
Delta Dental of California

**Health Care Eligibility Benefit Inquiry and Response 270/271
HIPAA Transaction Standard Companion Guide**

**Refers to the ASC X12N 270/271 Technical Report Type 3
Guide (Version 005010X279A1)**

CORE v5010 Companion Guide: 2.1

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Preface

This Companion Guide to the ASC X12N Implementation Guides adopted under HIPAA clarifies and specifies the data content when exchanging electronically with Delta Dental of California. Transmissions based on this companion guide, used in tandem with the X12N Technical Report Type 3 Guides are compliant with both X12 syntax and those guides. This Companion Guide is intended to convey information that is within the framework of the ASC X12N Implementation Guides adopted for use under HIPAA. The Companion Guide is not intended to convey information that in any way exceeds the requirements or usages of data expressed in the Implementation Technical Report Type 3 Guides.

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1. INTRODUCTION

Under the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act (HIPAA) of 1996, the Secretary of the Department of Health and Human Services (HHS) is directed to adopt standards to support the electronic exchange of administrative and financial health care transactions. The purpose of the Administrative Simplification portion of HIPAA is enable health information to be exchanged electronically and to adopt standards for those transactions.

1.1 SCOPE

This companion guide is intended for Delta Dental of California* Trading Partners interested in exchanging HIPAA compliant X12 transactions with Delta Dental of California. It is intended to be used in conjunction with X12N Implementation Guides and is not intended to contradict or exceed X12 standards. It is intended to be used to clarify the CORE rules. It contains information about specific Delta Dental of California requirements for processing following X12N Implementation Guides:

Health Care Eligibility Benefit Inquiry and Response 270/271 HIPAA Transaction Standard Companion Guide

*Enterprise States: AL, CA, DC, DE, FL, GA, LA, MD, MS, MT, NV, NY, PA, TX, UT, WV

All instructions in this document are written using information known at the time of publication and are subject to change.

1.2 OVERVIEW

The purpose of this document is to introduce and provide information about Delta Dental of California's B2B enterprise solution for submitting real-time 270/271 transactions. This document covers how Delta Dental will work with submitters, testing, connectivity, contact information, control segments/envelopes, payer specific business rules and limitations, acknowledgements, and trading partner agreements.

1.3 REFERENCES

The ASC X12N 270/271 (version 005010X279A1) Technical Report Type 3 guide for Health Care Eligibility Benefit Inquiry and Response has been established as the standard for eligibility transactions and is available at <http://store.x12.org/store/healthcare-5010-original-guides>.

Delta Dental of California's documentation on transactions for Trading Partners is located at: <http://www.deltadentalins.com/dentists/edi-support.html>

CAQH/CORE: <http://www.caqh.org/COREv5010.php>

1.4 ADDITIONAL INFORMATION

- New trading partners must have Internet (HTTPS) connection capability to submit a 270 request and receive 271 responses. Trading partners already connected to Delta Dental of California via SFTP VPN will continue this process until a mutually agreed upon schedule for conversion to HTTPS is made.
- Delta Dental of California only supports real-time processing for the 270/271 transaction set.
- Trading partner must not use real-time transactions to submit batches of inquiries.
- The B2B enterprise solution supports inquiries for Delta Dental subscribers in the States shown in 1.1 Scope.
- The 271 response returned by Delta Dental of California should not be interpreted as a guarantee of payment.
- Delta Dental does not charge or pay transaction fees for real-time 270/271. Submitters are responsible for their own cost related to testing and implementation of transactions.

2 GETTING STARTED

2.1 WORKING WITH Delta Dental of California

Entities interested in submitting 270 inquiries and receiving 271 responses via the Delta Dental of California B2B enterprise solution should email or call the Delta Dental of California contact related to Trading Partner Relations (see §5.1 CONTACT INFORMATION).

2.2 TRADING PARTNER REGISTRATION

New submitters must submit in writing or email a request to become a trading partner to the Delta Dental of California contact related to Trading Partner Relations (see §5.1 CONTACT INFORMATION).

Delta Dental reserves the right to have new Trading Partners use existing Trading Partner connections. In the request, submitter must include the following information:

| | |
|--|--|
| Contact Name | |
| Company Name | |
| Address, City, State and Zip | |
| E-Mail address of contact | |
| Telephone of contact | |
| Number of Delta Enterprise Provider Clients Served | |
| Submitter CAQH CORE Certified? | |

2.3 CERTIFICATION AND TESTING OVERVIEW

See section 4.1.1 Trading Partner Registration and Certification below.

3 TESTING WITH THE PAYER

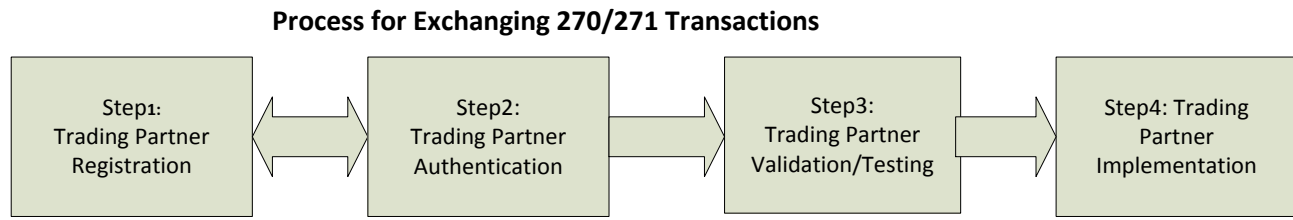
See section 4.1 PROCESS FLOWS for an overview of the initial testing process.

4 CONNECTIVITY WITH THE PAYER/COMMUNICATIONS

4.1 PROCESS FLOWS

4.1.1 Trading Partner Registration and Certification

To access Delta Dental of California's 270/271 application, new Trading Partners need to register and complete the Trading Partner registration (see Sections 2.2 TRADING PARTNER REGISTRATION) and certification processes.



Step1: Trading Partner Registration

Trading Partner should contact Delta Dental of California to Complete and submit the Trading Partner Agreement Form for registration process.

Step2: Trading Partner Authentication

Verification of the information on the Trading Partner Agreement Form will be required prior to approval of the Submitter ID requests.

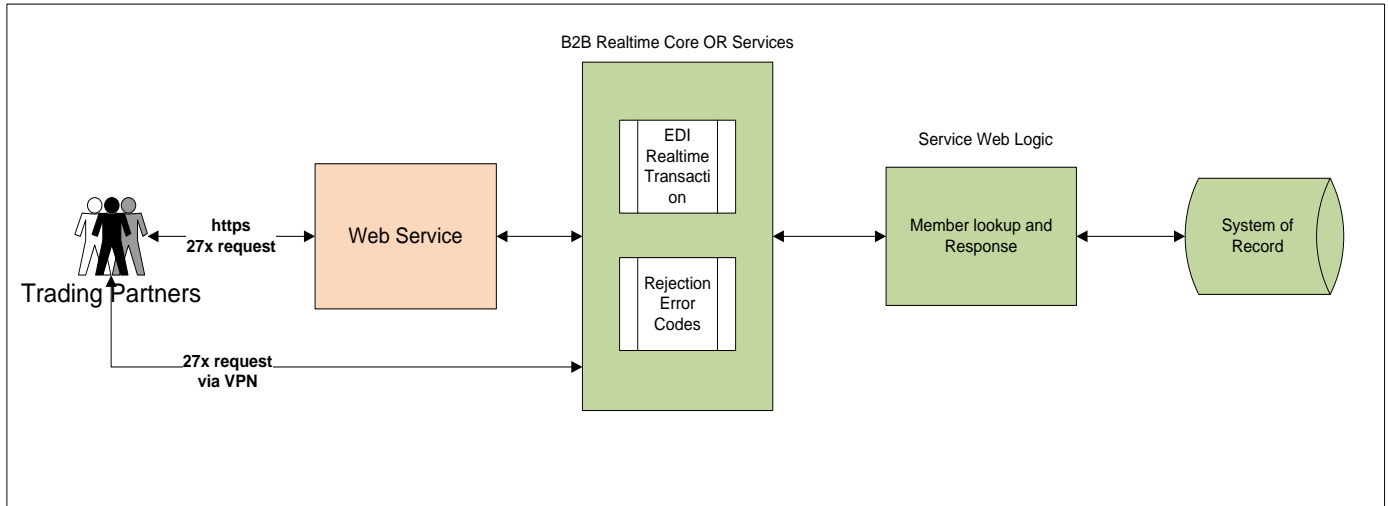
Step3: Trading Partner Validation/Testing

Trading Partner will be requested to send test transactions to verify all systems involved can properly submit and receive X12 compliant transactions. The Usage Indicator (ISA15) must be "T".

Step4: Trading Partner Implementation

Once testing is complete, a Trading Partner can begin to submit 270 transactions and receive 271 transactions in the Production environment. The Usage Indicator (ISA15) must be "P".

4.1.2 Transaction Process



TRANSMISSION ADMINISTRATIVE PROCEDURES

Trading Partners must sign a Delta Dental of California Business Associate Agreement and agree to appropriate use of the Delta Dental of California B2B enterprise solution and network for real-time transactions.

For trading partners using HTTPS, they should use X.509 Certificate base authentication over SSL24 (Submitter Authentication Standard D in the Conformance Requirements §4.1).

For trading partners using the VPN connection, they should use Secure Sockets Layer (SSLv3.0) open standard for client certificate-based authentication.

4.2 RE-TRANSMISSION PROCEDURE

The 270/271 request/response will be 20 seconds or less. If a 271 response, TA1 or 999 is not received, trading partner should resubmit the request. The B2B enterprise solution is set to time-out at 20 seconds.

4.3 COMMUNICATION PROTOCOL SPECIFICATIONS

The Delta Dental of California B2B enterprise solution for real-time transactions supports transactions formatted according to the Simple Object Access Protocol (SOAP) compliant standards set forth by Web Services Description Language (WSDL) formatting, submission and retrieval.

SOAP XML, WSDL details will be provided as requested by the trading partner.

4.3.1 CORE Connectivity Rules are based on the following standards

HTTPS Version 1.1

SSL Version 3.0

SOAP Version 1.2

Web Services-Security 1.1

4.4 PASSWORDS

Delta Dental of California security policies requires use of a User ID and password for log-on. Please contact Trading Partner Relations Manager (see §5.1 CONTACT INFORMATION) if you experience problems with your password.

5 CONTACT INFORMATION

5.1 EDI CUSTOMER SERVICE AND TECHNICAL ASSISTANCE

Trading Partner Relations Manager

415-995-8725

rlee2@delta.org

or DeltaDentalProduction@delta.org

Monday through Friday between 8:00 a.m. and 5:00 p.m., Pacific Time.

Excluding the following major holidays:

New Year's Day (1/1)

Memorial Day (Last Monday in May)

Independence Day (7/4)

Labor Day (1st Monday in September)

Thanksgiving Day (4th Thursday in November)

Christmas Day (12/25)

5.2 PROVIDER SERVICE NUMBER

If you have questions regarding information related to subscribers that are non-technical, contact center information can be found at the following:

<http://www.deltadentalins.com/about/contact/>

5.3 APPLICABLE WEBSITES/E-MAIL

<http://www.deltadentalins.com/about/contact/>

<http://www.deltadentalins.com/dentists/edi-support.html>

6 CONTROL SEGMENTS/ENVELOPES

6.1 Interchange Control Structure(ISA-IEA)

Table describes the value specifically required by Delta Dental 270/271 application within the ISA Header of the 270 request. The Delta Dental 270/271 application does not expect any custom values for the IEA segment within the 270 request. Please follow the rules as specified by the TR3.

270 ISA Segment Rules

| TR3 Page # | Loop ID | Segment/Element ID | Data Element Name | Codes | Delta Dental Notes |
|------------|---------|--------------------|-------------------------------------|-------|---|
| C.4 | Header | ISA | Interchange Control Header | | |
| C.4 | | ISA01 | Authorization Information Qualifier | 00 | |
| C.4 | | ISA03 | Authorization Information | 00 | |
| C.4 | | ISA05 | Interchange ID Qualifier | ZZ | |
| C.4 | | ISA06 | Interchange Sender ID | | |
| C.5 | | ISA07 | Interchange ID Qualifier | ZZ | |
| C.5 | | ISA08 | Interchange Receiver ID | | 2 character local plan code (DE, DC, WV, NY, PA, MD, VW, AL, FL, GA, LA, MS, MT, NV, TX, UT, CA, PM) +13 blanks |
| C.5 | | ISA11 | Repetition Separator | ^ | |
| C.6 | | ISA14 | Interchange Control Version Number | 0 | |
| C.6 | | ISA15 | Usage Indicator | T/P | |
| C.6 | | ISA16 | Component Element Separator | : | |

6.2 Functional Group Structure (GS-GE)

The table below describes Delta Dental of California’s use of the functional group control segments. It includes a description of expected application sender and receiver codes. Also included in this section is a description concerning how Delta Dental of California expects functional groups to be sent and how Delta Dental of California will send functional groups. These discussions will describe how similar transaction sets will be packaged and Delta Dental of California’s use of functional group control numbers.

The Delta Dental 270/271 application does not expect any custom values for the GE segment within the 270 request. Please follow the rules as specified by the TR3 for the GE segment.

270 GS Segment Rules

| TR3 Page # | Loop ID | Segment/ Element ID | Data Element Name | Codes | Delta Dental Notes |
|---------------|---------|------------------------|---|-------|---|
| C.7 | Header | GS | Functional Group Header | | |
| C.7 | | GS01 | Functional Identifier Code | HS | |
| C.7 | | GS02 | Application Sender's Code | 00 | |
| | | GS03 | Application Receiver's Code | | 2 character local plan code (DE, DC, WV, NY, PA, MD, VW, AL, FL, GA, LA, MS, MT, NV, TX, UT, CA, PM) |
| | | GS07 | Responsible Agency Code | X | |
| | | GS08 | Version/Release/Industry Identifier Code | | 005010X0279A1 |

6.3 Transaction Set Header/Trailer (ST-SE)

The Delta Dental 270/271 application does not expect any custom values for the ST/SE segments within the 270 request. Please follow the rules as specified by the TR3.

7 PAYER SPECIFIC BUSINESS RULES AND LIMITATIONS

This section describes Delta Dental of California’s business rules and limitations of the 270/271 application.

7.1 General Structural Notes

- Trading Partners should follow the ST/SE guidelines outlined in the 270 section of the TR3
- Trading Partners should follow the ISA/IEA and GS/GE guidelines for HIPAA in Appendix C of the TR3 and follow the 999 and TA1 guidelines outlined in the Implementation Acknowledgement for Health Care Insurance.
- Each transaction must contain only one Patient Request. Each 270 request must have only one ISA/IEA, one GS/GE, one ST/SE, and a single 2100C Subscriber Loop.

7.2 Date of Service Rules

- The 270/271 application will respond with current eligibility information if no date is contained in the 270 request.
- Delta Dental of California's System will verify that the requested date(s) on the 270 request are within the 270/271 application's allowable date span. The allowable date span is up to 12 months in the past and up to four months in the future, based on the date the transaction was received. If requests are outside of this range, the 270/271 application will return an AAA error in the 2100C Loop with a reject reason code of AAA03 = "62".
- For a future or past coverage request, Waiting will not be sent in 271 responses.

7.3 Pre-Query and Post-Query validation

7.3.1 Pre-Query validation

Delta Dental will perform a pre-query validation on the 270 transaction to make sure the required Subscriber/Dependent data elements are preset prior to routing the information to the Eligibility and Benefit system.

For Subscriber request, the following data elements are required:

2100C/NM109 Subscriber ID

2100C/NM103 Subscriber Last Name

2100C/NM104 Subscriber First Name or 2100C/DMG Subscriber DOB

For Dependent request, the following data elements are required:

2100C/NM109 Subscriber ID

2100D/NM103 Dependent Last Name

2100D/NM104 Dependent First Name

2100D/DMG Dependent Date of Birth

If any of the above data elements are missing, an AAA error codes will be sent out as defined in the CORE guidelines. Multiple AAA segments can be returned based on the missing data elements.

7.3.2 Post-Query validation

If the Pre-Query validation passes, a Post-Query validation will be performed to match the Subscriber/Dependent against the Delta Dental Eligibility and Benefit System

For Subscriber request, the following data elements are used to match the subscriber:

2100C/NM109 Subscriber ID

2100C/NM103 Subscriber Last Name

2100C/NM104 Subscriber First Name

If not found, **the following** data elements are used to search:

2100C/NM109 Subscriber ID

2100C/NM103 Subscriber Last Name

2100C/DMG Subscriber DOB

For Dependent request, the following data elements are required:

2100C/NM109 Subscriber ID

2100D/NM103 Dependent Last Name

2100D/NM104 Dependent First Name

2100D/DMG Dependent Date of Birth

If any of the above data elements are not matched, an AAA error codes will be sent out as defined in the CORE guidelines. Multiple AAA segments can be returned based on the data element not matched.

7.4 Identification Number Requirements

Valid Member ID is required for Delta Dental's 270/271 application. Member IDs should not contain hyphens, spaces, or any special characters.

7.5 Eligibility Name search

An exact match on the patient's Last Name and Date of Birth (or First Name) is required in order to return eligibility and benefits for the patient.

7.5.1 Name Normalization

In accordance with CAQH CORE requirements, Delta Dental normalizes the patient's last name from the submitted 270 request and compares them to a normalized version of the patient information contained in Delta Dental of California's membership files. When making name comparisons:

- The match will not be case-sensitive
- All special characters within the basic character set are ignored:
"! ", " ", "& ", " ", "(", ") ", " * ", " + ", " ", " - ", " . ", " / ", " : ", " ; ", " ? ", " = " and space
- All of the following character strings are ignored when they are:
- At the beginning of the data element and followed by a space, comma, or forward slash
- At the end of the data element and preceded by a space, comma, or forward slash
JR, SR, I, II, III, IV, V, RN, MD, MR, MS, DR, MRS, PHD, REV, ESQ

7.5.2 INS Segment usage

If the Last Name submitted in the 270 request does not match the Last Name in Delta Dental of California's Eligibility System whereas the Normalized Last Name matches Delta Dental's Eligibility System, an INS segment is returned with the corrected Last Name.

7.6 Patient Relation

A 270 request can contain Subscriber Request (2100C Loop) and Dependent Request (2100D Loop). For a Subscriber request, Subscriber ID, Last Name and Date of Birth (or First Name) is required. For a dependent request, Subscriber ID is required along with the Dependent First Name, Last Name and DOB.

7.7 HIPAA Service Types

Delta Dental of California supports the 30 (Health Plan Benefit Coverage), 35 (Dental) and 40 (Oral Surgery) Service Type inquiries.

7.7.1 Benefit Details (2110C/2110D loop)

The 2110C (for Subscriber patient) or 2110D (for Dependent patient) loop is used to request/respond with Eligibility and Benefit information for the requested patient. 270 transactions contain a single EQ segment in the 2110C or 2110D loop, requesting general dental benefits for the patient. Local plans will respond with multiple 2110C/D loops which contain EB segments which describe the patient's eligibility and benefits information.

- **Coverage Status and Type (EB01=1 for Active or 6 for Inactive)**
The first 2110C/D loop describes Coverage status (active or inactive), coverage level (e.g. Member Only, Member and Spouse, etc.) and plan description (e.g. Delta Premier). Note: if a member is terminated, this is the only 2110C/D loop and EB segment required.
- The EB segments for Co-Insurance (EB01=A), Co-Payment (EB01=B), Deductibles (EB01=C), Benefit Descriptions (EB1=D), and Maximums (EB01=F) allow for specification of the benefit amount relative to the network participation of the service provider. The EB12 element will contain a "Y", "N", or "W" to indicate "in-network", "out-of-network" or "both" respectively. If benefit amounts differ for in-network and out-of-network providers, there will be two or more benefit description EB segments for each benefit class. If in-network benefits are tiered, EB12 should be set to "Y" and a REF segment should be included where REF01="N6" and REF02="01" for Delta Dental Premier, "20" for Delta Dental PPO, or "ZZ" for other. If REF02="ZZ" then REF03 should contain a text string to describe the network. Following are examples to illustrate these cases.

1. 1st EB segment EB03 Service Type not returned

EB*1*EMP*35*GP*Delta Dental PPO~

2. In the example benefit amounts differ only for in-network and out-of-network. In-network benefits are not tiered.

EB*D**23****.80****W~ (Diagnostic – Delta Dental pays 80% both in and out-of-network)

EB*D**26****.80****Y~ (Endodontic – Delta Dental pays 80% in-network)
EB*D**26****.60****N~ (Endodontic - Delta Dental pays 60% out-of-network)
EB*A**23****.20****W~ (Diagnostic - Patient Co-Insurance 20% both in and out-of-network)
EB*A**26****.20****Y~ (Endodontic – Patient Co-Insurance 20% in-network)
EB*A**26****.40****N~ (Endodontic – Patient Co-Insurance 40% out-of-network)

3. In this example in-network benefits are tiered.

EB*D**23****.90****W~ (Diagnostic – Delta Dental pays 90% both in and out-of-network)
EB*D**26****.80****Y~ (Endodontic - Delta Dental pays 80% for Delta Dental PPO)
REF*N6*20~
EB*D**26****.70****Y~ (Endodontic - Delta Dental pays 70% for Delta Dental Premier)
REF*N6*01~
EB*D**26****.60****N~ (Endodontic – Delta Dental pays 60% for out-of-network)
EB*A**23****.10****W~ (Diagnostic – Patient Co-Insurance 10% both in and out-of-network)
EB*A**26****.20****Y~ (Endodontic - Patient Co-Insurance 20% for Delta Dental PPO)
REF*N6*20~
EB*A**26****.30****Y~ (Endodontic - Patient Co-Insurance 30% for Delta Dental Premier)
REF*N6*01~
EB*A**26****.40****N~ (Endodontic - Patient Co-Insurance 40% for out-of-network)

2. IN this example in-network benefits are tiered and a non-standard tiering of benefits included.

EB*D**23****.90****W~ (Diagnostic – Delta Dental pays 90% both in and out-of-network)
EB*D**26****.80****Y~ (Endodontics – Delta Dental pays 80% for specific University Clinic Delta Dental Premier)
REF*N6*ZZ*University Clinic Delta Dental Premier~
EB*D**26****.70****Y~ (Endodontics - Delta Dental pays 70% for Delta Dental Premier)
REF*N6*01~
EB*D**26****.60****N~ (Endodontics - Delta pays 60% for out-of-network)
EB*A**23****.10****W~ (Diagnostic – Patient Co-Insurance 10% both in and out-of-network)
EB*A**26****.20****Y~ (Endodontics - Patient Co-Insurance 20% for specific University Clinic Delta Dental Premier)
REF*N6*ZZ*University Clinic Delta Premier~
EB*A**26****.30****Y~ (Endodontics - Patient Co-Insurance 30% for Delta Dental PPO)
REF*N6*01~
EB*A**26****.40****N~ (Endodontics - Patient Co-Insurance 40% for out-of-network)

A “Network Type” is “IN” if EB12=“Y”, “OUT” if EB12=“N” or “IN/OUT” if EB12=“W”. The “Network Participation” will have “Delta Dental Premier” when REF02=“01”, “Delta Dental PPO” when REF02=“20”, or will contain the text string sent in REF03 when REF02=“ZZ”.

7.7.2 Non-Supported service types- If Delta Dental of California receives 270 requests for non-supported service types, the 271 response is as follows-

- i) AL- Vision (Optometry): 2110C/2110D EB01: V (Cannot Process)
- ii) For all other non-supported service types: 2110C/2110D EB01: I (Not Covered)

8 ACKNOWLEDGEMENTS AND/OR REPORTS

Only one response will be sent for each 270 request that is submitted – a TA1, a 999, a 271, or a proprietary error message. There are no specific reports regarding the 270/271 transactions available to Trading Partners.

270 Eligibility Requests submitted to Delta Dental must be HIPAA compliant.

8.1 Custom Message

Custom error messages will be sent only when the ISA segment of the 270 request cannot be read, making it impossible to formulate an ISA segment for a 271 response. Trading Partners may contact Delta Dental of California for assistance should they receive the following custom error:

“We are unable to process your request. Please correct the EDI error and resubmit the request”.

8.2 999

Delta Dental will issue a 999 Acknowledgment for Health Care Insurance (005010X231) when a 270 request (Real Time) fails validation of WEDI SNIP Type 1-5 HIPAA edits. Delta Dental does not return positive acknowledgments for successful 270 requests (the 271 acts as the acknowledgment).

The purpose of the 999 Acknowledgment (Reject) is to identify critical errors within the 270 request based on the ASC X12N 270 (version 005010X279A1) Technical Report Type 3 guide. The submitter should review the 999 to determine what errors occurred.

8.3 TA1

The TA1 Interchange Acknowledgement is used by the 270/271 application to communicate the rejection of a 270 request based on errors encountered with X12 compliance, formatting, or specific requirements of the ISA/IEA Interchange segments.

A 5010A1 TA1 may be returned if one of the following conditions exists:

- A 270 request is received and the version of the transmission cannot be determined.
- A 270 request is received and the version of the transmission is unsupported by the 270/271 application. This includes previously accepted versions that are no longer supported.
- The Trading Partner has not been authorized for the submitted X12 version.

8.4 271

When the 270 request complies with the X12 standard syntax requirements and all additional formatting rules as specified by this Companion Guide, then a 271 response is returned to the Trading Partner. If no error exists, the Dental Beneficiary eligibility data will be returned within the 271 response.

The AAA error segment is utilized within the 271 response to communicate error conditions based on CORE rules.

9 TRADING PARTNER AGREEMENTS

All trading partners, clearinghouses, and providers that connect directly to Delta Dental of California will be sent the applicable agreement during the enrollment period.

9.1 TRADING PARTNERS

An EDI Trading Partner is defined as any Delta Dental of California customer (provider, billing service, software vendor, employer group, financial institution, etc.) that transmits to, or receives electronic data from Delta Dental of California.

10 TRANSACTION SPECIFIC INFORMATION

This section describes how ASC X12N Implementation Guides (IGs) adopted under HIPAA will be detailed with the use of a table. The tables contain a row for each segment that Delta Dental of California has something additional, over and above, the information in the IGs. That information can:

1. Limit the repeat of loops, or segments
2. Limit the length of a simple data element
3. Specify a sub-set of the IGs internal code listings
4. Clarify the use of loops, segments, composite and simple data elements
5. Any other information tied directly to a loop, segment, and composite or simple data element pertinent to trading electronically with Delta Dental of California

In addition to the row for each segment, one or more additional rows are used to describe Delta Dental of California's usage for composite and simple data elements and for any other information.

10.1 270 Eligibility, Coverage or Benefit Inquiry

This section describes the values required by Delta Dental of California in the 270 eligibility request transaction. Any segments or elements not referenced in the following tables should be sent on the 270 as per the TR3.

10.1.1 Information Source Level Structures

| TR3 Page # | Loop ID | Segment/ Element ID | Data Element Name | Codes | Delta Dental Notes |
|------------|---------|------------------------|---------------------------------------|-------|-----------------------------------|
| 63 | Header | BHT | Beginning of Hierarchical Transaction | | |
| 63 | | BHT01 | Hierarchical Structure Code | 0022 | NA |
| 64 | | BHT02 | Transaction Set Purpose Code | 13 | |
| 64 | | BHT03 | Reference Identification | | <i>Identifier received in the</i> |

| | | | | | |
|--|-------|-------|--------------------------------|----|---|
| | | | | | <i>BHT03 of the Corresponding 270 transactions.</i> |
| | 2100A | NM1 | Information Source Name | | |
| | | NM101 | Entity Identifier Code | PR | |
| | | NM102 | Entity Type Qualifier | 2 | |
| | | NM103 | Name Last or Organization Name | | <i>Delta Dental plan name Possible values: Delta Dental of California Delta Dental Insurance Company Delta Dental of Delaware Delta Dental of West Virginia Delta Dental District of Columbia Delta Dental of Pennsylvania Delta Dental of New York</i> |
| | | NM108 | Identification Code Qualifier | PI | |
| | | NM109 | Identification Code | | <i>Two-character plan code Possible values: For Delta Dental of California: CA For Delta Dental Insurance Company: AL, FL, GA, LA, MS, TX, UT, MT, or NV For Delta Dental of Delaware: DE For Delta Dental of West Virginia: WV For Delta Dental District of Columbia: DC For Delta Dental of Pennsylvania: PA or MD For Delta Dental of New York: NY</i> |

10.1.2 Information Receiver Level Structures

Trading Partners that submit transactions on behalf of the Provider must ensure that the correct, valid, and active Provider identification is submitted as the Information Receiver. Only National Provider Identifier (NPI) numbers are accepted.

| TR3 Page # | Loop ID | Segment/Element ID | Data Element Name | Codes | Delta Dental Notes |
|------------|---------|--------------------|---------------------------|-------|--------------------|
| | 2100B | NM1 | Information Receiver Name | | |

| | | | | | |
|----|--|-------|---|--------|--|
| 75 | | NM101 | Entity Identifier Code | 1P | |
| 75 | | NM102 | Entity Type Qualifier | 1 or 2 | |
| 77 | | NM108 | Identification Code Qualifier | XX | |
| 78 | | NM109 | Information Receiver Identification Number | | Health Care Financing Administration National Provider Identifier. |

10.1.3 Subscriber Level Structures

Trading Partners must ensure that only one Dental Beneficiary request is submitted in the Subscriber Level for each transaction.

| TR3 Page # | Loop ID | Segment/ Element ID | Data Element Name | Codes | Delta Dental Notes |
|------------|---------|---------------------|---|--------|---|
| | 2000C | TRN | Subscriber Trace Number | | <i>Trace Number(s) will be returned in the 271 response if received unless a AAA response is generated in either the Information Source or Information Receiver level.</i> |
| | 2100C | NM1 | Subscriber Name | | |
| | | NM103 | Name Last or Organization Name | | <i>Required when the subscriber is the Patient</i> |
| | | NM104 | Name First | 1 or 2 | <i>Required when the subscriber is the patient</i> |
| | | NM108 | Identification Code Qualifier | MI | <i>Required regardless of the patient</i> |
| | | NM109 | Information Receiver Identification Number | | <i>Required regardless of the patient</i> |
| | 2100C | REF | | | <i>Group Number (qualifier '6P') will be utilized in locating the patient's coverage if received. Patient Account Number (qualifier 'EJ') will be returned in the 271 response if received unless a AAA response is generated in either the Information Source or</i> |

| | | | | | |
|--|-------|-------|---|-------|---|
| | | | | | <i>Information Receiver level.</i> |
| | | REF01 | Reference Identification Qualifier | 6P,EJ | <i>For qualifier '6P' reference identification: send Group Number assigned by Delta Dental. Format: GGGGG-DDDDD where: GGGGG = Group Number, can have a maximum of 5 characters DDDDD = Division Number, can have a maximum of 5 characters</i> |
| | 2100C | DMG | Subscriber Demographic Information | | <i>Required when the subscriber is the patient</i> |
| | | DMG01 | Date Time Period Format Qualifier | D8 | |
| | 2110C | EQ | Subscriber Eligibility or Benefit Inquiry | | |
| | | EQ01 | Service Type Code | 30,35 | |

10.1.1 Dependent Level Structures

Trading Partners must ensure that only one Dependent request is submitted in the Dependent Level for each transaction.

| TR3 Page # | Loop ID | Segment/ Element ID | Data Element Name | Codes | Delta Dental Notes |
|------------|---------|---------------------|--------------------------------|-------|--|
| | 2000D | HL | Dependent Level | | |
| | | HL03 | Hierarchical Level Code | 23 | |
| | | HL04 | Hierarchical Child Code | 0 | |
| | 2000D | TRN | Dependent Trace Number | | <i>Trace Number(s) will be returned in the 271 response if received unless a AAA response is generated in either the Information Source or Information Receiver level.</i> |
| | 2100D | NM1 | Dependent Name | | |
| | | NM101 | Entity Identifier Code | 03 | |
| | | NM102 | Entity Type Qualifier | 1 | |
| | | NM103 | Name Last or Organization Name | | <i>Required when the Dependent is the</i> |

| | | | | | |
|--|-------|-------|--|--------|---|
| | | | | | <i>Patient</i> |
| | | NM104 | Name First | 1 or 2 | <i>Required when the Dependent is the Patient</i> |
| | 2100D | REF | | | <i>Patient Account Number will be returned in the 271 response if received unless a AAA response is generated in either the Information Source or Information Receiver level.</i> |
| | | REF01 | Reference Identification Qualifier | EJ | |
| | 2100D | DMG | Dependent Demographic Information | | <i>Required when the Dependent is the patient</i> |
| | | DMG01 | Date Time Period Format Qualifier | D8 | |
| | 2110D | EQ | Dependent Eligibility or Benefit Inquiry | | |
| | | EQ01 | Service Type Code | 30,35 | |

10.2 271 Eligibility Response Transaction

This section describes the values returned by Delta Dental in the 271 eligibility response transaction. The following tables describe the utilization of segments and elements when there is a type of uniqueness or restriction. All other values comply with the TR3.

Header and Information Source

| TR3 Page # | Loop ID | Segment/ Element ID | Data Element Name | Codes | Delta Dental Notes |
|------------|---------|---------------------|---------------------------------------|-------|--|
| 63 | Header | BHT | Beginning of Hierarchical Transaction | | |
| 63 | | BHT01 | Hierarchical Structure Code | 0022 | NA |
| 64 | | BHT02 | Transaction Set Purpose Code | 11 | |
| 64 | | BHT03 | Reference Identification | | <i>Identifier received in the BHT03 of the Corresponding 270 transactions.</i> |
| | 2000A | HL | Information Source Level | | |
| | | HL03 | Hierarchical Level Code | 20 | |
| | | HL04 | Hierarchical Child Code | 0,1 | |

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| | | | | | |
|--|-------|-------|---|----|---|
| | 2000A | AAA | Request Validation | | |
| | | AAA01 | Yes/No Condition or Response Code | Y | |
| | | AAA03 | Reject Reason Code | 42 | |
| | | AAA04 | Follow-up Action Code | R | |
| | 2100A | NM1 | Information Source Name | | |
| | | NM101 | Entity Identifier Code | PR | |
| | | NM102 | Entity Type Qualifier | 2 | |
| | | NM103 | Name Last or Organization Name | | <i>Delta Dental plan name Possible values: Delta Dental of California Delta Dental Insurance Company Delta Dental of Delaware Delta Dental of West Virginia Delta Dental District of Columbia Delta Dental of Pennsylvania Delta Dental of New York</i> |
| | | NM108 | Identification Code Qualifier | PI | |
| | | NM109 | Identification Code | | <i>Two-character plan code Possible values: For Delta Dental of California: CA For Delta Dental Insurance Company: AL, FL, GA, LA, MS, TX, UT, MT, or NV For Delta Dental of Delaware: DE For Delta Dental of West Virginia: WV For Delta Dental District of Columbia: DC For Delta Dental of Pennsylvania: PA or MD For Delta Dental of New York: NY</i> |
| | 2100A | PER | Information Source Contact Information | | |
| | | PER01 | Contact Function Code | IC | |
| | | PER03 | Communication Number Qualifier | TE | |

Information Receiver

| TR3 Page # | Loop ID | Segment/ Element ID | Data Element Name | Codes | Delta Dental Notes |
|---------------|---------|------------------------|--|--|---|
| | 2000B | HL | Information Receiver Level | | |
| | | HL03 | Hierarchical Level Code | 21 | |
| | | HL04 | Hierarchical Child Code | 0,1 | |
| | 2100B | NM1 | Information Receiver Name | | |
| | | NM101 | Entity Identifier Code | 1P | |
| | | NM102 | Entity Type Qualifier | 1,2 | |
| | | NM108 | Identification Code Qualifier | XX | |
| | | NM109 | Identification Code | Health Care Financing Administration National Provider Identifier | |
| | 2100B | AAA | Information Receiver Request Validation | | <i>Possible scenarios: 1. Privacy restriction applies for the patient 2. Eligibility/Benefits information is suppressed (i.e., Request from groups, Eligibility/Benefits data issues)</i> |
| | | AAA01 | Yes/No Condition or Response Code | Y | |
| | | AAA03 | Reject Reason Code | 41 | |
| | | AAA04 | Follow-up Action Code | N | |

Subscriber Demographic Data

| TR3 Page # | Loop ID | Segment/ Element ID | Data Element Name | Codes | Delta Dental Notes |
|---------------|---------|------------------------|---------------------------|-------|--------------------|
| | 2000C | HL | Subscriber Level | | |
| | | HL03 | Hierarchical Level Code | 21 | |
| | | HL04 | Hierarchical Child Code | 0,1 | |
| | 2100B | NM1 | Information Receiver Name | | |
| | | NM101 | Entity Identifier Code | 1P | |

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| | | | | | |
|--|-------|-------|--|--|--|
| | | NM102 | Entity Type Qualifier | 1,2 | |
| | | NM108 | Identification Code Qualifier | XX | |
| | | NM109 | Identification Code | Health Care Financing Administration National Provider Identifier | |
| | 2100B | AAA | Information Receiver Request Validation | | <i>Possible scenarios: 1. Privacy restriction applies for the patient 2. Eligibility/Benefits information is suppressed (i.e., Request from groups, Eligibility/Benefits data issues)</i> |
| | | AAA01 | Yes/No Condition or Response Code | Y | |
| | | AAA03 | Reject Reason Code | 41 | |
| | | AAA04 | Follow-up Action Code | N | |
| | 2000C | HL | Subscriber Level | | |
| | | HL03 | Hierarchical Level Code | 22 | |
| | | HL04 | Hierarchical Child Code | 0,1 | |
| | 2000C | TRN | Subscriber Trace Number | | <i>Subscriber Trace Number(s) received in the TRN of the corresponding 270 transaction</i> |
| | | TRN01 | Trace Type Code | 2 | |
| | 2100C | | Loop Subscriber Name | | <i>For Active/Inactive coverage responses (where EB01 is '1' or '6'): Subscriber Name, ID, DOB, and Address from Delta Dental's system are sent, regardless of the patient, except when the Dependent is the patient and a privacy restriction is in place for the Subscriber.</i> |
| | 2100C | NM1 | Subscriber Name | | |
| | | NM101 | Entity Identifier Code | IL | |
| | | NM102 | Entity Type Qualifier | 1 | |

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| | | | | | |
|--|-------|-------|--------------------------------------|----------------|---|
| | | NM108 | Identification Code Qualifier | MI | |
| | 2100C | REF | Subscriber Additional Identification | | <p><i>Group Number (qualifier '6P'):</i> <i>For Active Coverage responses (where EB01 is '1'), Group Number and Name from Delta Dental's system are sent, regardless of the patient.</i> <i>Format: GGGGG-DDDDD where:</i> <i>GGGGG = Group Number, can have a maximum of 5 characters</i> <i>DDDDD = Division Number, can have a maximum of 5 characters</i> <i>Examples:</i> <i>SMK-1601, HFHK-2900, 1221-3333, 12341-334, 0035-0115</i> <i>Patient Account Number (qualifier 'EJ'):</i> <i>Subscriber Patient Account Number received in the REF segment of the corresponding 270 transaction.</i></p> |
| | | REF01 | Reference Identification Qualifier | 6P,EJ | |
| | 2100C | AAA | Subscriber Request Validation | | |
| | | AAA01 | Yes/No Condition or Response Code | Y | |
| | | AAA03 | Reject Reason Code | 58,73,75,76,78 | |
| | | AAA04 | Follow-up Action Code | C | |
| | 2100C | DMG | Subscriber Demographic Information | | |
| | | DMG01 | Date Time Period Format Qualifier | D8 | |
| | 2100C | INS | Subscriber Relationship | | |
| | | INS01 | Yes/No Condition or Response Code | N | |
| | | INS02 | Individual Relationship Code | 18 | |
| | | INS03 | Maintenance Type Code | 001 | INS03 and INS04 are populated when the Subscriber match is not found in Eligibility system using the submitted |

| | | | | | |
|--|-------|-------|-----------------------------------|---------|--|
| | | | | | name and Normalized Name is used for the retrieving the Information. |
| | | INS04 | Maintenance Reason Code | 25 | |
| | 2100C | DTP | Subscriber Date | | |
| | | DTP01 | Date/Time Qualifier | 291,307 | |
| | | DTP02 | Date Time Period Format Qualifier | D8,RD8 | |

Subscriber Eligibility or Benefit Information

| TR3 Page # | Loop ID | Segment/ Element ID | Data Element Name | Codes | Delta Dental Notes |
|------------|---------|---------------------|---|-------------------------------------|---|
| | 2110C | EB | Subscriber Eligibility or Benefit Information | | <p>1st EB segment (1st 2110C loop): Active Coverage for requested patient through a Group Policy for a Delta Dental Premier plan EB*1*EMP*35*GP*Delta Dental PPO~ Inactive Coverage for requested patient EB*6**35~ Succeeding EB segments (Succeeding 2110D loops) for active coverage</p> |
| | | EB01 | Eligibility or Benefit Information Code | 1,6,C,D,E or F | |
| | | EB02 | Coverage Level Code | CHD,DEP,ECH,EMP,ESP,FAM,IND,SPC,SPO | |
| | | EB03 | Service Type Code | 23,35,36,38,39 | For 1 st EB segment 35 is returned. |
| | | EB04 | Insurance Type Code | GP or OT | <p>"GP" for DDIC Constant value "OT" for CPP. Mapped in 1st EB segment for Active Coverage</p> |
| | | EB07 | Monetary Amount | | If Co-Pay is not percentage. Maximums/Deductibles and Remaining Maximums/Deductibles |
| | | EB08 | Percentage as Decimal | | If Percentage is returned. |
| | | EB10 | Quantity | | Waiting Period or Age Limit |
| | | EB12 | Network Type | Y/N or W | <p>PPO is Y Premier is Y Non Par is N In Network is Y</p> |

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| | | | | | |
|--|--|-------|------------------------------------|----------|--|
| | | | | | <i>Out of network is N</i> |
| | | REF | | | <i>This Segment is populated only for PPO and Premier</i> |
| | | REF01 | Reference Identification Qualifier | N6 | |
| | | REF02 | Reference Identification | 01,20,ZZ | '20' (Participating Provider Organization) '01' (Premier) "ZZ" (Other) |
| | | REF03 | Description | | "Dental Provider Organization" If REF02 = "ZZ", If REF02 = "ZZ" |
| | | MSG | | | MSG*URL=https%3A%2F%2Fwww.deltadentalins.com~ MSG*CopayException=TOA~ URL or Co-Insurance exception The URL, if sent, will contain the link to Delta Dental website. The Co-Insurance exception is sent for some coverage's when it is not possible to send the Co-insurance Information in EB08. |
| | | MSG01 | Free-form Message Text | | URL format: 'URL='+Encoded URL Examples: URL=https%3A%2F%2Fwww.deltadentalins.com This URL, which may be sent for Delta Dental active coverage responses, contains the link to Delta Dental website. Co-Insurance exception format: 'CopayException='+exception text Example: CopayException=TOA |
| | | DTP | Subscriber Date | | |
| | | DTP01 | Date/Time Qualifier | 291,307 | |
| | | DTP02 | Date Time Period Format Qualifier | D8,RD8 | |

Dependent Eligibility or Benefit Information

| TR3 Page # | Loop ID | Segment/ Element ID | Data Element Name | Codes | Delta Dental Notes |
|------------|---------|---------------------|-------------------------|-------|--------------------|
| | 2000D | HL | Dependent Level | | |
| | | HL03 | Hierarchical Level Code | 23 | |
| | | HL04 | Hierarchical Child Code | 0 | |

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| | | | | | |
|-------|--|-------|-----------------------------------|--------------|--|
| | | TRN | | | <i>Dependent Trace Number(s) received in the TRN of the corresponding 270 transaction.</i> |
| | | TRN01 | Trace Type Code | 2 | |
| 2100D | | NM | Loop Dependent Data | | <i>For Active/Inactive coverage responses (where EB01 is '1' or '6'): Dependent Name, DOB, and Address from Delta Dental's systems are sent.</i> |
| 2100D | | NM1 | Dependent Name | | |
| | | NM101 | Entity Identifier Code | 03 | |
| | | NM102 | Entity Type Qualifier | 1 | |
| 2100D | | REF | | | <i>Dependent Patient Account Number (qualifier 'EJ') received in the REF segment of the corresponding 270 Transaction unless a AAA is generated in 2000A, 2100A or 2100B.</i> |
| 2100D | | AAA | Dependent Request Validation | | |
| | | AAA01 | Yes/No Condition or Response Code | Y | |
| | | AAA03 | Reject Reason Code | 58,65 and 67 | |
| | | AAA04 | Follow-up Action Code | C | |
| | | DMG | Dependent Demographic Information | | |
| | | DMG01 | Date Time Period Format Qualifier | DB | |
| | | INS | Dependent Relationship | | |
| | | INS01 | Yes/No Condition or Response Code | N | |
| | | INS02 | Individual Relationship Code | 01, 19 or G8 | |
| | | INS03 | Maintenance Type Code | 001 | INS03 and INS04 are populated when the dependent match is not found in Eligibility system using the submitted name and Normalized Name is used for the retrieving the Information. |
| | | INS04 | Maintenance Reason Code | 25 | |
| | | DTP | Dependent Date | | |

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| | | | | | |
|--|-------|-------|--|-------------------------------------|--|
| | | DTP01 | Date/Time Qualifier | 291,307 | |
| | | DTP02 | Date Time Period Format Qualifier | D8,RD8 | |
| | 2110D | EB | Dependent Eligibility or Benefit Information | | <p>1st EB segment (1st 2110D loop): Active Coverage for requested patient through a Group Policy for a Delta Dental Premier plan EB*1*EMP*35*GP*Delta Dental PPO~ Inactive Coverage for requested patient EB*6**35~ Succeeding EB segments (Succeeding 2110D loops) for active coverage</p> |
| | | EB01 | Eligibility or Benefit Information Code | 1,6,C,A,D,E or F | |
| | | EB02 | Coverage Level Code | CHD,DEP,ECH,ESP, FAM,IND,SPC,SPO | |
| | | EB03 | Service Type Code | 23,35,36,38,39 | For 1 st EB segment 35 is returned. |
| | | EB04 | Insurance Type Code | GP or OT | <p>"GP" for DDIC Constant value "OT" for CPP. Mapped in 1st EB segment for Active Coverage</p> |
| | | EB07 | Monetary Amount | | <p>If Co-Pay is not percentage. Maximums/Deductibles and Remaining Maximums/Deductibles</p> |
| | | EB08 | Percentage as Decimal | | If Percentage is returned. |
| | | EB09 | Quantity Qualifier | MN,S7 or S8 | |
| | | EB10 | Quantity | | Waiting Period or Age Limit |
| | | EB12 | Network Type | Y/N or W | <p>PPO is Y Premier is Y Non Par is N In Network is Y Out of network is N</p> |
| | | REF | | | This Segment is populated only for PPO and Premier |
| | | REF01 | Reference Identification Qualifier | N6 | |
| | | REF02 | Reference Identification | 01,20,ZZ | <p>'20' (Participating Provider Organization) '01' (Premier) "ZZ" (Other)</p> |
| | | REF03 | Description | | <p>"Dental Provider Organization" If REF02 = "ZZ", If REF02 = "ZZ"</p> |
| | 2100D | MSG | | | <p>MSG*URL=https%3A%2F%2Fwww.deltadentalins.com~ MSG*CopayException=TOA~</p> |

| | | | | | |
|--|--|-------|------------------------------------|-------------|--|
| | | | | | URL or Co-Insurance exception The URL, if sent, will contain the link to Delta Dental website. The Co-Insurance exception is sent for some coverage's when it is not possible to send the Co-insurance information in EB08. |
| | | MSG01 | | | URL format: 'URL='+Encoded URL Examples: URL=https%3A%2F%2Fwww.deltadentalins.com This URL, which may be sent for Delta Dental active coverage responses, contains the link to Delta Dental website. Co-Insurance exception format: 'CopayException='+exception text Example: CopayException=TOA |
| | | DTP | Dependent Eligibility/Benefit Date | | |
| | | DTP01 | Date/Time Qualifier | 307,472,291 | 1 st EB segment, 307. |
| | | DTP02 | Date Time Period Format Qualifier | D8,RD8 | 1 st EB segment, D8. |
| | | DTP03 | Date Time Period | | Coverage Period Start Date – Accumulation period start date Coverage Period End Date – Accumulation period end date Accumulation period that applies to the individual annual maximum value that is being sent in the response |

APPENDICES

This section contains one or more appendices.

A. Implementation Checklist

For existing Trading Partners, we will perform the following on-boarding process steps.

- Review of Delta's 27X Companion Guides
- Trading Partner Validation (TPV) includes:
 - Connectivity testing in MOT environment
 - Content testing in MOT environment to validate 27X specifications.
- Production implementation includes the following
 - Connectivity testing in PROD environment
 - Content testing in PROD environment to validate 27X specifications.

B. Business Scenarios

- *Supported Request Type*
 1. *Dental Health Benefit Plan Coverage*

2. Health Plans (Information Source)

- Delta Dental of California
- Delta Dental Insurance Company
- Delta Dental of Delaware
- Delta Dental of West Virginia
- Delta Dental District of Columbia
- Delta Dental of Pennsylvania
- Delta Dental of New York

- *Implementation Mode*
Real-Time usage
- *NPI Mode*
NPI-Only
- *HIPAA Validation*
SNIP levels 1 and 2 HIPAA validation will be followed.

C. Transmission Examples

Sample 270 Eligibility Request Transactions

To be provided to each Trading Partners as part of on-boarding process.

Sample 271 Eligibility Response

To be provided to each Trading Partners as part of on-boarding process.

D. Frequently Asked Questions

This appendix contains a compilation of questions and answers relative to Delta Dental of California and its providers. Typical question would involve a discussion about code sets and their effective dates.

E. Change Summary

Document Revision History.

| Version | Date | Description of Changes |
|----------------|-------------|---|
| 0.1 | 03-04-2013 | Initial Draft |
| 0.2 | 03-12-2013 | Changes suggested by Dick |
| 0.3 | 03-15-2013 | Updates suggested by Compliance |
| 0.5 | 03-19-2013 | Final updates after meetings with Bern and Dick |
| 0.7 | 3-20-2013 | Updated changes suggested by Earl & Dick |
| 2.0 | 3-21-2013 | Final updates |