

## **Appendix E**

### **Transmission of Enrollment Information**

Since 2003, standard HIPAA transactions have been used to enroll consumers into public and private health coverage programs. The core of these recommendations is that it is most practical to leverage existing, widely-used HIPAA transaction standards (e.g., HIPAA 834, 270, 271) to send and respond to eligibility queries, as well as transmit enrollment data between public and private insurance programs. Recommendations 4.1 and 4.2 are intended to support uniform and efficient transmission of enrollment information across a range of health coverage plans, human service programs and service providers.

The intended use of the HIPAA standards recommended in Recommendation 4.1 is described below:

- *Eligibility:* The HIPAA 270/271 transaction set should be used to determine if a consumer has coverage with a particular public or private health insurance program. The HIPAA 270 standard is used to send an eligibility inquiry and the 271 standard is commonly used to respond to that inquiry.
- *Enrollment and Dis-enrollment:* HIPAA 834 transactions should be used to transmit enrollment information necessary to enroll consumers into public and private health coverage options.

As required by Section 1104 of the Affordable Care Act, the National Committee on Vital and Health Statistics (NCVHS) will be recommending that the Secretary designate an entity to draft standard operating rules for eligibility and claims systems. Entities administering health coverage programs should consult these operating rules for additional information.