

2010BL Service Limits & Supplemental Information

**271 Unsolicited Response - EB Segment in the 2110C Loop
For Subscriber Eligibility or Benefit Information**

All service limits are mapped on the unsolicited 271. An extract from the Enrollment sub-system generates the 834 along with the 271 unsolicited which provides information for each service limit as follows.

1. Type of service limit
2. Description of the Service Limit
3. Amount or quantity used
4. An in-plan network indicator *

NOTE: EB05 is a 50 byte field. A description of the limit or usage is in this field.
EB07 and EB08 fields are not used for service limits.

	EB01	EB02	EB03	EB04	EB05	EB06	EB09	EB10	EB12
1. 2.	F (Limitations)	IND (Individual)	AI (Sub. Abuse)	OT (Other)	\$30,000 LIFETIME SUBSTANCE ABUSE LIMIT	32 (Lifetime)	LA (Lifetime Actual)	Total Dollars Paid	Y for rep 1 N for rep 2
3. 4.	F	IND	AI	OT	DETOX LIFETIME - 10 DAY LIMIT	32	DY (Days)	# of days Utilized	Y for rep 3 N for rep 4
5. 6.	F	IND	48 (Hospital Inpat.)	OT	INPATIENT LIMITS - CURRENT YEAR DAYS	22 (Service Year)	DY	# of days Utilized	Y for rep 5 N for rep 6
7. 8.	F	IND	48	OT	INPATIENT LIMITS - PRIOR YEAR DAYS	22	DY	# of days Utilized	Y for rep 7 N for rep 8
9. 10.	F	IND	42 (Home Health Care)	OT	ADULT DAY CARE – CURR YR (2080 HRS / 8320 UNITS)	23 (Calendar Year)	99 (Units Used)	# of 15 minute units Utilized	Y for rep 9 N for rep 10
11. 12.	F	IND	42	OT	ADULT DAY CARE – PRIOR YR (2080 HRS / 8320 UNITS)	23	99	# of 15 minute units Utilized	Y for rep 11 N for rep 12
13. 14.	F	IND	42	OT	ATTENDANT CARE – CURR YR (1080 HRS / 4320 UNITS)	23	99	# of 15 minute units Utilized	Y for rep 13 N for rep 14
15. 16.	F	IND	42	OT	ATTENDANT CARE – PRIOR YR (1080 HRS / 4320 UNITS)	23	99	# of 15 minute units Utilized	Y for rep 15 N for rep 16
17. 18.	F	IND	46 (Respite Care)	OT	IN-HOME RESPITE CARE – CURR YR (216 HRS/864 UNITS)	23	99	# of 15 minute units Utilized	Y for rep 17 N for rep 18
19. 20.	F	IND	46	OT	IN-HOME RESPITE CARE – PRIOR YR(216 HRS/864 UNITS)	23	99	# of 15 minute units Utilized	Y for rep 19 N for rep 20
21. 22.	F	IND	46	OT	INPATIENT RESPITE CARE – CURRENT YEAR (9 DAYS)	23	DY	# of days Utilized	Y for rep 21 N for rep 22
23. 24.	F	IND	46	OT	INPATIENT RESPITE CARE – PRIOR YEAR (9 DAYS)	23	DY	# of days Utilized	Y for rep 23 N for rep 24
25. 26.	F	IND	60 (General Benefits)	OT	ASSISTIVE TECHNOLOGY – CURRENT YEAR (\$900)	23	CA (Covered Actual)	Total Dollars Paid	Y for rep 25 N for rep 26

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	EB01	EB02	EB03	EB04	EB05	EB06	EB09	EB10	EB12
27. 28.	F	IND	60	OT	ASSISTIVE TECHNOLOGY – PRIOR YEAR (\$900)	23	CA	Total Dollars Paid	Y for rep 27 N for rep 28
29. 30.	F	IND	60	OT	MINOR HOME MODIFICATIONS – CURRENT YEAR (\$10,000)	23	CA	Total Dollars Paid	Y for rep 29 N for rep 30
31. 32.	F	IND	60	OT	MINOR HOME MODIFICATIONS – PRIOR YEAR (\$10,000)	23	CA	Total Dollars Paid	Y for rep 31 N for rep 32
33. 34.	F	IND	60	OT	MINOR HOME MODIFICATIONS - \$20,000 LIFETIME	32	LA	Total Dollars Paid	Y for rep 33 N for rep 34
35. 36.	F	IND	60	OT	TRANSITION AMOUNT – CURRENT YEAR (\$2,000)	23	CA	Total Dollars Paid	Y for rep 35 N for rep 36
37. 38.	F	IND	60	OT	TRANSITION AMOUNT – PRIOR YEAR (\$2,000)	23	CA	Total Dollars Paid	Y for rep 37 N for rep 38
39. 40.	J (Cost Containment)	IND	60	OT	COST NEUTRALITY AMOUNT – CURRENT YEAR	23	CA	Total Dollars Paid	Y for rep 39 N for rep 40
41. 42.	J	IND	60	OT	COST NEUTRALITY AMOUNT – PRIOR YEAR	23	CA	Total Dollars Paid	Y for rep 41 N for rep 42
43. 44.	F	IND	60	OT	PEST CONTROL – CURRENT YEAR (9 UNITS)	23	99	Units Used	Y for rep 43 N for rep 44
45. 46.	F	IND	60	OT	PEST CONTROL – PRIOR YEAR (9 UNITS)	23	99	Units Used	Y for rep 45 N for rep 46
47. 48.	F	IND	50 (Hospital-Outpatient)	OT	OUTPATIENT LIMITS - CURRENT YEAR VISITS	22	VS (Visits)	# of visits Utilized	Y for rep 47 N for rep 48
49. 50.	F	IND	50	OT	OUTPATIENT LIMITS - PRIOR YEAR VISITS	22	VS	# of visits Utilized	Y for rep 49 N for rep 50
51. 52.	F	IND	98 (Office Visit)	OT	PHYSICIAN LIMITS - CURRENT YEAR VISITS	22	VS	# of visits Utilized	Y for rep 51 N for rep 52
53. 54.	F	IND	98	OT	PHYSICIAN LIMITS - PRIOR YEAR VISITS	22	VS	# of visits Utilized	Y for rep 53 N for rep 54
55. 56.	F	IND	99 (Inpatient Visit)	OT	INPATIENT PHYSICIAN LIMITS - CURRENT YEAR DAYS	22	DY	# of days Utilized	Y for rep 55 N for rep 56
57. 58.	F	IND	99	OT	INPATIENT PHYSICIAN LIMITS - PRIOR YEAR DAYS	22	DY	# of days Utilized	Y for rep 57 N for rep 58
59. 60.	F	IND	73 (Diagnostic Medical)	OT	LAB/X-RAY LIMITS - CURRENT YEAR DAYS	22	DY	# of days Utilized	Y for rep 59 N for rep 60
61. 62.	F	IND	73	OT	LAB/X-RAY LIMITS - PRIOR YEAR DAYS	22	DY	# of days Utilized	Y for rep 61 N for rep 62

* The in-plan network indicator is used with every limit to indicate whether the reports quantity was calculated based upon in-plan encounters (from the MCO receiving the 271U) or from the other MCOs. The net affect is that every limit is broken down into 2 reporting buckets for MCO usage. One containing information specific to the reporting MCO and the other containing information reported from all other MCOs. The first bucket for the current MCO will have a

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value of **EB12=Y** (in-plan). The second bucket for all other MCOs will have a value of **EB12=N** (out-of-plan).

All date ranges for the prior year are January 1 through December 31 unless the first day of the service year is different from January 1. In that case the prior year will start on the first day of the prior service year and end the day before the current service year starts. For the current year, date ranges are January 1 or service year start date through file effective date on the 834. For monthly totals the dates are from the beginning of the month to the end of the month or 834 file effective date. Eligible data from the 834 must be used to determine any recipient enrollment gaps.

DTP01 = "193" for period begin dates and "194" for period end dates.

DTP02 = "D8".

DTP03 = all based upon 834 file effective date.