



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

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**1. Title of best practice:**

Reporting Funding Type

**2. Who does the best practice apply to:**

Information Sources

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

Best Practice provides a mechanism for Information Sources to report the Funding Type of the member's group for an active response.

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

271 – Loop 2110C or 2110D, MSG segment

**5. Describe how to do the best practice:**

The Information Source will respond with a 271 Response including a MSG Segment tied to the first active EB03 = "30" Segment as follows, depending on the Funding Type of the active member's group:

EB01 = "1" (Active Coverage)

EB03 = "30" (Health Benefit Plan Coverage)

EB04 = Insurance Type Code

EB05 = Plan Coverage Description

MSG01 = "FUNDING TYPE = SELF INSURED" (Free-form Message Text)

Or

EB01 = "1" (Active Coverage)

EB03 = "30" (Health Benefit Plan Coverage)

EB04 = Insurance Type Code

EB05 = Plan Coverage Description

MSG01 = "FUNDING TYPE = FULLY INSURED" (Free-form Message Text)

**6. Examples to illustrate best practice:**

**271 Response**

This example is the response from the Information Source including the Funding Type as Self Insured.

ST\*271\*0001\*005010X279  
BHT\*0022\*11\*\*20091018\*1223  
HL\*1\*\*20\*1  
NM1\*PR\*2\*XYZPAYER\*\*\*\*\*PI\*999  
PER\*IC\*MEMBER SERVICES\*TE\*8001234567  
HL\*2\*1\*21\*1  
NM1\*1P\*2\*ABCPROVIDER\*\*\*\*\*XX\*1234567890  
HL\*3\*2\*22\*1  
TRN\*2\*XZ123\*1234ABCD~  
NM1\*IL\*1\*CLAUS\*FRED\*G\*\*\*MI\*98989899  
REF\*6P\*AB123-01\*MY GROUP  
N3\*456 MAIN ST  
N4\*ANYTOWN\*MN\*55121  
DMG\*D8\*19881112\*M  
INS\*Y\*18\*001\*25  
DTP\*291\*RD8\*20150101-20310301  
EB\*1\*\*30\*IN\*CMM~  
**MSG\*FUNDING TYPE = SELF INSURED**  
EB\*C\*FAM\*30\*\*\*23\*5000\*\*\*\*\*W~  
EB\*C\*FAM\*30\*\*\*29\*5000\*\*\*\*\*W~  
EB\*C\*IND\*30\*\*\*23\*2000\*\*\*\*\*W~  
EB\*C\*IND\*30\*\*\*29\*2000\*\*\*\*\*W~  
EB\*G\*FAM\*30\*\*\*23\*7000\*\*\*\*\*W~  
EB\*G\*FAM\*30\*\*\*29\*7000\*\*\*\*\*W~  
EB\*G\*IND\*30\*\*\*23\*3000\*\*\*\*\*W~  
EB\*G\*IND\*30\*\*\*29\*3000\*\*\*\*\*W~  
EB\*A\*IND\*4^5^6^7^8^12\*\*\*\*\*0\*\*\*\*\*W~  
EB\*C\*FAM\*4^5^6^7^8^12\*\*\*\*\*0\*\*\*\*\*W~  
EB\*C\*IND\*4^5^6^7^8^12\*\*\*\*\*0\*\*\*\*\*W~  
SE\*30\*0001

## 271 Response

This example is the response from the Information Source including the Funding Type as Fully Insured.

ST\*271\*0001\*005010X279  
BHT\*0022\*11\*\*20091018\*1223  
HL\*1\*\*20\*1  
NM1\*PR\*2\*XYZPAYER\*\*\*\*\*PI\*999  
PER\*IC\*MEMBER SERVICES\*TE\*8001234567  
HL\*2\*1\*21\*1  
NM1\*1P\*2\*ABCPROVIDER\*\*\*\*\*XX\*1234567890  
HL\*3\*2\*22\*1  
TRN\*2\*XZ123\*1234ABCD~  
NM1\*IL\*1\*CLAUS\*FRED\*G\*\*\*MI\*98989899

REF\*6P\*AB123-01\*MY GROUP  
 N3\*456 MAIN ST  
 N4\*ANYTOWN\*MN\*55121  
 DMG\*D8\*19881112\*M  
 INS\*Y\*18\*001\*25  
 DTP\*291\*RD8\*20150101-20310301  
 EB\*1\*\*30\*IN\*CMM~  
**MSG\*FUNDING TYPE = FULLY INSURED**  
 EB\*C\*FAM\*30\*\*\*23\*5000\*\*\*\*\*W~  
 EB\*C\*FAM\*30\*\*\*29\*5000\*\*\*\*\*W~  
 EB\*C\*IND\*30\*\*\*23\*2000\*\*\*\*\*W~  
 EB\*C\*IND\*30\*\*\*29\*2000\*\*\*\*\*W~  
 EB\*G\*FAM\*30\*\*\*23\*7000\*\*\*\*\*W~  
 EB\*G\*FAM\*30\*\*\*29\*7000\*\*\*\*\*W~  
 EB\*G\*IND\*30\*\*\*23\*3000\*\*\*\*\*W~  
 EB\*G\*IND\*30\*\*\*29\*3000\*\*\*\*\*W~  
 EB\*A\*IND\*4^5^6^7^8^12\*\*\*\*\*0\*\*\*\*\*W~  
 EB\*C\*FAM\*4^5^6^7^8^12\*\*\*\*\*0\*\*\*\*\*W~  
 EB\*C\*IND\*4^5^6^7^8^12\*\*\*\*\*0\*\*\*\*\*W~  
 SE\*30\*0001

Note: The above examples are not all inclusive or complete 271 responses. It is a subset with intent to capture those specific segments and/or data elements that this best practice pertains to. In most cases, additional data can be or is required to be returned by State and/or Federal Requirements. Therefore, the examples should not be used as a comprehensive guide to code from.

**7. Effective date:**

09/28/2019

**8. Last reviewed date:**

09/10/2019