New Jersey Medicaid

HIPAA COMPANION GUIDE
Version 4010 Addenda

August 2010 Version

270/271 Eligibility Benefit Inquiry & Response

MOLINA Medicaid Solutions

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Section 1

1.1 INTRODUCTION

The New Jersey Medicaid Management Information System (NJMMIS) currently provides up-to-date beneficiary eligibility information through its Recipient Eligibility Verification System (REVS). REVS is a "voice" system and requires the use of a touch tone phone. Providers view the REVS system as helpful, but prefer a more automated method such as the use of PC or POS devices to initiate eligibility inquiries and to receive formatted responses to these inquiries. The real time Medicaid Eligibility Verification System (MEVS) will furnish medical providers access to beneficiary eligibility data within the NJMMIS via telecommunications network vendors.

MEVS provides the interface that will allow providers to submit Eligibility Verification Requests in real time to Molina Medicaid Solutions (MMS) using American National Standards Institute (ANSI) Accredited Standards Committee (ASC) X.12 EDI Health Care Eligibility/Benefit Inquiry transaction set 270 version 4010 for eligibility inquiries and X.12 transaction set 271 version 4010 for the receipt of responses to these eligibility inquiries. Additional information regarding the ANSI X.12 270 and 271 transactions may be found at www.wpc-edi.com/hipaa or can be obtained by writing to:

Data Interchange Standards Association Inc.
Publications Department
1800 Diagonal Road, Suite 355
Alexandria, VA 22314-2853

1.2 CHANGES COMPARED TO PRIOR VERSION

This section lists the changes made to this August 2010 Version of the 270/271 HIPAA Companion Guide compared to the previous version:

Page#	Change	August 2010 Version
33	Added Special Program message for field MSG01 in Loop 2110C.	

Page#	Change	June 2010 Version
ALL	Renumbered document.	
6 to 11	Added numbering of topics. Added telecommunication specifications for Switch Vendor installation of Point to Point Circuits.	
7	Added paragraph numbered 2. Added paragraphs at bottom of page.	
8 to 9	Added information for connectivity to Trenton, NJ and Salt Lake City, UT.	
10	Added illustration for installation of Point to Point Circuits.	
12	Moved to next section.	
13	Moved to next section.	
15	Moved to next section.	
20	Moved to next section.	
23	Moved to next section.	
30	Moved to next section.	

Page#	Change	August 2009 Version
3-10	Corrected Newsletter # for field MSG01 in Loop 2110C.	

Page#	Change	June 2009 Version
1-3	Changed hours of operation for the help desk and indicated number to call after hours.	
1-4	Changed State contact information for Switch Vendor approval process. Added statement for telecommunications specification requirements. And, deleted 2nd paragraph of Telecommunications Specifications.	

Page#	Change	December 2008 Version
1-3	Removed the two year restriction for eligibility verification thru MEVS.	
3-10	Added NJ Medicaid specific requirements for field MSG01 in Loop 2110C.	

Page#	Change	November 2008 Version
3-10 & 3-11	Added Eligibility and Special Program messages in Loop 2110C, field MSG01 and sorted messages alphabetically.	
3-11	Added NJ Medicaid specific requirements for fields NM101 and PER03 in Loop 2110C.	

Page#	Change	January 2008 Version
3-4	Indicated field REF02 in Loop 2110C has NJ Medicaid specific requirements.	
3-9	Replaced value of N6 with 18 and added value 1W for field REF01 in Loop 2110C.	
3-10	Added NJ Medicaid specific requirements for field REF02 in Loop 2110C.	

Page#	Change	July 2007 Version
1-2	Added Section 1.2 – Changes Compared To Prior Version re-numbering subsequent sections.	
1-3	Re-numbered Section 1.3 – 270/271 Transaction Requirements previously numbered 1.1. Also removed the comments (hospital providers only) from the name search methods in the second paragraph.	
1-4	Changed State contact person, e-mail and phone number.	
1-6	Re-numbered Section 1.4 – Envelope Loops, Segments, And Fields previously numbered 1.2.	
1-7	Re-numbered Section 1.5 – Envelope Data Element Dictionary previously numbered 1.3.	

Page#	Change	July 2007 Version - continued
2-2	Indicated fields NM108, NM109, PRV02 & PRV03 in Loop 2100B have NJ Medicaid specific requirements.	
2-6	Added NJ Medicaid specific requirements for fields NM108, NM109 and PRV02 in Loop 2100B.	
2-7	Added NJ Medicaid specific requirements for field PRV03 in Loop 2100B.	
3-2	Indicated fields NM108 and NM109 in Loop 2100B have NJ Medicaid specific requirements.	
3-8	Added NJ Medicaid specific requirements for fields NM108 and NM109 in Loop 2100B.	
3-9	Corrected segment name.	
3-10	Added additional message to be displayed for field MSG01.	

Page#	Change	May 2006 Version
1-2	Added comment; card control number and date of birth, to first paragraph.	
2-3	Indicated field REF01 in Loop 2100C has NJ Medicaid specific requirements.	
2-7	Added NJ Medicaid specific requirements for fields REF01, REF02 and DMG02 in Loop 2100C.	
3-8	Added NJ Medicaid specific requirements for field REF01 in Loop 2100C.	
3-9	Added NJ Medicaid specific requirements for field REF02 in Loop 2100C.	

March 2005 Version - Original Version of the NJ Medicaid 270/271 HIPAA Companion Guide

1.3 GENERAL INFORMATION

ELIGIBILITY INFORMATION AVAILABLE

The Medicaid Eligibility Verification System will make available information for beneficiaries (recipients) enrolled in the Medicaid Program, the Pharmaceutical Assistance For the Aged and Disabled Program, the Senior Gold Program, the Cystic Fibrosis Program, the General Assistance Program, the Family Care Program and the ADDP Program. The information that will be available for the beneficiaries is:

- Basic Program Eligibility Data
- Beneficiary Lock In Data
- Beneficiary Managed Care Enrollment Data
- Beneficiary Special Program Enrollment Data
- Beneficiary Medicare Part A Enrollment Data
- Beneficiary Medicare Part B Enrollment Data
- Beneficiary Private Health Insurance Enrollment Data.

Beneficiary eligibility data will be made available to providers through MEVS. Providers will be able to access beneficiary eligibility data by the card control number and date of birth, Recipient Identification Number assigned to the beneficiary, the beneficiary's Social Security number and date of birth, the beneficiary's full name (last name, first name) and date of birth, or the beneficiary's full name and Social Security number. Providers will be permitted to initiate an inquiry for up to a three calendar month time period not beyond the end of the current calendar month.

HOURS OF OPERATION

The Medicaid Eligibility Verification System will be available 24 hours a day, six days a week Monday through Saturday. MEVS will be available 19 hours on Sunday with a maintenance downtime between 12:00 a.m. - 5:00 a.m.

HELP DESK SERVICES

Molina Medicaid Solutions (MMS) will provide help desk services during the hours of 8:00 am to 5:00 pm Eastern Time, Monday thru Friday. A specific telephone number has been established for access to Molina help desk staff. This telephone number is (609) 588-6113. Help desk staff are available to assist both switch vendors and software vendors with technical information regarding MEVS. Switches calling after these hours should call Molina Computer Operations at (609) 588-6081.

Providers who are unable to obtain the requested eligibility information through MEVS, either because the provider is requesting eligibility confirmation for service dates that are more than two years old, or is returned, an error indicating that MEVS is unavailable, are not to contact Molina help desk staff to obtain the necessary confirmation of eligibility data. Providers are to direct such inquiries to the Molina Provider Services Department at (800) 776-6334.

Providers who have questions regarding the actual eligibility determination process, policy issues, or service limitations that may be applicable to the beneficiary should direct these inquiries to the State Office of Beneficiary and Provider Services (OBPS). The OBPS can be reached by telephone at (609)588-2933.

1.4 NEW SWITCH VENDOR APPROVAL PROCESS

The following are the steps necessary to take to become an approved MEVS network switch vendor

1. Contact the State to request a Business Associate Agreement at the following address and/or phone number

   Dominic J. Magnolo
   Division of Medical Assistance and Health Services
   Legal & Regulatory Affairs
   P.O. Box 712
   Trenton, NJ 08625-0712

   Email: dominic.magnolo@dhs.state.nj.us
   Phone: (609)588-2700

2. The Switch Vendor and Molina Medicaid Solutions (MMS) must both receive **official approval** from the State of New Jersey before proceeding to any of the steps below.
3. Upon receipt and approval of the Business Associate Agreement, the State will notify Molina Medicaid Solutions of approval of the new switch vendor and provide Molina Medicaid Solutions with technical contact information for the switch vendor.
4. Upon receipt of the notice of approval and technical contact information from the State, Molina Medicaid Solutions will contact the switch vendor to set a schedule for the vendor to establish telecommunications between the switch vendor and Molina Medicaid Solutions in Trenton, NJ and between the switch vendor and Molina Medicaid Solutions in Salt Lake City, UT as listed in the section below “Telecommunications Specifications”.
5. Once telecommunications have been established to both the Trenton, NJ and the Salt Lake City, UT locations, then the switch vendor may begin sending test MEVS transactions. Molina will contact the switch vendor to provide test scenarios and test data.
6. Once the switch vendor has completed testing requirements as listed below in section “Vendor Testing Requirements” Molina will notify the switch vendor of approval to begin submitting production MEVS transactions.

1.5 TELECOMMUNICATIONS SPECIFICATIONS

Molina Medicaid Solutions will support the industry standard TCP/IP Network protocol between the switch vendor and Molina. The switch vendor will be responsible for all costs associated with the establishment and ongoing maintenance of telecommunications capabilities between the switch vendor and Molina. Vendors will provide a dedicated T-1 or ISDN circuit to both the Trenton and Salt Lake City facilities. The vendors will also be responsible for providing Molina with a modem, a rack mount router and a CSU/DSU card for placement in the Molina Medicaid Solutions Data Centers at both Trenton, New Jersey and Salt Lake City, UT for each circuit maintained by the switch.

The New Jersey Medicaid program does not support site to site VPN connections for Switch Vendors.

Molina requires the switch vendor to provide a Point to Point data circuit from their facility to both the primary site located in Trenton, New Jersey and the backup site located in Salt Lake City, UT. Both lines must be

installed and active before any application testing can begin. Therefore both lines should be ordered simultaneously following the instructions below:

A. Connectivity for Trenton, New Jersey

- Molina supports connections via TCP/IP only.
- You must provide a secure point to point circuit between your facility/host and the Molina Host. Order a T-1 or ISDN circuit for the primary site in Trenton, New Jersey. Data circuit should be sized to meet vendors data transfer needs.
- A 1U or 2U 19" **rack mountable** router configured with a CSU/DSU or ISDN card (depending on type of circuit selected).
- The CSU/DSUs must be contained in each router as an add-on card and must include rack mounting hardware for a standard 19" electronics rack.
- In addition, a cable from the Router to the patch panel is required (15 ft). The cable must terminate in an RJ45 (CAT 5 STP recommended).

Site Address:
Molina Medicaid Solutions
Attn: Syed Quadri
3705 Quakerbridge Road
Suite 101
Trenton, NJ 08619-1288

Point of Contact:
Syed Quadri
Manager IT - NJMMIS
Office : 609-588-6117
Mobile: 609-929-4628
Email: syed.quadri@molinahealthcare.com

B. Connectivity for Salt Lake City, UT

- Molina supports connections via TCP/IP only.
- You must provide a secure point to point circuit between your facility/host and the NJMMIS Host. Order a T-1 or ISDN circuit for the alternate site in Salt Lake City, UT. Data circuit should be sized to meet vendors data transfer needs.
- A 1U or 2U 19" **rack mountable** router configured with a CSU/DSU or ISDN card (depending on type of circuit selected).
- The CSU/DSUs must be contained in each router as an add-on card and must include rack mounting hardware for a standard 19" electronics rack.
- In addition, a cable from the Router to the patch panel is required. The cable must terminate in an RJ45 (CAT 5 STP recommended). The length of the cable will need to be coordinated with Molina prior to installation.

Site Address:
Molina Medicaid Solutions
Attn: Ed Nieuwland
480 North 2200 West
Bldg B
Salt Lake City, UT 84116

Point of Contact:
Edward Nieuwland
Network Engineer
Office: 801-594-5750
Email: Edward.nieuwland@molinahealthcare.com

NOTE: the Telco DEMARC is located in a separate room at each site.

1. Salt Lake City, UT: The DEMARC is 600 feet from the rack housing the CSU/DSU.
2. Trenton, NJ: The DEMARC is located on the first floor in the Telco closet next to the elevator in the center of the building. The LEC (local exchange carrier) must be instructed to cross connect from

the DEMARC to our extended DEMARC extension also located a few feet from the DEMARC.

3. The connection between the Extended DEMARC and the rack will be provided by Molina.

4. A dedicated modem line will not be provided but will be made available on an as needed basis to allow the vendor to troubleshoot their router.

C. Vendor/Molina Responsibilities:

- The Vendor will configure the router prior to shipping. After Molina receives a router the hardware will be rack mounted in the datacenter.
- The Vendor will maintain all hardware that is vendor owned at each Molina facility.
- The Vendor will be responsible for communication links between the vendor's site(s) and Molina facilities. This includes contacting the contracted telecommunications company.
- Molina staff will allow access to telecommunications support staff where needed for installation or troubleshooting purposes.
- Molina staff will assist the vendor in power cycling hardware and any visual assistance when available.

D. IP Connections

The Vendor is responsible for all IP addressing space up to, but not including the Ethernet interface of the Vendor router located at the Molina facilities. On the vendor's router at the Trenton and Salt Lake City facility, the Ethernet interface must be configured with a Molina provided IP address. All traffic from the WAN interface on this router must be NATted (Hide NAT) to the Ethernet interface IP address. **Molina does not allow routing of any private addresses.** The vendors Ethernet interface will be connected to a DMZ which is then connected to a firewall.

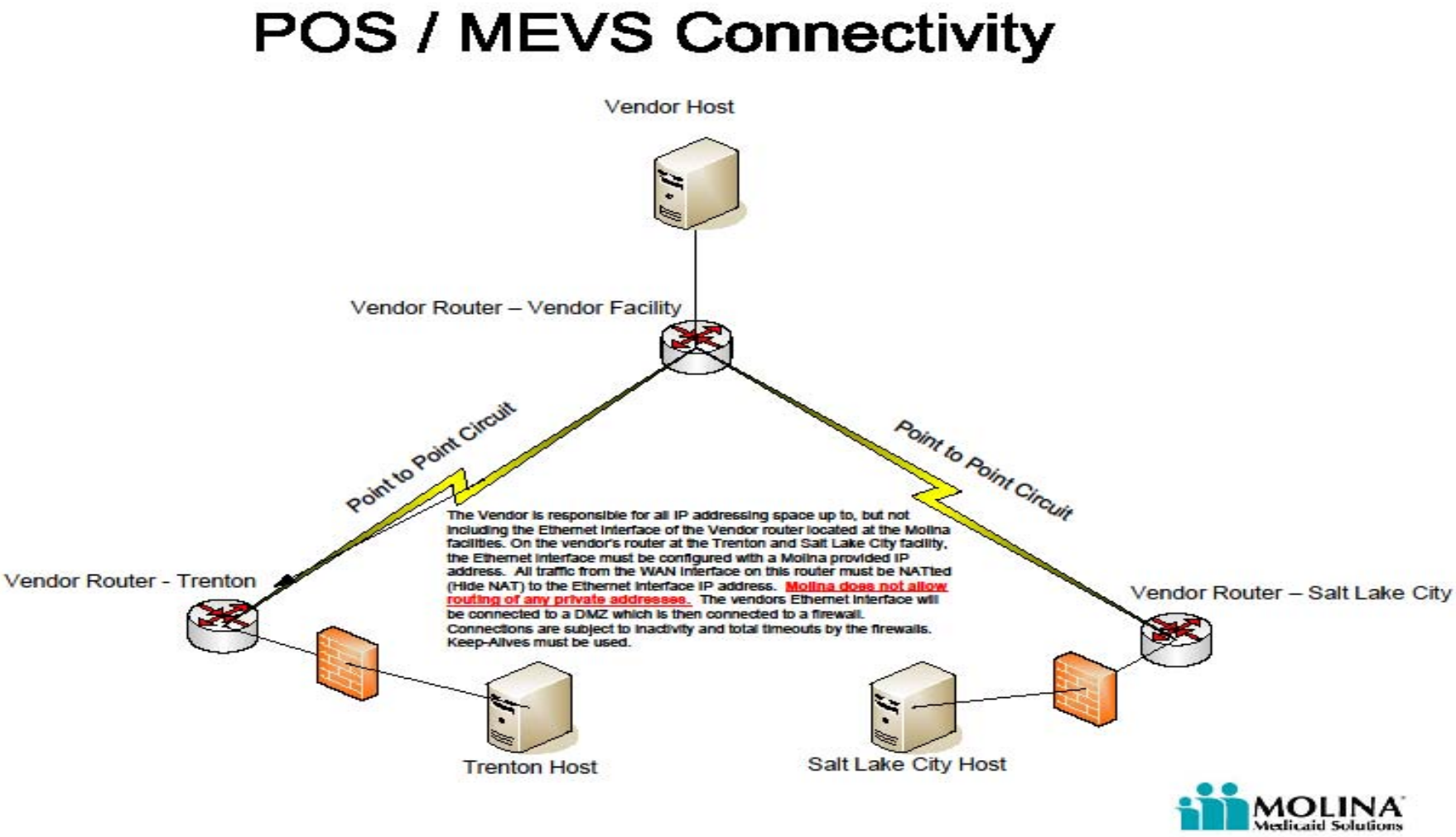
E. Stateful Firewall Inspection

Connections between the Switch Vendors and Molina will run through a stateful firewall inspection. Connections running through a stateful firewall are subject to (inactivity and total) time-outs. Vendor will need to implement keep-alives on their host to avoid becoming disconnected. Connections will be made available 7 days a week 24 hours a day with exceptions only in case of emergency or with advance notice.

Once the data circuit has been installed and your equipment is received at both sites, coordinate with Syed Quadri to obtain IP Addresses and to finish up the setup of the routers.

Once connectivity has been established and tested to both sites, the vendor can now proceed to complete application testing.

1.6 POS/MEVS CONNECTIVITY



1.7 ASSIGNMENT OF VENDOR IDENTIFICATION NUMBERS

Molina Medicaid Solutions will be responsible for assigning a unique vendor identification number to each vendor approved by the State of New Jersey as a telecommunications network vendor. The State, following approval of the vendor as a telecommunications network vendor, will advise Molina of the vendor approval. Molina Medicaid Solutions, following receipt of the State notification, will assign a unique vendor identification number to the vendor and will advise the vendor of their assigned identification number in writing.

1.8 VENDOR TESTING REQUIREMENTS

All network vendors that have been approved by the State will be subject to testing requirements before the network vendor will be approved to submit production eligibility inquiry transactions to MEVS. Switch vendors will be required to demonstrate the ability to produce error-free 270 eligibility inquiry transactions, perform appropriate error message processing on 270 eligibility inquiry transactions determined by Molina to be in error, and return response data to providers that is consistent with the response data present on the 271 transactions returned to the switch vendor by MEVS. After the switch vendor has demonstrated these capabilities, the switch vendor will be technically approved for production.

Molina Medicaid Solutions will be responsible for supporting switch vendor testing, including the review of switch vendor test results and the approval of the switch vendor for production assuming all testing requirements have been satisfied.

INPUT TRANSACTION SPECIFICATIONS (270)

Each 270 eligibility inquiry transaction initiated by the switch vendor and each 271 eligibility response transaction returned to the switch vendor by Molina Medicaid Solutions must be preceded by the following string prior to the ISA envelope. The three-field character string, which must be present at the beginning of each transaction, is defined as "XXX1234512345678" where:

XXX constitutes the three (3) character Switch Identification assigned to the switch vendor by Molina. This field must be valued by the switch vendor on the incoming 270 eligibility inquiry transaction and will be returned to the switch vendor in the corresponding envelope field on the 271 response transaction.

12345 constitutes a transaction identifier assigned to the transaction by the switch vendor. This transaction identifier, which originates from the switch vendor, will be returned to the switch vendor in the corresponding envelope field on the 271 response transaction.

12345678 constitutes a control field valued and used by Molina. This field is not required to be populated on the incoming 270 eligibility transaction but will be populated by Molina and returned to the switch vendor on the 271 response transaction.

In addition each 270 eligibility inquiry transaction initiated by the switch vendor and each 271 eligibility response transaction returned to the switch vendor by Molina must be followed by a single End of Transaction (EOT) character at the end of the transaction.

Section 2

2.1 ENVELOPE LOOPS, SEGMENTS, AND FIELDS

The following tables outline the HIPAA segment and field specifications for submitting Interchange Control Segments to New Jersey Medicaid. The USAGE column indicates whether the segment or field is required (R) or situational (S), as defined by the national standard. The MEDICAID column indicates when there is a requirement specific to New Jersey Medicaid (YES), which supplements the national standard. In these cases, a data element dictionary (DED) reference will be included in Section 1.5, which will provide the specifications unique to New Jersey Medicaid. A DED section will not be included in Section 1.5 for loops and fields, which are identical to the national standard. The MEDICAID column also indicates situational segments and/or fields, which will be ignored by New Jersey Medicaid (X).

SEGMENT	FIELD	NAME	USAGE	MEDICAID
INTERCHANGE CONTROL HEADER				
ISA		INTERCHANGE CONTROL HEADER	R	
	ISA01	Authorization Information Qualifier	R	
	ISA02	Authorization Information	R	
	ISA03	Security Information Qualifier	R	
	ISA04	Security Information	R	
	ISA05	Interchange ID Qualifier	R	YES
	ISA06	Interchange Sender ID	R	YES
	ISA07	Interchange ID Qualifier	R	YES
	ISA08	Interchange Receiver ID	R	YES
	ISA09	Interchange Date	R	
	ISA10	Interchange Time	R	
	ISA11	Interchange Control Standards Identifier	R	
	ISA12	Interchange Control Version Number	R	
	ISA13	Interchange Control Number	R	
	ISA14	Acknowledgement Requested	R	
	ISA15	Usage Indicator	R	YES
	ISA16	Component Element Separator	R	YES
INTERCHANGE CONTROL TRAILER				
IEA		INTERCHANGE CONTROL TRAILER	R	
	IEA01	Number of Included Functional Groups	R	
	IEA02	Interchange Control Number	R	
FUNCTIONAL GROUP HEADER				
GS		FUNCTIONAL GROUP HEADER	R	
	GS01	Functional Identifier Code	R	
	GS02	Application Sender's Code	R	YES
	GS03	Application Receiver's Code	R	YES
	GS04	Date	R	
	GS05	Time	R	
	GS06	Group Control Number	R	
	GS07	Responsible Agency Code	R	
	GS08	Version / Release / Industry Identifier Code	R	
FUNCTIONAL GROUP TRAILER				
GE		FUNCTIONAL GROUP TRAILER	R	
	GE01	Number of Transaction Sets Included	R	
	GE02	Group Control Number	R	

2.2 ENVELOPE DATA ELEMENT DICTIONARY

The following delimiters are required to be used in all 270 4010 electronic data interchanges sent to New Jersey Medicaid.

HEX VALUE	NAME	DELIMITER
1D	GS Group Separator	Data Element Separator
1F	US Unit Separator	Subsequent Separator
1C	FS File Separator	Segment Terminator

ISA LOOP – INTERCHANGE CONTROL HEADER

SEGMENT	ISA – Interchange Control Header
FIELD	ISA05 – Interchange ID Qualifier
CODES	ZZ | Mutually Defined
REQUIREMENT	Enter "ZZ".

SEGMENT	ISA – Interchange Control Header
FIELD	ISA06 – Interchange Sender ID
CODES	
REQUIREMENT	On the 270 transaction enter the three character vendor ID as assigned by Molina Medicaid Solutions. On the 271 return transaction, Molina will value “610515”.

SEGMENT	ISA – Interchange Control Header
FIELD	ISA07 – Interchange ID Qualifier
CODES	ZZ | Mutually Defined
REQUIREMENT	Enter "ZZ".

SEGMENT	ISA – Interchange Control Header
FIELD	ISA08 – Interchange Receiver ID
CODES	
REQUIREMENT	On the 270 transaction sent to Molina Medicaid Solutions, enter "610515" followed by nine spaces. On the 271 return transaction, Molina will value the three character vendor ID received in field ISA06 from the corresponding 270 transaction.

SEGMENT	ISA – Interchange Control Header	
FIELD	ISA15 – Interchange Control Number	
CODES	T	Test
	P	Production
REQUIREMENT	When sending a test transaction, enter “T”. When sending a production transaction, enter “P”.	

SEGMENT	ISA – Interchange Control Header
FIELD	ISA16 – Component Element Separator
CODES	
REQUIREMENT	Enter a US (Unit Separator) for the Component Element Separator value.

GS LOOP – FUNCTIONAL GROUP HEADER

SEGMENT	GS – Functional Group Header
FIELD	GS02 – Application Sender's Code
CODES	
REQUIREMENT	On a 270 transaction enter the three-character vendor ID assigned by New Jersey Medicaid. On the 271 return transaction, Molina will enter the value “610515”.

SEGMENT	GS – Functional Group Header
FIELD	GS03 – Application Receiver's Code
CODES	
REQUIREMENT	On a 270 transaction, enter "610515”. On the 271 return transaction, Molina will enter the value received in GS02 from the corresponding 270 transaction.

Section 3

3.1 270 ELIGIBILITY REQUEST - LOOPS, SEGMENTS, AND FIELDS

The following tables outline the HIPAA loop, segment and field specifications for submitting 270 transactions to New Jersey Medicaid. The USAGE column indicates whether the segment or field is required (R) or situational (S), as defined by the national standard. The MEDICAID column indicates when there is a requirement specific to New Jersey Medicaid (YES), which supplements the national standard. In these cases, a data element dictionary (DED) reference will be included in Section 2.2, which will provide the specifications unique to New Jersey Medicaid. A DED section will not be included in Section 2.2 for 270 loops and fields, which are identical to the national standard. The MEDICAID column also indicates situational segments and/or fields, which will be ignored by New Jersey Medicaid (X).

SEGMENT	FIELD	NAME	USAGE	MEDICAID
HEADER				
ST		TRANSACTION SET HEADER	R	
	ST01	Transaction Set Identifier Code	R	
	ST02	Transaction Set Control Number	R	
BHT		BEGINNING OF HIERARCHICAL TRANSACTION	R	
	BHT01	Hierarchical Structure Code	R	
	BHT02	Transaction Set Purpose Code	R	
	BHT03	Reference Identification	S	YES
	BHT04	Date	R	
	BHT05	Time	R	
	BHT06	Transaction Type Code	S	X
LOOP 2000A – INFORMATION SOURCE LEVEL				
HL		HIERARCHICAL LEVEL	R	
	HL01	Hierarchical ID Number	R	
	HL03	Hierarchical Level Code	R	
	HL04	Hierarchical Child Code	R	
LOOP 2100A – INFORMATION SOURCE NAME				
NM1		INFORMATION SOURCE NAME	R	
	NM101	Entity Identifier Code	R	
	NM102	Entity Type Qualifier	R	
	NM103	Name Last or Organization Name	S	
	NM104	Name First	S	
	NM105	Name Middle	S	
	NM107	Name Suffix	S	
	NM108	Identification Code Qualifier	R	
	NM109	Identification Code	R	YES
LOOP 2000B – INFORMATION RECEIVER LEVEL				
HL		HIERARCHICAL LEVEL	R	
	HL01	Hierarchical ID Number	R	
	HL02	Hierarchical Parent ID Number	R	
	HL03	Hierarchical Level Code	R	
	HL04	Hierarchical Child Code	R	

LOOP 2100B – INFORMATION RECEIVER NAME				
NM1		INFORMATION RECEIVER NAME	R	
	NM101	Entity Identifier Code	R	
	NM102	Entity Type Qualifier	R	
	NM103	Name Last or Organization Name	S	
	NM104	Name First	S	
	NM105	Name Middle	S	
	NM107	Name Suffix	S	
	NM108	Identification Code Qualifier	R	YES
	NM109	Identification Code	R	YES
REF		INFORMATION RECEIVER ADDITIONAL IDENTIFICATION	S	X
	REF01	Reference Identification Qualifier	R	X
	REF02	Reference Identification	R	X
	REF03	Description	S	X
N3		INFORMATION RECEIVER ADDRESS	S	X
	N301	Address Information	R	X
	N302	Address Information	S	X
N4		INFORMATION RECEIVER CITY/STATE/ZIP CODE	S	X
	N401	City Name	R	X
	N402	State or Province Code	R	X
	N403	Postal Code	R	X
	N404	Country Code	S	X
PER		INFORMATION RECEIVER CONTACT INFORMATION	S	X
	PER01	Contact Function Code	R	X
	PER02	Name	S	X
	PER03	Communication Number Qualifier	S	X
	PER04	Communication Number	S	X
	PER05	Communication Number Qualifier	S	X
	PER06	Communication Number	S	X
	PER07	Communication Number Qualifier	S	X
	PER08	Communication Number	S	X
PRV		INFORMATION RECEIVER PROVIDER INFORMATION	S	
	PRV01	Provider Code	R	
	PRV02	Reference Identification Qualifier	R	YES
	PRV03	Reference Identification	R	YES
LOOP 2000C – SUBSCRIBER LEVEL				
HL		HIERARCHICAL LEVEL	R	
	HL01	Hierarchical ID Number	R	
	HL02	Hierarchical Parent ID Number	R	
	HL03	Hierarchical Level Code	R	
	HL04	Hierarchical Child Code	R	
TRN		SUBSCRIBER TRACE NUMBER	S	
	TRN01	Trace Type Code	R	
	TRN02	Reference Identification	R	
	TRN03	Originating Company Identifier	R	
	TRN04	Reference Identification	S	

LOOP 2100C – SUBSCRIBER NAME				
NM1		SUBSCRIBER NAME	R	
	NM101	Entity Identifier Code	R	
	NM102	Entity Type Qualifier	R	
	NM103	Name Last or Organization Name	S	YES
	NM104	Name First	S	YES
	NM105	Name Middle	S	
	NM107	Name Suffix	S	
	NM108	Identification Code Qualifier	S	
	NM109	Identification Code	S	YES
REF		SUBSCRIBER ADDITIONAL IDENTIFICATION	S	
	REF01	Reference Identification Qualifier	R	YES
	REF02	Reference Identification	R	YES
N3		SUBSCRIBER ADDRESS	S	X
	N301	Address Information	R	X
	N302	Address Information	S	X
N4		SUBSCRIBER CITY/STATE/ZIP CODE	S	X
	N401	City Name	S	X
	N402	State or Province Code	S	X
	N403	Postal Code	S	X
	N404	Country Code	S	X
PRV		PROVIDER INFORMATION	S	X
	PRV01	Provider Code	R	X
	PRV02	Reference Identification Qualifier	R	X
	PRV03	Reference Identification	R	X
DMG		SUBSCRIBER DEMOGRAPHIC INFORMATION	S	
	DMG01	Date Time Period Format Qualifier	S	
	DMG02	Date Time Period	S	YES
	DMG03	Gender Code	S	
INS		SUBSCRIBER RELATIONSHIP	S	X
	INS01	Yes/No Condition or Response Code	R	X
	INS02	Individual Relationship Code	R	X
DTP		SUBSCRIBER DATE	S	
	DTP01	Date/Time Qualifier	R	
	DTP02	Date Time Period Format Qualifier	R	
	DTP03	Date Time Period	R	YES
LOOP 2110C – SUBSCRIBER ELIGIBILITY OR BENEFIT INQUIRY INFORMATION				
EQ		ELIGIBILITY OR INQUIRY BENEFIT	S	
	EQ01	Service Type Code	S	YES
	EQ02	Composite Medical Procedure Identifier	S	X
	EQ02-1	Product/Service Qualifier	R	X
	EQ02-2	Product/Service ID	R	X
	EQ02-3	Procedure Modifier	S	X
	EQ02-4	Procedure Modifier	S	X
	EQ02-5	Procedure Modifier	S	X
	EQ02-6	Procedure Modifier	S	X
	EQ02-7	Description	S	X
	EQ03	Coverage Level Code	S	X
	EQ04	Insurance Type Code	S	X
AMT		SUBSCRIBER SPEND DOWN AMOUNT	S	X
	AMT01	Amount Qualifier Code	R	X
	AMT02	Monetary Amount	R	X
III		SUBSCRIBER ELIGIBILITY OR BENEFIT ADDITIONAL INQUIRY	S	X
	III01	Code List Qualifier Code	R	X
	III02	Industry Code	R	X
REF		SUBSCRIBER ADDITIONAL INFORMATION	S	X
	REF01	Reference Identification Qualifier	R	X
	REF02	Reference Identification	R	X
DTP		SUBSCRIBER ELIGIBILITY/BENEFIT DATE	S	X
	DTP01	Date/Time Qualifier	R	X
	DTP02	Date Time Period Format Qualifier	R	X
	DTP03	Date Time Period	R	X

LOOP 2000D – DEPENDENT LEVEL				
HL		HIERARCHICAL LEVEL	S	X
	HL01	Hierarchical ID Number	R	X
	HL02	Hierarchical Parent ID Number	R	X
	HL03	Hierarchical Level Code	R	X
	HL04	Hierarchical Child Code	R	X
TRN		DEPENDENT TRACE NUMBER	S	X
	TRN01	Trace Type Code	R	X
	TRN02	Reference Identification	R	X
	TRN03	Originating Company Identifier	R	X
	TRN04	Reference Identification	S	X
NM1		DEPENDENT NAME	R	X
	NM101	Entity Identifier Code	R	X
	NM102	Entity Type Qualifier	R	X
	NM103	Name Last or Organization Name	S	X
	NM104	Name First	S	X
	NM105	Name Middle	S	X
	NM107	Name Suffix	S	X
REF		DEPENDENT ADDITIONAL IDENTIFICATION	S	X
	REF01	Reference Identification Qualifier	R	X
	REF02	Reference Identification	R	X
N3		DEPENDENT ADDRESS	S	X
	N301	Address Information	R	X
	N302	Address Information	S	X
N4		DEPENDENT CITY/STATE/ZIP CODE	S	X
	N401	City Name	S	X
	N402	State or Province Code	S	X
	N403	Postal Code	S	X
	N404	Country Code	S	X
PRV		PROVIDER INFORMATION	S	X
	PRV01	Provider Code	R	X
	PRV02	Reference Identification Qualifier	R	X
	PRV03	Reference Identification	R	X
DMG		DEPENDENT DEMOGRAPHIC INFORMATION	S	X
	DMG01	Date Time Period Format Qualifier	S	X
	DMG02	Date Time Period	S	X
	DMG03	Gender Code	S	X
INS		DEPENDENT RELATIONSHIP	S	X
	INS01	Yes/No Condition or Response Code	R	X
	INS02	Individual Relationship Code	R	X
DTP		DEPENDENT DATE	S	X
	DTP01	Date/Time Qualifier	R	X
	DTP02	Date Time Period Format Qualifier	R	X
	DTP03	Date Time Period	R	X

LOOP 2110D – DEPENDENT ELIGIBILITY OR BENEFIT INQUIRY INFORMATION				
EQ		ELIGIBILITY OR INQUIRY BENEFIT	S	X
	EQ01	Service Type Code	S	X
	EQ02	Composite Medical Procedure Identifier	S	X
	EQ02-1	Product/Service Qualifier	R	X
	EQ02-2	Product/Service ID	R	X
	EQ02-3	Procedure Modifier	S	X
	EQ02-4	Procedure Modifier	S	X
	EQ02-5	Procedure Modifier	S	X
	EQ02-6	Procedure Modifier	S	X
	EQ02-7	Description	S	X
	EQ03	Coverage Level Code	S	X
	EQ04	Insurance Type Code	S	X
III		DEPENDENT ELIGIBILITY OR BENEFIT ADDITIONAL INQUIRY	S	X
	III01	Code List Qualifier Code	R	X
	III02	Industry Code	R	X
REF		DEPENDENT ADDITIONAL INFORMATION	S	X
	REF01	Reference Identification Qualifier	R	X
	REF02	Reference Identification	R	X
DTP		DEPENDENT ELIGIBILITY/BENEFIT DATE	S	X
	DTP01	Date/Time Qualifier	R	X
	DTP02	Date Time Period Format Qualifier	R	X
	DTP03	Date Time Period	R	X
LOOP – TRANSACTION SET TRAILER				
SE		TRANSACTION SET TRAILER	R	
	SE01	Number of Included Segments	R	
	SE02	Transaction Set Control Number	R	

3.2 270 ELIGIBILITY REQUEST – DATA ELEMENT DICTIONARY

The following specifies the 270 transaction fields for which New Jersey Medicaid has payer-specific requirements.

HEADER

SEGMENT	BHT – Beginning of Hierarchical Transaction
FIELD	BHT03 – Reference Identification
CODES	
REQUIREMENT	This field is required and represents the submitter's transaction identifier.

LOOP 2100A – INFORMATION SOURCE NAME

SEGMENT	NM1 – Information Source Name
FIELD	NM109 – Identification Code
CODES	
REQUIREMENT	Enter "610515".

LOOP 2100B – INFORMATION RECEIVER NAME

SEGMENT	NM1 – Information Receiver Name	
FIELD	NM108 – Identification Code Qualifier	
CODES	SV	Service Provider Number
	XX	National Provider ID (NPI)
REQUIREMENT	When entering the 7-digit Medicaid Provider Number assigned by Medicaid, enter "SV". When entering the 10-digit National Provider Identifier (NPI) assigned to the Provider, enter "XX".	

SEGMENT	NM1 – Information Receiver Name
FIELD	NM109 – Identification Code
CODES	
REQUIREMENT	If NM108 = SV enter the 7-digit Medicaid Provider Number assigned by Medicaid. If NM108 = XX enter the 10-digit National Provider Identifier (NPI) assigned to the Provider.

SEGMENT	PRV – Information Receiver Provider Information	
FIELD	PRV02 – Reference Identification Qualifier	
CODES	ZZ	Mutually Defined
REQUIREMENT	Enter "ZZ" indicating the entry of a taxonomy code will follow. A pharmacy related health care taxonomy code must be listed if PRV01 equals a pharmacist or pharmacy.	

SEGMENT	PRV – Information Receiver Provider Information
FIELD	PRV03 – Reference Identification
CODES	
REQUIREMENT	If PRV01 = P1 – Pharmacist or P2 – Pharmacy and the 270 transaction is submitted with an NPI that is assigned to more than one Medicaid Provider ID and the inquiring provider type is a pharmacy attempting to confirm pharmacy benefit coverage, the transaction must include a pharmacy related health care taxonomy code. The valid pharmacy related health care taxonomy codes are:

Code	Description
333600000X	Pharmacy
3336C0002X	Clinic Pharmacy
3336C0003X	Community/Retail Pharmacy
3336C0004X	Compounding Pharmacy
3336H0001X	Home Infusion Therapy Pharmacy
3336I0012X	Institutional Pharmacy
3336L0003X	Long Term Care Pharmacy
3336M0002X	Mail Order Pharmacy
3336M0003X	Managed Care Organization Pharmacy
3336N0007X	Nuclear Pharmacy
3336S0011X	Specialty Pharmacy

LOOP 2100C – SUBSCRIBER NAME

SEGMENT	NM1 – Subscriber Name
FIELD	NM103 – Name Last or Organization Name
CODES	
REQUIREMENT	If the inquiry is by Name/DOB or Name/SSN enter the last name of the Medicaid beneficiary.

SEGMENT	NM1 – Subscriber Name
FIELD	NM104 – Name First
CODES	
REQUIREMENT	If the inquiry is by Name/DOB or Name/SSN enter the first name of the Medicaid beneficiary.

SEGMENT	NM1 – Subscriber Name
FIELD	NM109 – Identification Code
CODES	
REQUIREMENT	If the inquiry is by Medicaid Beneficiary ID enter the beneficiary's 12-digit Medicaid Identification Number.

SEGMENT	REF – Subscriber Additional Information	
FIELD	REF01 – Reference Identification Qualifier	
CODES	HJ	Identity Card Number
	SY	Social Security Number
REQUIREMENT	If the inquiry is by card control number (CCN) then enter the value "HJ". If the inquiry is by SSN/DOB or Name/SSN enter the value "SY".	

SEGMENT	REF – Subscriber Additional Information
FIELD	REF02 – Reference Identification
CODES	
REQUIREMENT	If the inquiry is by card control number (CCN) then enter the 16-digit card control number (CCN). If the inquiry is by SSN/DOB or Name/SSN enter the beneficiary's Social Security Number.

SEGMENT	DMG – Subscriber Demographic Information
FIELD	DMG02 – Date Time Period
CODES	
REQUIREMENT	If the inquiry is by card control number (CCN), SSN/DOB or Name/DOB then enter the beneficiary's Date of Birth in the format CCYYMMDD.

SEGMENT	DTP – Subscriber Date
FIELD	DTP03 – Date Time Period
CODES	
REQUIREMENT	Enter the beginning and ending date of service in the format CCYYMMDD – CCYYMMDD.

LOOP 2110C – SUBSCRIBER ELIGIBILITY OR BENEFIT INQUIRY INFORMATION

SEGMENT	EQ – Eligibility or Benefit Inquiry	
FIELD	EQ01 – Service Type Code	
CODES	30	Health Benefit Plan Coverage
REQUIREMENT	Enter the code "30".	

Section 4

4.1 271 ELIGIBILITY RESPONSE - LOOPS, SEGMENTS AND FIELDS

The following tables outline the HIPAA loop, segment and field specifications for submitting 271 transactions to New Jersey Medicaid. The USAGE column indicates whether the segment or field is required (R) or situational (S), as defined by the national standard. The MEDICAID column indicates when there is a requirement specific to New Jersey Medicaid (YES), which supplements the national standard. In these cases, a data element dictionary (DED) reference will be included in Section 3.2, which will provide the specifications unique to New Jersey Medicaid. A DED section will not be included in Section 3.2 for 270 loops and fields, which are identical to the national standard. The MEDICAID column also indicates situational segments and/or fields, which will be not be valued by New Jersey Medicaid (X).

SEGMENT	FIELD	NAME	USAGE	MEDICAID
		HEADER		
ST		TRANSACTION SET HEADER	R	
	ST01	Transaction Set Identifier Code	R	
	ST02	Transaction Set Control Number	R	
BHT		BEGINNING OF HIERARCHICAL TRANSACTION	R	
	BHT01	Hierarchical Structure Code	R	
	BHT02	Transaction Set Purpose Code	R	
	BHT03	Reference Identification	S	
	BHT04	Date	R	
	BHT05	Time	R	
		LOOP 2000A – INFORMATION SOURCE LEVEL		
HL		HIERARCHICAL LEVEL	R	
	HL01	Hierarchical ID Number	R	
	HL03	Hierarchical Level Code	R	
	HL04	Hierarchical Child Code	R	
AAA		REQUEST VALIDATION	S	
	AAA01	Yes/No Condition or Response Code	R	
	AAA03	Reject Reason Code	R	
	AAA04	Follow-up Action Code	R	
		LOOP 2100A – INFORMATION SOURCE NAME		
NM1		INFORMATION SOURCE NAME	R	
	NM101	Entity Identifier Code	R	
	NM102	Entity Type Qualifier	R	
	NM103	Name Last or Organization Name	S	
	NM104	Name First	S	
	NM105	Name Middle	S	
	NM107	Name Suffix	S	
	NM108	Identification Code Qualifier	R	YES
	NM109	Identification Code	R	YES
REF		INFORMATION SOURCE ADDITIONAL IDENTIFICATION	S	X
	REF01	Reference Identification Qualifier	R	X
	REF02	Reference Identification	R	X
	REF03	Description	S	X
PER		INFORMATION SOURCE CONTACT INFORMATION	S	X
	PER01	Contact Function Code	R	X
	PER02	Name	S	X
	PER03	Communication Number Qualifier	S	X
	PER04	Communication Number	S	X
	PER05	Communication Number Qualifier	S	X
	PER06	Communication Number	S	X
	PER07	Communication Number Qualifier	S	X
	PER08	Communication Number	S	X
AAA		REQUEST VALIDATION	S	
	AAA01	Yes/No Condition or Response Code	R	
	AAA03	Reject Reason Code	R	
	AAA04	Follow-up Action Code	R	

LOOP 2000B – INFORMATION RECEIVER LEVEL				
HL		HIERARCHICAL LEVEL	R	
	HL01	Hierarchical ID Number	R	
	HL02	Hierarchical Parent ID Number	R	
	HL03	Hierarchical Level Code	R	
	HL04	Hierarchical Child Code	R	
LOOP 2100B – INFORMATION RECEIVER NAME				
NM1		INFORMATION RECEIVER NAME	R	
	NM101	Entity Identifier Code	R	
	NM102	Entity Type Qualifier	R	
	NM103	Name Last or Organization Name	S	
	NM104	Name First	S	
	NM105	Name Middle	S	
	NM107	Name Suffix	S	
	NM108	Identification Code Qualifier	R	YES
	NM109	Identification Code	R	YES
REF		INFORMATION RECEIVER ADDITIONAL IDENTIFICATION	S	X
	REF01	Reference Identification Qualifier	R	X
	REF02	Reference Identification	R	X
	REF03	Description	S	X
AAA		REQUEST VALIDATION	S	
	AAA01	Yes/No Condition or Response Code	R	
	AAA03	Reject Reason Code	R	
	AAA04	Follow-up Action Code	R	
LOOP 2000C – SUBSCRIBER LEVEL				
HL		HIERARCHICAL LEVEL	R	
	HL01	Hierarchical ID Number	R	
	HL02	Hierarchical Parent ID Number	R	
	HL03	Hierarchical Level Code	R	
	HL04	Hierarchical Child Code	R	
TRN		SUBSCRIBER TRACE NUMBER	S	
	TRN01	Trace Type Code	R	
	TRN02	Reference Identification	R	
	TRN03	Originating Company Identifier	R	
	TRN04	Reference Identification	S	

LOOP 2100C – SUBSCRIBER NAME				
NM1		SUBSCRIBER NAME	R	
	NM101	Entity Identifier Code	R	
	NM102	Entity Type Qualifier	R	
	NM103	Name Last or Organization Name	S	
	NM104	Name First	S	
	NM105	Name Middle	S	
	NM107	Name Suffix	S	
	NM108	Identification Code Qualifier	S	YES
	NM109	Identification Code	S	YES
REF		SUBSCRIBER ADDITIONAL IDENTIFICATION	S	
	REF01	Reference Identification Qualifier	R	YES
	REF02	Reference Identification	R	YES
	REF03	Description	S	
N3		SUBSCRIBER ADDRESS	S	X
	N301	Address Information	R	X
	N302	Address Information	S	X
N4		SUBSCRIBER CITY/STATE/ZIP CODE	S	X
	N401	City Name	S	X
	N402	State or Province Code	S	X
	N403	Postal Code	S	X
	N404	Country Code	S	X
PER		SUBSCRIBER CONTACT INFORMATION	S	X
	PER01	Contact Function Code	R	X
	PER02	Name	S	X
	PER03	Communication Number Qualifier	S	X
	PER04	Communication Number	S	X
	PER05	Communication Number Qualifier	S	X
	PER06	Communication Number	S	X
	PER07	Communication Number Qualifier	S	X
	PER08	Communication Number	S	X
AAA		REQUEST VALIDATION	S	
	AAA01	Yes/No Condition or Response Code	R	
	AAA03	Reject Reason Code	R	
	AAA04	Follow-up Action Code	R	
DMG		SUBSCRIBER DEMOGRAPHIC INFORMATION	S	
	DMG01	Date Time Period Format Qualifier	S	
	DMG02	Date Time Period	S	
	DMG03	Gender Code	S	
INS		SUBSCRIBER RELATIONSHIP	S	
	INS01	Yes/No Condition or Response Code	R	
	INS02	Individual Relationship Code	R	
DTP		SUBSCRIBER DATE	S	X
	DTP01	Date/Time Qualifier	R	X
	DTP02	Date Time Period Format Qualifier	R	X
	DTP03	Date Time Period	R	X

LOOP 2110C – SUBSCRIBER ELIGIBILITY OR BENEFIT INQUIRY INFORMATION				
EB		ELIGIBILITY OR INQUIRY BENEFIT	S	
	EB01	Eligibility or Benefit Information	R	YES
	EB02	Coverage Level Code	S	
	EB03	Service Type Code	S	YES
	EB04	Insurance Type Code	S	YES
	EB05	Plan Coverage Description	S	
	EB06	Time Period Qualifier	S	
	EB07	Monetary Amount	S	
	EB08	Percent	S	
	EB09	Quantity Qualifier	S	
	EB10	Quantity	S	
	EB11	Yes/No Condition or Response Code	S	
	EB12	Yes/No Condition or Response Code	S	
	EB13	Composite Medical Procedure Identifier	S	
	EB13-1	Product/Service ID Qualifier	R	
	EB13-2	Product/Service ID	R	
	EB13-3	Procedure Code Modifier	S	
	EB13-4	Procedure Code Modifier	S	
	EB13-5	Procedure Code Modifier	S	
	EB13-6	Procedure Code Modifier	S	
	EB13-7	Description	S	
HSD		HEALTH CARE SERVICE DELIVERY	S	X
	HSD01	Quantity Qualifier	S	X
	HSD02	Quantity	S	X
	HSD03	Unit or Basis for Measurement Code	S	X
	HSD04	Sample Selection Modulus	S	X
	HSD05	Time Period Qualifier	S	X
	HSD06	Number of Periods	S	X
	HSD07	Ship/Delivery or Calendar Pattern Code	S	X
	HSD08	Ship/Delivery Pattern Time Code	S	X
REF		SUBSCRIBER ADDITIONAL IDENTIFICATION	S	
	REF01	Reference Identification Qualifier	R	YES
	REF02	Reference Identification	R	YES
	REF03	Description	S	YES
DTP		SUBSCRIBER ELIGIBILITY/BENEFIT DATE	S	
	DTP01	Date/Time Qualifier	R	
	DTP02	Date Time Period Format Qualifier	R	
	DTP03	Date Time Period	R	
AAA		REQUEST VALIDATION	S	
	AAA01	Yes/No Condition or Response Code	R	
	AAA03	Reject Reason Code	R	
	AAA04	Follow-up Action Code	R	
MSG		MESSAGE TEXT	S	
	MSG01	Free-Form Message Text	R	YES
LOOP 2115C – SUBSCRIBER ELIGIBILITY OR BENEFIT INQUIRY ADDITIONAL INFO				
III		SUBSCRIBER ELIGIBILITY OR BENEFIT ADDITIONAL INQUIRY	S	
	III01	Code List Qualifier Code	R	
	III02	Industry Code	R	

LOOP 2120C – SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION				
LS		LOOP HEADER	R	
	LS01	Loop Identification Code	R	
NM1		SUBSCRIBER BENEFIT RELATED ENTITY NAME	R	
	NM101	Entity Identifier Code	R	YES
	NM102	Entity Type Qualifier	R	
	NM103	Name Last or Organization Name	S	
	NM104	Name First	S	
	NM105	Name Middle	S	
	NM107	Name Suffix	S	
	NM108	Identification Code Qualifier	R	
	NM109	Identification Code	R	
N3		SUBSCRIBER BENEFIT RELATED ENTITY ADDRESS	S	X
	N301	Address Information	R	X
	N302	Address Information	S	X
N4		SUBSCRIBER BENEFIT ENTITY CITY/STATE/ZIP CODE	S	X
	N401	City Name	S	X
	N402	State or Province Code	S	X
	N403	Postal Code	S	X
	N404	Country Code	S	X
PER		SUBSCRIBER BENEFIT ENTITY CONTACT INFORMATION	S	
	PER01	Contact Function Code	R	
	PER02	Name	S	
	PER03	Communication Number Qualifier	S	YES
	PER04	Communication Number	S	
	PER05	Communication Number Qualifier	S	
	PER06	Communication Number	S	
	PER07	Communication Number Qualifier	S	
	PER08	Communication Number	S	
PRV		PROVIDER INFORMATION	S	
	PRV01	Provider Code	R	
	PRV02	Reference Identification Qualifier	R	
	PRV03	Reference Identification	R	
LE		LOOP TRAILER	R	
	LS01	Loop Identification Code	R	

LOOP 2000D – DEPENDENT LEVEL				
HL		HIERARCHICAL LEVEL	S	X
	HL01	Hierarchical ID Number	R	X
	HL02	Hierarchical Parent ID Number	R	X
	HL03	Hierarchical Level Code	R	X
	HL04	Hierarchical Child Code	R	X
TRN		DEPENDENT TRACE NUMBER	S	X
	TRN01	Trace Type Code	R	X
	TRN02	Reference Identification	R	X
	TRN03	Originating Company Identifier	R	X
	TRN04	Reference Identification	S	X
NM1		DEPENDENT NAME	R	X
	NM101	Entity Identifier Code	R	X
	NM102	Entity Type Qualifier	R	X
	NM103	Name Last or Organization Name	S	X
	NM104	Name First	S	X
	NM105	Name Middle	S	X
	NM107	Name Suffix	S	X
REF		DEPENDENT ADDITIONAL IDENTIFICATION	S	X
	REF01	Reference Identification Qualifier	R	X
	REF02	Reference Identification	R	X
N3		DEPENDENT ADDRESS	S	X
	N301	Address Information	R	X
	N302	Address Information	S	X
N4		DEPENDENT CITY/STATE/ZIP CODE	S	X
	N401	City Name	S	X
	N402	State or Province Code	S	X
	N403	Postal Code	S	X
	N404	Country Code	S	X
PER		DEPENDENT CONTACT INFORMATION	S	X
	PER01	Contact Function Code	R	X
	PER02	Name	S	X
	PER03	Communication Number Qualifier	S	X
	PER04	Communication Number	S	X
	PER05	Communication Number Qualifier	S	X
	PER06	Communication Number	S	X
	PER07	Communication Number Qualifier	S	X
	PER08	Communication Number	S	X
AAA		REQUEST VALIDATION	S	X
	AAA01	Yes/No Condition or Response Code	R	X
	AAA03	Reject Reason Code	R	X
	AAA04	Follow-up Action Code	R	X
DMG		DEPENDENT DEMOGRAPHIC INFORMATION	S	X
	DMG01	Date Time Period Format Qualifier	S	X
	DMG02	Date Time Period	S	X
	DMG03	Gender Code	S	X
INS		DEPENDENT RELATIONSHIP	S	X
	INS01	Yes/No Condition or Response Code	R	X
	INS02	Individual Relationship Code	R	X
DTP		DEPENDENT DATE	S	X
	DTP01	Date/Time Qualifier	R	X
	DTP02	Date Time Period Format Qualifier	R	X
	DTP03	Date Time Period	R	X

LOOP 2110D – DEPENDENT ELIGIBILITY OR BENEFIT INFORMATION				
EB		ELIGIBILITY OR INQUIRY BENEFIT	S	X
	EB01	Eligibility or Benefit Information	R	X
	EB02	Coverage Level Code	S	X
	EB03	Service Type Code	S	X
	EB04	Insurance Type Code	S	X
	EB05	Plan Coverage Description	S	X
	EB06	Time Period Qualifier	S	X
	EB07	Monetary Amount	S	X
	EB08	Percent	S	X
	EB09	Quantity Qualifier	S	X
	EB10	Quantity	S	X
	EB11	Yes/No Condition or Response Code	S	X
	EB12	Yes/No Condition or Response Code	S	X
	EB13	Composite Medical Procedure Identifier	S	X
	EB13-1	Product/Service ID Qualifier	R	X
	EB13-2	Product/Service ID	R	X
	EB13-3	Procedure Code Modifier	S	X
	EB13-4	Procedure Code Modifier	S	X
	EB13-5	Procedure Code Modifier	S	X
	EB13-6	Procedure Code Modifier	S	X
	EB13-7	Description	S	X
HSD		HEALTH CARE SERVICE DELIVERY	S	X
	HSD01	Quantity Qualifier	S	X
	HSD02	Quantity	S	X
	HSD03	Unit or Basis for Measurement Code	S	X
	HSD04	Sample Selection Modulus	S	X
	HSD05	Time Period Qualifier	S	X
	HSD06	Number of Periods	S	X
	HSD07	Ship/Delivery or Calendar Pattern Code	S	X
	HSD08	Ship/Delivery Pattern Time Code	S	X
REF		DEPENDENT ADDITIONAL IDENTIFICATION	S	X
	REF01	Reference Identification Qualifier	R	X
	REF02	Reference Identification	R	X
	REF03	Description	S	X
DTP		DEPENDENT ELIGIBILITY/BENEFIT DATE	S	X
	DTP01	Date/Time Qualifier	R	X
	DTP02	Date Time Period Format Qualifier	R	X
	DTP03	Date Time Period	R	X
AAA		REQUEST VALIDATION	S	X
	AAA01	Yes/No Condition or Response Code	R	X
	AAA03	Reject Reason Code	R	X
	AAA04	Follow-up Action Code	R	X
MSG		MESSAGE TEXT	S	X
	MSG01	Free-Form Message Text	R	X
LOOP 2115D – DEPENDENT ELIGIBILITY OR BENEFIT INQUIRY ADDITIONAL INFO				
III		DEPENDENT ELIGIBILITY OR BENEFIT ADDITIONAL INQUIRY	S	X
	III01	Code List Qualifier Code	R	X
	III02	Industry Code	R	X
LOOP – TRANSACTION SET TRAILER				
SE		TRANSACTION SET TRAILER	R	
	SE01	Number of Included Segments	R	
	SE02	Transaction Set Control Number	R	

4.2 271 ELIGIBILITY RESPONSE – DATA ELEMENT DICTIONARY

The following specifies the 271 transaction fields for which New Jersey Medicaid has payer-specific requirements.

LOOP 2100A – INFORMATION SOURCE NAME

SEGMENT	NM1 – Information Source Name	
FIELD	NM108 – Identification Code Qualifier	
CODES	PI	Payor Identification
REQUIREMENT	"PI" will be valued.	

SEGMENT	NM1 – Information Source Name
FIELD	NM109 – Identification Code
CODES	
REQUIREMENT	"610515" will be valued.

LOOP 2100B – INFORMATION RECEIVER NAME

SEGMENT	NM1 – Information Receiver Name	
FIELD	NM108 – Identification Code Qualifier	
CODES	SV	Service Provider Number
	XX	National Provider ID (NPI)
REQUIREMENT	"SV" will be valued when the 7-digit Medicaid Provider Number is being returned on the response. "XX" will be valued with the 10-digit National Provider Identifier (NPI) is being returned in the response.	

SEGMENT	NM1 – Information Receiver Name
FIELD	NM109 – Identification Code
CODES	
REQUIREMENT	The 7-digit Medicaid Provider Number assigned by Medicaid will be valued when NM108 = SV. The 10-digit National Provider Identifier (NPI) will be valued when NM108 = XX.

LOOP 2100C – SUBSCRIBER NAME

SEGMENT	NM1 – Subscriber Name	
FIELD	NM108 – Identification Code Qualifier	
CODES	MI	Member Identification Number
REQUIREMENT	"MI" will be valued.	

SEGMENT	NM1 – Subscriber Name
FIELD	NM109 – Identification Code
CODES	
REQUIREMENT	The 12-digit Beneficiary ID (current) assigned by Medicaid will be valued.

SEGMENT	REF – Subscriber Additional Identification	
FIELD	REF01 – Identification Code Qualifier	
CODES	HJ	Identity Card Number
	Q4	Prior Identifier Number
REQUIREMENT	"Q4" or "HJ" will be valued when applicable.	

SEGMENT	REF – Subscriber Additional Identification
FIELD	REF02 – Identification Code
CODES	
REQUIREMENT	The 12-digit Beneficiary ID (original) or 16-digit card control number (CCN) assigned by Medicaid will be valued.

LOOP 2110C – SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION

SEGMENT	EB – Subscriber Eligibility or Benefit Information	
FIELD	EB01 – Eligibility or Benefit Information	
CODES	1	Active Coverage
	N	Services Restricted to Following Provider
REQUIREMENT	"1" will be valued when EB03 = 30, MA, MB or MC. "N" will be valued when EB04 = OT.	

SEGMENT	EB – Subscriber Eligibility or Benefit Information	
FIELD	EB03 – Service Type Code	
CODES	30	Health Benefit Plan Coverage
	88	Pharmacy (Pharmacy Lock-In)
REQUIREMENT	The service type codes listed above will be used when applicable.	

SEGMENT	EB – Subscriber Eligibility or Benefit Information	
FIELD	EB04 – Insurance Type Code	
CODES	HM	Health Maintenance Organization
	IP	Third Party Liability
	MA	Medicare Part A
	MB	Medicare Part B
	MC	Medicaid
	OT	Other (Pharmacy Lock-In)
REQUIREMENT	The service type codes listed above will be used when applicable.	

SEGMENT	REF – Subscriber Additional Identification	
FIELD	REF01 – Reference Identification Qualifier	
CODES	F6	Health Insurance Claim (HIC) Number
	IG	Insurance Policy Number
	18	Plan Number
	1W	Member Identification Number
REQUIREMENT	"F6" will be valued when EB04 = MA or MB. "IG" will be valued when EB04 = IP. "18" will be valued when EB04 = HM.	

SEGMENT	REF – Subscriber Additional Identification
FIELD	REF02 – Reference Identification
CODES	
REQUIREMENT	The 3-digit Plan Code will be valued when REF01 = 18. The Managed Care Member ID will be valued when REF01 = 1W.

SEGMENT	REF – Subscriber Additional Identification
FIELD	REF03 – Description
CODES	
REQUIREMENT	The Managed Care Plan Name will be valued when EB04 = HM.

SEGMENT	MSG – Message Text
FIELD	MSG01 – Free Form Message Text
CODES	
REQUIREMENT	When applicable the Medicaid program status code will be valued preceded by the word "Program;" and preceded by the eligibility message if applicable. <u>One of the following Eligibility messages may be valued when EB04 = MC:</u> "ELIGIBLE FOR GA SERVICES ONLY" "ELIGIBLE FOR LONG TERM CARE SERVICES ONLY" "ELIGIBLE FOR PAAD SERVICES ONLY" "ELIGIBLE FOR SENIOR GOLD SERVICES ONLY" "FAMILY CARE PLAN A, REFER TO FAMILY CARE NEWSLETTER VOL.10 NO.73" "FAMILY CARE PLAN D, REFER TO FAMILY CARE NEWSLETTER VOL.10 NO.73" "FAMILYCARE SERVICE PLAN D" "KIDCARE SERVICE PLAN A, REFER TO KIDCARE NEWSLETTER VOL.8 NO.7" "KIDCARE SERVICE PLAN B, REFER TO KIDCARE NEWSLETTER VOL.8 NO.7" "KIDCARE SERVICE PLAN C, REFER TO KIDCARE NEWSLETTER VOL.8 NO.7" "KIDCARE SERVICE PLAN CN REFER TO KIDCARE NEWSLETTER VOL.8 NO.7" "KIDCARE SERVICE PLAN D, CALL 800-356-1561 FOR SERVICE INFO" "MEDICALLY NEEDY BASIC SERVICES, PLUS MN SERVICE PACKAGE A" "MEDICALLY NEEDY BASIC SERVICES, PLUS MN SERVICE PACKAGE B" "MEDICALLY NEEDY BASIC SERVICES, PLUS MN SERVICE PACKAGE C" "MEDICALLY NEEDY BASIC SERVICES, PLUS MN SERVICE PACKAGE C" "PACE CLIENT. ASK FOR PACE ID CARD. NO FEE FOR SERVICE ALLOWED" "PHARMACY SERVICES ONLY, CHECK AUTHORIZATION LETTER" "PHARMACY SERVICES ONLY, CHECK IDENTIFICATION CARD" "PLAN I-FFS OR PLAN D WITH HMO-SEE NWSLTR VOL.13 NO.10" "PRENATL SRV PROVIDED BY OP HSP/CLNIC/FQHC; CLNIC ORDERED LAB/XRAY" "PRESUMPTIVE ELIGIBILITY LIMITED" "SERVICES LIMITED TO SERVICE PACKAGE E" "SERVICES RESTRICTED TO UNIT DOSE DRUG CONTRACT" "SVC PKG A - NO BEHVRL HLTH FFS HOSP AFTR 6/14/02" "SVC PKG G-NEWS VOL12 NO48-NO FEE-FOR-SVC HOSP" "SVC PKG H-NEWS VOL12 NO48-NO MENTL HLTH FFS HOSP" "THIS CARD WAS USED BY UNAUTHORIZED PERSONS. DO NOT PROVIDE SERVICES UNTIL YOU CHECK ADDITIONAL IDENTIFICATION FROM THE CLIENT" <u>One of the following Special Program messages may be valued when EB04 = MC:</u> "CALL 1-888-285-3036 BEFORE RENDERING PERSONAL CARE SERVICES" "CCW WAIVER AND MONEY FOLLOWS THE PERSON" "CRPD WAIVER AND MONEY FOLLOWS THE PERSON"

	"GLOBAL OPTIONS WAIVER AND MONEY FOLLOWS THE PERSON" "HOSPICE SERVICES ONLY UNLESS OTHERWISE AUTHORIZED" "LIMITED PHARMACY COVERAGE" "LIMITED SERVICES. CALL PREMIUM SUPPORT AT 1-800-356-1561" "NURSING FACILITY LEVEL SERVICES NOT COVERED" "RESTRICTED TO EMERGENCY AND OR LABOR AND DELIVERY SERVICES" "SERVICES LIMITED TO SPECIAL PROGRAM PACKAGE A" "SERVICES LIMITED TO SPECIAL PROGRAM PACKAGE B DRUGS INCLUDED" "SERVICES LIMITED TO SPECIAL PROGRAM PACKAGE B" "SERVICES LIMITED TO SPECIAL PROGRAM PACKAGE C" "SERVICES LIMITED TO SERVICE PACKAGE E" "TBI WAIVER AND MONEY FOLLOWS THE PERSON" One of the following Lock In messages may be valued when EB04 = OT: "LOCKED IN TO DIFFERENT PROVIDER" "LOCKED IN TO INQUIRING PROVIDER" "LOCKED IN TO PROVIDER" The following Managed Care message may be valued when EB04 = HM: "BEHAVIOR HEALTH SERVICES COVERED BY HMO"

LOOP 2120C – SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION

SEGMENT	NM1 – Subscriber Benefit Related Entity Name	
FIELD	NM101 – Entity Identifier Code	
CODES	PRP	Primary Payer
REQUIREMENT	"PRP" will be valued when EB04 = HM. "PRP" will be valued when EB04 = OT and MSG01 = "LOCKED IN TO PROVIDER" or "LOCKED IN TO DIFFERENT PROVIDER".	

SEGMENT	PER – Subscriber Benefit Related Entity Contact Information	
FIELD	PER03 – Communication Number Qualifier	
CODES	TE	Telephone
REQUIREMENT	"TE" will be valued when EB04 = HM. "TE" will be valued when EB04 = OT and MSG01 = "LOCKED IN TO PROVIDER" or "LOCKED IN TO DIFFERENT PROVIDER".	