



This Best Practice is intended for use with the corresponding MN Uniform Companion Guide(s), **Version 5010.**

1. Title of best practice:

271 Eligibility Response for Health Care Home (HCH) benefits

2. Who does the best practice apply to:

Information Sources and Information Receivers

3. Narrative description as to what is being addressed by this best practice:

Provide reporting of patient eligibility for care coordination services (i.e. Health Care Home).

4. The loops, segments and elements, etc. that the best practice applies to:

Since there are no specific service type codes available for Health Care Home benefits, the information needs to be described in a MSG segment.

Loops 2110C/D

EB segment – Subscriber/Dependent Eligibility or Benefit Information
EB01 and EB03

MSG segment – Message Text
MSG01

5. Describe how to do the best practice:

When an Information Source determines that a member has active coverage for Health Care Home benefits, an Eligibility Benefit and Information Loop (EB loop) will be returned:

EB01 – “1” (Active)

EB03 – “9” (Other Medical)

MSG01 – HCH HEALTH CARE HOME (HCH must be entered in the first three positions, followed by one space and the word HEALTH, followed by one space and the word CARE, followed by one space and the word HOME. All alpha characters will be capitalized).

6. Example to illustrate best practice:

271 Response:

HL*1*20*1
NM1*PR*2*XYZPAYER*****PI*999999
PER*IC*MEMBER SERVICES*TE*8001234567
HL*2*1*21*1
NM1*1P*2*ABCPROVIDER*****XX*0123456789
HL*3*2*22*0
TRN*2*XYZ123*9111222333
NM1*IL*1*CLAUS*FRED*G***MI*98989899
REF*6P*1234560AB*JOE'S STORE
DMG*D8*19450420*M
DTP*291*RD8*20091001-99991231

EB*1**30*PR*PLAN OR PRODUCT NAME
EB*1**9~
MSG*HCH HEALTH CARE HOME~

Subscriber Name and ID
Group Number and Name
Subscriber DOB and Gender
Plan Coverage Begin and End
Date
Active Coverage – Plan Level
(Active) Other Medical
Mandated text

7. AUC Approval date:

1/13/11

8. Last reviewed date:

07/25/13