allows it.

Reference: ASC X12N/005010X279A1 Health Care Eligibility Benefit Inquiry and Response (270/271) Sec. 1.4.2: Page 5.

Notes:

- This guide only includes data elements where Surescripts has specific requirements or further explains the field usage. Refer to X12N/005010X279A1 Health Care Eligibility Benefit Inquiry and Response (270/271) for a complete list of segments and elements. In addition, comments below where codes are specified are either to call out Surescripts notes and/or to show the code recommended by Surescripts. For a full list of codes, please refer to X12N/005010X279A1 Health Care Eligibility Benefit Inquiry and Response (270/271).
- Unless specified otherwise, the information in the tables below apply to both Eligibility and Eligibility for Pharmacy.
- Elements that are grouped together may be marked as mandatory; however, if the group itself is marked as conditional or recommended, then these are only required if you use the group.

Requirement Designation

Code	Description
mandatory	The element must be used per the specification (e.g., XML schema validation). **Note:** The term mandatory applies to mandatory and required fields in the different standards.
business rule	If sent, the element must be used per the Surescripts business rule. **Note**: Not all business rules reside in this table.
conditional	The element is to be used per the conditions specified. **Note:** The term conditional applies to conditional and situational fields in the different standards. For example, X12 uses the term situational.
recommended	Surescripts recommends sending the element as a best practice.
optional	Some fields do not have specific conditions. Data should be sent if available.
not used	Not used by Surescripts.

Header

Segment ID (Eligibility Request)	Segment Name (Eligibility Request)	Code	Comments
ISA	Interchange Control Header	mandatory	
ISA01	Authorization Information Qualifier	mandatory	Value: 00 - No Authorization Information Present (No Meaningful Information in Data Element I02)
ISA02	Authorization Information	mandatory	Not used. Fill with blanks.
ISA03	Security Information Qualifier	mandatory	Code to identify the type of information in the Security Information. Value: 01 - Password
ISA04	Security Information	mandatory	From the provider vendor, this is the Password assigned by Surescripts for the provider vendor. From Surescripts, this is the password Surescripts uses when sending to the PBM/Payer.
ISA05	Interchange ID Qualifier	mandatory	Qualifier: ZZ - Mutually Defined
ISA06	Interchange Sender ID	mandatory	From the provider vendor system, this is the Participant ID as assigned by Surescripts. From Surescripts to the PBM/payer, this is Surescripts' ID.
ISA07	Interchange ID Qualifier	mandatory	Qualifier ZZ - Mutually Defined
ISA08	Interchange Receiver ID	mandatory	From the provider vendor system to Surescripts, the provider vendor system must use the Surescripts ID designated by Surescripts Integration for the customer's specific use case. From the pharmacy to Surescripts, the pharmacy system must use the Surescripts ID S00000000000010. From Surescripts to the PBM/payer, this is PBM/payer's Participant ID. For a full list of possible Surescripts IDs that relate to Eligibility, see **Appendix C: Surescripts Eligibility Identifiers**.
ISA09	Interchange Date	mandatory	Date format YYMMDD required
ISA10	Interchange Time	mandatory	Time format HHMM required.

Segment ID (Eligibility Request)	Segment Name (Eligibility Request)	Code	Comments
ISA11	Repetition Separator	mandatory	Surescripts recommends using Hex 1F.
ISA12	Interchange Control Version Number	mandatory	This version number covers the interchange control segments. 00501 – Standards Approved for Publication by ASC X12 Procedures Review Board through October 2003
ISA13	Interchange Control Number	mandatory	From the provider vendor system, this is a unique ID assigned by the provider vendor system for transaction tracking. From Surescripts, this is a unique ID assigned by Surescripts for transaction tracking. This ID will be returned on a TA1 if an error occurs. Providing a unique number will assist in resolving errors and tracking messages.
ISA14	Acknowledgement Requested	mandatory	Since these transactions are real time only, Surescripts does not use this field to determine whether to create a TA1 acknowledgment. Value: 0 - No Acknowledgment Requested (Recommended by Surescripts)
ISA15	Interchange Usage Indicator	mandatory	Values: P - Production Data T - Test Data
ISA16	Component Element Separator	mandatory	Surescripts recommends using Hex 1C.
GS	Functional Group Header	mandatory	
GS01	Functional Identifier Code	mandatory	Value: HS
GS02	Application Sender's Code	mandatory	From the provider vendor system, this is the Participant ID as assigned by Surescripts. From Surescripts to PBM/payer, this is Surescripts' ID.
GS03	Application Receiver's Code	mandatory	From the provider vendor system to Surescripts, the provider vendor system must use the Surescripts ID designated by Surescripts Integration for the customer's specific use case.

Segment ID (Eligibility Request)	Segment Name (Eligibility Request)	Code	Comments
			From the pharmacy to Surescripts, the pharmacy system must use the Surescripts ID S00000000000010. From Surescripts to PBM/payer, this is PBM/payer's Participant ID. For a full list of possible Surescripts IDs that relate to Eligibility, see **Appendix C: Surescripts Eligibility Identifiers**.
GS06	Group Control Number	mandatory	The control number should be unique across all groups within this transaction set. This ID will be returned on an AK102 of the 999 acknowledgment if an error occurs. Providing unique numbers will assist in resolving errors and tracking messages. Avoid using leading zeros in this field.
ST	Transaction Set Header	mandatory	
ST02	Transaction Set Control Number	mandatory	Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set. The transaction set control numbers in ST02 and SE02 must be identical. This unique number also aids in error resolution research. Start with the number, for example "0001", and increment from there. This number must be unique within a specific group and interchange, but can repeat in other groups and interchanges. **Note:** This ID will be returned on an AK202 of the 999 acknowledgment if an error occurs. Providing a unique number will assist in resolving errors and tracking messages.
BHT	Beginning of Hierarchical Transaction	mandatory	
BHT02	Transaction Set Purpose Code	mandatory	Value: 13 - Request (Surescripts customers utilize this option only.)
BHT03	Reference Identification	mandatory	Because Surescripts only supports Real Time, this element is required.

Detail

Segment ID (Eligibility Request)	Segment Name (Eligibility Request)	Code	Comments
Loop ID – 2000A Information Source Level			
HL	Information Source Level (PBM/payer)	mandatory	
Loop ID – 2100A Information Source Name			
NM1	Information Source Name	mandatory	
NM101	Entity Identifier Code	mandatory	Value: 2B - Third-Party Administrator (Recommended by Surescripts)
NM102	Entity Type Qualifier	mandatory	Value: 2 - Non-Person Entity (Recommended by Surescripts)
NM103	Name Last	mandatory	From the provider vendor system, the source is unknown so this would be Surescripts. From Surescripts, Surescripts will place the source name here.
NM108	Identification Code Qualifier	mandatory	Value: PI - Payer Identification (Recommended by Surescripts)
NM109	Identification Code	mandatory	From the provider vendor system to Surescripts, the provider vendor system must use the Surescripts ID designated by Surescripts Integration for the customer's specific use case. From the pharmacy to Surescripts, the pharmacy system must use the Surescripts ID S00000000000010. From Surescripts to PBM/payer, Surescripts will place the Participant ID of the PBM/payer's here. For a full list of possible Surescripts IDs that relate to Eligibility, see **Appendix C: Surescripts Eligibility Identifiers**.
Loop ID – 2000B Information Receiver Level			
HL	Information Receiver Level (Physician)	mandatory	
Loop ID – 2100B Information Receiver Name			
NM1	Information Receiver Name	mandatory	

Segment ID (Eligibility Request)	Segment Name (Eligibility Request)	Code	Comments
NM101	Entity Identifier Code	mandatory	Value: 1P - Provider (Recommended by Surescripts)
NM102	Entity Type Qualifier	mandatory	Indicates if the entity is an individual person or an organization. Value: 1 - Person (Recommended by Surescripts for Eligibility) 2 - Non-Person Entity (Recommended by Surescripts for Eligibility for Pharmacy)
NM103	Name Last or Organization Name	mandatory	If value "1" was sent in NM102, the individual's last name (physician's last name) is sent in this field. If value "2" was sent in NM102, the organization name is sent in this field.
NM108	Identification Code Qualifier	mandatory	Qualifier: XX - Centers for Medicare and Medicaid Services National Provider Identifier.
NM109	Identification Code	mandatory	The NPI is mandated. Surescripts will reject if the NM108 and the NM109 are not populated. The NPI will follow a two-step validation process: • The NPI check digit will be validated using the LUHN formula. For specific information see: **https://www.cms.gov/Regulations-and-Guidance/Administrative-Simplification/NationalProvIdentStand/Downloads/NPIcheckdigit.pdf** • **Notes:** It may take up to one week for an NPI to become active in the Surescripts directory. The NPPES validation process is only applicable in the production environment.
REF	Information Receiver Additional Identification (Provider Vendor System Identification)	conditional	
REF01	Reference Identification Qualifier	mandatory	Value: EO – Submitter Identification Number (A unique number identifying the submitter of the transaction set.)
REF02	Reference Identification	mandatory	Surescripts defined Participant ID for the provider vendor system. business rule REF*EO must match the ISA-06 on the incoming Eligibility Request.
REF03	Description	conditional	Must not be used for the EO qualifier.

Segment ID (Eligibility Request)	Segment Name (Eligibility Request)	Code	Comments
N3	Information Receiver Address	conditional	Required when the information receiver is a provider who has multiple locations and it is needed to identify the location relative to the request.
N4	Information Receiver City/State/ZIP Code	conditional	Required when the information receiver is a provider who has multiple locations and it is needed to identify the location relative to the request.
N401	City Name	mandatory	
N402	State or Province Code	conditional	This field is required if City Name (N401) is in the U.S. or Canada.
N403	Postal Code	conditional	This field is required if City Name (N401) is in the U.S. or Canada.
N404	Country Code	conditional	Do not send the US Country Code.
Loop ID – 2000C Subscriber Level			
HL	Subscriber Level	mandatory	
TRN	Subscriber Trace Number	conditional	
Loop ID – 2100C Subscriber Name			
NM1	Subscriber Name	mandatory	
NM103	Name Last or Organization Name	recommended	Individual's last name or organization name.
NM104	Name First	recommended	Individual's first name. Use formal name. Do not use preferred name or nickname.

Segment ID (Eligibility Request)	Segment Name (Eligibility Request)	Code	Comments
NM105	Name Middle	recommended	Middle name or initial.
NM107	Name Suffix	recommended	Suffix to individual's name. If applicable, the name suffix should be included in this field.
NM108	Identification Code Qualifier	conditional	From the provider vendor system this is blank. Surescripts will put the Qualifier "MI" into this field. Value: MI - Member Identification Number
NM109	Identification Code	conditional	From the provider vendor system this is blank. Surescripts will put the PBM Unique Member ID into this field.
REF	Subscriber Additional Identification (SSN#, Person Code)	conditional	
N3	Subscriber Address	conditional	
N301	Address Information	mandatory	Address information.
N4	Subscriber City/State/ZIP Code	recommended	Surescripts strongly recommends sending this segment to aid in patient matching. If this field is not sent, the patient may not be found.
N401	City Name	mandatory	
N402	State or Province Code	recommended	This field is required if City Name (N401) is in the U.S. or Canada.
N403	Postal Code	recommended	This field is required if City Name (N401) is in the U.S. or Canada.
N404	Country Code	conditional	Do not send US Country Code.
DMG	Subscriber Demographic Information	conditional	

Segment ID (Eligibility Request)	Segment Name (Eligibility Request)	Code	Comments
DMG02	Date Time Period	recommended	Use this date for the date of birth of the individual.
DMG03	Gender Code	recommended	Code indicating the sex of the individual. Values: F – Female M – Male If the sex of the individual is unknown or other, do not send this field in the Eligibility Request.
DTP	Subscriber Date	conditional	Absence of a Plan date indicates the request is for the date the transaction is processed and the information source is to process the transaction in the same manner as if the processing date was sent. The Eligibility Date of Service and the Eligibility Transmission Date must be within three (3) days of the patient interaction (Past and Future).
Loop ID - 2110C Subscriber Eligibility or Benefit Inquiry			
EQ	Subscriber Eligibility or Benefit Inquiry Information (Health Benefit Plan Coverage)	conditional	
EQ01	Service Type Code	conditional	Value: 30 - Health Benefit Plan Coverage (Recommended by Surescripts) Instead of specifying a specific service type code, this code allows the information source to respond with all the relevant service types. If other service types are sent, the responder will only respond to pharmacy-related coverages. An information source may support the use of Service Type Codes other than “30" (Health Benefit Plan Coverage) in EQ01 at their discretion.

Trailer

Segment ID (Eligibility Request)	Segment Name (Eligibility Request)	Code	Comments
SE	Transaction Set Trailer	mandatory	
GE	Functional Group Trailer	mandatory	
IEA	Interchange Control Trailer	mandatory	

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271 Eligibility, Coverage, or Benefit Information

This section contains a subset of information on the Eligibility, Coverage, or Benefit Information Transaction Set (271) for use within the context of E-Prescribing.

PBM/payer's uniquely identify each patient, thus the subscriber level should be used instead of the dependent level. However, receivers of the Eligibility Request are required to be able to handle patients at the dependent level since the standard allows it. Also, when the patient is submitted in the dependent loop (in Eligibility Request) they must be returned in the subscriber loop (in Eligibility Response). This is due to the fact that PBM/payer's assign unique identifiers to all members thus they are deemed to be subscribers according to the standard.

Notes:

- This guide only includes data elements where Surescripts has specific requirements or further explains the field usage. Refer to X12N/005010X279A1 Health Care Eligibility Benefit Inquiry and Response (270/271) for a complete list of segments and elements. In addition, comments below where codes are specified are either to call out Surescripts notes and/or to show the code recommended by Surescripts. For a full list of codes, please refer to X12N/005010X279A1 Health Care Eligibility Benefit Inquiry and Response (270/271).
- Unless specified otherwise, the information in the tables below apply to both Eligibility and Eligibility for Pharmacy.
- Elements that are grouped together may be marked as mandatory; however, if the group itself is marked as conditional or recommended, then these are only required if you use the group.

Requirement Designation

Code	Description
mandatory	The element must be used per the specification (e.g., XML schema validation). **Note:** The term mandatory applies to mandatory and required fields in the different standards.
business rule	If sent, the element must be used per the Surescripts business rule. **Note**: Not all business rules reside in this table.
conditional	The element is to be used per the conditions specified. **Note:** The term conditional applies to conditional and situational fields in the different standards. For example, X12 uses the term situational.
recommended	Surescripts recommends sending the element as a best practice.
optional	Some fields do not have specific conditions. Data should be sent if available.
not used	Not used by Surescripts.

Header

Segment ID (Eligibility Response)	Segment Name (Eligibility Response)	Code	Comments
ISA	Interchange Control Header	mandatory	
ISA01	Authorization Information Qualifier	mandatory	Value: 00 - No Authorization Information Present (No Meaningful Information in I02)
ISA02	Authorization Number	mandatory	Not used. Fill with blanks.
ISA03	Security Information Qualifier	mandatory	Code to identify the type of information in the Security Information. Value: 01 - Password
ISA04	Security Information	mandatory	From the PBM/payer to Surescripts, this is the Surescripts system assigned password to the PBM/payer. From Surescripts, this is the password Surescripts uses when sending to the provider vendor.
ISA05	Interchange ID Qualifier	mandatory	Qualifier ZZ - Mutually Defined
ISA06	Interchange Sender ID	mandatory	From the PBM/payer to Surescripts, this is the PBM/payer's Participant ID. From Surescripts to the provider vendor system, this is Surescripts' ID.
ISA07	Interchange ID Qualifier	mandatory	Qualifier ZZ - Mutually Defined
ISA08	Interchange Receiver ID	mandatory	From the PBM/payer, this is Surescripts' ID. From Surescripts to the provider vendor system, this is the provider vendor's Participant ID.
ISA09	Interchange Date	mandatory	Date format YYMMDD required.
ISA10	Interchange Time	mandatory	Time format HHMM required.
ISA11	Repetition Separator	mandatory	Surescripts recommends using Hex 1F.
ISA12	Interchange Control Version Number	mandatory	This version number covers the interchange control segments. 00501 – Standards Approved for Publication by ASC X12 Procedures Review Board through October 2003

Segment ID (Eligibility Response)	Segment Name (Eligibility Response)	Code	Comments
ISA13	Interchange Control Number	mandatory	From the PBM/payer, this is the PBM/payer's unique identification of this transaction. From Surescripts, this is Surescripts' unique identification of this transaction. This number is returned on a TA1 if an error occurs. Providing a unique number will assist in resolving errors and tracking messages.
ISA14	Acknowledgement Requested	mandatory	The TA1 segment will only be transmitted in the event of a header or trailer ERROR. TA1 segments should not be returned for accepted transactions. If there are no errors at the envelope level (ISA, GS, GE, IEA segments) then TA1 segments should not be returned. Since these transactions are real time only, Surescripts does not use this field to determine whether to create a TA1 acknowledgment.
ISA15	Interchange Usage Indicator	mandatory	Values P - Production Data T - Test Data
ISA16	Component Element Separator	mandatory	Surescripts recommends using Hex IC.
GS	Functional Group Header	mandatory	
GS01	Functional Identifier Code	mandatory	Value: HB
GS02	Application Sender's Code	mandatory	From the PBM/payer to Surescripts, this is the PBM/payer's Participant ID. From Surescripts to the provider vendor system, this is Surescripts' ID.
GS03	Application Receiver's Code	mandatory	From the PBM/payer to Surescripts, this is Surescripts' ID. From Surescripts to the provider vendor system, this is the provider vendor's Participant ID.
GS06	Group Control Number	mandatory	The control number should be unique across all functional groups within this transaction set. This number is returned on an AK102 of the 999 acknowledgment if an error occurs. Providing a unique number will assist in resolving errors and tracking messages.
ST	Transaction Set Header	mandatory	
ST02	Transaction Set Control Number	mandatory	This ID will be returned on an AK202 of the 999 acknowledgment if an error occurs. Providing a unique number will assist in resolving errors and tracking messages.
BHT	Beginning of Hierarchical	mandatory	

Segment ID (Eligibility Response)	Segment Name (Eligibility Response)	Code	Comments
	Transaction		
BHT03	Reference Identification	mandatory	Because this Implementation is Real Time, this number from the Eligibility Request is to be returned in this field.

Detail

Segment ID (Eligibility Response)	Segment Name (Eligibility Response)	Code	Comments
Loop ID – 2000A Information Source Level			
HL	Information Source Level (PBM/payer)	mandatory	
AAA	Request Validation	conditional	
AAA03	Reject Reason Code	mandatory	Value: 42 - Unable to Respond at Current Time **Note:** Surescripts could not process the transaction.
Loop ID – 2100A Information Source Name			
NM1	Information Source Name	mandatory	
NM101	Entity Identifier Code	mandatory	Value: 2B - Third-Party Administrator (Recommended by Surescripts)
NM102	Entity Type Qualifier	mandatory	Value: 2 - Non-Person Entity (Recommended by Surescripts)
NM103	Organization Name	mandatory	This is the name of the PBM/payer that provides the data. It does not include Surescripts at any point.
NM108	Identification Code Qualifier	manda	Surescripts will utilize PI to identify the Payer (the PBM/payer). Value:

Segment ID (Eligibility Response)	Segment Name (Eligibility Response)	Code	Comments
		tory	PI - Payer Identification (Recommended by Surescripts)
NM109	Identification Code	mandatory	This is the PBM/payer's Participant ID.
AAA	Request Validation	conditional	
AAA03	Reject Reason Code	mandatory	Values: 41 - Authorization/Access Restrictions • To the provider vendor system from Surescripts, 41 would indicate that the provider vendor system cannot request transactions for the identified PBM/payer. • To Surescripts from the PBM/payer, 41 would indicate that Surescripts cannot request eligibility from this PBM/payer. 42 - Unable to Respond at Current Time • PBM/payer cannot process at current time. 79 - Invalid Participant Identification • The PBM/payer will use this code to indicate that Information Source Identified in Loop 2100A is invalid.
Loop ID – 2000B Information Receiver Level			
HL	Information Receiver Level (Physician)	conditional	
Loop ID – 2100B Information Receiver Name			
NM1	Information Receiver Name	manda	

Segment ID (Eligibility Response)	Segment Name (Eligibility Response)	Code	Comments
		tory	
NM101	Entity Identifier Code	mandatory	Value: 1P - Provider (Recommended by Surescripts)
NM102	Entity Type Qualifier	mandatory	Value: 1 - Person (Recommended by Surescripts)
NM108	Identification Code Qualifier	mandatory	Qualifier: XX - Centers for Medicare and Medicaid Services National Provider Identifier.
NM109	Identification Code	mandatory	The NPI is mandated. Surescripts will reject if the NM108 and the NM109 are not populated.
REF	Information Receiver Additional Identification (Provider Vendor System Identification)	recommended	Surescripts defined Participant ID for the provider vendor system.
REF01	Reference Identification Qualifier	mandatory	Value: EO - Submitter Identification Number (A unique number identifying the submitter of the transaction set.)
REF02	Reference Identification	mandatory	Surescripts defined Participant ID for the provider vendor system.
REF03	Description	conditional	Not used for the EO qualifier.
AAA	Information Receiver Request Validation	conditional	

Segment ID (Eligibility Response)	Segment Name (Eligibility Response)	Code	Comments
AAA03	Reject Reason Code	mandatory	Values: 15 - Required application data missing • Use this code only when the information receiver's additional identification is missing. (Not enough information given to identify the provider vendor system.) 41 - Authorization/Access Restrictions (A contract does not exist between this provider vendor system and the PBM/payer to exchange eligibility information.) 43 - Invalid/Missing Provider Identification (If there is an NPI error, Surescripts will send an error stating NPI is not valid.) 79 - Invalid Participant Identification. (Surescripts cannot validate the receiver.)
Loop ID – 2000C Subscriber Level			
HL	Subscriber Level	conditional	
TRN	Subscriber Trace Number	conditional	Echo the trace number back from the Eligibility Request in this field.
Loop ID – 2100C Subscriber Name			
NM1	Subscriber Name	mandatory	
NM103	Name Last	conditional	This data is to be returned from the PBM/payer system, and should not be echoed back from the Eligibility Request.
NM104	Name First	conditional	This data is to be returned from the PBM/payer system, and should not be echoed back from the Eligibility Request.
NM105	Name Middle	conditi	This data is to be returned from the PBM/payer system, and should not be echoed back from the Eligibility Request.

Segment ID (Eligibility Response)	Segment Name (Eligibility Response)	Code	Comments
		onal	
NM107	Name Suffix	conditional	This data is to be returned from the PBM/payer system, and should not be echoed back from the Eligibility Request.
NM108	Identification Code Qualifier	conditional	Value: MI - Member Identification Number
NM109	Identification Code	conditional	Subscriber PBM Unique Member ID. Send the full PBM Unique Member ID.
REF	Subscriber Additional Identification (Person Code, Cardholder ID, SSN, Patient Account Number)	recommended	
REF01	Reference Identification Qualifier	mandatory	Value: HJ - Identity Card Number (Cardholder ID) • Strongly recommended by Surescripts. 49 - Family Unit Member (Person Code) SY - Social Security Number • Recommended to not send social security number. Social security number may not be used for any federally administered programs such as Medicare. EJ - Patient Account Number • Echo the patient account number back from the Eligibility Request in this field.
N3	Subscriber Address	conditional	
N301	Address Information	mandatory	This data is to be returned from the PBM/payer system, and should not be echoed back from the Eligibility Request.
N302	Address Information	conditi	This data is to be returned from the PBM/payer system, and should not be echoed back from the Eligibility Request.

Segment ID (Eligibility Response)	Segment Name (Eligibility Response)	Code	Comments
		onal	
N4	Subscriber City/State/ZIP Code	conditional	Required to be sent when patient is the subscriber.
N401	City Name	mandatory	This data is to be returned from the PBM/payer system, and should not be echoed back from the Eligibility Request.
N402	State or Province Code	conditional	This field is required if City Name (N401) is in the U.S. or Canada. This data is to be returned from the PBM/payer system, and should not be echoed back from the Eligibility Request.
N403	Postal Code	conditional	This field is required if City Name (N401) is in the U.S. or Canada. This data is to be returned from the PBM/payer system, and should not be echoed back from the Eligibility Request.
N404	Country Code	conditional	Do not send US Country Code.
AAA	Subscriber Request Validation	conditional	
AAA03	Reject Reason Code	mandatory	Values: 15 - Required application data missing • At Surescripts – Not enough information for Surescripts to identify patient. • At PBM/payer – Wants more information than what was supplied. 62 - Service Date Invalid • Sent if service date is greater than 3 days in the past or future of the transmission date of the message.

Segment ID (Eligibility Response)	Segment Name (Eligibility Response)	Code	Comments
DMG	Subscriber Demographic Information	conditional	
DMG02	Date Time Period	conditional	This data is to be returned from the PBM/payer system, and should not be echoed back from the Eligibility Request.
DMG03	Gender Code	conditional	This data is to be returned from the PBM/payer system, and should not be echoed back from the Eligibility Request. Values: M – Male F – Female U – Unknown or other
INS	Subscriber Relationship	conditional	
INS01	Yes/No Condition or Response Code	mandatory	For the provider vendor system, this will always be Yes (Y), if supplied.
INS02	Individual Relationship Code	mandatory	For the provider vendor system, this will always be Self (18).
INS03	Maintenance Type Code	conditional	Code identifying the reason for the maintenance change. Use this element (and code “25” in INS04) if any of the identifying elements for the subscriber have been changed from those submitted in the Eligibility Request. Value: 001 - Change
INS04	Maintenance Reason Code	conditional	Code identifying the reason for the maintenance change. Use this element (and code “001” in INS03) if any of the identifying elements for the subscriber have been changed from those submitted in the Eligibility Request. Value: 25 - Change in Identifying Data Elements • Use this code to indicate that a change has been made to the primary elements that identify a specific person. Such elements include but are not limited to first name, last name, patient gender, date of birth, and address.

Segment ID (Eligibility Response)	Segment Name (Eligibility Response)	Code	Comments
DTP	Subscriber Date	conditional	
DTP02	Date Time Period Format Qualifier	mandatory	Value: D8 - Date Expressed in Format CCYYMMDD (Surescripts recommends D8.)
Loop ID – 2110C Subscriber Eligibility or Benefit Information			
EB	Subscriber Eligibility or Benefit Information.	recommended	This segment indicates active and inactive coverage. If the first iteration of the EB loop is set to "1" (Active), then use subsequent EB loops for retail, for mail order, and optionally, for specialty pharmacy and/or LTC. If the EB loop is set to "6" (Inactive), then no other EB loops are required.
EB01	Eligibility or Benefit Information	mandatory	Code identifying eligibility or benefit information. Values: 1 - Active Coverage 6 - Inactive If the member is inactive, then no other EB loops are required to be sent. V - Cannot Process G - Out of Pocket (Stop Loss) I - Non-covered
EB03	Service Type Code	conditional	The EB loop repeats. A value of "30" is sent in first iteration of the EB loop to determine if coverage is active. For active coverage: • it is required to send subsequent EB 2110C loops for retail and for mail order • subsequent 2110C loops may also be sent for specialty pharmacy and/or LTC For inactive coverage, then no other EB loops are required. See ACR E.103 in **Application Certification Requirements** for more information. Values: 30 - Health Plan Benefit Coverage 88 - Pharmacy (Retail Benefit) 90 - Mail Order Prescription Drug Empty/Null - Specialty Pharmacy or LTC (See MSG.)

Segment ID (Eligibility Response)	Segment Name (Eligibility Response)	Code	Comments
EB04	Insurance Type Code	recommended	Indicates type of insurance. Example values include but are not limited to: C1 – Commercial MA – Medicare Part A MC - Medicaid OT – Medicare Part D WC – Workers Comp
EB05	Plan Coverage Description	conditional	If EB03 contains 30 (Active), then EB05 will contain the primary health plan name, if applicable. If sent, Surescripts requires applications to display this for prescribers and pharmacists. See ACR E.103 in **Application Certification Requirements** for more information.
EB07	Monetary Amount	conditional	Surescripts is utilizing this field for Out of Pocket Accumulator. EB01 set to G.
REF	Subscriber Additional Identification (Plan ID, Group ID/Name, Formulary ID, Alternative ID, Coverage List ID, IIN/PCN, and Copay ID)	conditional	When available, it is required that the PBM/Payer sends IIN/PCN/Group ID/Group Name/Plan ID and formulary file IDs. When this information is included on the Eligibility Response, the provider is able to select the most appropriate coverage for the patient and it is populated by the provider vendor downstream on Prior Authorization, Real-Time Prescription Benefit, and NewRx transactions. See ACR E.106.1 in the **Application Certification Requirements** for more information. **IIN Note:** Per NCPDP, since 8-digit IINs are now being assigned, use the first 6 digits of the IIN as the BIN even if the first digit(s) is a zero. Once new version of the NCPDP Telecommunication Standard is adopted new, truncation will no longer be necessary. Refer to **NCPDP - IIN/Processor Identification Number (Processor BIN) Use - NCPDP Processor ID (BIN)** for more information.
REF01	Code Qualifying the Reference Identification	mandatory	Values: 18 - Plan ID 6P - Group Number and Group Name ALS - Alternative List ID CLI - Coverage List ID

Segment ID (Eligibility Response)	Segment Name (Eligibility Response)	Code	Comments
			FO - Drug Formulary Number ID IG - Insurance Policy Number (Copay ID) N6 - Plan Network ID (IIN/PCN) (Strongly recommended by Surescripts.)
REF02	Reference Identification	mandatory	Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier. Use this information for the reference number as qualified by the preceding data element (REF01). **Note:** Group number (6P) refers to the prescription benefit coverage Group ID (which is typically 15 characters or less), not the Member Plan Group ID Number that refers to Medical, Dental, etc. coverage.
REF03	Description	recommended	Sending this element is strongly recommended by Surescripts and should only be used for Group Name and/or PCN number. REF01=6P (REF03 will contain group name.) REF01=N6 (REF03 will contain PCN Number.)
DTP	Subscriber Eligibility/Benefit Date	conditional	Surescripts recommends sending back the date range of the health plan benefit for this patient's coverage.
DTP02	Date Time Period Format Qualifier	mandatory	Value: RD8 - Range of Dates expressed in Format CCYYMMDD-CCYYMMDD (Surescripts recommends RD8.)
AAA	Subscriber Request Validation	conditional	
MSG	Message Text	conditional	
MSG01	Free-Form Message Text	mandatory	This free text field is used to communicate Specialty Pharmacy or Long-Term Care coverage and will be populated by Surescripts as a hint to the requester on what fields would assist in identifying the patient. This is sent if patient is not found and one or more of the following fields are missing; first name, last name, zip code or date of birth.
Loop ID – 2115C Subscriber			

Segment ID (Eligibility Response)	Segment Name (Eligibility Response)	Code	Comments
Eligibility or Benefit Additional Information			
LS	Loop Header	conditional	
Loop ID – 2120C Subscriber Benefit Related Entity Name			
NM1	Subscriber Benefit Related Entity Name	recommended	This segment is used for Mail Only Benefit, Long-Term Care, and determining primary, secondary, and tertiary Eligibility coverages. Example of secondary coverage: NM1*SEP*2*PBM COMPANY*****PI*PBM123~
NM101	Entity Identifier Code	mandatory	Code identifying an organization entity, a physical location, a property, or an individual. Values: 13 - Contracted Service Provider (Use for Mail Only Benefit. Used to further clarify benefits, including Mail Only, Specialty and Long Term Care.) PRP – Primary Payer SEP – Secondary Payer TTP – Tertiary Payer
NM102	Entity Type Qualifier	mandatory	Value: 2 - Non-Person Entity (Surescripts recommends using 2)
NM108	Identification Code Qualifier	conditional	Value: SV - Service Provider Number (Recommended by Surescripts) PI – Payer Identification (Surescripts Assigned ID) Use this code for the identification number assigned by the information source.
LE	Loop Trailer	conditional	

Trailer

Segment ID (Eligibility Response)	Segment Name (Eligibility Response)	Code	Comments
SE	Transaction Set Trailer	mandatory	
GE	Functional Group Trailer	mandatory	
IEA	Interchange Control Trailer	mandatory	

TA1 Interchange Acknowledgement

Requirement Designation

Code	Description
mandatory	The element must be used per the specification (e.g., XML schema validation). **Note:** The term mandatory applies to mandatory and required fields in the different standards.
business rule	If sent, the element must be used per the Surescripts business rule. **Note**: Not all business rules reside in this table.
conditional	The element is to be used per the conditions specified. **Note:** The term conditional applies to conditional and situational fields in the different standards. For example, X12 uses the term situational.
recommended	Surescripts recommends sending the element as a best practice.
optional	Some fields do not have specific conditions. Data should be sent if available.
not used	Not used by Surescripts.

ICS Interchange Control Structures

The purpose of this standard is to define the control structures for the electronic interchange of one or more encoded business transactions including the EDI (Electronic Data Interchange) encoded transactions of Accredited Standards Committee X12. This standard provides the interchange envelope of a header and trailer for the electronic interchange through a data transmission, and it provides a structure to acknowledge the receipt and processing of this envelope.

Notes:

- This guide only includes data elements where Surescripts has specific requirements or further explains the field usage. Refer to ASC X12N/005010X231A1 Implementation Acknowledgement for Health Care Insurance (999) for a complete list of segments and elements. In addition, comments below where codes are specified are either to call out Surescripts notes and/or to show the code recommended by Surescripts. For a full list of codes, please refer to ASC X12N/005010X231A1 Implementation Acknowledgement for Health Care Insurance (999).
- Unless specified otherwise, the information in the tables below apply to both Eligibility and Eligibility for Pharmacy.
- Elements that are grouped together may be marked as mandatory; however, if the group itself is marked as conditional or recommended, then these are only required if you use the group.

Segment ID (TA1)	Segment Name (TA1)	Code	Comments
ISA	Interchange Control Header	mandatory	
ISA01	Authorization Information Qualifier	mandatory	Value: 00 - No Authorization Information Present (No Meaningful Information in I02)
ISA02	Authorization Information	mandatory	Not used. Fill with blanks.
ISA03	Security Information Qualifier	mandatory	Code to identify the type of information in the Security Information. Value: 01 - Password
ISA04	Security Information	mandatory	Password utilized by the sender to access the receiver system.
ISA05	Interchange ID Qualifier	mandatory	Qualifier ZZ - Mutually Defined
ISA06	Interchange Sender ID	mandatory	The Sender Participant ID. Participant ID is the Surescripts system Participant ID.
ISA07	Interchange ID Qualifier	mandatory	Qualifier ZZ - Mutually Defined
ISA08	Interchange Receiver ID	mandatory	The Receiver Participant ID. Participant ID is assigned by Surescripts.
ISA09	Interchange Date	mandatory	Date format YYMMDD required.
ISA10	Interchange Time	mandatory	Time format HHMM required.
ISA11	Repetition Separator	mandatory	Surescripts recommends using Hex 1F.
ISA12	Interchange Control Version Number	mandatory	This version number covers the interchange control segments. 00501 – Standards Approved for Publication by ASC X12 Procedures Review Board through October 2003
ISA13	Interchange Control Number	mandatory	A unique number assigned by the sender. Used to communicate from the receiver back to the sender to identify this transaction.
ISA14	Acknowledgment Requested	mandatory	No TA1s are returned for TA1s.
ISA15	Interchange Usage Indicator	mandatory	Values: P - Production Data

Segment ID (TA1)	Segment Name (TA1)	Code	Comments
			T - Test Data
ISA16	Component Element Separator	mandatory	Surescripts recommends using Hex 1C.
TA1	Interchange Acknowledgment	conditional	Surescripts only supports the TA1 for errors. It is not sent as an acknowledgment for successful messages.
IEA	Interchange Control Trailer	mandatory	

999 Implementation Acknowledgement for Health Care Insurance

Notes:

- This guide only includes data elements where Surescripts has specific requirements or further explains the field usage. Refer to ASC X12N/005010X231A1 Implementation Acknowledgement for Health Care Insurance (999) for a complete list of segments and elements. In addition, comments below where codes are specified are either to call out Surescripts notes and/or to show the code recommended by Surescripts. For a full list of codes, please refer to ASC X12N/005010X231A1 Implementation Acknowledgement for Health Care Insurance (999).
- Unless specified otherwise, the information in the tables below apply to both Eligibility and Eligibility for Pharmacy.
- Elements that are grouped together may be marked as mandatory; however, if the group itself is marked as conditional or recommended, then these are only required if you use the group.

Requirement Designation

Code	Description
mandatory	The element must be used per the specification (e.g., XML schema validation). **Note:** The term mandatory applies to mandatory and required fields in the different standards.
business rule	If sent, the element must be used per the Surescripts business rule. **Note**: Not all business rules reside in this table.
conditional	The element is to be used per the conditions specified. **Note:** The term conditional applies to conditional and situational fields in the different standards. For example, X12 uses the term situational.
recommended	Surescripts recommends sending the element as a best practice.
optional	Some fields do not have specific conditions. Data should be sent if available.
not used	Not used by Surescripts.

Header

Segment ID(999)	Segment Name(999)	Code	Comments
ISA	Interchange Control Header	mandatory	
ISA01	Authorization Information Qualifier	mandatory	Value: 00 - No Authorization Information Present (No Meaningful Information in I02)
ISA02	Authorization Number	mandatory	Information used for additional identification or authorization of the interchange sender or the data in the interchange; the type of information is set by the Authorization Information Qualifier (I01).
ISA03	Security Information Qualifier	mandatory	Code to identify the type of information in the Security Information Value: 01 - Password
ISA04	Security Information	mandatory	Password used by the sender to access the receiver system. Password assigned by Surescripts.
ISA05	Interchange ID Qualifier	mandatory	Qualifier ZZ - Mutually Defined
ISA06	Interchange Sender ID	mandatory	From Surescripts to the PBM/payer, this is Surescripts' ID.
ISA07	Interchange ID Qualifier	mandatory	Qualifier ZZ - Mutually Defined
ISA08	Interchange Receiver ID	mandatory	The Receiver Participant ID. Participant ID is assigned by Surescripts.
ISA09	Interchange Date	mandatory	Date format YYMMDD required.
ISA10	Interchange Time	mandatory	Time format HHDD required.
ISA11	Repetition Separator	mandatory	Surescripts recommends using Hex 1F.

Segment ID(999)	Segment Name(999)	Code	Comments
ISA12	Interchange Control Version Number	mandatory	This version number covers the interchange control segments. 00501 – Standards Approved for Publication by ASC X12 Procedures Review Board through October 2003
ISA13	Interchange Control Number	mandatory	The sender's unique identification of this transaction.
ISA14	Acknowledgment Requested	mandatory	No TA1s are returned for 999s.
ISA15	Interchange Usage Indicator	mandatory	Values P - Production Data T - Test Data
ISA16	Component Element Separator	mandatory	Surescripts recommends using Hex 1C.
GS	Functional Group Header	mandatory	
GS02	Application Sender's Code	mandatory	The Sender Participant ID. Participant ID is assigned by Surescripts.
GS03	Application Receiver's Code	mandatory	The Receiver Participant ID. Participant ID is assigned by Surescripts.
GS08	Version / Release / Industry Identifier Code	mandatory	Value: 005010X231A1
ST	Transaction Set Header	mandatory	
AK1	Functional Group Response Header	mandatory	

Segment ID(999)	Segment Name(999)	Code	Comments
Loop ID - 2000 - AK2 Transaction Set Response Header			
AK2	Transaction Set Response Header	conditional	
AK203	Implementation Convention Reference	conditional	Required when the ST03 value is available in the transaction set to which this 999 transaction set is responding. Since ST03 is required the AK203 must be present
Loop ID - 2100 - AK2/IK3 Error Identification			
IK3	Error Identification	conditional	
CTX	Segment Context	conditional	
CTX	Business Unit Identifier	conditional	
Loop ID - 2110 - AK2/IK3/IK4 Implementation Data Element Note			
IK4	Implementation Data Element Note	conditional	
CTX	Element Context	conditional	
IK5	Transaction Set Response Trailer	mandatory	
IK501	Transaction Set Acknowledgment Code	mandatory	Value: R - Rejected (Surescripts recommends R.)
AK9	Functional Group Response Trailer	mandator	

Segment ID(999)	Segment Name(999)	Code	Comments
		y	
AK901	Functional Group Acknowledgment Code	mandatory	Value: R - Rejected (Surescripts recommends use of R.)

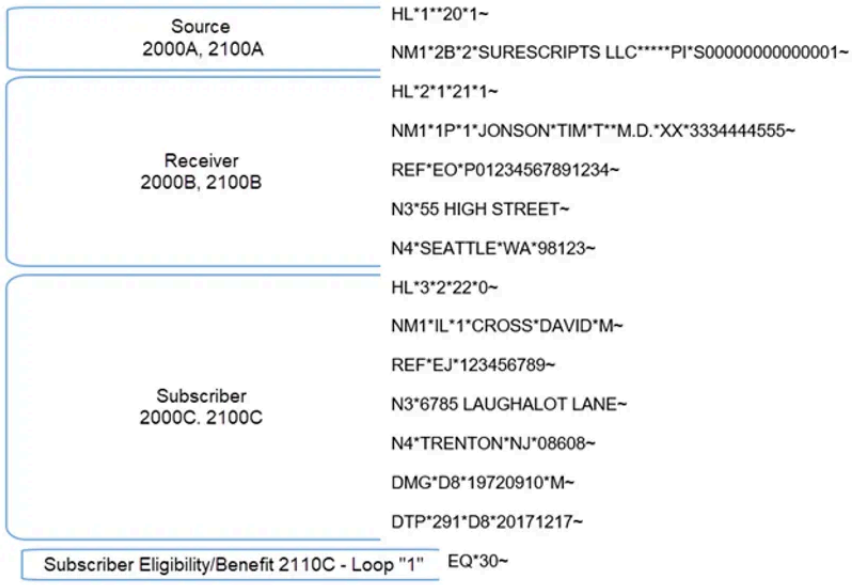
Trailer

Segment ID (999)	Segment Name (999)	Code	Comments
SE	Transaction Set Trailer	mandatory	
GE	Functional Group Trailer	mandatory	
IEA	Interchange Control Trailer	mandatory	

Hierarchical Loops

Eligibility Request Hierarchical Organization

The diagram below depicts the hierarchical organization of all loops and includes those related specifically to the EQ segment.



Eligibility Response Hierarchical Organization

The diagram below depicts the hierarchical organization of all loops and includes those related specifically to the EB segments.


Source
2000A, 2100A
HL*1**20*1~
NM1*2B*2*PBM COMPANY 123*****PI*PBM123~
Receiver
2000B, 2100B
HL*2*1*21*1~
NM1*1P*1*JONSON*TIM*T**M.D.*XX*3334444555~
REF*EO*P01234567891234~
Subscriber
2000C. 2100C
HL*3*2*22*0~
NM1*IL*1*CROSS*DAVID*M***MI*DD145645645601~
REF*49*01~
N3*6785 LAUGHALOT LANE~
N4*TRENTON*NJ*08608~
DMG*D8*19720910*M~
INS*Y*18~
DTP*291*D8*20171217~
Subscriber Eligibility/Benefit 2110C - Loop "1"
EB*1**30**PLAN A~
REF*18*1234~
REF*6P*DD1*ABCGROUP~
REF*FO*201~
REF*CLI*201~
REF*N6*234876*AV~
REF*IG*201~
REF*ALS*142345~
DTP*291*RD8*20100801-20991231~
Subscriber Eligibility/Benefit 2120C - Loop "1"
LS*2120~
NM1*PRP*2*PBM COMPANY 123*****PI*PBM123~
LE*2110~
Subscriber Eligibility/Benefit 2110C - Loop "2"
EB*1**88~
Subscriber Eligibility/Benefit 2110C - Loop "3"
EB*1**90~

6. Eligibility Request and Response Message Examples

This is an example of a prescriber/clinic checking a patient's benefit plan. The lifecycle consists of:

- Provider vendor creates Eligibility Request and sends to Surescripts.
- Surescripts identifies the patient and sends Eligibility Request to the PBM/payer.
- The PBM/payer processes the Eligibility Request and returns Eligibility Response to Surescripts.
- Surescripts returns Eligibility Response to the provider vendor.

Notes:

- Examples provided throughout this guide are not intended to be all-inclusive. This pertains to example workflows, element-specific (field) examples, or message examples. Customers should not restrict coding to the examples used herein.
- In the transaction examples, line breaks are used at the end of the segments for illustrative purposes; however, it is recommended to not use line breaks in live transactions. Refer to Appendix B: Dynamic Delimiters for a full list of characters that are acceptable to use as delimiters

Eligibility Request (from Provider Vendor to Surescripts) Example

ISA*00* *01*PWPHY12345*ZZ*P01234567891234*ZZ*S00000000000001*171217*0309*^*00501*000000001*0*P*[~

Element	Element Name	Value	Note
ISA01	Authorization Information Qualifier	00	Value 00 = No authorization information present
ISA02	Authorization Information	(blank)	Not used. Filled with blanks.
ISA03	Security Information Qualifier	01	Value 01 = Password
ISA04	Security Information	PWPHY12345	Password needed to correspond with the Surescripts system
ISA05	Interchange ID Qualifier	ZZ	Qualifier ZZ = Mutually Defined
ISA06	Interchange Sender ID	P012345678912 34	Provider vendor's Participant ID
ISA07	Interchange ID Qualifier	ZZ	Qualifier ZZ = Mutually Defined
ISA08	Interchange Receiver ID	S000000000000 01	Participant ID for Surescripts
ISA09	Interchange Date	171217	Date
ISA10	Interchange Time	0309	Time
ISA11	Repetition Separator	^	Repetition separator
ISA12	Interchange Control Version Number	005010	X12 version
ISA13	Interchange Control Number	000000001	Interchange control number. Unique ID.
ISA14	Acknowledgment Requested	0	No acknowledgment requested
ISA15	Interchange Usage Indicator	P	Production data
ISA16	Component Element Separator	[	Component element separator

GS*HS*P01234567891234*S00000000000001*20171217*16150000*1*X*005010X279A1~

Element	Element Name	Value	Note
GS01	Functional Identifier Code	HS	Functional identifier code
GS02	Application Sender's Code	P01234567891234	Participant's ID
GS03	Application Receiver's Code	S00000000000001	Surescripts ID
GS04	Date	20171217	Date
GS05	Time	16150000	Time
GS06	Group Control Number	1	Group control number (matches GE02)
GS07	Responsible Agency Code	X	Value X = Accredited Standards Committee X12
GS08	Version / Release / Industry Identifier Code	005010X279A1	X12 version

ST*270*0001*005010X279A1~

Element	Element Name	Value	Note
ST01	Transaction Set Identifier Code	270	Identifies the transaction set
ST02	Transaction Set Control Number	0001	Unique control number (matches SE02)
ST03	Implementation Convention Reference	005010X279A1	Implementation convention reference (matches GS08 and is always populated with 005010X279A1)

BHT*0022*13*3920394930203*20171217*16150000~

Element	Element Name	Value	Note
BHT01	Hierarchical Structure Code	0022	Value 0022 = Information Source, Information Receiver, Subscriber, Dependent
BHT02	Transaction Set Purpose Code	13	Indicates purpose of transaction set (value 13 = request)
BHT03	Reference Identification	3920394930203	Transaction reference number that ties the request to the response
BHT04	Date	20171217	Date
BHT05	Time	16150000	Time

HL*1**20*1~

Element	Element Name	Value	Note
HL01	Hierarchical ID Number	1	Sequentially assigned positive number used to identify each specific occurrence of an HL segment within a transaction set
HL03	Hierarchical Level Code	20	Value 20 = Information Source
HL04	Hierarchical Child Code	1	Code value in Loop 2000A HL04 is always 1 (additional subordinate HL data segment in this hierarchical structure)

NM1*2B*2*SURESCRIPTS LLC*****PI*S00000000000001~

Element	Element Name	Value	Note
HL1:NM101	Entity Identifier Code	2B	Third-Party Administrator
HL1:NM102	Entity Type Qualifier	2	Non-Person Entity
HL1:NM103	Name Last or Organization Name	SURESCRIPTS LLC	Source does not know PBM/payer so they put in Surescripts
HL1:NM108	Identification Code Qualifier	PI	Value PI = Payor Identification
HL1:NM109	Identification Code	S000000000000001	Surescripts ID

HL*2*1*21*1~

Element	Element Name	Value	Note
HL01	Hierarchical ID Number	2	Sequentially assigned positive number used to identify each specific occurrence of an HL segment within a transaction set
HL02	Hierarchical Parent ID Number	1	Hierarchical Parent ID Number
HL03	Hierarchical Level Code	21	Value 21 = Information Receiver
HL04	Hierarchical Child Code	1	Code value in Loop 2000B HL04 is always 1 (additional subordinate HL data segment in this hierarchical structure)

NM1*1P*1*JONSON*TIM*T**M.D.*XX*3334444555~

Element	Element Name	Value	Note
HL2:NM101	Entity Identifier Code	1P	Value 1P = Provider
HL2:NM102	Entity Type Qualifier	1	Value 1 = Person
HL2:NM103	Name Last or Organization Name	JONSON	Last name of physician
HL2:NM104	Name First	TIM	First name of physician
HL2:NM105	Name Middle	T	Middle initial of physician
HL2:NM107	Name Suffix	M.D.	Name suffix
HL2:NM108	Identification Code Qualifier	XX	Value XX = Centers for Medicare and Medicaid Services Plan ID
HL2:NM109	Identification Code	3334444555	Dr. Jonson NPI Number 3334444555

REF*EO*P01234567891234~

Element	Element Name	Value	Note
REF01	Reference Identification Qualifier	EO	Value EO = Submitter Identification Number
REF02	Reference Identification	P01234567891234	Submitter Identification Number

N3*55 HIGH STREET~

Element	Element Name	Value	Note
N301	Address Information	55 HIGH STREET	Address information

N4*SEATTLE*WA*98123~

Element	Element Name	Value	Note
N401	City Name	SEATTLE	City name
N402	State or Province Code	WA	State
N403	Postal Code	98123	Postal code (zip code)

HL*3*2*22*0~

Element	Element Name	Value	Note
HL01	Hierarchical ID Number	3	Sequentially assigned positive number used to identify each specific occurrence of an HL segment within a transaction set
HL02	Hierarchical Parent ID Number	2	Hierarchical Parent ID Number
HL03	Hierarchical Level Code	22	Value 22 = Subscriber
HL04	Hierarchical Child Code	0	Code value in Loop 2000C HL04 is 0 because there is no subordinate HL segment in this hierarchical structure

NM1*IL*1*CROSS*DAVID*M~

Element	Element Name	Value	Note
HL3:NM101	Entity Identifier Code	IL	Value IL = Insured or Subscriber
HL3:NM102	Entity Type Qualifier	1	Value 1 = Person
HL3:NM103	Name Last or Organization Name	CROSS	Last name of patient
HL3:NM104	Name First	DAVID	First name of patient
HL3:NM105	Name Middle	M	Middle initial of patient

N3*6785 LAUGHALOT LANE~

Element	Element Name	Value	Note
N301	Address Information	6785 LAUGHALOT LANE	Address information

N4*TRENTON*NJ*08608~

Element	Element Name	Value	Note
N401	City Name	TRENTON	City name
N402	State or Province Code	NJ	State
N403	Postal Code	08608	Postal code (zip code)

DMG*D8*19720910*M~

Element	Element Name	Value	Note
DMG01	Date Time Period Format Qualifier	D8	Date time period format qualifier (Date Expressed in Format CCYYMMDD)
DMG02	Date Time Period	19720910	Date Time Period
DMG03	Gender Code	M	Gender Code (Value M = Male)

DTP*291*D8*20171217~

Element	Element Name	Value	Note
DTP01	Date/Time Qualifier	291	Value 291 = Plan
DTP02	Date Time Period Format Qualifier	D8	Date time period format qualifier (Date Expressed in Format CCYYMMDD)
DTP03	Date Time Period	20171217	

EQ*30~

Element	Element Name	Value	Note
EQ01	Service Type Code	30	Health Plan Benefit Coverage

SE*17*0001~

Element	Element Name	Value	Note
SE01	Number of Included Segments	17	Number of included segments
SE02	Transaction Set Control Number	0001	Transaction set control number (matches ST02)

GE*1*1~

Element	Element Name	Value	Note
GE01	Number of Transaction Sets Included	1	Number of transaction sets included
GE02	Group Control Number	1	Group control number (matches GS06)

IEA*1*000000001~

Element	Element Name	Value	Note
IEA01	Number of Included Functional Groups	1	Number of included functional groups
IEA02	Interchange Control Number	000000001	Interchange control number

Eligibility Request (from Provider Vendor to Surescripts) - Full Example Table

Full Example Table

Element	Element Name	Value	Note
ISA01	Authorization Information Qualifier	00	Value 00 = No authorization information present

Element	Element Name	Value	Note
ISA02	Authorization Information	(blank)	Not used. Filled with blanks.
ISA03	Security Information Qualifier	01	Value 01 = Password
ISA04	Security Information	PWPHY12345	Password needed to correspond with the Surescripts system
ISA05	Interchange ID Qualifier	ZZ	Qualifier ZZ = Mutually Defined
ISA06	Interchange Sender ID	P01234567891234	Provider vendor's Participant ID
ISA07	Interchange ID Qualifier	ZZ	Qualifier ZZ = Mutually Defined
ISA08	Interchange Receiver ID	S000000000 00001	Participant ID for Surescripts
ISA09	Interchange Date	171217	Date
ISA10	Interchange Time	0309	Time
ISA11	Repetition Separator	^	Repetition separator
ISA12	Interchange Control Version Number	005010	X12 version
ISA13	Interchange Control Number	000000001	Interchange control number. Unique ID.
ISA14	Acknowledgment Requested	0	No acknowledgment requested
ISA15	Interchange Usage Indicator	P	Production data
ISA16	Component Element Separator	[	Component element separator
GS01	Functional Identifier Code	HS	Functional identifier code
GS02	Application Sender's Code	P01234567891234	Participant's ID
GS03	Application Receiver's Code	S000000000 00001	Surescripts ID
GS04	Date	20171217	Date
GS05	Time	16150000	Time
GS06	Group Control Number	1	Group control number (matches GE02)
GS07	Responsible Agency Code	X	Value X = Accredited Standards Committee X12

Element	Element Name	Value	Note
GS08	Version / Release / Industry Identifier Code	005010X279A1	X12 version
ST01	Transaction Set Identifier Code	270	Identifies the transaction set
ST02	Transaction Set Control Number	0001	Unique control number (matches SE02)
ST03	Implementation Convention Reference	005010X279A1	Implementation convention reference (matches GS08 and is always populated with 005010X279A1)
BHT01	Hierarchical Structure Code	0022	Value 0022 = Information Source, Information Receiver, Subscriber, Dependent
BHT02	Transaction Set Purpose Code	13	Indicates purpose of transaction set (value 13 = request)
BHT03	Reference Identification	3920394930203	Transaction reference number that ties the request to the response
BHT04	Date	20171217	Date
BHT05	Time	16150000	Time
HL01	Hierarchical ID Number	1	Sequentially assigned positive number used to identify each specific occurrence of an HL segment within a transaction set
HL03	Hierarchical Level Code	20	Value 20 = Information Source
HL04	Hierarchical Child Code	1	Code value in Loop 2000A HL04 is always 1 (additional subordinate HL data segment in this hierarchical structure)
HL1:NM101	Entity Identifier Code	2B	Third-Party Administrator
HL1:NM102	Entity Type Qualifier	2	Non-Person Entity
HL1:NM103	Name Last or Organization Name	SURESCRIPTS LLC	Source does not know PBM/payer so they put in Surescripts
HL1:NM108	Identification Code Qualifier	PI	Value PI = Payor Identification
HL1:NM109	Identification Code	S000000000000001	Surescripts ID
HL01	Hierarchical ID Number	2	Sequentially assigned positive number used to identify each specific occurrence of an HL segment within a transaction set
HL02	Hierarchical Parent ID Number	1	Hierarchical Parent ID Number
HL03	Hierarchical Level Code	21	Value 21 = Information Receiver

Element	Element Name	Value	Note
HL04	Hierarchical Child Code	1	Code value in Loop 2000B HL04 is always 1 (additional subordinate HL data segment in this hierarchical structure)
HL2:NM101	Entity Identifier Code	1P	Value 1P = Provider
HL2:NM102	Entity Type Qualifier	1	Value 1 = Person
HL2:NM103	Name Last or Organization Name	JONSON	Last name of physician
HL2:NM104	Name First	TIM	First name of physician
HL2:NM105	Name Middle	T	Middle initial of physician
HL2:NM107	Name Suffix	M.D.	Name suffix
HL2:NM108	Identification Code Qualifier	XX	Value XX = Centers for Medicare and Medicaid Services Plan ID
HL2:NM109	Identification Code	3334444555	Dr. Jonson NPI Number 3334444555
REF01	Reference Identification Qualifier	EO	Value EO = Submitter Identification Number
REF02	Reference Identification	P01234567891234	Submitter Identification Number
N301	Address Information	55 HIGH STREET	Address information
N401	City Name	SEATTLE	City name
N402	State or Province Code	WA	State
N403	Postal Code	98123	Postal code (zip code)
HL01	Hierarchical ID Number	3	Sequentially assigned positive number used to identify each specific occurrence of an HL segment within a transaction set.
HL02	Hierarchical Parent ID Number	2	Hierarchical Parent ID Number
HL03	Hierarchical Level Code	22	Value 22 = Subscriber
HL04	Hierarchical Child Code	0	Code value in Loop 2000C HL04 is 0 because there is no subordinate HL segment in this hierarchical structure
HL3:NM101	Entity Identifier Code	IL	Value IL = Insured or Subscriber

Element	Element Name	Value	Note
HL3:NM102	Entity Type Qualifier	1	Value 1 = Person
HL3:NM103	Name Last or Organization Name	CROSS	Last name of patient
HL3:NM104	Name First	DAVID	First name of patient
HL3:NM105	Name Middle	M	Middle initial of patient
N301	Address Information	6785 LAUGHALOT LANE	Address information
N401	City Name	TRENTON	City name
N402	State or Province Code	NJ	State
N403	Postal Code	08608	Postal code (zip code)
DMG01	Date Time Period Format Qualifier	D8	Date time period format qualifier (Date Expressed in Format CCYYMMDD)
DMG02	Date Time Period	19720910	Date Time Period
DMG03	Gender Code	M	Gender Code (Value M = Male)
DTP01	Date/Time Qualifier	291	Value 291 = Plan
DTP02	Date Time Period Format Qualifier	D8	Date time period format qualifier (Date Expressed in Format CCYYMMDD)
DTP03	Date Time Period	20171217	Date Time Period
EQ01	Service Type Code	30	Health Plan Benefit Coverage
SE01	Number of Included Segments	17	Number of included segments
SE02	Transaction Set Control Number	0001	Transaction set control number (matches ST02)
GE01	Number of Transaction Sets Included	1	Number of transaction sets included
GE02	Group Control Number	1	Group control number (matches GS06)
IEA01	Number of Included Functional Groups	1	Number of included functional groups
IEA02	Interchange Control Number	000000001	Interchange control number

Eligibility Request (from Surescripts to PBM/payer) Example

Note: Surescripts has located the patient and populated the PBM Unique Member ID.

ISA*00* *01*PW12345PBM*ZZ*S00000000000001*ZZ*PBM123456789123*171217*0309*^*00501*000000001*0*P*[~

Element	Element Name	Value	Note
ISA01	Authorization Information Qualifier	00	Value 00 = No authorization information present
ISA02	Authorization Information	(blank)	Not used. Filled with blanks.
ISA03	Security Information Qualifier	01	Value 01 = Password
ISA04	Security Information	PWPHY12345	Password needed to correspond with the Surescripts system
ISA05	Interchange ID Qualifier	ZZ	Qualifier ZZ = Mutually Defined
ISA06	Interchange Sender ID	P01234567891234	Provider vendor's Participant ID
ISA07	Interchange ID Qualifier	ZZ	Qualifier ZZ = Mutually Defined
ISA08	Interchange Receiver ID	S000000000000001	Participant ID for Surescripts
ISA09	Interchange Date	171217	Date
ISA10	Interchange Time	0309	Time
ISA11	Repetition Separator	^	Repetition separator
ISA12	Interchange Control Version Number	005010	X12 version
ISA13	Interchange Control Number	000000001	Interchange control number. Unique ID.
ISA14	Acknowledgment Requested	0	No acknowledgment requested
ISA15	Interchange Usage Indicator	P	Production data
ISA16	Component Element Separator	[	Component element separator

GS*HS*P01234567891234*S00000000000001*20171217*16150000*1*X*005010X279A1~

Element	Element Name	Value	Note
GS01	Functional Identifier Code	HS	Functional identifier code
GS02	Application Sender's Code	P01234567891234	Participant's ID
GS03	Application Receiver's Code	S00000000000001	Surescripts ID
GS04	Date	20171217	Date
GS05	Time	16150000	Time
GS06	Group Control Number	1	Group control number (matches GE02)
GS07	Responsible Agency Code	X	Value X = Accredited Standards Committee X12
GS08	Version / Release / Industry Identifier Code	005010X279A1	X12 version

ST*270*0001*005010X279A1~

Element	Element Name	Value	Note
ST01	Transaction Set Identifier Code	270	Identifies the transaction set
ST02	Transaction Set Control Number	0001	Unique control number (matches SE02)
ST03	Implementation Convention Reference	005010X279A1	Implementation convention reference (matches GS08 and is always populated with 005010X279A1)

BHT*0022*13*3920394930203*20171217*16150000~

Element	Element Name	Value	Note
BHT01	Hierarchical Structure Code	0022	Value 0022 = Information Source, Information Receiver, Subscriber, Dependent
BHT02	Transaction Set Purpose Code	13	Indicates purpose of transaction set (value 13 = request)
BHT03	Reference Identification	3920394930203	Transaction reference number that ties the request to the response
BHT04	Date	20171217	Date
BHT05	Time	16150000	Time

HL*1**20*1~

Element	Element Name	Value	Note
HL01	Hierarchical ID Number	1	Sequentially assigned positive number used to identify each specific occurrence of an HL segment within a transaction set
HL03	Hierarchical Level Code	20	Value 20 = Information Source
HL04	Hierarchical Child Code	1	Code value in Loop 2000A HL04 is always 1 (additional subordinate HL data segment in this hierarchical structure)

NM1*2B*2*SURESCRIPTS LLC*****PI*S00000000000001~

Element	Element Name	Value	Note
HL1:NM101	Entity Identifier Code	2B	Third-Party Administrator
HL1:NM102	Entity Type Qualifier	2	Non-Person Entity
HL1:NM103	Name Last or Organization Name	SURESCRIPTS LLC	Source does not know PBM/payer so they put in Surescripts
HL1:NM108	Identification Code Qualifier	PI	Value PI = Payor Identification
HL1:NM109	Identification Code	S000000000000001	Surescripts ID

HL*2*1*21*1~

Element	Element Name	Value	Note
HL01	Hierarchical ID Number	2	Sequentially assigned positive number used to identify each specific occurrence of an HL segment within a transaction set
HL02	Hierarchical Parent ID Number	1	Hierarchical Parent ID Number
HL03	Hierarchical Level Code	21	Value 21 = Information Receiver
HL04	Hierarchical Child Code	1	Code value in Loop 2000B HL04 is always 1 (additional subordinate HL data segment in this hierarchical structure)

NM1*1P*1*JONSON*TIM*T**M.D.*XX*3334444555~

Element	Element Name	Value	Note
HL2:NM101	Entity Identifier Code	1P	Value 1P = Provider
HL2:NM102	Entity Type Qualifier	1	Value 1 = Person
HL2:NM103	Name Last or Organization Name	JONSON	Last name of physician
HL2:NM104	Name First	TIM	First name of physician
HL2:NM105	Name Middle	T	Middle initial of physician
HL2:NM107	Name Suffix	M.D.	Name suffix
HL2:NM108	Identification Code Qualifier	XX	Value XX = Centers for Medicare and Medicaid Services Plan ID
HL2:NM109	Identification Code	3334444555	Dr. Jonson NPI Number 3334444555

REF*EO*P01234567891234~

Element	Element Name	Value	Note
REF01	Reference Identification Qualifier	EO	Value EO = Submitter Identification Number
REF02	Reference Identification	P01234567891234	Submitter Identification Number

N3*55 HIGH STREET~

Element	Element Name	Value	Note
N301	Address Information	55 HIGH STREET	Address information

N4*SEATTLE*WA*98123~

Element	Element Name	Value	Note
N401	City Name	SEATTLE	City name
N402	State or Province Code	WA	State
N403	Postal Code	98123	Postal code (zip code)

HL*3*2*22*0~

Element	Element Name	Value	Note
HL01	Hierarchical ID Number	3	Sequentially assigned positive number used to identify each specific occurrence of an HL segment within a transaction set
HL02	Hierarchical Parent ID Number	2	Hierarchical Parent ID Number
HL03	Hierarchical Level Code	22	Value 22 = Subscriber
HL04	Hierarchical Child Code	0	Code value in Loop 2000C HL04 is 0 because there is no subordinate HL segment in this hierarchical structure

NM1*IL*1*CROSS*DAVID*M~

Element	Element Name	Value	Note
HL3:NM101	Entity Identifier Code	IL	Value IL = Insured or Subscriber
HL3:NM102	Entity Type Qualifier	1	Value 1 = Person
HL3:NM103	Name Last or Organization Name	CROSS	Last name of patient
HL3:NM104	Name First	DAVID	First name of patient
HL3:NM105	Name Middle	M	Middle initial of patient

N3*6785 LAUGHALOT LANE~

Element	Element Name	Value	Note
N301	Address Information	6785 LAUGHALOT LANE	Address information

N4*TRENTON*NJ*08608~

Element	Element Name	Value	Note
N401	City Name	TRENTON	City name
N402	State or Province Code	NJ	State
N403	Postal Code	08608	Postal code (zip code)

DMG*D8*19720910*M~

Element	Element Name	Value	Note
DMG01	Date Time Period Format Qualifier	D8	Date time period format qualifier (Date Expressed in Format CCYYMMDD)
DMG02	Date Time Period	19720910	Date Time Period
DMG03	Gender Code	M	Gender Code (Value M = Male)

DTP*291*D8*20171217~

Element	Element Name	Value	Note
DTP01	Date/Time Qualifier	291	Value 291 = Plan
DTP02	Date Time Period Format Qualifier	D8	Date time period format qualifier (Date Expressed in Format CCYYMMDD)
DTP03	Date Time Period	20171217	Date Time Period

EQ*30~

Element	Element Name	Value	Note
EQ01	Service Type Code	30	Health Plan Benefit Coverage

SE*17*0001~

Element	Element Name	Value	Note
SE01	Number of Included Segments	17	Number of included segments
SE02	Transaction Set Control Number	0001	Transaction set control number (matches ST02)

GE*1*1~

Element	Element Name	Value	Note
GE01	Number of Transaction Sets Included	1	Number of transaction sets included
GE02	Group Control Number	1	Group control number (matches GS06)

IEA*1*000000001~

Element	Element Name	Value	Note
IEA01	Number of Included Functional Groups	1	Number of included functional groups
IEA02	Interchange Control Number	000000001	Interchange control number

Eligibility Request (from Provider Vendor to Surescripts) - Full Example Table

Full Example Table

Element	Element Name	Value	Note
ISA01	Authorization Information Qualifier	00	Value 00 = No authorization information present

Element	Element Name	Value	Note
ISA02	Authorization Information	(blank)	Not used. Filled with blanks.
ISA03	Security Information Qualifier	01	Value 01 = Password
ISA04	Security Information	PWPHY12345	Password needed to correspond with the Surescripts system
ISA05	Interchange ID Qualifier	ZZ	Qualifier ZZ = Mutually Defined
ISA06	Interchange Sender ID	P012345678912345	Provider vendor's Participant ID
ISA07	Interchange ID Qualifier	ZZ	Qualifier ZZ = Mutually Defined
ISA08	Interchange Receiver ID	S000000000000001	Participant ID for Surescripts
ISA09	Interchange Date	171217	Date
ISA10	Interchange Time	0309	Time
ISA11	Repetition Separator	^	Repetition separator
ISA12	Interchange Control Version Number	005010	X12 version
ISA13	Interchange Control Number	000000001	Interchange control number. Unique ID.
ISA14	Acknowledgment Requested	0	No acknowledgment requested
ISA15	Interchange Usage Indicator	P	Production data
ISA16	Component Element Separator	[	Component element separator
GS01	Functional Identifier Code	HS	Functional identifier code
GS02	Application Sender's Code	P012345678912345	Participant's ID
GS03	Application Receiver's Code	S000000000000001	Surescripts ID
GS04	Date	20171217	Date
GS05	Time	16150000	Time
GS06	Group Control Number	1	Group control number (matches GE02)
GS07	Responsible Agency Code	X	Value X = Accredited Standards Committee X12

Element	Element Name	Value	Note
GS08	Version / Release / Industry Identifier Code	005010X279A1	X12 version
ST01	Transaction Set Identifier Code	270	Identifies the transaction set
ST02	Transaction Set Control Number	0001	Unique control number (matches SE02)
ST03	Implementation Convention Reference	005010X279A1	Implementation convention reference (matches GS08 and is always populated with 005010X279A1)
BHT01	Hierarchical Structure Code	0022	Value 0022 = Information Source, Information Receiver, Subscriber, Dependent
BHT02	Transaction Set Purpose Code	13	Indicates purpose of transaction set (value 13 = request)
BHT03	Reference Identification	3920394930203	Transaction reference number that ties the request to the response
BHT04	Date	20171217	Date
BHT05	Time	16150000	Time
HL01	Hierarchical ID Number	1	Sequentially assigned positive number used to identify each specific occurrence of an HL segment within a transaction set
HL03	Hierarchical Level Code	20	Value 20 = Information Source
HL04	Hierarchical Child Code	1	Code value in Loop 2000A HL04 is always 1 (additional subordinate HL data segment in this hierarchical structure)
HL1:NM101	Entity Identifier Code	2B	Third-Party Administrator
HL1:NM102	Entity Type Qualifier	2	Non-Person Entity
HL1:NM103	Name Last or Organization Name	SURESCRIPTS LLC	Source does not know PBM/payer so they put in Surescripts
HL1:NM108	Identification Code Qualifier	PI	Value PI = Payor Identification
HL1:NM109	Identification Code	S000000000000001	Surescripts ID
HL01	Hierarchical ID Number	2	Sequentially assigned positive number used to identify each specific occurrence of an HL segment within a transaction set
HL02	Hierarchical Parent ID Number	1	Hierarchical Parent ID Number
HL03	Hierarchical Level Code	21	Value 21 = Information Receiver

Element	Element Name	Value	Note
HL04	Hierarchical Child Code	1	Code value in Loop 2000B HL04 is always 1 (additional subordinate HL data segment in this hierarchical structure)
HL2:NM101	Entity Identifier Code	1P	Value 1P = Provider
HL2:NM102	Entity Type Qualifier	1	Value 1 = Person
HL2:NM103	Name Last or Organization Name	JONSON	Last name of physician
HL2:NM104	Name First	TIM	First name of physician
HL2:NM105	Name Middle	T	Middle initial of physician
HL2:NM107	Name Suffix	M.D.	Name suffix
HL2:NM108	Identification Code Qualifier	XX	Value XX = Centers for Medicare and Medicaid Services Plan ID
HL2:NM109	Identification Code	3334444555	Dr. Jonson NPI Number 3334444555
REF01	Reference Identification Qualifier	EO	Value EO = Submitter Identification Number
REF02	Reference Identification	P01234567891234	Submitter Identification Number
N301	Address Information	55 HIGH STREET	Address information
N401	City Name	SEATTLE	City name
N402	State or Province Code	WA	State
N403	Postal Code	98123	Postal code (zip code)
HL01	Hierarchical ID Number	3	Sequentially assigned positive number used to identify each specific occurrence of an HL segment within a transaction set.
HL02	Hierarchical Parent ID Number	2	Hierarchical Parent ID Number
HL03	Hierarchical Level Code	22	Value 22 = Subscriber
HL04	Hierarchical Child Code	0	Code value in Loop 2000C HL04 is 0 because there is no subordinate HL segment in this hierarchical structure
HL3:NM101	Entity Identifier Code	IL	Value IL = Insured or Subscriber

Element	Element Name	Value	Note
HL3:NM102	Entity Type Qualifier	1	Value 1 = Person
HL3:NM103	Name Last or Organization Name	CROSS	Last name of patient
HL3:NM104	Name First	DAVID	First name of patient
HL3:NM105	Name Middle	M	Middle initial of patient
N301	Address Information	6785 LAUGHALOT LANE	Address information
N401	City Name	TRENTON	City name
N402	State or Province Code	NJ	State
N403	Postal Code	08608	Postal code (zip code)
DMG01	Date Time Period Format Qualifier	D8	Date time period format qualifier (Date Expressed in Format CCYYMMDD)
DMG02	Date Time Period	19720910	Date Time Period
DMG03	Gender Code	M	Gender Code (Value M = Male)
DTP01	Date/Time Qualifier	291	Value 291 = Plan
DTP02	Date Time Period Format Qualifier	D8	Date time period format qualifier (Date Expressed in Format CCYYMMDD)
DTP03	Date Time Period	20171217	Date Time Period
EQ01	Service Type Code	30	Health Plan Benefit Coverage
SE01	Number of Included Segments	17	Number of included segments
SE02	Transaction Set Control Number	0001	Transaction set control number (matches ST02)
GE01	Number of Transaction Sets Included	1	Number of transaction sets included
GE02	Group Control Number	1	Group control number (matches GS06)
IEA01	Number of Included Functional Groups	1	Number of included functional groups
IEA02	Interchange Control Number	000000001	Interchange control number

Eligibility Request (from Surescripts to PBM/payer) - Full Example Table

Full Example Table

Element	Element Name	Value	Note
ISA01	Authorization Information Qualifier	00	Value 00 = No authorization information present
ISA02	Authorization Information	(blank)	Not used. Filled with blanks.
ISA03	Security Information Qualifier	01	Value 01 = Password
ISA04	Security Information	PW12345PBM	Password needed to correspond with the Surescripts system
ISA05	Interchange ID Qualifier	ZZ	Qualifier ZZ = Mutually Defined
ISA06	Interchange Sender ID	S000000000 00001	Participant ID for Surescripts
ISA07	Interchange ID Qualifier	ZZ	Qualifier ZZ = Mutually Defined
ISA08	Interchange Receiver ID	PBM1234567 89123	PBM/payer participant ID
ISA09	Interchange Date	171217	Date
ISA10	Interchange Time	0309	Time
ISA11	Repetition Separator	^	Repetition separator
ISA12	Interchange Control Version Number	005010	X12 version
ISA13	Interchange Control Number	000000001	Interchange control number. Unique ID.
ISA14	Acknowledgment Requested	10	No acknowledgment requested
ISA15	Interchange Usage Indicator	P	Production data
ISA16	Component Element Separator	[	Component element separator
GS01	Functional Identifier Code	HS	Functional identifier code
GS02	Application Sender's Code	S000000000 00001	Surescripts ID
GS03	Application Receiver's Code	PBM1234567 89123	PBM/payer participant ID
GS04	Date	20171217	Date
GS05	Time	16150000	Time
GS06	Group Control Number	1	Group control number (matches GE02)

Element	Element Name	Value	Note
GS07	Responsible Agency Code	X	Value X = Accredited Standards Committee X12
GS08	Version / Release / Industry Identifier Code	005010X279A1	X12 version
ST01	Transaction Set Identifier Code	270	Identifies the transaction set
ST02	Transaction Set Control Number	0001	Unique control number (matches SE02)
ST03	Implementation Convention Reference	005010X279A1	Implementation convention reference (matches GS08 and is always populated with 005010X279A1)
BHT01	Hierarchical Structure Code	0022	Value 0022 = Information Source, Information Receiver, Subscriber, Dependent
BHT02	Transaction Set Purpose Code	13	Indicates purpose of transaction set (value 13 = request)
BHT03	Reference Identification	3920394930203	Transaction reference number that ties the request to the response
BHT04	Date	20171217	Date
BHT05	Time	16150000	Time
HL01	Hierarchical ID Number	1	Sequentially assigned positive number used to identify each specific occurrence of an HL segment within a transaction set
HL03	Hierarchical Level Code	20	Value 20 = Information Source
HL04	Hierarchical Child Code	1	Code value in Loop 2000A HL04 is always 1 (additional subordinate HL data segment in this hierarchical structure)
HL1:NM101	Entity Identifier Code	2B	Third-Party Administrator
HL1:NM102	Entity Type Qualifier	2	Non-Person Entity
HL1:NM103	Name Last or Organization Name	PBM COMPANY	PBM/payer
HL1:NM108	Identification Code Qualifier	PI	Value PI = Payor Identification
HL1:NM109	Identification Code	PBM123456789123	PBM/payer participant ID
HL01	Hierarchical ID Number	2	Sequentially assigned positive number used to identify each specific occurrence of an HL segment within a transaction set

Element	Element Name	Value	Note
HL02	Hierarchical Parent ID Number	1	Hierarchical Parent ID Number
HL03	Hierarchical Level Code	21	Value 21 = Information Receiver
HL04	Hierarchical Child Code	1	Code value in Loop 2000B HL04 is always 1 (additional subordinate HL data segment in this hierarchical structure)
HL2:NM101	Entity Identifier Code	1P	Value 1P = Provider
HL2:NM102	Entity Type Qualifier	1	Value 1 = Person
HL2:NM103	Name Last or Organization Name	JONSON	Last name of physician
HL2:NM104	Name First	TIM	First name of physician
HL2:NM105	Name Middle	T	Middle initial of physician
HL2:NM107	Name Suffix	M.D.	Name suffix
HL2:NM108	Identification Code Qualifier	XX	Value XX = Centers for Medicare and Medicaid Services Plan ID
HL2:NM109	Identification Code	3334444555	Dr. Jonson NPI Number 3334444555
REF01	Reference Identification Qualifier	EO	Value EO = Submitter Identification Number
REF02	Reference Identification	P01234567891234	Submitter Identification Number
N301	Address Information	55 HIGH STREET	Address information
N401	City Name	SEATTLE	City name
N402	State or Province Code	WA	State
N403	Postal Code	98123	Postal code (zip code)
HL01	Hierarchical ID Number	3	Sequentially assigned positive number used to identify each specific occurrence of an HL segment within a transaction set
HL02	Hierarchical Parent ID Number	2	Hierarchical Parent ID Number
HL03	Hierarchical Level Code	22	Value 22 = Subscriber

Element	Element Name	Value	Note
HL04	Hierarchical Child Code	0	Code value in Loop 2000C HL04 is 0 because there is no subordinate HL segment in this hierarchical structure
HL3:NM101	Entity Identifier Code	IL	Value IL = Insured or Subscriber
HL3:NM102	Entity Type Qualifier	1	Value 1 = Person
HL3:NM103	Name Last or Organization Name	CROSS	Last name of patient
HL3:NM104	Name First	DAVID	First name of patient
HL3:NM105	Name Middle	M	Middle initial of patient
HL3:NM108	Identification Code Qualifier	MI	Value MI = Member Identification Number
HL3:NM109	Identification Code	DD145645645601	Identification code identifying the patient
N301	Address Information	6785 LAUGHALOT LANE	Address information
N401	City Name	TRENTON	City name
N402	State or Province Code	NJ	State
N403	Postal Code	08608	Postal code (zip code)
DMG01	Date Time Period Format Qualifier	D8	Date time period format qualifier (Date Expressed in Format CCYYMMDD)
DMG02	Date Time Period	19720910	Date Time Period
DMG03	Gender Code	M	Gender Code (Value M = Male)
DTP01	Date/Time Qualifier	291	Value 291 = Plan
DTP02	Date Time Period Format Qualifier	D8	Date time period format qualifier (Date Expressed in Format CCYYMMDD)
DTP03	Date Time Period	20171217	Date Time Period
EQ01	Service Type Code	30	Health Plan Benefit Coverage
SE01	Number of Included Segments	17	Number of included segments

Element	Element Name	Value	Note
SE02	Transaction Set Control Number	0001	Transaction set control number (matches ST02)
GE01	Number of Transaction Sets Included	1	Number of transaction sets included
GE02	Group Control Number	1	Group control number (matches GS06)
IEA01	Number of Included Functional Groups	1	Number of included functional groups
IEA02	Interchange Control Number	000000001	Interchange control number

Eligibility Response (from PBM/payer to Surescripts) Example

ISA*00* *01*PWPHY12345*ZZ*PBM123456789123*ZZ*S00000000000001*171217*0345*^*00501*000000001*1*P*[~

Element	Element Name	Value	Note
ISA01	Authorization Information Qualifier	00	Value 00 = No authorization information present
ISA02	Authorization Information	(blank)	Not used. Filled with blanks.
ISA03	Security Information Qualifier	01	Value 01 = Password
ISA04	Security Information	PWPHY12345	Password needed to correspond with the Surescripts system
ISA05	Interchange ID Qualifier	ZZ	Qualifier ZZ = Mutually Defined
ISA06	Interchange Sender ID	PBM123456789123	PBM/payer participant ID
ISA07	Interchange ID Qualifier	ZZ	Qualifier ZZ = Mutually Defined
ISA08	Interchange Receiver ID	S000000000000001	Participant ID for Surescripts
ISA09	Interchange Date	171217	Date
ISA10	Interchange Time	0345	Time
ISA11	Repetition Separator	^	Repetition separator
ISA12	Interchange Control Version Number	005010	X12 version
ISA13	Interchange Control Number	000000001	Interchange control number. Unique ID.
ISA14	Acknowledgment Requested	0	No acknowledgment requested
ISA15	Interchange Usage Indicator	P	Production data
ISA16	Component Element Separator	[	Component element separator

GS*HB*PBM123456789123*S00000000000001*20171217*16150000*1*X*005010X279A1~

Element	Element Name	Value	Note
GS01	Functional Identifier Code	HB	Functional identifier code
GS02	Application Sender's Code	PBM123456789123	PBM/payer participant ID
GS03	Application Receiver's Code	S00000000000001	Surescripts ID
GS04	Date	20171217	Date
GS05	Time	16150000	Time
GS06	Group Control Number	1	Group control number (matches GE02)
GS07	Responsible Agency Code	X	Value X = Accredited Standards Committee X12
GS08	Version / Release / Industry Identifier Code	005010X279A1	X12 version

ST*271*0001*005010X279A1~

Element	Element Name	Value	Note
ST01	Transaction Set Identifier Code	271	Identifies the transaction set
ST02	Transaction Set Control Number	0001	Unique control number (matches SE02)
ST03	Implementation Convention Reference	005010X279A1	Implementation convention reference (matches GS08 and is always populated with 005010X279A1)

BHT*0022*11*3920394930203*20171217*16150000~

Element	Element Name	Value	Note
BHT01	Hierarchical Structure Code	0022	Value 0022 = Information Source, Information Receiver, Subscriber, Dependent
BHT02	Transaction Set Purpose Code	11	Indicates purpose of transaction set (value 11 = response)
BHT03	Reference Identification	3920394930203	Transaction reference number that ties the request to the response
BHT04	Date	20171217	Date
BHT05	Time	16150000	Time

HL*1**20*1~

Element	Element Name	Value	Note
HL01	Hierarchical ID Number	1	Sequentially assigned positive number used to identify each specific occurrence of an HL segment within a transaction set
HL03	Hierarchical Level Code	20	Value 20 = Information Source
HL04	Hierarchical Child Code	1	Code value in Loop 2000A HL04 is always 1 (additional subordinate HL data segment in this hierarchical structure)

NM1*2B*2*PBM COMPANY*****PI*PBM123456789123~

Element	Element Name	Value	Note
HL1:NM101	Entity Identifier Code	2B	Third-Party Administrator
HL1:NM102	Entity Type Qualifier	2	Non-Person Entity
HL1:NM103	Name Last or Organization Name	PBM COMPANY	PBM/payer
HL1:NM108	Identification Code Qualifier	PI	Value PI = Payor Identification
HL1:NM109	Identification Code	PBM123456789123	PBM/payer participant ID

HL*2*1*21*1~

Element	Element Name	Value	Note
HL01	Hierarchical ID Number	2	Sequentially assigned positive number used to identify each specific occurrence of an HL segment within a transaction set
HL02	Hierarchical Parent ID Number	1	Hierarchical Parent ID Number
HL03	Hierarchical Level Code	21	Value 21 = Information Receiver
HL04	Hierarchical Child Code	1	Code value in Loop 2000B HL04 is always 1 (additional subordinate HL data segment in this hierarchical structure)

NM1*1P*1*JONSON*TIM*T**M.D.*XX*3334444555~

Element	Element Name	Value	Note
HL2:NM101	Entity Identifier Code	1P	Value 1P = Provider
HL2:NM102	Entity Type Qualifier	1	Value 1 = Person
HL2:NM103	Name Last or Organization Name	JONSON	Last name of physician
HL2:NM104	Name First	TIM	First name of physician
HL3:NM105	Name Middle	T	Middle initial of physician
HL2:NM107	Name Suffix	M.D.	Name suffix
HL2:NM108	Identification Code Qualifier	XX	Value XX = Centers for Medicare and Medicaid Services Plan ID
HL2:NM109	Identification Code	3334444555	Dr. Jonson NPI Number 3334444555

REF*EO*P01234567891234~

Element	Element Name	Value	Note
REF01	Reference Identification Qualifier	EO	Value EO = Submitter Identification Number
REF02	Reference Identification	P01234567891234	Submitter Identification Number

HL*3*2*22*0~

Element	Element Name	Value	Note
HL01	Hierarchical ID Number	3	Sequentially assigned positive number used to identify each specific occurrence of an HL segment within a transaction set
HL02	Hierarchical Parent ID Number	2	Hierarchical Parent ID Number
HL03	Hierarchical Level Code	22	Value 22 = Subscriber
HL04	Hierarchical Child Code	0	Code value in Loop 2000C HL04 is 0 because there is no subordinate HL segment in this hierarchical structure

NM1*IL*1*CROSS*DAVID*M***MI*DD145645645601~

Element	Element Name	Value	Note
HL3:NM101	Entity Identifier Code	IL	Value IL = Insured or Subscriber
HL3:NM102	Entity Type Qualifier	1	Value 1 = Person
HL3:NM103	Name Last or Organization Name	CROSS	Last name of patient
HL3:NM104	Name First	DAVID	First name of patient
HL3:NM105	Name Middle	M	Middle initial of patient
HL3:NM108	Identification Code Qualifier	MI	Value MI = Member Identification Number
HL3:NM109	Identification Code	DD145645645601	Identification code identifying the patient

REF*49*01~

Element	Element Name	Value	Note
REF01	Reference Identification Qualifier	49	Value 49 = Family Unit Number Note: Required when the information source is a PBM/payer and the individual has a suffix to their member ID number that is required for use in the NCPDP Standard (for Person Code).
REF02	Reference Identification	01	Family Unit Number (Person Code)

N3*6785 LAUGHALOT LANE~

Element	Element Name	Value	Note
N301	Address Information	6785 LAUGHALOT LANE	Address information

N4*TRENTON*NJ*08608~

Element	Element Name	Value	Note
N401	City Name	TRENTON	City name
N402	State or Province Code	NJ	State
N403	Postal Code	08608	Postal code (zip code)

DMG*D8*19720910*M~

Element	Element Name	Value	Note
DMG01	Date Time Period Format Qualifier	D8	Date time period format qualifier (Date Expressed in Format CCYYMMDD)
DMG02	Date Time Period	19720910	Patient date of birth
DMG03	Gender Code	M	Gender Code (Value M = Male)

INS*Y*18~

Element	Element Name	Value	Note
INS01	Yes/No Condition or Response Code	Y	Yes/No Condition or Response Code. Value Y = Yes
INS02	Individual Relationship Code	18	Individual relationship code. Value 18 = Self

DTP*291*D8*20171217~

Element	Element Name	Value	Note
DTP01	Date/Time Qualifier	291	Value 291 = Plan
DTP02	Date Time Period Format Qualifier	D8	Date time period format qualifier (Date Expressed in Format CCYYMMDD)
DTP03	Date Time Period	20171217	Date Time Period

EB*1**30*MC*MEDICAIDPLAN~

Element	Element Name	Value	Note
EB01	Eligibility or Benefit Information Code	1	Value 1 = Active coverage
EB03	Coverage Level Code	30	Value 30 = Health Plan Benefit Coverage
EB04	Insurance Type Code	MC	Value MC = Medicaid
EB05	Service Type Code	MEDICAIDPLAN	Health Plan Name

REF*6P*DD1*ABCGROUP~

Element	Element Name	Value	Note
REF01	Reference Identification Qualifier	6P	Value 6P = Group number
REF02	Reference Identification	DD1	Group Number
REF03	Description	ABCGROUP	Group Name

REF*FO*201~

Element	Element Name	Value	Note
REF01	Reference Identification Qualifier	FO	Value FO = Drug formulary number
REF02	Reference Identification	201	Drug Formulary Number

REF*CLI*201~

Element	Element Name	Value	Note
REF01	Reference Identification Qualifier	CLI	Value CLI = Coverage List ID
REF02	Reference Identification	201	Coverage List ID

REF*N6*234876*AV~

Element	Element Name	Value	Note
REF01	Reference Identification Qualifier	N6	Value N6 = Plan Network Identification Number
REF02	Reference Identification	234876	IIN (formerly known as BIN)
REF03	Description	AV	PCN

REF*IG*201~

Element	Element Name	Value	Note
REF01	Reference Identification Qualifier	IG	Value IG = Insurance policy number
REF02	Reference Identification	201	Copay List ID

REF*ALS*142345~

Element	Element Name	Value	Note
REF01	Reference Identification Qualifier	ALS	Value ALS = Alternative List ID
REF02	Reference Identification	142345	Alternative List ID

DTP*291*RD8*20100801-20991231~

Element	Element Name	Value	Note
DTP01	Date/Time Qualifier	291	Value 291 = Plan
DTP02	Date Time Period Format Qualifier	RD8	Date time period format qualifier (Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD)
DTP03	Date Time Period	20100801-20991231	Date Time Period

LS*2120~

Element	Element Name	Value	Note
LS01	Loop Identifier Code	2120	Loop header

NM1*SEP*2*PBM COMPANY*****PI*PBM123456789123~

Element	Element Name	Value	Note
HL4:NM101	Entity Identifier Code	SEP	This field is used to show the primary coverage level. Value SEP = Secondary Payer.
HL4:NM102	Entity Type Qualifier	2	Non-Person Entity
HL4:NM103	Name Last or Organization Name	PBM Company	PBM/payer
HL4:NM108	Identification Code Qualifier	PI	Value PI = Payor Identification
HL4:NM109	Identification Code	PBM123456789123	PBM/payer participant ID

LE*2110~

Element	Element Name	Value	Note
LE01	Loop Identifier Code	2110	Loop trailer

EB*1**88~

Element	Element Name	Value	Note
EB01	Eligibility or Benefit Information Code	1	Value 1 = Active Coverage
EB03	Coverage Level Code	88	Value 88 = Pharmacy (Retail Pharmacy)

EB*1**90~

Element	Element Name	Value	Note
EB01	Eligibility or Benefit Information Code	1	Value 1 = Active Coverage
EB03	Coverage Level Code	90	Value 90 = Mail Order Prescription Drug (Mail Order Pharmacy)

SE*29*0001~

Element	Element Name	Value	Note
SE01	Number of Included Segments	29	Number of included segments
SE02	Transaction Set Control Number	0001	Transaction set control number (matches ST02)

GE*1*1~

Element	Element Name	Value	Note
GE01	Number of Transaction Sets Included	1	Number of transaction sets included
GE02	Group Control Number	1	Group control number (matches GS06)

IEA*1*000000001~

Element	Element Name	Value	Note
IEA01	Number of Included Functional Groups	1	Number of included functional groups
IEA02	Interchange Control Number	000000001	Interchange control number

Eligibility Response (from PBM/payer to Surescripts) - Full Example Table

Full Example Table

Element	Element Name	Value	Note
ISA01	Authorization Information Qualifier	00	Value 00 = No authorization information present

Element	Element Name	Value	Note
ISA02	Authorization Information	(blank)	Not used. Filled with blanks.
ISA03	Security Information Qualifier	01	Value 01 = Password
ISA04	Security Information	PWPHY12345	Password needed to correspond with the Surescripts system
ISA05	Interchange ID Qualifier	ZZ	Qualifier ZZ = Mutually Defined
ISA06	Interchange Sender ID	PBM123456789123	PBM/payer's Participant ID
ISA07	Interchange ID Qualifier	ZZ	Qualifier ZZ = Mutually Defined
ISA08	Interchange Receiver ID	S0000000 0000001	Participant ID for Surescripts
ISA09	Interchange Date	171217	Date
ISA10	Interchange Time	0345	Time
ISA11	Repetition Separator	^	Repetition separator
ISA12	Interchange Control Version Number	005010	X12 version
ISA13	Interchange Control Number	000000001	Interchange control number. Unique ID.
ISA14	Acknowledgment Requested	0	No acknowledgment requested
ISA15	Interchange Usage Indicator	P	Production data
ISA16	Component Element Separator	[	Component element separator
GS01	Functional Identifier Code	HB	Functional identifier code
GS02	Application Sender's Code	PBM123456789123	PBM/payer participant ID
GS03	Application Receiver's Code	S0000000 0000001	Surescripts ID

Element	Element Name	Value	Note
GS04	Date	20171217	Date
GS05	Time	16150000	Time
GS06	Group Control Number	1	Group control number (matches GE02)
GS07	Responsible Agency Code	X	Value X = Accredited Standards Committee X12
GS08	Version / Release / Industry Identifier Code	005010X279A1	X12 version
ST01	Transaction Set Identifier Code	271	Identifies the transaction set
ST02	Transaction Set Control Number	0001	Unique control number (matches SE02)
ST03	Implementation Convention Reference	005010X279A1	Implementation convention reference (matches GS08 and is always populated with 005010X279A1)
BHT01	Hierarchical Structure Code	0022	Value 0022 = Information Source, Information Receiver, Subscriber, Dependent
BHT02	Transaction Set Purpose Code	11	Indicates purpose of transaction set (value 11 = response)
BHT03	Reference Identification	3920394930203	Transaction reference number that ties the request to the response
BHT04	Date	20171217	Date
BHT05	Time	16150000	Time
HL01	Hierarchical ID Number	1	Sequentially assigned positive number used to identify each specific occurrence of an HL segment within a transaction set
HL03	Hierarchical Level Code	20	Value 20 = Information Source
HL04	Hierarchical Child Code	1	Code value in Loop 2000A HL04 is always 1 (additional subordinate HL data segment in this hierarchical structure)
HL1:NM101	Entity Identifier Code	2B	Third-Party Administrator
HL1:NM102	Entity Type Qualifier	2	Non-Person Entity

Element	Element Name	Value	Note
HL1:NM103	Name Last or Organization Name	PBM COMPANY	PBM/payer
HL1:NM108	Identification Code Qualifier	PI	Value PI = Payor Identification
HL1:NM109	Identification Code	PBM123456789123	PBM/payer participant ID
HL01	Hierarchical ID Number	2	Sequentially assigned positive number used to identify each specific occurrence of an HL segment within a transaction set
HL02	Hierarchical Parent ID Number	1	Hierarchical Parent ID Number
HL03	Hierarchical Level Code	21	Value 21 = Information Receiver
HL04	Hierarchical Child Code	1	Code value in Loop 2000B HL04 is always 1 (additional subordinate HL data segment in this hierarchical structure)
HL2:NM101	Entity Identifier Code	1P	Value 1P = Provider
HL2:NM102	Entity Type Qualifier	1	Value 1 = Person
HL2:NM103	Name Last or Organization Name	JONSON	Last name of physician
HL2:NM104	Name First	TIM	First name of physician
HL3:NM105	Name Middle	T	Middle initial of physician
HL2:NM107	Name Suffix	M.D.	Name suffix
HL2:NM108	Identification Code Qualifier	XX	Value XX = Centers for Medicare and Medicaid Services Plan ID
HL2:NM10	Identification Code	3334444555	Dr. Jonson NPI Number 3334444555

Element	Element Name	Value	Note
9			
REF01	Reference Identification Qualifier	EO	Value EO = Submitter Identification Number
REF02	Reference Identification	P01234567891234	Submitter Identification Number
HL01	Hierarchical ID Number	3	Sequentially assigned positive number used to identify each specific occurrence of an HL segment within a transaction set
HL02	Hierarchical Parent ID Number	2	Hierarchical Parent ID Number
HL03	Hierarchical Level Code	22	Value 22 = Subscriber
HL04	Hierarchical Child Code	0	Code value in Loop 2000C HL04 is 0 because there is no subordinate HL segment in this hierarchical structure
HL3:NM101	Entity Identifier Code	IL	Value IL = Insured or Subscriber
HL3:NM102	Entity Type Qualifier	1	Value 1 = Person
HL3:NM103	Name Last or Organization Name	CROSS	Last name of patient
HL3:NM104	Name First	DAVID	First name of patient
HL3:NM105	Name Middle	M	Middle initial of patient
HL3:NM108	Identification Code Qualifier	MI	Value MI = Member Identification Number
HL3:NM109	Identification Code	DD145645645601	Identification code identifying the patient
REF01	Reference Identification Qualifier	49	Value 49 = Family Unit Number Note: Required when the information source is a PBM/payer and the individual has a suffix to their member ID number that is required for use in the NCPDP

Element	Element Name	Value	Note
			Standard (for Person Code).
REF02	Reference Identification	01	Family Unit Number (Person Code)
N301	Address Information	6785 LAUGHALOT LANE	Address information
N401	City Name	TRENTON	City name
N402	State or Province Code	NJ	State
N403	Postal Code	08608	Postal code (zip code)
DMG01	Date Time Period Format Qualifier	D8	Date time period format qualifier (Date Expressed in Format CCYYMMDD)
DMG02	Date Time Period	19720910	Patient date of birth
DMG03	Gender Code	M	Gender Code (Value M = Male)
INS01	Yes/No Condition or Response Code	Y	Yes/No Condition or Response Code. Value Y = Yes
INS02	Individual Relationship Code	18	Individual relationship code. Value 18 = Self
DTP01	Date/Time Qualifier	291	Value 291 = Plan
DTP02	Date Time Period Format Qualifier	D8	Date time period format qualifier (Date Expressed in Format CCYYMMDD)
DTP03	Date Time Period	20171217	Date Time Period
EB01	Eligibility or Benefit Information Code	1	Value 1 = Active coverage
EB03	Coverage Level Code	30	Value 30 = Health Plan Benefit Coverage
EB04	Insurance Type Code	MC	Value MC = Medicaid
EB05	Service Type Code	MEDICAID PLAN	Health Plan Name
REF01	Reference Identification	6P	Value 6P = Group number

Element	Element Name	Value	Note
	Qualifier		
REF02	Reference Identification	DD1	Group Number
REF03	Description	ABCGROUP	Group Name
REF01	Reference Identification Qualifier	FO	Value FO = Drug Formulary Number
REF02	Reference Identification	201	Drug Formulary Number
REF01	Reference Identification Qualifier	CLI	Value CLI = Coverage List ID
REF02	Reference Identification	201	Coverage List ID
REF01	Reference Identification Qualifier	N6	Value N6 = Plan Network Identification Number
REF02	Reference Identification	234876	IIN (formerly known as BIN)
REF03	Description	AV	PCN
REF01	Reference Identification Qualifier	IG	Value IG = Insurance policy number
REF02	Reference Identification	201	Copay List ID
REF01	Reference Identification Qualifier	ALS	Value ALS = Alternative List ID
REF02	Reference Identification	142345	Alternative List ID
DTP01	Date/Time Qualifier	291	Value 291 = Plan
DTP02	Date Time Period Format Qualifier	RD8	Date time period format qualifier (Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD)

Element	Element Name	Value	Note
DTP03	Date Time Period	20100801-20991231	Date Time Period
LS01	Loop Identifier Code	2120	Loop header
HL4:NM101	Entity Identifier Code	SEP	This field is used to show the primary coverage level. Value SEP = Secondary Payer.
HL4:NM102	Entity Type Qualifier	2	Non-Person Entity
HL4:NM103	Name Last or Organization Name	PBM Company	PBM/payer
HL4:NM108	Identification Code Qualifier	PI	Value PI = Payor Identification
HL4:NM109	Identification Code	PBM123456789123	PBM/payer participant ID
LE01	Loop Identifier Code	2110	Loop trailer
EB01	Eligibility or Benefit Information Code	1	Value 1 = Active Coverage
EB03	Coverage Level Code	88	Value 88 = Pharmacy (Retail Pharmacy)
EB01	Eligibility or Benefit Information Code	1	Value 1 = Active Coverage
EB03	Coverage Level Code	90	Value 90 = Mail Order Prescription Drug (Mail Order Pharmacy)
SE01	Number of Included Segments	29	Number of included segments
SE02	Transaction Set Control Number	0001	Transaction set control number (matches ST02)
GE01	Number of Transaction Sets	1	Number of transaction sets included

Element	Element Name	Value	Note
	Included		
GE02	Group Control Number	1	Group control number (matches GS06)
IEA01	Number of Included Functional Groups	1	Number of included functional groups
IEA02	Interchange Control Number	000000001	Interchange control number

Eligibility Response (from Surescripts to Provider Vendor) Example

ISA*00* *01*PW12345PHY*ZZ*S00000000000001*ZZ*P01234567891234*171217*0345*^*00501*000000001*0*P*[~

Element	Element Name	Value	Note
ISA01	Authorization Information Qualifier	00	Value 00 = No authorization information present
ISA02	Authorization Information	(blank)	Not used. Filled with blanks.
ISA03	Security Information Qualifier	01	Value 01 = Password
ISA04	Security Information	PWPHY12345	Password needed to correspond with the Surescripts system
ISA05	Interchange ID Qualifier	ZZ	Qualifier ZZ = Mutually Defined
ISA06	Interchange Sender ID	S000000000000001	Participant ID for Surescripts
ISA07	Interchange ID Qualifier	ZZ	Qualifier ZZ = Mutually Defined
ISA08	Interchange Receiver ID	P01234567891234	Provider vendor's participant ID
ISA09	Interchange Date	171217	Date
ISA10	Interchange Time	0345	Time
ISA11	Repetition Separator	^	Repetition separator
ISA12	Interchange Control Version Number	005010	X12 version
ISA13	Interchange Control Number	000000001	Interchange control number. Unique ID.
ISA14	Acknowledgment Requested	0	No acknowledgment requested
ISA15	Interchange Usage Indicator	P	Production data
ISA16	Component Element Separator	[	Component element separator

GS*HB*S00000000000001*P01234567891234*20171217*16150000*1*X*005010X279A1~

Element	Element Name	Value	Note
GS01	Functional Identifier Code	HB	Functional identifier code
GS02	Application Sender's Code	S00000000000001	Surescripts ID
GS03	Application Receiver's Code	P01234567891234	Provider vendor's participant ID
GS04	Date	20171217	Date
GS05	Time	16150000	Time
GS06	Group Control Number	1	Group control number (matches GE02)
GS07	Responsible Agency Code	X	Value X = Accredited Standards Committee X12
GS08	Version / Release / Industry Identifier Code	005010X279A1	X12 version

The rest of this message is the same as the prior message Eligibility Response (from PBM/payer to Surescripts).

Eligibility Response (from Surescripts to Provider Vendor) - Full Example Table

Full Example Table

Element	Element Name	Value	Note
ISA01	Authorization Information Qualifier	00	Value 00 = No authorization information present
ISA02	Authorization Information	(blank)	Not used. Filled with blanks.
ISA03	Security Information Qualifier	01	Value 01 = Password
ISA04	Security Information	PWPHY12345	Password needed to correspond with the Surescripts system
ISA05	Interchange ID Qualifier	ZZ	Qualifier ZZ = Mutually Defined
ISA06	Interchange Sender ID	S000000000000001	Participant ID for Surescripts
ISA07	Interchange ID Qualifier	ZZ	Qualifier ZZ = Mutually Defined
ISA08	Interchange Receiver ID	P012345678912 34	Provider vendor's Participant ID
ISA09	Interchange Date	171217	Date
ISA10	Interchange Time	0345	Time
ISA11	Repetition Separator	^	Repetition separator
ISA12	Interchange Control Version Number	005010	X12 version
ISA13	Interchange Control Number	000000001	Interchange control number. Unique ID.
ISA14	Acknowledgment Requested	0	No acknowledgment requested
ISA15	Interchange Usage Indicator	P	Production data
ISA16	Component Element Separator	[	Component element separator
GS01	Functional Identifier Code	HB	Functional identifier code
GS02	Application Sender's Code	S000000000000001	Surescripts ID
GS03	Application Receiver's Code	P012345678912 34	Provider vendor's Participant ID
GS04	Date	20171217	Date
GS05	Time	16150000	Time
GS06	Group Control Number	1	Group control number (matches GE02)
GS07	Responsible Agency Code	X	Value X = Accredited Standards Committee X12
GS08	Version / Release / Industry Identifier Code	005010X279A1	X12 version

Eligibility Response (Not Active)

ISA*00* *01*PWPHY12345*ZZ*PBM123456789123*ZZ*S00000000000001*171217*0345*^*00501*000000001*0*P*[~

Element	Element Name	Value	Note
ISA01	Authorization Information Qualifier	00	Value 00 = No authorization information present
ISA02	Authorization Information	(blank)	Not used. Filled with blanks.
ISA03	Security Information Qualifier	01	Value 01 = Password
ISA04	Security Information	PWPHY12345	Password needed to correspond with the Surescripts system
ISA05	Interchange ID Qualifier	ZZ	Qualifier ZZ = Mutually Defined
ISA06	Interchange Sender ID	PBM123456789123	PBM/payer participant ID
ISA07	Interchange ID Qualifier	ZZ	Qualifier ZZ = Mutually Defined
ISA08	Interchange Receiver ID	S000000000000001	Surescripts ID
ISA09	Interchange Date	171217	Date
ISA10	Interchange Time	0345	Time
ISA11	Repetition Separator	^	Repetition separator
ISA12	Interchange Control Version Number	005010	X12 version
ISA13	Interchange Control Number	000000001	Interchange control number. Unique ID.
ISA14	Acknowledgment Requested	0	No acknowledgment requested
ISA15	Interchange Usage Indicator	P	Production data
ISA16	Component Element Separator	[	Component element separator

GS*HB*PBM123456789123*S00000000000001*20171217*16150000*1*X*005010X279A1~

Element	Element Name	Value	Note
GS01	Functional Identifier Code	HB	Functional identifier code
GS02	Application Sender's Code	PBM123456789123	PBM/payer participant ID
GS03	Application Receiver's Code	S00000000000001	Surescripts ID
GS04	Date	20171217	Date
GS05	Time	16150000	Time
GS06	Group Control Number	1	Group control number (matches GE02)
GS07	Responsible Agency Code	X	Value X = Accredited Standards Committee X12
GS08	Version / Release / Industry Identifier Code	005010X279A1	X12 version

ST*271*0001*005010X279A1~

Element	Element Name	Value	Note
ST01	Transaction Set Identifier Code	271	Identifies the transaction set
ST02	Transaction Set Control Number	0001	Unique control number (matches SE02)
ST03	Implementation Convention Reference	005010X279A1	Implementation convention reference (matches GS08 and is always populated with 005010X279A1)

BHT*0022*11*3920394930203*20171217*16150000~

Element	Element Name	Value	Note
BHT01	Hierarchical Structure Code	0022	Value 0022 = Information Source, Information Receiver, Subscriber, Dependent
BHT02	Transaction Set Purpose Code	11	Indicates purpose of transaction set (value 11 = response)
BHT03	Reference Identification	3920394930203	Transaction reference number that ties the request to the response
BHT04	Date	20171217	Date
BHT05	Time	16150000	Time

HL*1**20*1~

Element	Element Name	Value	Note
HL01	Hierarchical ID Number	1	Sequentially assigned positive number used to identify each specific occurrence of an HL segment within a transaction set
HL03	Hierarchical Level Code	20	Value 20 = Information Source
HL04	Hierarchical Child Code	1	Code value in Loop 2000A HL04 is always 1 (additional subordinate HL data segment in this hierarchical structure)

NM1*2B*2*PBM COMPANY*****PI*PBM123456789123~

Element	Element Name	Value	Note
HL1:NM101	Entity Identifier Code	2B	Third-Party Administrator
HL1:NM102	Entity Type Qualifier	2	Non-Person Entity
HL1:NM103	Name Last or Organization Name	PBM COMPANY	PBM/payer
HL1:NM108	Identification Code Qualifier	PI	Value PI = Payor Identification
HL1:NM109	Identification Code	PBM123456789123	

HL*2*1*21*1~

Element	Element Name	Value	Note
HL01	Hierarchical ID Number	2	Sequentially assigned positive number used to identify each specific occurrence of an HL segment within a transaction set
HL02	Hierarchical Parent ID Number	1	Hierarchical parent ID number
HL03	Hierarchical Level Code	21	Value 21 = Information Receiver
HL04	Hierarchical Child Code	1	Code value in Loop 2000B HL04 is always 1 (additional subordinate HL data segment in this hierarchical structure)

NM1*1P*1*JONSON*TIM*T**M.D.*XX*3334444555~

Element	Element Name	Value	Note
HL2:NM101	Entity Identifier Code	1P	Value 1P = Provider
HL2:NM102	Entity Type Qualifier	1	Value 1 = Person
HL2:NM103	Name Last or Organization Name	JONSON	Last name of physician
HL2:NM104	Name First	TIM	First name of physician
HL3:NM105	Name Middle	T	Middle initial of physician
HL2:NM107	Name Suffix	M.D.	Name suffix
HL2:NM108	Identification Code Qualifier	XX	Value XX = Centers for Medicare and Medicaid Services Plan ID
HL2:NM109	Identification Code	3334444555	Dr. Jonson NPI Number 3334444555

REF*EO*P01234567891234~

Element	Element Name	Value	Note
REF01	Reference Identification Qualifier	EO	Value EO = Submitter Identification Number
REF02	Reference Identification	P01234567891234	Submitter Identification Number

HL*3*2*22*0~

Element	Element Name	Value	Note
HL01	Hierarchical ID Number	3	Sequentially assigned positive number used to identify each specific occurrence of an HL segment within a transaction set
HL02	Hierarchical Parent ID Number	2	Hierarchical Parent ID Number
HL03	Hierarchical Level Code	22	Value 22 = Subscriber
HL04	Hierarchical Child Code	0	Code value in Loop 2000C HL04 is 0 because there is no subordinate HL segment in this hierarchical structure

NM1*IL*1*CROSS*DAVID*M***MI*DD145645645601~

Element	Element Name	Value	Note
HL3:NM101	Entity Identifier Code	IL	Value IL = Insured or Subscriber
HL3:NM102	Entity Type Qualifier	1	Value 1 = Person
HL3:NM103	Name Last or Organization Name	CROSS	Last name of patient
HL3:NM104	Name First	DAVID	First name of patient
HL3:NM105	Name Middle	M	Middle initial of patient
HL3:NM108	Identification Code Qualifier	MI	Value MI = Member Identification Number
HL3:NM109	Identification Code	DD145645645601	Identification code identifying the patient

N3*6785 LAUGHALOT LANE~

Element	Element Name	Value	Note
N301	Address Information	6785 LAUGHALOT LANE	Address information

N4*TRENTON*NJ*08608~

Element	Element Name	Value	Note
N401	City Name	TRENTON	City name
N402	State or Province Code	NJ	State
N403	Postal Code	08608	Postal code (zip code)

DMG*D8*19720910*M~

Element	Element Name	Value	Note
DMG01	Date Time Period Format Qualifier	D8	Date time period format qualifier (Date Expressed in Format CCYYMMDD)
DMG02	Date Time Period	19720910	Date Time Period
DMG03	Gender Code	M	Gender Code (Value M = Male)

INS*Y*18~

Element	Element Name	Value	Note
INS01	Yes/No Condition or Response Code	Y	Yes/No Condition or Response Code. Value Y = Yes
INS02	Individual Relationship Code	18	Individual relationship code. Value 18 = Sel

DTP*291*RD8*20160101-20161231~

Element	Element Name	Value	Note
DTP01	Date/Time Qualifier	291	Value 291 = Plan
DTP02	Date Time Period Format Qualifier	RD8	Date time period format qualifier (Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD)
DTP03	Date Time Period	20160101-20161231	Date Time Period

EB*6**30~

Element	Element Name	Value	Note
EB01	Eligibility or Benefit Information Code	6	Value 6 = Inactive
EB03	Coverage Level Code	30	Health Plan Benefit Coverage

SE*16*0001~

Element	Element Name	Value	Note
SE01	Number of Included Segments	16	Number of included segments
SE02	Transaction Set Control Number	0001	Transaction set control number (matches ST02)

GE*1*1~

Element	Element Name	Value	Note
GE01	Number of Transaction Sets Included	1	Number of transaction sets included
GE02	Group Control Number	1	Group control number (matches GS06)

IEA*1*000000001~

Element	Element Name	Value	Note
IEA01	Number of Included Functional Groups	1	Number of included functional groups
IEA02	Interchange Control Number	000000001	Interchange control number

Eligibility Response (Not Active) - Full Example Table

Full Example Table

Element	Element Name	Value	Note
ISA01	Authorization Information Qualifier	00	Value 00 = No authorization information present
ISA02	Authorization Information	(blank)	Not used. Filled with blanks.
ISA03	Security Information Qualifier	01	Value 01 = Password
ISA04	Security Information	PWPHY12345	Password needed to correspond with the Surescripts system
ISA05	Interchange ID Qualifier	ZZ	Qualifier ZZ = Mutually Defined
ISA06	Interchange Sender ID	PBM123456789123	PBM/payer participant ID
ISA07	Interchange ID Qualifier	ZZ	Qualifier ZZ = Mutually Defined
ISA08	Interchange Receiver ID	S000000000 00001	Surescripts' ID
ISA09	Interchange Date	171217	Date
ISA10	Interchange Time	0345	Time
ISA11	Repetition Separator	^	Repetition separator
ISA12	Interchange Control Version Number	005010	X12 version
ISA13	Interchange Control Number	000000001	Interchange control number. Unique ID.
ISA14	Acknowledgment Requested	10	No acknowledgment requested
ISA15	Interchange Usage Indicator	P	Production data
ISA16	Component Element Separator	[	Component element separator
GS01	Functional Identifier Code	HB	Functional identifier code
GS02	Application Sender's Code	PBM123456789123	PBM/payer participant ID
GS03	Application Receiver's Code	S000000000 00001	Surescripts ID
GS04	Date	20171217	Date
GS05	Time	16150000	Time

Element	Element Name	Value	Note
GS06	Group Control Number	1	Group control number (matches GE02)
GS07	Responsible Agency Code	X	Value X = Accredited Standards Committee X12
GS08	Version / Release / Industry Identifier Code	005010X279A1	X12 version
ST01	Transaction Set Identifier Code	271	Identifies the transaction set
ST02	Transaction Set Control Number	0001	Unique control number (matches SE02)
ST03	Implementation Convention Reference	005010X279A1	Implementation convention reference (matches GS08 and is always populated with 005010X279A1)
BHT01	Hierarchical Structure Code	0022	Value 0022 = Information Source, Information Receiver, Subscriber, Dependent
BHT02	Transaction Set Purpose Code	11	Indicates purpose of transaction set (value 11 = response)
BHT03	Reference Identification	3920394930203	Transaction reference number that ties the request to the response
BHT04	Date	20171217	Date
BHT05	Time	16150000	Time
HL01	Hierarchical ID Number	1	Sequentially assigned positive number used to identify each specific occurrence of an HL segment within a transaction set
HL03	Hierarchical Level Code	20	Value 20 = Information Source
HL04	Hierarchical Child Code	1	Code value in Loop 2000A HL04 is always 1 (additional subordinate HL data segment in this hierarchical structure)
HL1:NM101	Entity Identifier Code	2B	Third-Party Administrator
HL1:NM102	Entity Type Qualifier	2	Non-Person Entity
HL1:NM103	Name Last or Organization Name	PBM COMPANY	PBM/payer
HL1:NM108	Identification Code Qualifier	PI	Value PI = Payor Identification
HL1:NM109	Identification Code	PBM123456789123	PBM/payer participant ID
HL01	Hierarchical ID Number	2	Sequentially assigned positive number used to identify each specific occurrence of an HL segment within a transaction set

Element	Element Name	Value	Note
HL02	Hierarchical Parent ID Number	1	Hierarchical parent ID number
HL03	Hierarchical Level Code	21	Value 21 = Information Receiver
HL04	Hierarchical Child Code	1	Code value in Loop 2000B HL04 is always 1 (additional subordinate HL data segment in this hierarchical structure)
HL2:NM101	Entity Identifier Code	1P	Value 1P = Provider
HL2:NM102	Entity Type Qualifier	1	Value 1 = Person
HL2:NM103	Name Last or Organization Name	JONSON	Last name of physician
HL2:NM104	Name First	TIM	First name of physician
HL3:NM105	Name Middle	T	Middle initial of physician
HL2:NM107	Name Suffix	M.D.	Name suffix
HL2:NM108	Identification Code Qualifier	XX	Value XX = Centers for Medicare and Medicaid Services Plan ID
HL2:NM109	Identification Code	3334444555	Dr. Jonson NPI Number 3334444555
REF01	Reference Identification Qualifier	EO	Value EO = Submitter Identification Number
REF02	Reference Identification	P01234567891234	Submitter Identification Number
HL01	Hierarchical ID Number	3	Sequentially assigned positive number used to identify each specific occurrence of an HL segment within a transaction set
HL02	Hierarchical Parent ID Number	2	Hierarchical Parent ID Number
HL03	Hierarchical Level Code	22	Value 22 = Subscriber
HL04	Hierarchical Child Code	0	Code value in Loop 2000C HL04 is 0 because there is no subordinate HL segment in this hierarchical structure
HL3:NM101	Entity Identifier Code	IL	Value IL = Insured or Subscriber
HL3:NM102	Entity Type Qualifier	1	Value 1 = Person

Element	Element Name	Value	Note
HL3:NM103	Name Last or Organization Name	CROSS	Last name of patient
HL3:NM104	Name First	DAVID	First name of patient
HL3:NM105	Name Middle	M	Middle initial of patient
HL3:NM108	Identification Code Qualifier	MI	Value MI = Member Identification Number
HL3:NM109	Identification Code	DD145645645601	Identification code identifying the patient
N301	Address Information	6785 LAUGHALOT LANE	Address information
N401	City Name	TRENTON	City name
N402	State or Province Code	NJ	State
N403	Postal Code	08608	Postal code (zip code)
DMG01	Date Time Period Format Qualifier	D8	Date time period format qualifier (Date Expressed in Format CCYYMMDD)
DMG02	Date Time Period	19720910	Date Time Period
DMG03	Gender Code	M	Gender Code (Value M = Male)
INS01	Yes/No Condition or Response Code	Y	Yes/No Condition or Response Code. Value Y = Yes
INS02	Individual Relationship Code	18	Individual relationship code. Value 18 = Self
DTP01	Date/Time Qualifier	291	Value 291 = Plan
DTP02	Date Time Period Format Qualifier	RD8	Date time period format qualifier (Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD)
DTP03	Date Time Period	20160101-20161231	Date Time Period
EB01	Eligibility or Benefit Information Code	6	Value 6 = Inactive
EB03	Coverage Level Code	30	Health Plan Benefit Coverage
SE01	Number of Included Segments	16	Number of included segments

Element	Element Name	Value	Note
SE02	Transaction Set Control Number	0001	Transaction set control number (matches ST02)
GE01	Number of Transaction Sets Included	1	Number of transaction sets included
GE02	Group Control Number	1	Group control number (matches GS06)
IEA01	Number of Included Functional Groups	1	Number of included functional groups
IEA02	Interchange Control Number	000000001	Interchange control number

Eligibility Response (for Specialty and Long-Term Care) Example

ISA*00* *01*PWPHY12345*ZZ*PBM123456789123*ZZ*S00000000000001*171217*0345*^*00501*000000001*0*P*[~

Element	Element Name	Value	Note
ISA01	Authorization Information Qualifier	00	Value 00 = No authorization information present
ISA02	Authorization Information	(blank)	Not used. Filled with blanks.
ISA03	Security Information Qualifier	01	Value 01 = Password
ISA04	Security Information	PWPHY12345	Password needed to correspond with the Surescripts system
ISA05	Interchange ID Qualifier	ZZ	Qualifier ZZ = Mutually Defined
ISA06	Interchange Sender ID	PBM123456789123	PBM/payer participant ID
ISA07	Interchange ID Qualifier	ZZ	Qualifier ZZ = Mutually Defined
ISA08	Interchange Receiver ID	S000000000000001	Participant ID for Surescripts
ISA09	Interchange Date	171217	Date
ISA10	Interchange Time	0345	Time
ISA11	Repetition Separator	^	Repetition separator
ISA12	Interchange Control Version Number	005010	X12 version
ISA13	Interchange Control Number	000000001	Interchange control number. Unique ID.
ISA14	Acknowledgment Requested	0	No acknowledgment requested
ISA15	Interchange Usage Indicator	P	Production data
ISA16	Component Element Separator	[	Component element separator

GS*HB*PBM123456789123*S00000000000001*20171217*16150000*1*X*005010X279A1~

Element	Element Name	Value	Note
GS01	Functional Identifier Code	HB	Functional identifier code
GS02	Application Sender's Code	PBM123456789123	PBM/payer participant ID
GS03	Application Receiver's Code	S00000000000001	Surescripts ID
GS04	Date	20171217	Date
GS05	Time	16150000	Time
GS06	Group Control Number	1	Group control number (matches GE02)
GS07	Responsible Agency Code	X	Value X = Accredited Standards Committee X12
GS08	Version / Release / Industry Identifier Code	005010X279A1	X12 version

ST*271*0001*005010X279A1~

Element	Element Name	Value	Note
ST01	Transaction Set Identifier Code	271	Identifies the transaction set
ST02	Transaction Set Control Number	0001	Unique control number (matches SE02)
ST03	Implementation Convention Reference	005010X279A1	Implementation convention reference (matches GS08 and is always populated with 005010X279A1)

BHT*0022*11*3920394930203*20171217*16150000~

Element	Element Name	Value	Note
BHT01	Hierarchical Structure Code	0022	Value 0022 = Information Source, Information Receiver, Subscriber, Dependent
BHT02	Transaction Set Purpose Code	11	Indicates purpose of transaction set (value 11 = response)
BHT03	Reference Identification	3920394930203	Transaction reference number that ties the request to the response
BHT04	Date	20171217	Date
BHT05	Time	16150000	Time

HL*1**20*1~

Element	Element Name	Value	Note
HL01	Hierarchical ID Number	1	Sequentially assigned positive number used to identify each specific occurrence of an HL segment within a transaction set
HL03	Hierarchical Level Code	20	Value 20 = Information Source
HL04	Hierarchical Child Code	1	Code value in Loop 2000A HL04 is always 1 (additional subordinate HL data segment in this hierarchical structure)

NM1*2B*2*PBM COMPANY*****PI*PBM123456789123~

Element	Element Name	Value	Note
HL1:NM101	Entity Identifier Code	2B	Third-Party Administrator
HL1:NM102	Entity Type Qualifier	2	Non-Person Entity
HL1:NM103	Name Last or Organization Name	PBM COMPANY	PBM/payer
HL1:NM108	Identification Code Qualifier	PI	Value PI = Payor Identification
HL1:NM109	Identification Code	PBM123456789123	PBM/payer participant ID

HL*2*1*21*1~

Element	Element Name	Value	Note
HL01	Hierarchical ID Number	2	Sequentially assigned positive number used to identify each specific occurrence of an HL segment within a transaction set
HL02	Hierarchical Parent ID Number	1	Hierarchical parent ID number
HL03	Hierarchical Level Code	21	Value 21 = Information Receiver
HL04	Hierarchical Child Code	1	Code value in Loop 2000B HL04 is always 1 (additional subordinate HL data segment in this hierarchical structure)

NM1*1P*1*JONSON*TIM*T**M.D.*XX*3334444555~

Element	Element Name	Value	Note
HL2:NM101	Entity Identifier Code	1P	Value 1P = Provider
HL2:NM102	Entity Type Qualifier	1	Value 1 = Person
HL2:NM103	Name Last or Organization Name	JONSON	Last name of physician
HL2:NM104	Name First	TIM	First name of physician
HL3:NM105	Name Middle	T	Middle initial of physician
HL2:NM107	Name Suffix	M.D.	Name suffix
HL2:NM108	Identification Code Qualifier	XX	Value XX = Centers for Medicare and Medicaid Services Plan ID
HL2:NM109	Identification Code	3334444555	Dr. Jonson NPI Number 3334444555

REF*EO*P01234567891234~

Element	Element Name	Value	Note
REF01	Reference Identification Qualifier	EO	Value EO = Submitter Identification Number
REF02	Reference Identification	P01234567891234	Submitter Identification Number

HL*3*2*22*0~

Element	Element Name	Value	Note
HL01	Hierarchical ID Number	3	Sequentially assigned positive number used to identify each specific occurrence of an HL segment within a transaction set
HL02	Hierarchical Parent ID Number	2	Hierarchical Parent ID Number
HL03	Hierarchical Level Code	22	Value 22 = Subscriber
HL04	Hierarchical Child Code	0	Code value in Loop 2000C HL04 is 0 because there is no subordinate HL segment in this hierarchical structure

NM1*IL*1*CROSS*DAVID*M***MI*DD145645645601~

Element	Element Name	Value	Note
HL3:NM101	Entity Identifier Code	IL	Value IL = Insured or Subscriber
HL3:NM102	Entity Type Qualifier	1	Value 1 = Person
HL3:NM103	Name Last or Organization Name	CROSS	Last name of patient
HL3:NM104	Name First	DAVID	First name of patient
HL3:NM105	Name Middle	M	Middle initial of patient
HL3:NM108	Identification Code Qualifier	MI	Value MI = Member Identification Number
HL3:NM109	Identification Code	DD145645645601	Identification code identifying the patient

REF*49*01~

Element	Element Name	Value	Note
REF01	Reference Identification Qualifier	49	Value 49 = Family Unit Number Note: Required when the information source is a PBM/payer and the individual has a suffix to their member ID number that is required for use in the NCPDP Standard (for Person Code).
REF02	Reference Identification	01	Family Unit Number (Person Code)

N3*6785 LAUGHALOT LANE~

Element	Element Name	Value	Note
N301	Address Information	6785 LAUGHALOT LANE	Address information

N4*TRENTON*NJ*08608~

Element	Element Name	Value	Note
N401	City Name	TRENTON	City name
N402	State or Province Code	NJ	State
N403	Postal Code	08608	Postal code (zip code)

DMG*D8*19720910*M~

Element	Element Name	Value	Note
DMG01	Date Time Period Format Qualifier	D8	Date time period format qualifier (Date Expressed in Format CCYYMMDD)
DMG02	Date Time Period	19720910	Date Time Period
DMG03	Gender Code	M	Gender Code (Value M = Male)

INS*Y*18~

Element	Element Name	Value	Note
INS01	Yes/No Condition or Response Code	Y	Yes/No Condition or Response Code. Value Y = Yes
INS02	Individual Relationship Code	18	Individual relationship code. Value 18 = Self

DTP*291*RD8*20160101-20161231~

Element	Element Name	Value	Note
DTP01	Date/Time Qualifier	291	Value 291 = Plan
DTP02	Date Time Period Format Qualifier	RD8	Date time period format qualifier (Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD)
DTP03	Date Time Period	20160101-20161231	Date Time Period

EB*1**30**PLANA~

Element	Element Name	Value	Note
EB01	Eligibility or Benefit Information Code	1	Value 1 = Active
EB03	Coverage Level Code	30	Health Plan Benefit Coverage
EB05	Service Type Code	PLANA	Health Plan Name

REF*6P*DD1*ABCGROUP~

Element	Element Name	Value	Note
REF01	Reference Identification Qualifier	6P	Value 6P = Group number
REF02	Reference Identification	DD1	Group Number
REF03	Description	ABCGROUP	Group Name

REF*FO*201~

Element	Element Name	Value	Note
REF01	Reference Identification Qualifier	FO	Value FO = Drug Formulary Number
REF02	Reference Identification	201	Drug Formulary Number

REF*CLI*201~

Element	Element Name	Value	Note
REF01	Reference Identification Qualifier	CLI	Value CLI = Coverage List ID
REF02	Reference Identification	201	Coverage List ID

REF*N6*234876*AV~

Element	Element Name	Value	Note
REF01	Reference Identification Qualifier	N6	Value N6 = Plan Network Identification Number
REF02	Reference Identification	234876	IIN (formerly known as BIN)
REF03	Description	AV	PCN

REF*IG*201~

Element	Element Name	Value	Note
REF01	Reference Identification Qualifier	IG	Value IG = Insurance policy number
REF02	Reference Identification	201	Copay List ID

REF*ALS*142345~

Element	Element Name	Value	Note
REF01	Reference Identification Qualifier	ALS	Value ALS = Alternative List ID
REF02	Reference Identification	142345	Alternative List ID

EB*1**88~

Element	Element Name	Value	Note
EB01	Eligibility or Benefit Information Code	1	Value 1 = Active Coverage
EB03	Coverage Level Code	88	Value 88 = Pharmacy. Eligible for Retail Pharmacy Benefits

EB*1**90~

Element	Element Name	Value	Note
EB01	Eligibility or Benefit Information Code	1	Value 1 = Active Coverage
EB03	Coverage Level Code	90	Value 90 = Mail Order Prescription Drug. Eligible for Mail Order Pharmacy Benefits

EB*1~

Element	Element Name	Value	Note
EB01	Eligibility or Benefit Information Code	1	Value 1 = Active Coverage. Eligible for benefits specified in MSG segment.

MSG*SPECIALTY PHARMACY~

Element	Element Name	Value	Note
MSG01	Free-form Message Text	SPECIALTY PHARMACY	Eligible for Specialty Pharmacy Benefits.

EB*1~

Element	Element Name	Value	Note
EB01	Eligibility or Benefit Information Code	1	Value 1 = Active Coverage. Eligible for benefits specified in MSG segment.

MSG*LTC~

Element	Element Name	Value	Note
MSG01	Free-form Message Text	LTC	Eligible for Long Term Care Pharmacy Benefits.

SE*29*0001~

Element	Element Name	Value	Note
SE01	Number of Included Segments	29	Number of included segments
SE02	Transaction Set Control Number	0001	Transaction set control number (matches ST02)

GE*1*1~

Element	Element Name	Value	Note
GE01	Number of Transaction Sets Included	1	Number of transaction sets included
GE02	Group Control Number	1	Group control number (matches GS06)

IEA*1*000000001~

Element	Element Name	Value	Note
IEA01	Number of Included Functional Groups	1	Number of included functional groups
IEA02	Interchange Control Number	000000001	Interchange control number

Eligibility Response (for Specialty and Long-Term Care) - Full Example Table

Full Example Table

Element	Element Name	Value	Note
ISA01	Authorization Information Qualifier	00	Value 00 = No authorization information present
ISA02	Authorization Information	(blank)	Not used. Filled with blanks.
ISA03	Security Information Qualifier	01	Value 01 = Password
ISA04	Security Information	PWPHY12345	Password needed to correspond with the Surescripts system
ISA05	Interchange ID Qualifier	ZZ	Qualifier ZZ = Mutually Defined
ISA06	Interchange Sender ID	PBM123456789123	PBM/payer participant ID
ISA07	Interchange ID Qualifier	ZZ	Qualifier ZZ = Mutually Defined
ISA08	Interchange Receiver ID	S00000000000001	Participant ID for Surescripts

Element	Element Name	Value	Note
ISA09	Interchange Date	171217	Date
ISA10	Interchange Time	0345	Time
ISA11	Repetition Separator	^	Repetition separator
ISA12	Interchange Control Version Number	005010	X12 version
ISA13	Interchange Control Number	000000001	Interchange control number. Unique ID.
ISA14	Acknowledgment Requested	0	No acknowledgment requested
ISA15	Interchange Usage Indicator	P	Production data
ISA16	Component Element Separator	[	Component element separator
GS01	Functional Identifier Code	HB	Functional identifier code
GS02	Application Sender's Code	PBM123456789123	PBM/payer participant ID
GS03	Application Receiver's Code	S000000000000001	Surescripts ID
GS04	Date	20171217	Date
GS05	Time	16150000	Time
GS06	Group Control Number	1	Group control number (matches GE02)
GS07	Responsible Agency Code	X	Value X = Accredited Standards Committee X12
GS08	Version / Release / Industry Identifier Code	005010X279A1	X12 version
ST01	Transaction Set Identifier Code	271	Identifies the transaction set
ST02	Transaction Set Control Number	0001	Unique control number (matches SE02)
ST03	Implementation Convention	005010X279A1	Implementation convention reference (matches GS08 and is always populated with 005010X279A1)

Element	Element Name	Value	Note
	Reference		
BHT01	Hierarchical Structure Code	0022	Value 0022 = Information Source, Information Receiver, Subscriber, Dependent
BHT02	Transaction Set Purpose Code	11	Indicates purpose of transaction set (value 11 = response)
BHT03	Reference Identification	3920394930203	Transaction reference number that ties the request to the response
BHT04	Date	20171217	Date
BHT05	Time	16150000	Time
HL01	Hierarchical ID Number	1	Sequentially assigned positive number used to identify each specific occurrence of an HL segment within a transaction set
HL03	Hierarchical Level Code	20	Value 20 = Information Source
HL04	Hierarchical Child Code	1	Code value in Loop 2000A HL04 is always 1 (additional subordinate HL data segment in this hierarchical structure)
HL1:NM101	Entity Identifier Code	2B	Third-Party Administrator
HL1:NM102	Entity Type Qualifier	2	Non-Person Entity
HL1:NM103	Name Last or Organization Name	PBM COMPANY	PBM/payer
HL1:NM108	Identification Code Qualifier	PI	Value PI = Payor Identification
HL1:NM109	Identification Code	PBM123456789123	PBM/payer participant ID
HL01	Hierarchical ID Number	2	Sequentially assigned positive number used to identify each specific occurrence of an HL segment within a transaction set
HL02	Hierarchical Parent ID Number	1	Hierarchical parent ID number
HL03	Hierarchical Level Code	21	Value 21 = Information Receiver
HL04	Hierarchical Child Code	1	Code value in Loop 2000B HL04 is always 1 (additional subordinate HL data segment in this hierarchical structure)

Element	Element Name	Value	Note
HL2:NM101	Entity Identifier Code	1P	Value 1P = Provider
HL2:NM102	Entity Type Qualifier	1	Value 1 = Person
HL2:NM103	Name Last or Organization Name	JONSON	Last name of physician
HL2:NM104	Name First	TIM	First name of physician
HL3:NM105	Name Middle	T	Middle initial of physician
HL2:NM107	Name Suffix	M.D.	Name suffix
HL2:NM108	Identification Code Qualifier	XX	Value XX = Centers for Medicare and Medicaid Services Plan ID
HL2:NM109	Identification Code	3334444555	Dr. Jonson NPI Number 3334444555
REF01	Reference Identification Qualifier	EO	Value EO = Submitter Identification Number
REF02	Reference Identification	P01234567891234	Submitter Identification Number
HL01	Hierarchical ID Number	3	Sequentially assigned positive number used to identify each specific occurrence of an HL segment within a transaction set
HL02	Hierarchical Parent ID Number	2	Hierarchical Parent ID Number
HL03	Hierarchical Level Code	22	Value 22 = Subscriber
HL04	Hierarchical Child Code	0	Code value in Loop 2000C HL04 is 0 because there is no subordinate HL segment in this hierarchical structure

Element	Element Name	Value	Note
HL3:NM101	Entity Identifier Code	IL	Value IL = Insured or Subscriber
HL3:NM102	Entity Type Qualifier	1	Value 1 = Person
HL3:NM103	Name Last or Organization Name	CROSS	Last name of patient
HL3:NM104	Name First	DAVID	First name of patient
HL3:NM105	Name Middle	M	Middle initial of patient
HL3:NM108	Identification Code Qualifier	MI	Value MI = Member Identification Number
HL3:NM109	Identification Code	DD145645645601	Identification code identifying the patient
REF01	Reference Identification Qualifier	49	Value 49 = Family Unit Number Note: Required when the information source is a PBM/payer and the individual has a suffix to their member ID number that is required for use in the NCPDP Standard (for Person Code).
REF02	Reference Identification	01	Family Unit Number (Person Code)
N301	Address Information	6785 LAUGHALOT LANE	Address information
N401	City Name	TRENTON	City name
N402	State or Province Code	NJ	State
N403	Postal Code	08608	Postal code (zip code)
DMG01	Date Time Period Format Qualifier	D8	Date time period format qualifier (Date Expressed in Format CCYYMMDD)
DMG02	Date Time Period	19720910	Date Time Period

Element	Element Name	Value	Note
DMG03	Gender Code	M	Gender Code (Value M = Male)
INS01	Yes/No Condition or Response Code	Y	Yes/No Condition or Response Code. Value Y = Yes
INS02	Individual Relationship Code	18	Individual relationship code. Value 18 = Self
DTP01	Date/Time Qualifier	291	Value 291 = Plan
DTP02	Date Time Period Format Qualifier	RD8	Date time period format qualifier (Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD)
DTP03	Date Time Period	20160101-20161231	Date Time Period
EB01	Eligibility or Benefit Information Code	1	Value 1 = Active
EB03	Coverage Level Code	30	Health Plan Benefit Coverage
EB05	Service Type Code	PLANA	Plan coverage description
REF01	Reference Identification Qualifier	6P	Value 6P = Group number
REF02	Reference Identification	DD1	Group Number
REF03	Description	ABCGROUP	Group Name
REF01	Reference Identification Qualifier	FO	Value FO = Drug Formulary Number
REF02	Reference Identification	201	Drug Formulary Number
REF01	Reference Identification Qualifier	CLI	Value CLI = Coverage List ID
REF02	Reference Identification	201	Coverage List ID
REF0	Reference Identification	N6	Value N6 = Plan Network Identification Number

Element	Element Name	Value	Note
1	Qualifier		
REF02	Reference Identification	234876	IIN (formerly known as BIN)
REF03	Description	AV	Description for group name
REF01	Reference Identification Qualifier	IG	Value IG = Insurance policy number
REF02	Reference Identification	201	Copay List ID
REF01	Reference Identification Qualifier	ALS	Value ALS = Alternative List ID
REF02	Reference Identification	142345	Alternative List ID
EB01	Eligibility or Benefit Information Code	1	Value 1 = Active Coverage
EB03	Coverage Level Code	88	Value 88 = Pharmacy (Retail Pharmacy)
EB01	Eligibility or Benefit Information Code	1	Value 1 = Active Coverage
EB03	Coverage Level Code	90	Value 90 = Mail Order Prescription Drug (Mail Order Pharmacy)
EB01	Eligibility or Benefit Information Code	1	Value 1 = Active Coverage
MSG01	Free-form Message Text	SPECIALTY PHARMACY	Eligible for Specialty Pharmacy Benefits.
EB01	Eligibility or Benefit Information Code	1	Value 1 = Active Coverage
MSG01	Free-form Message Text	LTC	Eligible for Long Term Care Pharmacy Benefits.
SE01	Number of Included	29	Number of included segments

Element	Element Name	Value	Note
	Segments		
SE02	Transaction Set Control Number	0001	Transaction set control number (matches ST02)
GE01	Number of Transaction Sets Included	1	Number of transaction sets included
GE02	Group Control Number	1	Group control number (matches GS06)
IEA01	Number of Included Functional Groups	1	Number of included functional groups
IEA02	Interchange Control Number	000000001	Interchange control number

7. Eligibility Message Processing Summary

Depending on the connectivity between customers, the error processing may differ slightly. This section lays out the error processing for the supported connection types. It also contains the error processing that happens within the Eligibility Request/Eligibility Response message that will be consistent regardless of connectivity type.

The system (Surescripts) will store the request until the receiver responds to the message or until the specified time has elapsed. If the timeout elapses before the message is processed, an error message will be returned to the sender as the reply (explained below). If the sender has timed out, the message is discarded.

The Eligibility Request/Eligibility Response are messages where Surescripts is a defined customer in the process and adds processing value in the middle. For that reason, additional error processing needs to be handled. The following section outlines the life of the Eligibility message with the expected responses to different flows of events. It is broken down into the following stages:

- Surescripts receives the Eligibility Request from the requesting party.
- Surescripts processes the Eligibility Request, identifying the coverage(s).
- Surescripts passes the Eligibility Request to the defined source. (If multiple coverages are found, multiple Eligibility Requests are sent.)
- The source processes the request(s) and returns an Eligibility Response.
- Surescripts combines the response(s) into one envelope.
- Surescripts passes the response back to the original requester.

Surescripts Receives the Eligibility Request from the Requesting Party (Provider Vendor)

Event Id	Location	Event	Surescripts Response	Error Description	Requestor Follow-Up
1.0	Connectivity Error	Cannot get response from Surescripts	None	None	Investigate and contact Surescripts representative
1.1	Translation	Surescripts cannot identify the message or does not have enough info to create a TA1	NAK	A Negative Acknowledgement (NAK) with a message that says: “TRANSACTION CANNOT BE IDENTIFIED NOR PROCESSED”	Investigate and contact Surescripts representative
1.2	Translation	Translator cannot identify the file (bad ISA or IEA segments) but can produce a TA1 response	TA1	Refer to X12 005010 Data Element Dictionary for acceptable codes	Investigate and contact Surescripts representative
1.3	Translation	EDI Format has Fatal errors -At any Level: Data Segment Data Element Transaction Set Functional Group	999	Refer to the 999 spec for a complete list of errors	Investigate and contact Surescripts representative

Surescripts Processes the Eligibility Request

Event Id	Location	Event	Surescripts Response	Error Description	Requestor Follow-up
2.0	Source Segment Loop ID – 2000A	Wrong platform Participant ID and/or password.	271	Loop ID 2000A AAA – Error 42 Unable to Respond a current time	C – Please correct and resubmit
2.1	Source Segment Loop ID – 2000A	Responder system goes down at any time in the process (Surescripts).	271	Loop ID 2000A AAA – Error 42 Unable to Respond a current time	P – Please resubmit
2.2	Source Segment Loop ID – 2000A	Requester puts bad data in the source segment. This should be Surescripts' Participant ID.	271	Loop ID 2000A AAA – Error 79 Invalid participant identification	C – Please correct and resubmit
2.3	Source Segment Loop ID – 2000A	Requester is not set up to send eligibility message to Surescripts.	271	Loop ID 2000A AAA – Error 41 Authorization/Access Restrictions	N – Resubmission not allowed
2.4	Subscriber Name Segment Loop ID 2100C	Surescripts cannot find the desired patient	271	Subscriber Segment Loop ID 2100C AAA – Error 75 - Subscriber/Insured Not Found	N – Resubmission not allowed
2.4a	Subscriber Name Segment Loop ID 2100C	Surescripts cannot find the desired patient One of the demographic fields is missing	271	Subscriber Segment Loop ID 2100C AAA – Error 75 – Subscriber/Insured Not Found. Hint is in MSG segment.	C – Please correct and resubmit (Hint is sent back)
2.4b	Subscriber Request Validation Segment Loop ID 2110C	Version translation fails for outgoing 270	271	Subscriber Segment Loop ID 2110C AAA – Error 15 - Required application data missing MSG – Details of Error	C – Please correct and resubmit

Surescripts Attempts to Connect with Source (PBM/payer)

Event Id	Location	Event	PBM/payer Response	PBM/payer Error Description	Surescripts Follow up	Provider Vendor Error	Requestor Follow Up
3.0	Surescripts to PBM/payer Connector	Time Out – PBM/payer failed to reply to Surescripts in the specified time	None	None	Investigate and create AAA error for requestor	Source Segment Loop 2100A AAA – Error 80 No Response received - Transaction Terminated	P – Please Resubmit Original Transaction
3.1	PBM/payer Internal	Some failure at PBM/payer where they cannot produce a TA1 or 999	NAK	Text Error Message	Investigate and create AAA error for requestor	Source Segment Loop 2000A AAA – Error 42 Unable to respond at current time	S – Do not resubmit; Inquiry initiated to a third party.

PBM/payer Evaluates the Message

Event Id	Location	Event	PBM/payer Response	PBM/payer Error Description	Surescripts Follow up	Provider Vendor Error	Requestor Follow Up
4.0	Translation Initiation	Fatal Error with the ISA, GS	TA1	Refer to X12 005010 Data Element Dictionary for acceptable codes	Investigate and create AAA error for requestor	Source Segment Loop 2000A AAA – Error 42 Unable to respond at current time	S – Do not resubmit; Inquiry initiated to a third party.
4.1	Translation Initiation	EDI Format has Fatal errors -At any Level: Data Segment Data Element Transaction Set Functional Group	999	Refer to the 999 spec to determine AK level and appropriate error	Investigate and create AAA error for requestor	Source Segment Loop 2000A AAA – Error 42 Unable to respond at current time	S – Do not resubmit; Inquiry initiated to a third party.

PBM/payer Processes the Eligibility Request

> **Note:** Errors that occur during any mapping/translation exercise would result in an AAA segment within the 2000A Source Segment. The error would be a 42 – Unable to respond at current time.

Generic Error messages for the following messages would result in a 42 within the segment where the error occurred.

Event Id	Location	Event	PBM/payer Response	PBM/payer Error Description	PBM/payer Follow up	Surescripts Follow up	Provider Vendor Error	Requestor Follow Up
5.0	Source Segment Loop ID 2100A (Note: Information Source is the PBM/payer info that was supplied by Surescripts)	Any issue that caused the process to halt during processing	271	Source Segment Loop 2100A AAA – Error 42 Unable to respond at current time	Investigate and contact Surescripts representative if additional information or clarification is needed.	None	Source Segment Loop 2100A AAA – Error 42 Unable to respond at current time	P – Please Resubmit Original Transaction
5.1	Source Segment Loop ID 2100A (Note: Information Source is the PBM/payer info that was supplied by Surescripts)	PBM/payer validates the Source Identifier to make sure it's their own. Surescripts puts in wrong identifier	271	Source Segment Loop 2100A AAA – Error 79 Invalid participant Identification	Investigate and contact Surescripts representative	Investigate and translate to AAA system error for requestor	Source Segment Loop 2100A AAA – Error 79 Invalid participant Identification	S – Do not resubmit; Inquiry initiated to a third party
5.2	Source Name Segment Loop ID 2100A (Note: Information Source is the PBM/payer info that was supplied by Surescripts)	PBM/payer validates the source contact information. Surescripts puts in wrong PBM/payer contact name, etc.	271	Source Segment Loop 2100A AAA – Error 79 Invalid participant	Investigate and contact Surescripts representative	Investigate and translate to AAA system error for requestor	Source Segment Loop 2100A AAA – Error 79 Invalid participant	S – Do not resubmit; Inquiry initiated to a third party

Event Id	Location	Event	PBM/payer Response	PBM/payer Error Description	PBM/payer Follow up	Surescripts Follow up	Provider Vendor Error	Requestor Follow Up
				Identification			Identification	
5.3	Receiver Segment Loop ID 2100B (This loop contains the physician info and the provider vendor system info)	PBM/payer validates the receiver. PBM/payer wants more fields populated than what is required by Surescripts; i.e. – the POC is not identified.	271	Receiver Segment Loop ID 2100B AAA – Error 15 Required application data missing	None	None	Receiver Segment Loop ID 2100B AAA – Error 15 Required application data missing	C – Please correct and resubmit Surescripts recommends this value, however a PBM/Payer might send a different value
5.4	Receiver Segment Loop ID 2100B (This loop contains the physician info and the provider vendor system info)	PBM/payer validates receiver. PBM/payer cannot return eligibility for this patient because of the patients group or plan.	271	Receiver Segment Loop ID 2100B AAA – Error 41 – Authorization/ Access restrictions	None	None	Receiver Segment Loop ID 2100B AAA – Error 41 – Authorization/ Access restrictions	N – Resubmission not allowed Surescripts recommends this value, however a PBM/Payer might send a different value
5.5	Receiver Name Segment Loop ID – 2100B	PBM/payer validates the physician Identifier	271	Receiver Name Segment Loop ID – 2100B AAA – Error 43	None	None	Receiver Name Segment Loop ID – 2100B Physician	C – Correct and Resubmit Surescripts recommends this value, however a PBM/Payer might send a different value

Event Id	Location	Event	PBM/payer Response	PBM/payer Error Description	PBM/payer Follow up	Surescripts Follow up	Provider Vendor Error	Requestor Follow Up
				Invalid/ Missing Provider Identification			Loop AAA – Error 43 Invalid/ Missing Provider Identification	
5.8	Subscriber Name Loop ID 2100C	Patient found at Surescripts, but not in the PBM/payer's system (could be caused by a difference between Surescripts and the PBM/payer's patient databases or caused by the patient demographic mismatch between requestor and PBM/payer).	271	AAA – Error 75 – Subscriber / Insured Not Found	None	None	AAA – Error 75 - Subscriber/Insured Not Found	S – Do not resubmit; Inquiry initiated to a third party

PBM/payer Sends Eligibility Response Back to Surescripts

Surescripts evaluates the message.

Event Id	Location	Event	Surescripts Response	Surescripts Error Description	PBM/payer Follow up	Surescripts Follow up	Provider Vendor Error	Requestor Follow Up
6.0	Translation of 271 from PBM/payer	Fatal Error with ISA or GS segments	TA1	Refer to Implementation Acknowledgment For Health Care Insurance (999)	Investigate and contact Surescripts representative	Investigate and translate to AAA system error for requestor	Source Segment Loop 2100A AAA – Error 42 Unable to respond at current time	S - Do not resubmit; Inquiry initiated to a third party
6.1	Translation of 271 from PBM/payer	EDI Format has Fatal errors -At any Level: Data Segment Data Element Transaction Set Functional Group	999	Refer to Implementation Acknowledgment For Health Care Insurance (999) to determine AK level and appropriate error	Investigate and contact Surescripts representative	Investigate and translate to AAA system error for requestor	Source Segment Loop 2100A AAA – Error 42 Unable to respond at current time	S - Do not resubmit; Inquiry initiated to a third party

Summary of Errors Sent to Provider Vendor

The following is a summary of some of the errors a provider vendor can expect to see.

Error	Description
Source Segment Loop ID - 2000A AAA – Error 42	Generic error message for all errors that occurred that were not caused by the provider vendor system.
Receiver Segment Loop ID - 2100B AAA – Error 15	If the provider vendor fails to give enough information in the message to identify themselves or the physician to the PBM/payer.
Source Segment Loop ID - 2000A AAA – Error 41	The sending customer is not set up to send an eligibility message.
Receiver Segment Loop ID - 2100B AAA – Error 41	If the PBM/payer determines that they cannot return information for this patient based off of the plan or group.
Receiver Segment Loop ID - 2100B AAA – Error 43	If the PBM/payer requires a DEA or state license number for the prescribing office but the provider vendor does not provide it.
Subscriber Name Segment Loop ID - 2100C AAA – Error 75	Surescripts cannot find the patient in the MPI.

Summary of Translated Errors

Segment	Error	Translation for Provider Vendor
Connectivity Type	All (Timeouts, NAKs, 999)	Source Segment Loop 2000A AAA – Error 42

8. Application Certification Requirements

General Eligibility ACRs

Note: This section applies to general Eligibility only. For Eligibility for Pharmacy ACRs, see **Eligibility for Pharmacy ACRs**.

Eligibility Retrieval

E.100: The participant shall ensure an eligibility request is associated with a patient interaction, is part of a medication reconciliation, or is associated with the electronic prior authorization process.

Definition of Patient Interaction - "Patient interaction with the prescriber with the probability that a prescription will take place in the course of that interaction. The interaction can take the form of a physical visit, phone call, telemedicine, or email from the patient to the prescriber/prescriber to the patient. The eligibility request generally occurs within 24 hours prior to the patient interaction."

Examples of what is not considered a patient interaction for the purposes of a billable eligibility request:

1. Activities associated with health care operations, including but not limited to:
    1. Calls to schedule or check in appointments
    2. Opening a chart for:
        1. Billing questions
        2. Reference purposes
        3. Post visit transcription
        4. Updating patient information
2. Clinical information activities not associated with a prescribing medication reconciliation or electronic prior authorization process, including but not limited to:
    1. Lab test results or follow up
    2. Post visit reviews
    3. Coordination of care

E.101: Participants shall ensure that:

1. Information returned in the eligibility response shall be used within 3 calendar days/72 hours of receipt.
2. Eligibility requests are sent only once during that period (unless an error is encountered in the eligibility retrieval process).

Definition: A calendar day runs from 12:00 a.m. to 11:59 p.m. Central Time, regardless of the location of the patient encounter.

E.102: Participant/PBM must be able to process any valid 270 request and 271 response (valid data elements and values, including optional elements, supported by X12 must not cause processing failure at the end-point).

E.109: PBMs that support the "Future Effective Date" in the MPI load file shall return a patient's coverage status based upon the Eligibility "Date of Service" field (DTP01=291 in the 2100C loop Eligibility Request).

Presentation of Eligibility Information

E.103: The participant application shall display the following information returned in the eligibility response for an active coverage:

- PBM/Payer name (NM103 loop 2100A)

- All pharmacy coverage types received (e.g. Retail) with associated eligibility status (e.g. Covered/Not Covered). If displaying pharmacy coverage types that are not received in the eligibility response, the associated eligibility statuses must be clearly differentiated from the eligibility statuses of the pharmacy coverage types that are received.
- Health plan name returned in the Plan Coverage Description data element in the 2110C1 loop.

E.104: The application shall allow the user to switch between all active, eligibility coverages.

E.105: When the change flag is present, at a minimum, the participant application shall display an alert indicating there is a difference between the patient demographics sent in the 270 and those returned in the 271 for all active coverages and shall make all of the demographics returned available for the prescriber to review.

E.106.1: When available, PBMs shall send the health plan name in the Plan Coverage Description data element in the 2110C1 loop in the Eligibility Response transaction along with the following plan elements (BIN/IIN, PCN, Group ID/Name, Plan ID) and formulary file IDs.

Note: When sending the health plan name, it is recommended to avoid using acronyms, abbreviations, or random letters and numbers. Entering a detailed, easy to identify and read health plan name will aid in plan identification.

Eligibility for Pharmacy ACRs

Note: The ACRs below apply to Eligibility for Pharmacy. For more information on Eligibility for Pharmacy, see **Appendix A: Eligibility for Pharmacy**. For general Eligibility ACRs, see **General Eligibility ACRs**.

Eligibility Retrieval

E.102: Participant/PBM must be able to process any valid 270 request and 271 response (valid data elements and values, including optional elements, supported by ANSI X12 must not cause processing failure at the end-point).

E.107: The participant shall ensure an eligibility request is associated with a patient interaction and is part of the process of dispensing and filling the medication.

Definition of Patient Interaction - “Patient interaction with the pharmacist with the probability that a prescription will be filled as a result of that interaction. The interaction can take the form of a physical visit or phone call.”

Examples of what is not considered a patient interaction for the purposes of a billable eligibility request:

- Activities associated with health care operations, including but not limited to:
  - Reconciling claims after adjudication has been completed.

Presentation of Eligibility Information

E.103: The participant application shall display the following information returned in the eligibility response for an active coverage:

- PBM/Payer name (NM103 loop 2100A)
- All pharmacy coverage types received (e.g. Retail) with associated eligibility status (e.g. Covered/Not Covered). If displaying pharmacy coverage types that are not received in the eligibility response, the associated eligibility statuses must be clearly differentiated from the eligibility statuses of the pharmacy coverage types that are received.
- Health plan name returned in the Plan Coverage Description data element in the 2110C1 loop.

E.104: The application shall allow the user to switch between all active, eligibility coverages.

E.108: When there is a difference between the patient demographics sent in the request and those returned in the response for all active coverages, the application shall make all of the demographics returned available to review.

9. ID Load and Response Files

Introduction

PBM/payers use the ID Load file to provide Surescripts with their member roster to populate the Surescripts master patient index (MPI). Surescripts uses these files from the PBM/payers to establish uniqueness for individuals across PBM/payers. Surescripts' search process uses demographics to identify a patient and then uses the PBM/payer's unique member ID to communicate with the PBM/payers.

Surescripts responds to PBM/payer ID Loads with a Member Directory Response File indicating the status of each load, including details at both the file and detail level. Information provided by Surescripts indicates if a file loaded successfully, loaded with errors or was not loaded at all. Affected records are detailed in the response file which indicates the specific reason each line had an error or warning.

Surescripts will also provide statistical data about the processing for a given Delimited File received from a PBM/payer. The Member Directory Response Summary File will allow PBM/payers new insight into the processing of MPI files, and will allow them to better determine whether all of the records sent to Surescripts were loaded as expected.

ID Load Process Flow

The following steps depict the flow of the ID load:

1. The PBM/payer creates a directory of patients, assigning each occurrence a unique member ID.

   > **Note:** It is recommended to update the MPI daily.

2. The PBM/payer submits the initial load to Surescripts.
3. Surescripts populates the MPI internal directory with the initial file load.
4. Surescripts creates a response file for the PBM/payer indicating the process success and failure details.

   > **Note:** All date/times within response files are in UTC.

5. The PBM/payer creates an update file to keep the Surescripts MPI internal directory up-to-date.

   > **Note:** Updates should only be sent if there is a change in the members' demographic data that Surescripts has defined in the file layout. If other member information not contained in the file layout changes, no update should be sent.

6. Surescripts processes the updates.
7. Surescripts sends a response to the PBM/payer indicating the process success and failure details.

Format to be Used

Surescripts has implemented a custom specification that contains demographic and PBM/payer specific information in a delimited field file format. Use the same character set as referenced in **Character Set** except for the "^" character – decimal 94 which cannot be used in the ID Load Process.

Notes:

- Delimited files designated in the header record as a Full file that contain more than 8M records must be scheduled with Surescripts Support, and will be manually processed.
- File name cannot contain a hyphen.

Member Processing Examples

Purpose	File Type	Method
Terminate a member	Update	Send the cancellation or termination date (past/present/future) along with the 024 – Cancel code.
Terminate a member	Full Refresh	Either send the cancellation/termination date (past/present/future) along with the 024 – Cancel code. Or Do not include the member in the full refresh file.
Add new member	Full Refresh or Update	Send the new member data in the full refresh or update file along with the 021 – Addition code.
Update member demographics	Full Refresh or Update	Send the updated member demographics along with the 001 – Change code.
Reinstate a previously terminated member where the record has not been removed via the full refresh process	Update	Send either a future termination date or leave the termination field blank along with the 025 – Reinstatement code.

Future Effective Date Examples

Purpose	Method
Update future coverage for existing member	1. Add expiration date for current coverage to the existing member. 2. Add new Demographic details of existing member to a new PBM Unique Member ID with future effective date. **Note:** The Master Patient Index will not accept multiple instances of a PBM Unique Member ID to reflect a future coverage change. The Master Patient Index accepts the latest record with a PBM Unique Member ID as an update, nullifying any previous record(s) with that ID. Future changes to a member utilizing the future effective date need to include a new PBM Unique Member ID.
Update effective date for future member	Update the member's future effective date along with the 001 - Change code. **Note:** The Master Patient Index uses the latest update as the member's current demographics.
Extend an existing member	Send new future effective date for member and use the same PBM Unique Member ID along with the 001 - Change code. **Example**: If original coverage is 1/1/2024 – 12/31/2024 and coverage remains the same through 2025 in the new record, keep the same effective date as 1/1/2024 and the new term date would be 12/31/2025.
Add a future member	Send future effective date for new member and use a new PBM Unique Member ID along with the 021 – Addition code. **Example**: If the coverage begins 1/1/2025, send record with an effective date of 1/1/2025 and new PBM Unique Member ID.

Error Scenarios

> **Note:** Error scenarios do not vary based on file type (full refresh or update).

Code Sent in MPI Full Refresh or Update File	MPI Database Record Status	Response File Action	Error Code and Message
Change (001)	Record does not exist	Add the MPI database record.	W04 - Change Record not found, record added.
Addition (021)	Record already exists	Change the MPI database record.	W05 - Record to Add exists, record updated.
Cancellation or Termination (024)	Record does not exist	Add the MPI database record with the termination date. The record must contain a termination date or it will be rejected.	W06 - Record to Term does not exist, record added.
Reinstatement (025)	Record does not exist	Add the MPI database record. The record must contain a future termination date or no termination date.	W07 - Record to Reinstate not found, record added.

Requirement Designation

Code	Description
mandatory	The element must be used per the specification (e.g., XML schema validation). **Note:** The term mandatory applies to mandatory and required fields in the different standards.
business rule	If sent, the element must be used per the Surescripts business rule. **Note**: Not all business rules reside in this table.
conditional	The element is to be used per the conditions specified. **Note:** The term conditional applies to conditional and situational fields in the different standards. For example, X12 uses the term situational.
recommended	Surescripts recommends sending the element as a best practice.
optional	Some fields do not have specific conditions. Data should be sent if available.
not used	Not used by Surescripts.

Member Directory Maintenance Delimited File from PBM/Payer

Each field is delimited by the pipe character (|). Each line is separated by a new line (Hex 0A) character. The tilde character (~) is used as a repetition character – currently only supported in the postal code field.

Header Info

Field #	Field Name	Type	Required	Comments	Examples
1	Record Type	AN 3/5	mandatory	Identifies record type **Value**: HDR	
2	Version/Release Number	AN 3/5	mandatory	Version Number of this specification **Value**: 3.0	
3	Sender ID	AN 3/30	mandatory	ID as assigned by Surescripts identifying customer sending the file.	P11111111111111
4	Sender Participant Password	AN 10/10	mandatory	Password for this customer identified in field 3 (Sender ID).	ABCDE12345
5	Receiver ID	AN 1/30	mandatory	ID identifying the receiver of the file. **Value**: RXHUB	
6	Source Name	AN 1/35	not used	Future use	
7	Transmission Control Number	AN 1/10	mandatory	Unique identifier defined by the sender	0000001000
8	Transmission Date	DT 8/8	mandatory	Date message was created (CCYYMMDD)	20170701
9	Transmission Time	TM 8/8	mandatory	Time message was created (HHMMSSDD)	12200101
10	Transmission File Type	AN 1/3	mandatory	Identifier telling the type of message **Value:** MPI	
11	Transmission Action	AN 1/1	optional	**Values**: U=Update F=Full file If blank, default to U=Update	U
12	Extract Date	DT 8/8	mandatory	Date File was created (CCYYMMDD)	20170630
13	File Type	AN 1/1	mandatory	Test or Production **Values**: T=Test P=Production	P

Detail Info

Field #	Field Name	Type	Required	Comments	Examples
1	Record Type	AN 3/3	mandatory	Identifies record type **Value**: MEM	
2	Record Sequence Number	AN 1/10	mandatory	Number for this detail row in the message	
3	PBM Unique Member ID	AN 1/60	mandatory	Unique ID as identified by the PBM/payer for the member	
4	PBM Unique ID for Subscriber	AN 1/60	optional	Unique ID as identified by the PBM/payer for the subscriber of the member	
5	Health Plan Member Number	AN 1/30	optional	Health Plan Unique Member identification number on the Health Plan card identifying the patient (Either a subscriber or a dependent)	
6	Health Plan Subscriber Number	AN 1/30	optional	Health Plan Unique Subscriber identification number - Number on the Health Plan card identifying the subscriber	
7	Policy Number	AN 1/30	optional	Health Plan policy or group number	
8	Member Expiration Date	DT 8/8	optional	Date that the member is no longer eligible (CCYYMMDD) If multiple dates are available (i.e. Term Date, Expired Date, End Date), use the earliest date of the three.	
9	Last Name	AN 1/35	mandatory	Last Name of the Member	
10	First Name	AN 1/25	mandatory	First Name of the Member	
11	Middle Name	AN 1/25	recommended	Middle Name of the Member Recommended to send to aid in patient matching.	
12	Prefix	AN 1/10	optional	Member Prefix	
13	Suffix	AN 1/10	recommended	Member Suffix Recommended to send to aid in patient matching.	
14	Social Security Number	N 9/9	optional	Member SSN - No dashes	
15	Address Line 1	AN 1/55	recommended	First Line of the Address (No C/O type info) Recommended to send to aid in patient matching.	
16	Address Line 2	AN 1/55	recommended	Second Line of the Address (No C/O type info) Recommended to send to aid in patient matching.	
17	City Name	AN 2/30	recommended	Member City Name Recommended to send to aid in patient matching.	

Field #	Field Name	Type	Required	Comments	Examples
18	State or Province Code	AN 2/2	recommended	Member State Code Recommended to send to aid in patient matching.	
19	Postal Code	AN 3/15	recommended	Member zip code 5 or 9 numeric no punctuation.	55123
20	Country Code	AN 2/3	optional	Member Country Code	
21	Comm Number 1 Type	AN 2/2	recommended	1st Comm. Number Type **Values**: EM = Email EX = Telephone Extension FX = Facsimile HP = Home Phone TE = Telephone WP = Work Phone Recommended to send to aid in patient matching.	
22	Communication Number 1	AN 1/80	recommended	1st Communication Number Recommended to send to aid in patient matching.	
23	Communication Number 2 Type	AN 2/2	recommended	2nd Communication Number Type **Values**: EM = Email EX = Telephone Extension FX = Facsimile HP = Home Phone TE = Telephone WP = Work Phone Recommended to send to aid in patient matching.	
24	Communication Number 2	AN 1/80	recommended	2nd Communication Number Recommended to send to aid in patient matching.	
25	Communication Number 3 Type	AN 2/2	optional	3rd Communication Number Type **Values**: EM = Email EX = Telephone Extension FX = Facsimile HP = Home Phone TE = Telephone WP = Work Phone	
26	Communication Number 3	AN 1/80	optional	3rd Communication Number	

Field #	Field Name	Type	Required	Comments	Examples
27	Date of Birth	DT 8/8	recommended	Member DOB (CCYYMMDD) Recommended to send to aid in patient matching.	
28	Gender	AN 1/1	recommended	Member Gender (M,F,U) Recommended to send to aid in patient matching.	
29	Employer Name	AN 1/35	optional	Employer Name	
30	Transaction Type	AN 3/3	mandatory	Type of Action needed **Values**: 001 – Change 021 – Addition 024 - Cancellation or Termination 025 – Reinstatement	
31	Member Active Date	DT 8/8	recommended	Date member becomes active (CCYYMMDD) If field is left blank, member will be active on date of load. Recommended to send to aid in patient matching.	

Trailer Info

Field #	Field Name	Type	Required	Comments	Examples
1	Record Type	AN 3/3	mandatory	Identifies record type **Value**: TRL	
2	Total Records	N 1/10	mandatory	Total Records Processed	

Member Directory Response Delimited File to PBM/Payer

The file name reflects the file name from the PBM/payer with a .rsp file extension.

Example: NewPatient_TestingPBMC_MPI.1450188243095.rsp

> **Note:** If the source file had an extension, the extension remains and the .rsp is added after it. For example: NewPatient_TestingPBMC_MPI.1450188243095.txt.rsp

Header

Field	Description	Type	Required	Comments	Examples
Record Type	Identifies record type	AN 3/3	mandatory	**Value**: SHD	
Version/Release Number	Version Number of this specification	AN 1/2	mandatory	**Value**: 3.0	
Recipient ID	ID assigned by Surescripts for the recipient of the response file (original sender of the ID load file)	AN 3/30	mandatory	If the inbound MPI file included an invalid Sender ID, Sender Participant Password, Transmission Date, or Transmission time, this field in the response file will be populated with: “INV_HEADER”.	P11111111111111
Sender ID	ID as assigned by Surescripts identifying Surescripts	AN 3/30	mandatory	**Value**: RXHUB	
Recipient Participant Password	Password assigned by Surescripts for accessing the PBM/payer system.	AN 10/10	mandatory	If the inbound MPI file included an invalid Sender ID, Sender Participant Password, Transmission Date, or Transmission time, this field in the response file will be populated with: “INV_HEADER”.	
Transaction Control Number	Unique identifier defined by the sender	AN 1/10	mandatory		
Transaction Date	Date message was created	DT 8/8	mandatory	CCYYMMDD	
Transaction Time	Time message was created	TM 8/8	mandatory	HHMMSSDD	
Transaction File Type	Identifier telling receiver the type of file.	AN 1/3	mandatory	**Value**: MPR	
Transaction Number - Originating	Number of the original report message	AN 1/10	mandatory		
Transaction Date-Originating	Date Original Incoming File was created	DT 8/8	mandatory	CCYYMMDD If the inbound MPI file included an invalid Sender ID, Sender Participant Password, Transmission Date, and/or Transmission time, this field in the response file will be populated with: “20000101”.	

Field	Description	Type	Required	Comments	Examples
Transaction Time-Originating	Time Original Incoming File was created	TM 8/8	mandatory	HHMMSSDD If the inbound MPI file included an invalid Sender ID, Sender Participant Password, Transmission Date, and/or Transmission time, this field in the response file will be populated with: “00000000”.	
File Type	Test or Production (T/P)	AN 1/1	mandatory	**Values**: T=Test P=Production	
Load Status	Code Explaining the status of the load.	AN 2/2	mandatory	See **Member Directory Codes**	

Detail Info

Field	Description	Type	Required	Comments	Examples
Record Type	Identifies record type	N 1/1	mandatory	**Value**: SDT	
Record Sequence Number	Number that identified the row in the incoming message	AN 1/10	mandatory		
PBM Unique ID for the member	Unique ID as identified by the PBM/payer for the member	AN 1/60	optional		
Error Code	Describes error for this row W - Signifies a Warning E - Signifies a Error	AN 3/3	mandatory	See **Member Directory Codes**	

Trailer Info

Field	Description	Type	Required	Notes	Examples
Record Type	Identifies record type.	AN 3/3	mandatory	**Value:** STR	
Total Rows in Error		N 1/10	mandatory		

Member Directory Response Summary Delimited File to PBM/Payer

File Naming Convention:

- A human readable file (on Workbench) will have a .smt file extension. Example: erx_RXHUB_member_directory_02082015_201919.1423456259313.smt
- A pipe delimited file (on FTP) will have a .smd file extension.

Note: The PBM/payer needs to request an opt-in from Surescripts in order to receive this .smd file.

Example: erx_RXHUB_member_directory_02082015_201919.1423456259313.smd

Field #	Field	Description	Type	Comments	Example
1	File Load Date	Date the MPI file was processed by Surescripts. UTC Date in MM/DD/CCYY format.	DT 10/10		12/05/2014
2	Transmission Control Number	Unique identifier defined by the sender from inbound MPI file.	AN 1/10		0000001000
3	Participant ID	Surescripts ID assigned to the PBM/payer.	AN 3/30		P111111111111111
4	Sender ID	The Sender ID is Surescripts.	AN 3/30	**Value**: Surescripts	
5	Incoming File Received	Date time that Surescripts received the inbound file. 24 hour time used - UTC Datetime in MM/DD/YYYY HH:MM:SS format.	AN 19/19		12/05/2014 04:34:02
6	Total Number of Active Lives in MPI Before Processing	Number of active lives in the MPI before processing. This does not include future lives. If future lives were included in the file, they will be excluded from the active lives count. **Note:** Number of active lives reflects the customer's requested lag days. For example, if the customer's lag day value is 7, all members in their MPI file are considered active for 7 days beyond the Member Expiration date provided by the customer in the MPI file.	N 1/12		10000
Incoming File Record Count					
7	Total Records in File	Number of patient records in the MPI file.	N 1/12		1000
8	Number of Adds	Number of records in the inbound MPI file where Transaction Type == 021.	N 1/12		200
9	Number of Terms	Number of records in the inbound MPI file where Transaction Type == 024.	N 1/12		300
10	Number of Changes	Number of records in the inbound MPI file where Transaction Type == 001.	N 1/1		500

Field #	Field	Description	Type	Comments	Example
			2		
11	Number of Reinstatements	Number of records in the inbound MPI file where Transaction Type == 025.	N 1/12		5
12	Number of Records with a Member Active Date	Number of records in the inbound MPI file with a Member Active Date.	N 1/12		500
13	Number of Records with a Future Member Active Date	Number of records in the inbound MPI file with a future Member Active Date.	N 1/12		500
Results of Processing the File					
14	Requested Number of Records Added	Number of records with Transaction Type == 021 that were added.	N 1/12		300
15	Requested Number of Records Changed	Number of records with Transaction Type == 001 that were changed.	N 1/12		600
16	Requested Number of Records Termed	Number of records with Transaction Type == 024 that were terminated.	N 1/12		50
17	Requested Number of Reinstatements	Number of records with Transaction Type == 025 that were reinstated.	N 1/12		4
18	Number of Errors	Number of errors generated.	N 1/12		50
19	Number of Adds That Already Existed	Number of cases on update file loads where a record in the inbound file had Transaction Type == 021, but the patient already existed in the Surescripts system.	N 1/12		75

Field #	Field	Description	Type	Comments	Example
20	Number of Changed that Did Not Exist	Number of cases on update file loads where a record in the inbound file had Transaction Type == 001, but the patient record did not exist in the Surescripts system.	N 1/12		100
21	Number of Terms that Did Not Exist	Number of cases on update file loads where a record in the inbound file had Transaction Type == 024, but the patient record did not exist in the Surescripts system.	N 1/12		50
22	Number of Reinstatements that Did Not Exist	Number of cases on update file loads where a record in the inbound file had Transaction Type == 025, but the patient record did not exist in the Surescripts system (patient was not found in either an active or inactive state).	N 1/12		1
23	Total Number of Active Lives in MPI After Processing	Number of active lives in the MPI after processing. This does not include future lives. If future lives were included in the file, they will be excluded from the active lives count. After processing the new file, the number of records where the Member Expiration Date is >= to today's date in the Surescripts system.	N 1/12		10300
24	Processing Start Time	Date time the new MPI file began processing in 24 hour clock - UTC Datetime in MM/DD/YYYY HH:MM:SS format	AN 19/19		12/05/2014 05:04:00
25	Processing End Time	Date time the new MPI file began processing in 24 hour clock - UTC Datetime in MM/DD/YYYY HH:MM:SS format	AN 19/19		12/05/2014 07:16:02
26	Processing Time for File	Time it took to process the file in HHH:MM:SS format.	DT 9/9		002🕐02
27	Member Directory Response Summary Version ID	Version ID of the Member Directory Response Summary.	AN 3/3		3.0

Member Directory Codes

Header Response Codes

Code	Description
01	File loaded correctly.
02	File loaded with errors.
03	Invalid file format - File Not loaded.
04	System error - Please resend.
05	Invalid header section ID - File not loaded (Not Used).
06	Invalid header Participant ID or password - File not loaded.
07	Invalid header transaction number format - File not loaded.
08	Invalid header transaction datetime format - File not loaded.
09	Invalid header usage indicator - File not loaded.
10	Invalid header filler - File not loaded.
11	Invalid header new line character - File not loaded.
12	Invalid trailer section ID – Trailer not validated - File not loaded.
13	Invalid trailer filler - Trailer not validated. - File not loaded.
14	Invalid reported number of records - File not loaded.
15	Contract does not exist - File not loaded.
17	Invalid header version number - File not loaded (Not Used).
18	Invalid receiver ID – File not loaded.
19	Invalid Source Name – File not loaded.
20	Invalid File Type – If the file type is not MPI, ALT, or RLE. File not loaded.
21	Invalid Transmission Action – If the transmission action is not “U” or “F” – File not loaded.
22	Invalid Number of Fields – File not loaded. **Note:** Applies if the header does not have all of the fields. Only applies to versions 2.0 and 3.0.

Detail Error/Warning Codes

Code	Description
E01	Missing PBM Unique Member ID, record not loaded.
E02	Missing required fields, record not loaded.
E03	Invalid characters in row, record not loaded.
E04	Invalid record length, record not loaded.
E05	Invalid record type, record not loaded.
E07	Invalid transaction type, record not loaded.
E09	Missing Term Date, record not loaded.
E10	Maximum repetitions exceeded.
E13	Term Date must be a future date or not populated when 25-Reinstatement Transaction Type is used.
E14	Invalid Member Active Date (wrong format or invalid date).
E15	Member Active Date is greater than Member Expiration Date.
W04	Change Record not found, record added.
W05	Record to Add exists, record updated.
W06	Record to Term does not exist, record added.
W07	Record to Reinstate not found, record added.
W08	Duplicate PBM Unique Member ID found in update file, record not loaded. This warning will only occur for the membership update process. If a duplicate PBM Unique Member ID is found in the initial membership load, no records are loaded and the entire file is rejected.

10. Eligibility for Pharmacy

About Eligibility for Pharmacy

Eligibility provides pharmacists with the electronic delivery of PBM/payer member data in a pharmacy setting. Through the pharmacy management system (PMS), the pharmacist can request patient information such as eligibility and pharmacy benefit coverage information.

See **Eligibility for Pharmacy ACRs** for a list of applicable ACRs.

Eligibility Identifiers

The following information applies to Eligibility Requests (270) initiated from a pharmacy:

- For an Eligibility Request from a pharmacy, the Surescripts ID S00000000000010 is sent in the ISA08, GS03, and 2100A NM109 fields of the 270.
- The Surescripts ID will echo back in the ISA06 and GS02 fields of the Eligibility Response.

Eligibility Response

Formulary information may not be returned in the Eligibility Response if requested by the PBM/payer. This includes the fields:

- Formulary ID
- Alternative ID
- Coverage ID
- Copay ID

11. Dynamic Delimiters

This section contains a full list of characters that are acceptable to use as delimiters.

Surescripts uses the following delimiters:

- Data Element Separator – hex 1D, decimal 29
- Segment Terminator – hex 1E, decimal 30
- Component Element Separator (ISA 16) – hex 1C, decimal 28
- Repetition Character (ISA11) – hex 1F, decimal 31

Char	Dec	Oct	Hex
(bel)	7	0007	0x07
(ht)	9	0011	0x09
(nl)	10	0012	0x0a
(vt)	11	0013	0x0b
(cr)	13	0015	0x0d
(np)	12	0014	0x0c
(fs)	28	0034	0x1c
(gs)	29	0035	0x1d
(rs)	30	0036	0x1e
(us)	31	0037	0x1f
!	33	0041	0x21
"	34	0042	0x22
%	37	0045	0x25
&	38	0046	0x26
'	39	0047	0x27
(	40	0050	0x28
)	41	0051	0x29
*	42	0052	0x2a
+	43	0053	0x2b
,	44	0054	0x2c
-	45	0055	0x2d
.	46	0056	0x2e
/	47	0057	0x2f
:	58	0072	0x3a
;	59	0073	0x3b
<	60	0074	0x3c
=	61	0075	0x3d
>	62	0076	0x3e
?	63	0077	0x3f
@	64	0100	0x40
[	91	0133	0x5b
\	92	0134	0x5c

Char	Dec	Oct	Hex
]	93	0135	0x5d
^	94	0136	0x5e
_	95	0137	0x5f
`	96	0140	0x60
{	123	0173	0x7b
|	124	0174	0x7c
}	125	0175	0x7d
~	126	0176	0x7e

12. Eligibility Premium Features

Primary Coverage Indicator

If the feature is enabled by a PBM/payer that returns coverage and there are multiple coverages inside a single response envelope containing the Eligibility Responses, they will be listed in order of priority. All coverages will be returned and the requester of the eligibility can select among the coverages.

The specific fields below are used to determine primary, secondary, and tertiary Eligibility coverages. Surescripts strongly recommends sending these fields to enhance the functionality of the primary coverage indicator:

- Loop 2120C NM101 Entity ID Code: Primary, Secondary, Tertiary indicator.
- Loop 2110C EB04 Insurance Type Code: Type of insurance.
- Loop 2110C EB05 Plan Coverage Description: Free text values that describe insurance plan.
- Loop 2110C REF03 Description: Group Name (when REF01 = 6P).

> **Note:** Ordering is done to the best of Surescripts' ability when applicable parties are opted into the system regardless of the presence of the recommended fields.

Coverage Labeling

If the feature is enabled by a PBM/Payer that returns coverage which can be identified by its coverage type, the Insurance Type Code (Loop 21110C EB04) will be filled out with one of the following values:

- C1 - Commercial Coverage
- OT - Medicare Part D Coverage
- MC - Medicaid Coverage
- WC - Worker's Comp Coverage

> **Note:** Coverage Labeling is done to the best of Surescripts' ability when applicable parties are opted in to the system regardless of the presence of recommended fields.

13. Surescripts Eligibility Identifiers

The table below shows the Surescripts IDs that are used for Eligibility:

Identifier	Eligibility Use Case
S00000000000001	Ambulatory Eligibility
S00000000000002	Acute Eligibility to Support MHR (Medication History for Reconciliation)
S00000000000010	Eligibility for Retail Pharmacy
S00000000000011	Eligibility for Specialty Portal
S00000000000012	Eligibility for Coordination of Benefits
S00000000000013	Eligibility for Long-Term Care

14. Disclaimers

Guide Disclaimer

In the event that the Participant chooses to make any software changes based upon recommendations in this guide, the Participant acknowledges and agrees that Surescripts Network shall bear no responsibility or liability for the Participant's changes or any effects thereof. The Participant shall also be required to transition to the new guide at such time as said guide is published, which may involve different or additional parameters than are published in this guide.

Examples Disclaimer

Examples provided throughout this guide are not intended to be all-inclusive. This pertains to example workflows, element-specific (field) examples, or message examples. Participants should not restrict coding to the examples used herein.

When developing, this guide should be used along with additional documentation referenced and applicable customary coding standards.

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15. Document Change Log

2026-08-06

Sec. Title	Change Description
N/A	Developer portal - initial release