New Jersey Medicaid

HIPAA Companion Guide Version 5010

270/271 Health Care Eligibility Benefit Inquiry and Response

gainwell

December 2022 Version

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SECTION 1 - INTRODUCTION

The purpose of this manual is to provide information necessary to submit eligibility inquiries to New Jersey Medicaid electronically. This manual is to be used in conjunction with the HIPAA ASC X12 Standards for Electronic Data Interchange Technical Reports Type 3 (TR3s) implementation guides. The HIPAA TR3s can be obtained exclusively from the Washington Publishing Company and are available for download from their website at www.wpc-edi.com or by calling 425-562-2245. The HIPAA TR3s provide the majority of the HIPAA transaction and code set requirements, compared to the New Jersey Medicaid Companion Guide, which only provides the supplemental requirements specific to New Jersey Medicaid, as permitted within the structure of the HIPAA transaction sets. All providers who submit eligibility inquiries electronically to New Jersey Medicaid must adhere to the HIPAA TR3s and the New Jersey Medicaid Companion Guide requirements.

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 Gainwell Technologies using American National Standards Institute (ANSI) Accredited Standards Committee (ASC) X12 EDI Health Care Eligibility/Benefit Inquiry transaction set 270 version 5010 for eligibility inquiries and X12 transaction set 271 version 5010 for the receipt of responses to these eligibility inquiries. Additional information regarding the ANSI X12 270 and 271 transactions may be found at www.wpc-edi.com or can be obtained by writing to:

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

SECTION 2 - GENERAL INFORMATION

2.1 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

2.2 MEVS supports the following search options

Although a variety of inquiry options are supported, the primary and preferred method is using the Recipient Identification Number.

- Card Control Number and Date Of Birth
- Recipient Identification Number assigned to the Beneficiary
- Beneficiary's Social Security Number and Date Of Birth
- Beneficiary's Full Name (Last Name, First Name) and Date Of Birth
- Beneficiary's Full Name and Social Security Number
- State Bureau Identification (SBI – Unique State Prison Case Number)

2.3 Dates of Inquiry/Eligibility

Providers will be permitted to initiate an inquiry for up to a three calendar month time period. The inquiry date span cannot be beyond the end of month following the current month. For example, if today's date is September 15 then the inquiry date cannot exceed October 31. Providers should be aware that the eligibility for claim payment is not guaranteed beyond the end of the current month.

The placement of eligibility dates returned in the 271 response will depend on the number of eligibility segments (EB segments) being returned. If only one eligibility segment (EB segment) is returned then the eligibility begin/end dates will be returned in the 2100C DTP segment. If multiple eligibility segments (EB segments) are being returned in the 271 then the eligibility begin/end dates will be returned in the 2110C DTP segment.

2.4 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.

2.5 Business Hours Support

Gainwell Technologies will provide help desk services during the hours of 8:00 a.m. to 5:00 p.m. Eastern Time, Monday thru Friday. A specific telephone number and e-mail address has been established for access to Gainwell Technologies help desk staff. This telephone number is (609) 588-6113. The e-mail address is njmmisedi@gainwelltechnologies.com. Help desk staff are available to assist both switch vendors and software vendors with technical information regarding MEVS.

2.6 After Hours Support

For assistance outside of normal business hours or on a Gainwell Technologies holiday you may contact the Gainwell Technologies IT Network Operations mailbox – njmmislan@gainwelltechnologies.com or by phone at (609) 588-6001.

Before contacting the Help Desk or Gainwell Technologies IT staff, determine if the issue you are having is an application issue or connectivity/network issue. Once the issue has been determined contact the appropriate help desk and describe the problem.

Please include the 3-character Switch ID assigned to you by Gainwell Technologies in the subject line of your e-mail to identify your organization.

Gainwell Technologies holidays are noted on the NJ Medicaid/MCO Encounters Claims Submission Deadline Schedule found in the FAQ link on the NJMMIS website www.njmmis.com. Choose a Topic of Electronic Claims, click on Search and look for "What is the NJ Medicaid/Encounter EDI Claims Submission Deadline Schedule".

Providers who are unable to obtain the requested eligibility information through MEVS are not to contact Gainwell Technologies help desk staff to obtain the necessary confirmation of eligibility data. Providers are to direct such inquiries to the Gainwell Technologies 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.

2.7 New Switch Vendor Approval Process

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

1. Send a letter to the State to request a Business Associate Agreement at the following address. The request is to be on company letterhead with a brief overview of the applicant's business and clients, and why switch access is needed. The request letter should include contact information, including an e-mail address.

   Kellie Pushko
   Regulatory Officer
   NJ Division of Medical Assistance and Health Services
   Office of Legal & Regulatory Affairs
   P.O. Box 712
   Trenton, NJ 08625-0712

   Email: Kellie.Pushko@dhs.nj.gov
   Phone: (609) 588-3004
   Fax: (609) 588-7343

2. The Switch Vendor and Gainwell Technologies must both receive **written approval** signed from the State of New Jersey before proceeding to any of the steps below. Such approvals are subject to the successful completion of a background check, to be initiated by the State of New Jersey.

3. Upon receipt and approval of the Business Associate Agreement, the State will notify Gainwell Technologies of approval of the new switch vendor and provide Gainwell Technologies with technical contact information for the switch vendor.

4. Upon receipt of the notice of approval and technical contact information from the State, Gainwell Technologies will contact the switch vendor to set a schedule for the vendor to establish

telecommunications between the switch vendor and Gainwell Technologies in Trenton, NJ and between the switch vendor and Gainwell Technologies in West Jordan, UT as listed in the section below "Telecommunications Specifications".

5. Once telecommunications have been established to both the Trenton, NJ and the West Jordan, UT locations, then the switch vendor may begin sending test MEVS transactions. Gainwell Technologies 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" Gainwell Technologies will notify the switch vendor of approval to begin submitting production MEVS transactions.

7. A new Business Associate Agreement must be completed with the State if the switch vendor changes ownership or name of the company.

2.8 Telecommunications Specifications/WEB Specifications

For TCP/IP:

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

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

For this option, Gainwell Technologies requires the switch vendor to provide a Point to Point data circuit from their facility to both the primary site located in Trenton, NJ and the backup site located in West Jordan, 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, NJ

- Gainwell Technologies supports connections via TCP/IP only.
- You must provide a secure point to point circuit between your facility/host and the Gainwell Technologies Host. Order a T-1 or ISDN circuit for the primary site in Trenton, NJ. 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:
Gainwell Technologies
Attn: Syed Quadri
3705 Quakerbridge Road
Suite 101
Trenton, NJ 08619-1288

Point of Contact:
Syed Quadri
Manager IT - NJMMIS
NJ IT Duty Pager: (609) 588-6001 *(1st point of contact for Syed)*
Office: (609) 588-6117
Mobile: (609) 929-4628
Email: squadri6@gainwelltechnologies.com

B. Connectivity for West Jordan, UT

- Gainwell Technologies 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 West Jordan, 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 Gainwell Technologies prior to installation.

Site Address:
Gainwell Technologies
Attn: Syed Quadri
3333W 9000 S
West Jordan, UT 84088

Point of Contact:
Syed Quadri
Manager IT - NJMMIS
NJ IT Duty Pager: (609) 588-6001 *(1st point of contact for Syed)*
Office: (609) 588-6117
Mobile: (609) 929-4628
Email: squadri6@gainwelltechnologies.com

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

1. West Jordan, 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 Gainwell Technologies.
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/Gainwell Technologies Responsibilities

- The Vendor will configure the router prior to shipping. After Gainwell Technologies receives a router the hardware will be rack mounted in the datacenter.
- The Vendor will maintain all hardware that is vendor owned at each Gainwell Technologies facility.
- The Vendor will be responsible for communication links between the vendor's site(s) and Gainwell Technologies facilities. This includes contacting the contracted telecommunications company.
- Gainwell Technologies staff will allow access to telecommunications support staff where needed for installation or troubleshooting purposes.
- Gainwell Technologies 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 Gainwell Technologies facilities. On the vendor's router at the Trenton and West Jordan facility, the Ethernet interface must be configured with a Gainwell Technologies provided IP address. All traffic from the WAN interface on this router must be NATted (Hide NAT) to the Ethernet interface IP address. **Gainwell Technologies 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 Gainwell Technologies 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 all hours of MEVS operation 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.

For Web Submission:

Switch vendor will provide Gainwell Technologies with their Hosts public IP address. Firewall rules will be put in place to only allow traffic from this registered IP Address. Switch vendors using the Web Submission method will also be subject to Stateful Firewall Inspection as stated above.

Gainwell Technologies will support the two envelope standards outlined in CAQH/CORE rule 270 – HTTP+MIME and SOAP+WSDL - for X12 270 Eligibility Inquiry Transactions submitted over the Web. Real time 270 requests are limited to one inquiry, per beneficiary, per transaction. For more details on CAQH/CORE Rules 159 and 270, or other operating rules, please visit http://www.caqh.org.

A. HTTP+MIME

For MIME (Multipurpose Internet Message Extensions) messages, the format used must be that of multipart/form-data. X12 271 Responses will also be returned as multipart/form-data.

Submissions of 270 eligibility inquiry transactions using an HTTPS MIME multipart request should be made to:

https://caqhcore.njmmis.com/MIME/Upload

Below is an example of an HTTP MIME Multipart submission. The HTTP header is shaded in blue. The remainder of the request (shaded in light grey) is the body of the MIME message.

NOTES: the spacing between 'name =' and the data value is important and must be accounted for with CRLF. The boundary value shown is for example purposes only.

```
POST /MIME/Upload HTTP/1.1
Host: caqhcore.njmmis.com
Content-Length: 2408
Content-Type: multipart/form-data; boundary=XbCY

--XbCY
Content-Disposition: form-data; name="PayloadType"

X12_270_Request_005010X279A1
--XbCY
Content-Disposition: form-data; name="ProcessingMode"

RealTime
--XbCY
Content-Disposition: form-data; name="PayloadID"
```

e51d4fae-7dec-11d0-a765-00a0c91e6da6
--XbCY
Content-Disposition: form-data; name="TimeStamp"

2007-08-30T10:20:34Z
--XbCY
Content-Disposition: form-data; name="UserName"

hospa
--XbCY
Content-Disposition: form-data; name="Password"

8y6dt3dd2
--XbCY
Content-Disposition: form-data; name="SenderID"

HospitalA
--XbCY
Content-Disposition: form-data; name="ReceiverID"

PayerB
--XbCY
Content-Disposition: form-data; name="CORERuleVersion"

2.2.0
--XbCY
Content-Disposition: form-data; name="Payload"; filename="name.dat"
Content-Type: application/octet-stream

<contents of 270 file go here **as an attachment**>
--XbCY—

The valid values for the MIME body elements are as follows:

PayloadType	–	X12_270_Request_005010X279A1
ProcessingMode	–	RealTime
PayloadID	–	Should conform to ISO UUID standards (described at ftp://ftp.rfceditor.org/in-notes/rfc4122.txt), with hexadecimal notation, generated using a combination of local timestamp (in milliseconds) as well as the hardware (MAC) address35, to ensure uniqueness.
TimeStamp	–	In the form of YYYY-MM-DDTHH:MM:SSZ; see http://www.w3.org/TR/xmlschema11-2/#dateTime
UserName	–	Will be supplied to you by Gainwell Technologies
Password	–	Will be supplied to you by Gainwell Technologies
SenderID	–	This will match your three character vendor ID as assigned to you by Gainwell Technologies, and normally valued in ISA06 of the 270 transaction. On the return of the 271 response, Gainwell Technologies will value '610515'.
ReceiverID	–	Please enter '610515' as normally valued on ISA08 of the 270 transaction. On the return of the 271 response, Gainwell Technologies will value with your three character vendor ID which was sent in the Sender ID field with the 270 transaction.
CORERuleVersion	–	2.2.0

Below is an example of an HTTP MIME Multipart response:

HTTP/1.1 200 OK
Content-Length: 2408
Content-Type: multipart/form-data; boundary=XbCY
--XbCY
Content-Disposition: form-data; name="PayloadType"
X12_271_Response_005010X279A1
--XbCY
Content-Disposition: form-data; name="ProcessingMode"
RealTime
--XbCY
Content-Disposition: form-data; name="PayloadID"
f81d4fae-7dec-11d0-a765-00a0c91e6da6
--XbCY
Content-Disposition: form-data; name="TimeStamp"
2007-08-30T10:20:34Z
--XbCY
Content-Disposition: form-data; name="SenderID"
PayerB
--XbCY
Content-Disposition: form-data; name="ReceiverID"
HospitalA
--XbCY
Content-Disposition: form-data; name="CORERuleVersion"
2.2.0
--XbCY
Content-Disposition: form-data; name="ErrorCode"
Success
--XbCY
Content-Disposition: form-data; name="ErrorMessage"
None
--XbCY
Content-Disposition: form-data; name="Payload"
<contents of 271 file go here **as an attachment** >

B. SOAP+WSDL

SOAP (Simple Object Access Protocol) messages must conform to standards set forth by the WEB Services Description Language (WSDL) for XML envelope formatting, submission, and retrieval. Submissions of 270 eligibility inquiry transactions using the SOAP+WSDL request should be made to:

https://caqhcore.njmmis.com

The XML schema definition can be found at:

http://www.caqh.org/SOAP/WSDL/CORERule2.2.0.xsd

The WSDL definitions can be found at:

http://www.caqh.org/SOAP/WSDL/CORERule2.2.0.wsdl

All payloads must be embedded using the inline method (CDATA element) for real-time SOAP transactions. All SOAP transactions must conform to SOAP version 1.2. Below is an example of a SOAP submission. The HTTP header is shown in blue. The WS-Security Username and Password token (shown in a pink background) is added to the SOAP header by the platform on which SOAP is run. The SOAP platform's Web-Services Security Extensions may be configured to add these tokens. The portion of the SOAP envelope shaded in green has the remaining Metadata that is defined as part of CORE connectivity rule.

```
POST https://caqhcore.njmmis.com/ HTTP/1.1
Accept-Encoding: gzip,deflate
Content-Type: application/soap+xml; charset=utf-8
Content-Length: 2754
Host: caqhcore.njmmis.com
Connection: Keep-Alive
User-Agent: Apache-HttpClient/4.5.5 (Java/12.0.1)

<s:Envelope xmlns:s="http://www.w3.org/2003/05/soap-envelope"
xmlns:a="http://www.w3.org/2005/08/addressing" xmlns:u="http://docs.oasis-open.org/wss/2004/01/oasis-
200401-wss-wssecurity-utility-1.0.xsd">
<s:Header>
        <a:Action s:mustUnderstand="1">RealTimeTransaction</a:Action>
        <a:MessageID>urn:uuid:b28de473-4619-4e63-9388-e6405e2ce519</a:MessageID>
        <ActivityId CorrelationId="bfa90a86-e36a-4c28-98b4-c6abff0925da"
        xmlns="http://schemas.microsoft.com/2004/09/ServiceModel/Diagnostics">00000000-0000-0000-0000-
        000000000000</ActivityId>
        <a:ReplyTo><a:Address>http://www.w3.org/2005/08/addressing/anonymous</a:Address></a:ReplyTo>
        <a:To s:mustUnderstand="1">https://caqhcore.njmmis.com/</a:To>
        <o:Security s:mustUnderstand="1" xmlns:o="http://docs.oasis-open.org/wss/2004/01/oasis-200401-wss-
        wssecurity-secext-1.0.xsd">
        <o:UsernameToken u:Id="uuid-2b9c5008-bbff-4137-b594-7bb747b3969b-
        "><o:Username>PutUsernameHere</o:Username>
        <o:Password Type="http://docs.oasis-open.org/wss/2004/01/oasis-200401-wss-username-token-profile-
        1.0#PasswordText">ReplaceWithPassword</o:Password>
        </o:UsernameToken>
        </o:Security>
</s:Header>


<s:Body xmlns:xsi="http://www.w3.org/2001/XMLSchema-instance"
xmlns:xsd="http://www.w3.org/2001/XMLSchema">
        <COREEnvelopeRealTimeRequest xmlns="http://www.caqh.org/SOAP/WSDL/CORERule2.2.0.xsd">
        <PayloadType xmlns="">X12_270_Request_005010X279A1</PayloadType>
        <ProcessingMode xmlns="">RealTime</ProcessingMode>
        <PayloadID xmlns="">F9168C5E-CEB2-4faa-B6BF-329BF39FA1E4</PayloadID>
        <TimeStamp xmlns="">2/12/2021 4:03:29 PM</TimeStamp>
        <SenderID xmlns="">Put your 3 char ID here</SenderID>
        <ReceiverID xmlns="">610515</ReceiverID>
        <CORERuleVersion xmlns="">2.2.0</CORERuleVersion>
        <Payload xmlns="">Payload 270 goes here. SEE COMPANION GUIDE FOR REQUIRED DELIMETERS AND
        HEADER STRING AND EOT </Payload>
        </COREEnvelopeRealTimeRequest>
</s:Body>

</s:Envelope>
```

The user name and password will be supplied to you by Gainwell Technologies. Valid values for the Metadata are the same as for the MIME submission.

Below is an example of a SOAP response:

```
HTTP/1.1 200 OK
Content-Type: application/soap+xml;
action="http://www.caqh.org/SOAP/WSDL/CORETransactions/RealTimeTransactionResponse";charset =UTF-8

<s:Envelope xmlns:s="http://www.w3.org/2003/05/soap-envelope"
xmlns:a="http://www.w3.org/2005/08/addressing" xmlns:u="http://docs.oasis-open.org/wss/2004/01/oasis-
200401-wss-wssecurity-utility-1.0.xsd">
  <s:Header>
    <a:Action
s:mustUnderstand="1">NJMMIS.ServiceModel.CaqhCore/ICORETransactions/RealTimeTransactionResponse</a:
Action>
    <ActivityId CorrelationId="b900ca1d-73d1-42c0-9437-48efe37b5b0f"
xmlns="http://schemas.microsoft.com/2004/09/ServiceModel/Diagnostics">578ea775-c2e8-432c-8066-
ddd6a747dc5f</ActivityId>
    <o:Security s:mustUnderstand="1" xmlns:o="http://docs.oasis-open.org/wss/2004/01/oasis-200401-wss-
wssecurity-secext-1.0.xsd">
      <u:Timestamp u:Id="_0">
        <u:Created>2017-05-04T20:23:23.149Z</u:Created>
        <u:Expires>2017-05-04T20:28:23.149Z</u:Expires>
      </u:Timestamp>
    </o:Security>
  </s:Header>
  <s:Body xmlns:xsi="http://www.w3.org/2001/XMLSchema-instance"
xmlns:xsd="http://www.w3.org/2001/XMLSchema">
    <COREEnvelopeRealTimeResponse xmlns="http://www.caqh.org/SOAP/WSDL/CORERule2.2.0.xsd">
      <PayloadType xmlns="">CoreEnvelopeError</PayloadType>
      <ProcessingMode xmlns="">RealTime</ProcessingMode>
      <TimeStamp xmlns="">5/4/2017 4:23:23 PM</TimeStamp>
      <SenderID xmlns="">610515</SenderID>
      <CORERuleVersion xmlns="">2.2.0</CORERuleVersion>
      <ErrorCode xmlns="">PayloadTypeIllegal</ErrorCode>
      <ErrorMessage xmlns="">Illegal value provided for PayloadType. Received
X12_270_Request_005010X279A13 Expecting X12_270_Request_005010X279A1</ErrorMessage>
    </COREEnvelopeRealTimeResponse>
  </s:Body>
</s:Envelope>
```

There are three levels of error validation done on either a MIME or SOAP request:

1) HTTP - Errors with connectivity, authorization, etc., will be reported at this level.
   - HTTP 200 OK – no errors
   - HTTP 400 Bad Request – error with HTTP header
   - HTTP 401 Unauthorized – username/password invalid
   - HTTP 500 Internal Server error – unexpected error during processing

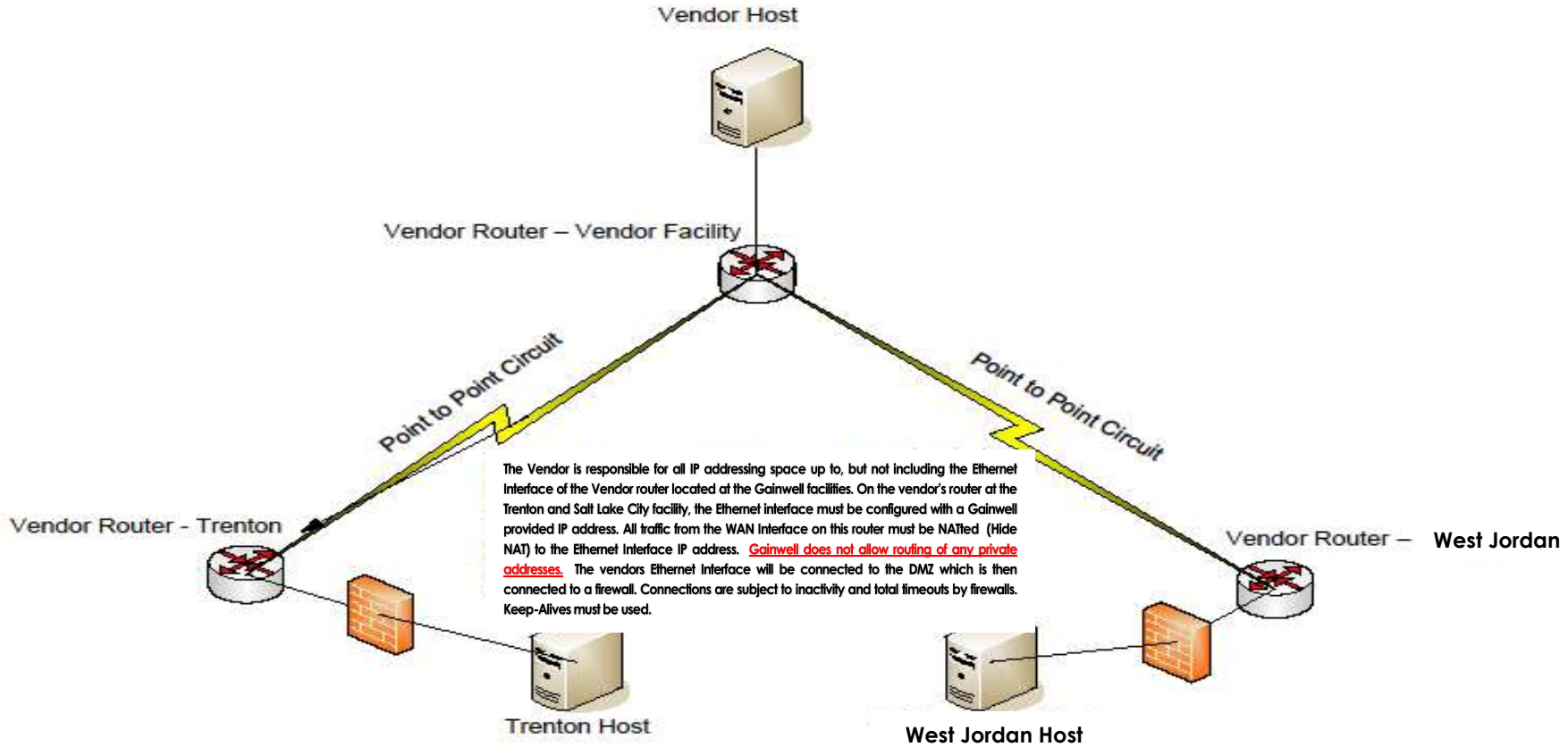
2) Errors regarding structure or data in the MIME or SOAP body will be reported at this level.
   - Success – no errors
   - PayloadTypeRequired – The field PayloadType is required but was not provided

- PayloadTypeIllegal – illegal value provided for PayloadType. Received {sent value} Expecting X12_270_Request_005010X279A1
- ProcessingModeIllegal – Illegal value provided for ProcessingMode. Received {sent value} Expecting RealTime
- ProcessingModeRequired – The field ProcessingMode is required but was not provided
- PayloadIDRequired – The field PayloadID is required but was not provided
- TimeStampRequired – The field TimeStamp is required but was not provided
- UserNameRequired – missing UserName THIS IS ONLY FOR MIME
- PasswordRequired – missing Password THIS IS ONLY FOR MIME
- PayloadRequired – missing Payload
- SenderIDRequired – The field SenderID is required but was not provided
- SenderIDIllegal – Illegal value provided for SenderID. Received {sent value}
- ReceiverIDRequired – missing ReceiverID
- ReceiverIDIllegal – Illegal value provided for ReceiverID. Received {sent value} Expecting 610515
- CORERuleVersionRequired – The field CORERuleVersion is required but was not provided
- VersionMismatch – Illegal value provided for CORERuleVersion. Received {sent value} Expecting 2.2.0
- UnAuthorized – UserName/Password was not found THIS IS ONLY FOR MIME
  SOAP FAULT - Unknown Username or Password THIS IS ONLY FOR SOAP

3) Application errors.
   - Errors at this level will be returned as they normally are within the payload of the 271 response.

2.9

POS / MEVS Connectivity



2.10 Assignment Of Vendor Identification Numbers

Gainwell Technologies 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 Gainwell Technologies of the vendor approval. Gainwell Technologies, 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.

2.11 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 Gainwell Technologies 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.

Gainwell Technologies 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.

2.12 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 Gainwell Technologies 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 Gainwell Technologies. 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 Gainwell Technologies. This field is not required to be populated on the incoming 270 eligibility transaction but will be populated by Gainwell Technologies and returned to the switch vendor on the 271 response transaction.

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.

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

SECTION 3 - ISA/IEA GS/GE ENVELOPE AND ACKNOWLEDGEMENT SPECIFICATIONS

3.1 Character Specifications

New Jersey Medicaid uses the basic character set only and not an extended Character set. Please refer to Section B.1.1.2.2 - Basic Character Set of the HIPAA ASC X12 Standards for Electronic Data Interchange Technical Reports Type 3 (TR3s) for information regarding the specifics for this character set.

3.2 Delimiter Specifications

New Jersey Medicaid uses control characters from the base control set and the extended control set for delimiters. The following delimiters are required to be used in all 270 5010 electronic data interchanges sent to New Jersey Medicaid.

HEX Value	Name	Delimiter
1D	GS GROUP SEPARATOR	DATA ELEMENT SEPARATOR
1E	RS RECORD SEPARATOR	REPETITION SEPARATOR
1F	US UNIT SEPARATOR	SUBSEQUENT SEPARATOR
1C	FS FILE SEPARATOR	SEGMENT TERMINATOR

Please be sure to remove such characters from all data content, as it will be interpreted as a delimiter. **Data interchanges that use delimiter values other than the above required values will be rejected from processing.**

3.3 ISA/IEA GS/GE Envelope Loops, Segments, Fields and NJ Medicaid Specific Requirements

The following tables outline the HIPAA segment and field specifications for submitting Envelope Transactions to New Jersey Medicaid. The **Usage** column indicates whether the segment or field is required (R) or situational (S). These are all as defined by the national standard. The **NJ Medicaid Specific Requirement** column indicates when there is a requirement specific to New Jersey Medicaid, which supplements the national standard. No entry in this column indicates the standard is followed. Segments and/or fields, which will be Ignored by New Jersey Medicaid, are also indicated in this column.

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
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	"ZZ"
	ISA06	Interchange Sender ID	R	On the 270 transaction enter the three character vendor ID as assigned by Gainwell Technologies. On the 271 return transaction, Gainwell Technologies will enter the value "610515".
	ISA07	Interchange ID Qualifier	R	"ZZ"
	ISA08	Interchange Receiver ID	R	On the 270 transaction sent to Gainwell Technologies, enter "610515" followed by nine spaces. On the 271 return transaction, Gainwell Technologies will value the three character vendor ID received in field ISA06 from the corresponding 270 transaction.

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
	ISA09	Interchange Date	R	YYMMDD
	ISA10	Interchange Time	R	
	ISA11	Repetition Separator	R	Enter a RS (Record Separator) for the Repetition Separator value. Hex value 1E
	ISA12	Interchange Control Version Number	R	
	ISA13	Interchange Control Number	R	
	ISA14	Acknowledgement Requested	R	"0". Gainwell Technologies does not return TA1 Acknowledges.
	ISA15	Interchange Usage Indicator	R	When sending a test transaction, enter "T". When sending a production transaction, enter "P".
	ISA16	Component Element Separator	R	Enter a US (Unit Separator) for the Component Element Separator value.
GS	**GS**	**FUNCTIONAL GROUP HEADER**	**R**	
	GS01	Functional Identifier Code	R	
	GS02	Application Sender's Code	R	On a 270 transaction enter the three-character vendor ID assigned by New Jersey Medicaid. On the 271 return transaction, Gainwell Technologies will enter the value "610515".
	GS03	Application Receiver's Code	R	On a 270 transaction, enter "610515". On the 271 return transaction, Gainwell Technologies will enter the value received in GS02 from the corresponding 270 transaction.
	GS04	Date	R	
	GS05	Time	R	
	GS06	Group Control Number	R	
	GS07	Responsible Agency Code	R	
	GS08	Version/Release/ Industry Identifier Code	R	"005010X279A1"
GE	**GE**	**FUNCTIONAL GROUP TRAILER**	**R**	
	GE01	Number of Transaction Sets Included	R	
	GE02	Group Control Number	R	
IEA	**IEA**	**INTERCHANGE CONTROL TRAILER**	**R**	
	IEA01	Number of Included Functional Groups	R	
	IEA02	Interchange Control Number	R	

SECTION 4 - 270 ELIGIBILITY REQUEST SPECIFICATIONS

4.1 270 Eligibility Request Loops, Segments, Fields and NJ Medicaid Specific Requirements

The following tables outline the HIPAA segment and field specifications for submitting 270 Eligibility Request transactions to New Jersey Medicaid. The **Usage** column indicates whether the segment or field is required (R) or situational (S). These are all as defined by the national standard. The **NJ Medicaid Specific Requirement** column indicates when there is a requirement specific to New Jersey Medicaid, which supplements the national standard. No entry in this column indicates the standard is followed. Segments and/or fields, which will be Ignored by New Jersey Medicaid, are also indicated in this column.

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
ST	**ST**	**TRANSACTION SET HEADER**	**R**	
	ST01	Transaction Set Identifier Code	R	
	ST02	Transaction Set Control Number	R	
	ST03	Implementation Convention Reference	R	Enter "005010X279A1".
BHT	**BHT**	**BEGINNING OF HIERARCHICAL TRANSACTION**	**R**	
	BHT01	Hierarchical Structure Code	R	
	BHT02	Transaction Set Purpose Code	R	
	BHT03	Reference Identification	S	This field is required and represents the submitter's transaction identifier.
	BHT04	Transaction Set Creation Date	R	
	BHT05	Transaction Set Creation Time	R	
	BHT06	Transaction Type Code	S	
2000A	**HL**	**INFORMATION SOURCE LEVEL**	**R**	
	HL01	Hierarchical ID Number	R	
	HL02	Hierarchical Parent ID Number	N/U	
	HL03	Hierarchical Level Code	R	
	HL04	Hierarchical Child Code	R	
2100A	**NM1**	**INFORMATION SOURCE NAME**	**R**	
	NM101	Entity Identifier Code	R	
	NM102	Entity Type Qualifier	R	
	NM103	Information Source Last or Organization Name	R	Enter "GAINWELL TECHNOLOGIES".
	NM104	Information Source First Name	S	
	NM105	Information Source Middle Name	S	
	NM106	Name Prefix	N/U	
	NM107	Information Source Name Suffix	S	
	NM108	Identification Code Qualifier	R	Enter "PI".
	NM109	Information Source Primary Identifier	R	Enter "610515".
	NM110	Entity Relationship Code	N/U	
	NM111	Entity Identifier Code	N/U	
	NM112	Name Last or Organization Name	N/U	

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
2000B	**HL**	**INFORMATION RECEIVER LEVEL**	**R**	
	HL01	Hierarchical ID Number	R	
	HL02	Hierarchical Parent ID Number	R	
	HL03	Hierarchical Level Code	R	
	HL04	Hierarchical Child Code	R	
2100B	**NM1**	**INFORMATION RECEIVER NAME**	**R**	
	NM101	Entity Identifier Code	R	
	NM102	Entity Type Qualifier	R	
	NM103	Information Receiver Last or Organization Name	R	
	NM104	Information Receiver First Name	S	
	NM105	Information Receiver Middle Name	S	
	NM106	Name Prefix	N/U	
	NM107	Information Receiver Name Suffix	S	
	NM108	Identification Code Qualifier	R	SV - Service Provider Number XX - National Provider ID (NPI) 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".
	NM109	Information Receiver Identification Number	R	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.
	NM110	Entity Relationship Code	N/U	
	NM111	Entity Identifier Code	N/U	
	NM112	Name Last or Organization Name	N/U	
2100B	**REF**	**INFORMATION RECEIVER ADDITIONAL IDENTIFICATION**	**S**	**THIS LOOP WILL BE IGNORED**
	REF01	Reference Identification Qualifier	R	Ignored
	REF02	Information Receiver Additional Identifier	R	Ignored
	REF03	Information Receiver Additional Identifier State	S	Ignored
	REF04	REFERENCE IDENTIFIER	N/U	Ignored
2100B	**N3**	**INFORMATION RECEIVER ADDRESS**	**S**	**THIS LOOP WILL BE IGNORED**
	N301	Information Receiver Address Line	R	Ignored
	N302	Information Receiver Additional Address Line	S	Ignored
2100B	**N4**	**INFORMATION RECEIVER CITY/STATE/ ZIP CODE**	**S**	**THIS LOOP WILL BE IGNORED**
	N401	Information Receiver City Name	R	Ignored
	N402	Information Receiver State Code	S	Ignored
	N403	Information Receiver Postal Zone or Zip Code	S	Ignored
	N404	Country Code	S	Ignored
	N405	Location Qualifier	N/U	Ignored
	N406	Location Qualifier	N/U	Ignored

<table>
<tr><th>Loop</th><th>Field</th><th>Description</th><th>Usage</th><th>NJ Medicaid Specific Requirement</th></tr>
<tr><td>2100B</td><td>N407</td><td>Country Subdivision Code</td><td>S</td><td>Ignored</td></tr>
<tr><td>2100B</td><td>PRV</td><td>INFORMATION RECEIVER PROVIDER INFORMATION</td><td>S</td><td></td></tr>
<tr><td></td><td>PRV01</td><td>Provider Code</td><td>R</td><td></td></tr>
<tr><td></td><td>PRV02</td><td>Reference Identification Qualifier</td><td>S</td><td></td></tr>
<tr><td></td><td>PRV03</td><td>Information Receiver Provider Taxonomy Code</td><td>S</td><td>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 should include a pharmacy related health care taxonomy code. The valid pharmacy related health care taxonomy codes are:
<table>
<tr><th>Code</th><th>Description</th></tr>
<tr><td>333600000X</td><td>Pharmacy</td></tr>
<tr><td>3336C0002X</td><td>Clinic Pharmacy</td></tr>
<tr><td>3336C0003X</td><td>Community/Retail Pharmacy</td></tr>
<tr><td>3336C0004X</td><td>Compounding Pharmacy</td></tr>
<tr><td>3336H0001X</td><td>Home Infusion Therapy Pharmacy</td></tr>
<tr><td>3336I0012X</td><td>Institutional Pharmacy</td></tr>
<tr><td>3336L0003X</td><td>Long Term Care Pharmacy</td></tr>
<tr><td>3336M0002X</td><td>Mail Order Pharmacy</td></tr>
<tr><td>3336M0003X</td><td>Managed Care Organization Pharmacy</td></tr>
<tr><td>3336N0007X</td><td>Nuclear Pharmacy</td></tr>
<tr><td>3336S0011X</td><td>Specialty Pharmacy</td></tr>
</table></td></tr>
<tr><td></td><td>PRV04</td><td>State or Province Code</td><td>N/U</td><td></td></tr>
<tr><td></td><td>PRV05</td><td>PROVIDER SPECIALTY INFORMATION</td><td>N/U</td><td></td></tr>
<tr><td></td><td>PRV06</td><td>Provider Organization Code</td><td>N/U</td><td></td></tr>
<tr><td>2000C</td><td>HL</td><td>SUBSCRIBER LEVEL</td><td>R</td><td></td></tr>
<tr><td></td><td>HL01</td><td>Hierarchical ID Number</td><td>R</td><td></td></tr>
<tr><td></td><td>HL02</td><td>Hierarchical Parent ID Number</td><td>R</td><td></td></tr>
<tr><td></td><td>HL03</td><td>Hierarchical Level Code</td><td>R</td><td></td></tr>
<tr><td></td><td>HL04</td><td>Hierarchical Child Code</td><td>R</td><td></td></tr>
<tr><td>2000C</td><td>TRN</td><td>SUBSCRIBER TRACE NUMBER</td><td>S</td><td></td></tr>
<tr><td></td><td>TRN01</td><td>Trace Type Code</td><td>R</td><td></td></tr>
<tr><td></td><td>TRN02</td><td>Reference Number</td><td>R</td><td></td></tr>
<tr><td></td><td>TRN03</td><td>Trace Assigning Entity Identifier</td><td>R</td><td></td></tr>
<tr><td></td><td>TRN04</td><td>Trace Assigning Entity Additional Identifier</td><td>S</td><td></td></tr>
<tr><td>2100C</td><td>NM1</td><td>SUBSCRIBER NAME</td><td>R</td><td></td></tr>
<tr><td></td><td>NM101</td><td>Entity Identifier Code</td><td>R</td><td></td></tr>
<tr><td></td><td>NM102</td><td>Entity Type Qualifier</td><td>R</td><td></td></tr>
<tr><td></td><td>NM103</td><td>Subscriber Last Name</td><td>S</td><td>If the inquiry is by Name/DOB or Name/SSN enter the last name of the Medicaid beneficiary.</td></tr>
<tr><td></td><td>NM104</td><td>Subscriber First Name</td><td>S</td><td>If the inquiry is by Name/DOB or Name/SSN enter the first name of the Medicaid beneficiary.</td></tr>
<tr><td></td><td>NM105</td><td>Subscriber Middle Name or Initial</td><td>S</td><td></td></tr>
<tr><td></td><td>NM106</td><td>Name Prefix</td><td>N/U</td><td></td></tr>
</table>

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
2100C	NM107	Subscriber Name Suffix	S	
	NM108	Identification Code Qualifier	S	
	NM109	Subscriber Primary Identifier	S	If the inquiry is by Medicaid Beneficiary ID enter the beneficiary's 12-digit Medicaid Identification Number. If the inquiry is by State Bureau Identification, enter the 10-position SBI (State Bureau Identification - Unique State Prison Case Number) identifier.
	NM110	Entity Relationship Code	N/U	
	NM111	Entity Identifier Code	N/U	
	NM112	Name Last or Organization Name	N/U	
2100C	**REF**	**SUBSCRIBER ADDITIONAL IDENTIFICATION**	**S**	
	REF01	Reference Identification Qualifier	R	HJ - Identity Card Number SY - Social Security Number 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".
	REF02	Subscriber Supplemental Identifier	R	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.
	REF03	Description	N/U	
	REF04	REFERENCE IDENTIFIER	N/U	
2100C	**N3**	**SUBSCRIBER ADDRESS**	**S**	**THIS LOOP WILL BE IGNORED**
	N301	Subscriber Address Line	R	Ignore
	N302	Subscriber Address Line	S	Ignore
2100C	**N4**	**SUBSCRIBER CITY/STATE/ZIP CODE**	**S**	**THIS LOOP WILL BE IGNORED**
	N401	Subscriber City Name	R	Ignore
	N402	Subscriber State Code	S	Ignore
	N403	Subscriber Postal Zone or Zip Code	S	Ignore
	N404	Country Code	S	Ignore
	N405	Location Qualifier	N/U	Ignore
	N406	Location Qualifier	N/U	Ignore
	N407	Country Subdivision Code	S	Ignore
2100C	**PRV**	**PROVIDER INFORMATION**	**S**	**THIS LOOP WILL BE IGNORED**
	PRV01	Provider Code	R	Ignore
	PRV02	Reference Identification Qualifier	S	Ignore
	PRV03	Provider Identifier	S	Ignore
	PRV04	State or Province Code	N/U	Ignore
	PRV05	PROVIDER SPECIALTY INFORMATION	N/U	Ignore
	PRV06	Provider Organization Code	N/U	Ignore
2100C	**DMG**	**SUBSCRIBER DEMOGRAPHIC INFORMATION**	**S**	
	DMG01	Date Time Period Format Qualifier	S	

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
2100C	DMG02	Subscriber Birth Date	S	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.
	DMG03	Subscriber Gender Code	S	
	DMG04	Marital Status Code	N/U	
	DMG05	Composite Race or Ethnicity Information	N/U	
	DMG06	Citizenship Status Code	N/U	
	DMG07	Country Code	N/U	
	DMG08	Basis of Verification Code	N/U	
	DMG09	Quantity	N/U	
	DMG10	Code List Qualifier Code	N/U	
	DMG11	Industry Code	N/U	
2100C	**INS**	**MULTIPLE BIRTH SEQUENCE NUMBER**	**S**	
	INS01	Insured Indicator	R	Ignore
	INS02	Individual Relationship Code	R	Ignore
	INS03	Maintenance Type Code	N/U	
	INS04	Maintenance Reason Code	N/U	
	INS05	Benefit Status Code	N/U	
	INS06	MEDICARE STATUS CODE	N/U	
	INS07	Consolidated Omnibus Budget Reconciliation Act (COBRA) Qualifying	N/U	
	INS08	Employment Status Code	N/U	
	INS09	Student Status Code	N/U	
	INS10	Yes/No Condition or Response Code	N/U	
	INS11	Date Time Period Format Qualifier	N/U	
	INS12	Date Time Period	N/U	
	INS13	Confidentiality Code	N/U	
	INS14	City Name	N/U	
	INS15	State or Province Code	N/U	
	INS16	Country Code	N/U	
	INS17	Birth Sequence Number	R	Ignore
2100C	**HI**	**SUBSCRIBER HEALTH CARE DIAGNOSIS CODE**	**S**	**THIS LOOP WILL BE IGNORED**
	HI01	**HEALTH CARE CODE INFORMATION**	**R**	**Ignore**
	HI01 - 1	Diagnosis Type Code	R	Ignore
	HI01 - 2	Diagnosis Code	R	Ignore
	HI01 - 3	Date Time Period Format Qualifier	N/U	Ignore
	HI01 - 4	Date Time Period	N/U	Ignore
	HI01 - 5	Monetary Amount	N/U	Ignore
	HI01 - 6	Quantity	N/U	Ignore
	HI01 - 7	Version Identifier	N/U	Ignore
	HI01 - 8	Industry Code	N/U	Ignore

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
2100C	HI01 - 9	Yes/No Condition or Response Code	N/U	Ignore
	HI02	**HEALTH CARE CODE INFORMATION**	**S**	**Ignore**
	HI02 - 1	Diagnosis Type Code	R	Ignore
	HI02 - 2	Diagnosis Code	R	Ignore
	HI02 - 3	Date Time Period Format Qualifier	N/U	Ignore
	HI02 - 4	Date Time Period	N/U	Ignore
	HI02 - 5	Monetary Amount	N/U	Ignore
	HI02 - 6	Quantity	N/U	Ignore
	HI02 - 7	Version Identifier	N/U	Ignore
	HI02 - 8	Industry Code	N/U	Ignore
	HI02 - 9	Yes/No Condition or Response Code	N/U	Ignore
	HI03	**HEALTH CARE CODE INFORMATION**	**S**	**Ignore**
	HI03 - 1	Diagnosis Type Code	R	Ignore
	HI03 - 2	Diagnosis Code	R	Ignore
	HI03 - 3	Date Time Period Format Qualifier	N/U	Ignore
	HI03 - 4	Date Time Period	N/U	Ignore
	HI03 - 5	Monetary Amount	N/U	Ignore
	HI03 - 6	Quantity	N/U	Ignore
	HI03 - 7	Version Identifier	N/U	Ignore
	HI03 - 8	Industry Code	N/U	Ignore
	HI03 - 9	Yes/No Condition or Response Code	N/U	Ignore
	HI04	**HEALTH CARE CODE INFORMATION**	**S**	**Ignore**
	HI04 - 1	Diagnosis Type Code	R	Ignore
	HI04 - 2	Diagnosis Code	R	Ignore
	HI04 - 3	Date Time Period Format Qualifier	N/U	Ignore
	HI04 - 4	Date Time Period	N/U	Ignore
	HI04 - 5	Monetary Amount	N/U	Ignore
	HI04 - 6	Quantity	N/U	Ignore
	HI04 - 7	Version Identifier	N/U	Ignore
	HI04 - 8	Industry Code	N/U	Ignore
	HI04 - 9	Yes/No Condition or Response Code	N/U	Ignore
	HI05	**HEALTH CARE CODE INFORMATION**	**S**	**Ignore**
	HI05 - 1	Diagnosis Type Code	R	Ignore
	HI05 - 2	Diagnosis Code	R	Ignore
	HI05 - 3	Date Time Period Format Qualifier	N/U	Ignore
	HI05 - 4	Date Time Period	N/U	Ignore
	HI05 - 5	Monetary Amount	N/U	Ignore
	HI05 - 6	Quantity	N/U	Ignore
	HI05 - 7	Version Identifier	N/U	Ignore
	HI05 - 8	Industry Code	N/U	Ignore

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
2100C	HI05 - 9	Yes/No Condition or Response Code	N/U	Ignore
	HI06	**HEALTH CARE CODE INFORMATION**	**S**	**Ignore**
	HI06 - 1	Diagnosis Type Code	R	Ignore
	HI06 - 2	Diagnosis Code	R	Ignore
	HI06 - 3	Date Time Period Format Qualifier	N/U	Ignore
	HI06 - 4	Date Time Period	N/U	Ignore
	HI06 - 5	Monetary Amount	N/U	Ignore
	HI06 - 6	Quantity	N/U	Ignore
	HI06 - 7	Version Identifier	N/U	Ignore
	HI06 - 8	Industry Code	N/U	Ignore
	HI06 - 9	Yes/No Condition or Response Code	N/U	Ignore
	HI07	**HEALTH CARE CODE INFORMATION**	**S**	**Ignore**
	HI07 - 1	Diagnosis Type Code	R	Ignore
	HI07 - 2	Diagnosis Code	R	Ignore
	HI07 - 3	Date Time Period Format Qualifier	N/U	Ignore
	HI07 - 4	Date Time Period	N/U	Ignore
	HI07 - 5	Monetary Amount	N/U	Ignore
	HI07 - 6	Quantity	N/U	Ignore
	HI07 - 7	Version Identifier	N/U	Ignore
	HI07 - 8	Industry Code	N/U	Ignore
	HI07 - 9	Yes/No Condition or Response Code	N/U	Ignore
	HI08	**HEALTH CARE CODE INFORMATION**	**S**	**Ignore**
	HI08 - 1	Diagnosis Type Code	R	Ignore
	HI08 - 2	Diagnosis Code	R	Ignore
	HI08 - 3	Date Time Period Format Qualifier	N/U	Ignore
	HI08 - 4	Date Time Period	N/U	Ignore
	HI08 - 5	Monetary Amount	N/U	Ignore
	HI08 - 6	Quantity	N/U	Ignore
	HI08 - 7	Version Identifier	N/U	Ignore
	HI08 - 8	Industry Code	N/U	Ignore
	HI08 - 9	Yes/No Condition or Response Code	N/U	Ignore
	HI09	HEALTH CARE CODE INFORMATION	N/U	Ignore
	HI10	HEALTH CARE CODE INFORMATION	N/U	Ignore
	HI11	HEALTH CARE CODE INFORMATION	N/U	Ignore
	HI12	HEALTH CARE CODE INFORMATION	N/U	Ignore
2100C	**DTP**	**SUBSCRIBER DATE**	**S**	
	DTP01	Date Time Qualifier	R	291 – Plan Enter "291".
	DTP02	Date Time Period Format Qualifier	R	

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
2100C	DTP03	Date Time Period	R	Enter the beginning and ending date of service in the format CCYYMMDD – CCYYMMDD.
2110C	**EQ**	**SUBSCRIBER ELIGIBILITY/BENEFIT INQUIRY INFORMATION**	**S**	
	EQ01	Service Type Code	S	Enter the service type code(s) for the inquiry. See section 3.4 for information on supported service type codes.
	EQ02	**COMPOSITE MEDICAL PROCEDURE IDENTIFIER**	**S**	**Ignore**
	EQ02 - 1	Product/Service ID Qualifier	R	Ignore
	EQ02 - 2	Product/Service ID	R	Ignore
	EQ02 - 3	Procedure Modifier	S	Ignore
	EQ02 - 4	Procedure Modifier	S	Ignore
	EQ02 - 5	Procedure Modifier	S	Ignore
	EQ02 - 6	Procedure Modifier	S	Ignore
	EQ02 - 7	Description	N/U	Ignore
	EQ02 - 8	Product/Service ID	N/U	Ignore
	EQ03	Coverage Level Code	S	Ignore
	EQ04	Insurance Type Code	N/U	Ignore
	EQ05	**COMPOSITE DIAGNOSIS CODE POINTER**	**S**	**Ignore**
	EQ05 - 1	Diagnosis Code Pointer	R	Ignore
	EQ05 - 2	Diagnosis Code Pointer	S	Ignore
	EQ05 - 3	Diagnosis Code Pointer	S	Ignore
	EQ05 - 4	Diagnosis Code Pointer	S	Ignore
2110C	**AMT**	**SUBSCRIBER SPEND DOWN AMOUNT**	**S**	**THIS LOOP WILL BE IGNORED**
	AMT01	Amount Qualifier Code	R	Ignore
	AMT02	Spend Down Amount	R	Ignore
	AMT03	Credit/Debit Flag Code	N/U	Ignore
2110C	**AMT**	**SUBSCRIBER SPEND DOWN TOTAL BILLED AMOUNT**	**S**	**THIS LOOP WILL BE IGNORED**
	AMT01	Amount Qualifier Code	R	Ignore
	AMT02	Spend Down Total Billed Amount	R	Ignore
	AMT03	Credit/Debit Flag Code	N/U	Ignore
2110C	**III**	**SUBSCRIBER ELIGIBILITY/BENEFIT ADDITIONAL INQUIRY INFORMATION**	**S**	**THIS LOOP WILL BE IGNORED**
	III01	Code List Qualifier Code	R	Ignore
	III02	Industry Code	R	Ignore
	III03	Code Category	N/U	Ignore
	III04	Free-Form Message Text	N/U	Ignore
	III05	Quantity	N/U	Ignore
	III06	**COMPOSITE UNIT OF MEASURE**	**N/U**	**Ignore**
	III07	Surface/Layer/Position Code	N/U	Ignore
	III08	Surface/Layer/Position Code	N/U	Ignore
	III09	Surface/Layer/Position Code	N/U	Ignore

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
2110C	**REF**	**SUBSCRIBER ADDITIONAL INFORMATION**	**S**	**THIS LOOP WILL BE IGNORED**
	REF01	Reference Identification Qualifier	R	Ignore
	REF02	Prior Authorization or Referral Number	R	Ignore
	REF03	Description	N/U	Ignore
	REF04	REFERENCE IDENTIFIER	N/U	Ignore
2110C	**DTP**	**SUBSCRIBER ELIGIBILITY/ BENEFIT DATE**	**S**	**THIS LOOP WILL BE IGNORED**
	DTP01	Date Time Qualifier	R	Ignore
	DTP02	Date Time Period Format Qualifier	R	Ignore
	DTP03	Date Time Period	R	Ignore
2000D	**HL**	**DEPENDENT LEVEL**	**S**	**THIS LOOP WILL BE IGNORED**
	HL01	Hierarchical ID Number	R	Ignore
	HL02	Hierarchical Parent ID Number	R	Ignore
	HL03	Hierarchical Level Code	R	Ignore
	HL04	Hierarchical Child Code	R	Ignore
2000D	**TRN**	**DEPENDENT TRACE NUMBER**	**S**	**THIS LOOP WILL BE IGNORED**
	TRN01	Trace Type Code	R	Ignore
	TRN02	Trace Number	R	Ignore
	TRN03	Trace Assigning Entity Identifier	R	Ignore
	TRN04	Trace Assigning Entity Additional Identifier	S	Ignore
2100D	**NM1**	**DEPENDENT NAME**	**R**	**THIS LOOP WILL BE IGNORED**
	NM101	Entity Identifier Code	R	Ignore
	NM102	Entity Type Qualifier	R	Ignore
	NM103	Dependent Last Name	S	Ignore
	NM104	Dependent First Name	S	Ignore
	NM105	Dependent Middle Name	S	Ignore
	NM106	Name Prefix	N/U	Ignore
	NM107	Dependent Name Suffix	S	Ignore
	NM108	Identification Code Qualifier	N/U	Ignore
	NM109	Identification Code	N/U	Ignore
	NM110	Entity Relationship Code	N/U	Ignore
	NM111	Entity Identifier Code	N/U	Ignore
	NM112	Name Last or Organization Name	N/U	Ignore
2100D	**REF**	**DEPENDENT ADDITIONAL IDENTIFICATION**	**S**	**THIS LOOP WILL BE IGNORED**
	REF01	Reference Identification Qualifier	R	Ignore
	REF02	Dependent Supplemental Identifier	R	Ignore
	REF03	Description	N/U	Ignore
	REF04	REFERENCE IDENTIFIER	N/U	Ignore
2100D	**N3**	**DEPENDENT ADDRESS**	**S**	**THIS LOOP WILL BE IGNORED**
	N301	Dependent Address Line	R	Ignore
	N302	Dependent Address Line	S	Ignore

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
2100D	**N4**	**DEPENDENT CITY/STATE/ZIP CODE**	**S**	**THIS LOOP WILL BE IGNORED**
	N401	Dependent City Name	R	Ignore
	N402	Dependent State Code	S	Ignore
	N403	Dependent Postal Zone or Zip Code	S	Ignore
	N404	Country Code	S	Ignore
	N405	Location Qualifier	N/U	Ignore
	N406	Location Qualifier	N/U	Ignore
	N407	Country Subdivision Code	S	Ignore
2100D	**PRV**	**PROVIDER INFORMATION**	**S**	**THIS LOOP WILL BE IGNORED**
	PRV01	Provider Code	R	Ignore
	PRV02	Reference Identification Qualifier	S	Ignore
	PRV03	Provider Identifier	S	Ignore
	PRV04	State or Province Code	N/U	Ignore
	PRV05	PROVIDER SPECIALTY INFORMATION	N/U	Ignore
	PRV06	Provider Organization Code	N/U	Ignore
2100D	**DMG**	**DEPENDENT DEMOGRAPHIC INFORMATION**	**S**	**THIS LOOP WILL BE IGNORED**
	DMG01	Date Time Period Format Qualifier	S	Ignore
	DMG02	Dependent Birth Date	S	Ignore
	DMG03	Dependent Gender Code	S	Ignore
	DMG04	Marital Status Code	N/U	Ignore
	DMG05	Composite Race or Ethnicity Code	N/U	Ignore
	DMG06	Citizenship Status Code	N/U	Ignore
	DMG07	Country Code	N/U	Ignore
	DMG08	Basis of Verification Code	N/U	Ignore
	DMG09	Quantity	N/U	Ignore
	DMG10	Code List Qualifier Code	N/U	Ignore
	DMG11	Industry Code	N/U	Ignore
2100D	**INS**	**DEPENDENT RELATIONSHIP**	**S**	**THIS LOOP WILL BE IGNORED**
	INS01	Insured Indicator	R	Ignore
	INS02	Individual Relationship Code	R	Ignore
	INS03	Maintenance Type Code	N/U	Ignore
	INS04	Maintenance Reason Code	N/U	Ignore
	INS05	Benefit Status Code	N/U	Ignore
	INS06	MEDICARE STATUS CODE	N/U	Ignore
	INS07	Consolidated Omnibus Budget Reconciliation Act (COBRA) Qualifying	N/U	Ignore
	INS08	Employment Status Code	N/U	Ignore
	INS09	Student Status Code	N/U	Ignore
	INS10	Yes/No Condition or Response Code	N/U	Ignore
	INS11	Date Time Period Format Qualifier	N/U	Ignore
	INS12	Date Time Period	N/U	Ignore

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
2100D	INS13	Confidentiality Code	N/U	Ignore
	INS14	City Name	N/U	Ignore
	INS15	State or Province Code	N/U	Ignore
	INS16	Country Code	N/U	Ignore
	INS17	Birth Sequence Number	S	Ignore
2100D	**HI**	**DEPENDENT HEALTH CARE DIAGNOSIS CODE**	**S**	**THIS LOOP WILL BE IGNORED**
	HI01	**HEALTH CARE CODE INFORMATION**	**R**	**Ignore**
	HI01 - 1	Diagnosis Type Code	R	Ignore
	HI01 - 2	Diagnosis Code	R	Ignore
	HI01 - 3	Date Time Period Format Qualifier	N/U	Ignore
	HI01 - 4	Date Time Period	N/U	Ignore
	HI01 - 5	Monetary Amount	N/U	Ignore
	HI01 - 6	Quantity	N/U	Ignore
	HI01 - 7	Version Identifier	N/U	Ignore
	HI01 - 8	Industry Code	N/U	Ignore
	HI01 - 9	Yes/No Condition or Response Code	N/U	Ignore
	HI02	**HEALTH CARE CODE INFORMATION**	**S**	**Ignore**
	HI02 - 1	Diagnosis Type Code	R	Ignore
	HI02 - 2	Diagnosis Code	R	Ignore
	HI02 - 3	Date Time Period Format Qualifier	N/U	Ignore
	HI02 - 4	Date Time Period	N/U	Ignore
	HI02 - 5	Monetary Amount	N/U	Ignore
	HI02 - 6	Quantity	N/U	Ignore
	HI02 - 7	Version Identifier	N/U	Ignore
	HI02 - 8	Industry Code	N/U	Ignore
	HI02 - 9	Yes/No Condition or Response Code	N/U	Ignore
	HI03	**HEALTH CARE CODE INFORMATION**	**S**	**Ignore**
	HI03 - 1	Diagnosis Type Code	R	Ignore
	HI03 - 2	Diagnosis Code	R	Ignore
	HI03 - 3	Date Time Period Format Qualifier	N/U	Ignore
	HI03 - 4	Date Time Period	N/U	Ignore
	HI03 - 5	Monetary Amount	N/U	Ignore
	HI03 - 6	Quantity	N/U	Ignore
	HI03 - 7	Version Identifier	N/U	Ignore
	HI03 - 8	Industry Code	N/U	Ignore
	HI03 - 9	Yes/No Condition or Response Code	N/U	Ignore
	HI04	**HEALTH CARE CODE INFORMATION**	**S**	**Ignore**
	HI04 - 1	Diagnosis Type Code	R	Ignore
	HI04 - 2	Diagnosis Code	R	Ignore
	HI04 - 3	Date Time Period Format Qualifier	N/U	Ignore

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
2100D	HI04 - 4	Date Time Period	N/U	Ignore
	HI04 - 5	Monetary Amount	N/U	Ignore
	HI04 - 6	Quantity	N/U	Ignore
	HI04 - 7	Version Identifier	N/U	Ignore
	HI04 - 8	Industry Code	N/U	Ignore
	HI04 - 9	Yes/No Condition or Response Code	N/U	Ignore
	HI05	**HEALTH CARE CODE INFORMATION**	**S**	**Ignore**
	HI05 - 1	Diagnosis Type Code	R	Ignore
	HI05 - 2	Diagnosis Code	R	Ignore
	HI05 - 3	Date Time Period Format Qualifier	N/U	Ignore
	HI05 - 4	Date Time Period	N/U	Ignore
	HI05 - 5	Monetary Amount	N/U	Ignore
	HI05 - 6	Quantity	N/U	Ignore
	HI05 - 7	Version Identifier	N/U	Ignore
	HI05 - 8	Industry Code	N/U	Ignore
	HI05 - 9	Yes/No Condition or Response Code	N/U	Ignore
	HI06	**HEALTH CARE CODE INFORMATION**	**S**	**Ignore**
	HI06 - 1	Diagnosis Type Code	R	Ignore
	HI06 - 2	Diagnosis Code	R	Ignore
	HI06 - 3	Date Time Period Format Qualifier	N/U	Ignore
	HI06 - 4	Date Time Period	N/U	Ignore
	HI06 - 5	Monetary Amount	N/U	Ignore
	HI06 - 6	Quantity	N/U	Ignore
	HI06 - 7	Version Identifier	N/U	Ignore
	HI06 - 8	Industry Code	N/U	Ignore
	HI06 - 9	Yes/No Condition or Response Code	N/U	Ignore
	HI07	**HEALTH CARE CODE INFORMATION**	**S**	**Ignore**
	HI07 - 1	Diagnosis Type Code	R	Ignore
	HI07 - 2	Diagnosis Code	R	Ignore
	HI07 - 3	Date Time Period Format Qualifier	N/U	Ignore
	HI07 - 4	Date Time Period	N/U	Ignore
	HI07 - 5	Monetary Amount	N/U	Ignore
	HI07 - 6	Quantity	N/U	Ignore
	HI07 - 7	Version Identifier	N/U	Ignore
	HI07 - 8	Industry Code	N/U	Ignore
	HI07 - 9	Yes/No Condition or Response Code	N/U	Ignore
	HI08	**HEALTH CARE CODE INFORMATION**	**S**	**Ignore**
	HI08 - 1	Diagnosis Type Code	R	Ignore
	HI08 - 2	Diagnosis Code	R	Ignore
	HI08 - 3	Date Time Period Format Qualifier	N/U	Ignore

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
2100D	HI08 - 4	Date Time Period	N/U	Ignore
	HI08 - 5	Monetary Amount	N/U	Ignore
	HI08 - 6	Quantity	N/U	Ignore
	HI08 - 7	Version Identifier	N/U	Ignore
	HI08 - 8	Industry Code	N/U	Ignore
	HI08 - 9	Yes/No Condition or Response Code	N/U	Ignore
	HI09	HEALTH CARE CODE INFORMATION	N/U	Ignore
	HI10	HEALTH CARE CODE INFORMATION	N/U	Ignore
	HI11	HEALTH CARE CODE INFORMATION	N/U	Ignore
	HI12	HEALTH CARE CODE INFORMATION	N/U	Ignore
2100D	**DTP**	**DEPENDENT DATE**	**S**	**THIS LOOP WILL BE IGNORED**
	DTP01	Date Time Qualifier	R	Ignore
	DTP02	Date Time Period Format Qualifier	R	Ignore
	DTP03	Date Time Period	R	Ignore
2110D	**EQ**	**DEPENDENT ELIGIBILITY/BENEFIT INQUIRY**	**R**	**THIS LOOP WILL BE IGNORED**
	EQ01	Service Type Code	S	Ignore
	EQ02	**COMPOSITE MEDICAL PROCEDURE IDENTIFIER**	**S**	**Ignore**
	EQ02 - 1	Product/Service ID Qualifier	R	Ignore
	EQ02 - 2	Procedure Code	R	Ignore
	EQ02 - 3	Procedure Modifier	S	Ignore
	EQ02 - 4	Procedure Modifier	S	Ignore
	EQ02 - 5	Procedure Modifier	S	Ignore
	EQ02 - 6	Procedure Modifier	S	Ignore
	EQ02 - 7	Description	N/U	Ignore
	EQ02 - 8	Product/Service ID	N/U	Ignore
	EQ03	Coverage Level Code	N/U	Ignore
	EQ04	Insurance Type Code	N/U	Ignore
	EQ05	**COMPOSITE DIAGNOSIS CODE POINTER**	**S**	**Ignore**
	EQ05 - 1	Diagnosis Code Pointer	R	Ignore
	EQ05 - 2	Diagnosis Code Pointer	S	Ignore
	EQ05 - 3	Diagnosis Code Pointer	S	Ignore
	EQ05 - 4	Diagnosis Code Pointer	S	Ignore
2110D	**III**	**DEPENDENT ELIGIBILITY/BENEFIT ADDITIONAL INQUIRY**	**S**	**THIS LOOP WILL BE IGNORED**
	III01	Code List Qualifier Code	R	Ignore
	III02	Industry Code	R	Ignore
	III03	Code Category	N/U	Ignore
	III04	Free-Form Message Text	N/U	Ignore
	III05	Quantity	N/U	Ignore
	III06	COMPOSITE UNIT OF MEASURE	N/U	Ignore
	III07	Surface/Layer/Position Code	N/U	Ignore

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
2110D	III08	Surface/Layer/Position Code	N/U	Ignore
	III09	Surface/Layer/Position Code	N/U	Ignore
2110D	**REF**	**DEPENDENT ADDITIONAL INFORMATION**	**S**	**THIS LOOP WILL BE IGNORED**
	REF01	Reference Identification Qualifier	R	Ignore
	REF02	Prior Authorization or Referral Number	R	Ignore
	REF03	Description	N/U	Ignore
	REF04	REFERENCE IDENTIFIER	N/U	Ignore
2110D	**DTP**	**DEPENDENT ELIGIBILITY/ BENEFIT DATE**	**S**	**THIS LOOP WILL BE IGNORED**
	DTP01	Date Time Qualifier	R	Ignore
	DTP02	Date Time Period Format Qualifier	R	Ignore
	DTP03	Date Time Period	R	Ignore
SE	**SE**	**TRANSACTION SET TRAILER**	**R**	
	SE01	Transaction Segment Count	R	
	SE02	Transaction Set Control Number	R	

SECTION 5 - 271 ELIGIBILITY RESPONSE - SPECIFICATIONS

5.1 271 Eligibility Response Loops, Segments, Fields and NJ Medicaid Specific Requirements

The following tables outline the HIPAA segment and field specifications for receiving 271 Eligibility Response transactions from New Jersey Medicaid. The **Usage** column indicates whether the segment or field is required (R) or situational (S). These are all as defined by the national standard. The **NJ Medicaid Specific Requirement** column indicates when there is a requirement specific to New Jersey Medicaid, which supplements the national standard. No entry in this column indicates the standard is followed. Segments and/or fields, which will be Ignored by New Jersey Medicaid, are also indicated in this column.

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
ST	**ST**	**TRANSACTION SET HEADER**	**R**	
	ST01	Transaction Set Identifier Code	R	
	ST02	Transaction Set Control Number	R	
	ST03	Implementation Convention Reference	R	"005010X279A1" will be valued.
BHT	**BHT**	**BEGINNING OF HIERARCHICAL TRANSACTION**	**R**	
	BHT01	Hierarchical Structure Code	R	
	BHT02	Transaction Set Purpose Code	R	
	BHT03	Submitter Transaction Identifier	S	
	BHT04	Transaction Set Creation Date	R	
	BHT05	Transaction Set Creation Time	R	
	BHT06	Transaction Type Code	N/U	
2000A	**HL**	**INFORMATION SOURCE LEVEL**	**R**	
	HL01	Hierarchical ID Number	R	
	HL02	Hierarchical Parent ID Number	N/U	
	HL03	Hierarchical Level Code	R	
	HL04	Hierarchical Child Code	R	
2000A	**AAA**	**REQUEST VALIDATION**	**S**	
	AAA01	Valid Request Indicator	R	
	AAA02	Agency Qualifier Code	N/U	
	AAA03	Reject Reason Code	R	
	AAA04	Follow-up Action Code	R	
2100A	**NM1**	**INFORMATION SOURCE NAME**	**R**	
	NM101	Entity Identifier Code	R	
	NM102	Entity Type Qualifier	R	
	NM103	Information Source Last or Organization Name	R	"GAINWELL TECHNOLOGIES" will be valued.
	NM104	Information Source First Name	S	
	NM105	Information Source Middle Name	S	
	NM106	Name Prefix	N/U	
	NM107	Information Source Name Suffix	S	
	NM108	Identification Code Qualifier	R	PI - Payor Identification "PI" will be valued.

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
2100A	NM109	Information Source Primary Identifier	R	"610515" will be valued.
	NM110	Entity Relationship Code	N/U	
	NM111	Entity Identifier Code	N/U	
	NM112	Name Last or Organization Name	N/U	
2100A	**PER**	**INFORMATION SOURCE CONTACT INFORMATION**	**S**	**THIS LOOP WILL BE IGNORED**
	PER01	Contact Function Code	R	Ignore
	PER02	Information Source Name	S	Ignore
	PER03	Communication Number Qualifier	S	Ignore
	PER04	Information Source Communication Number	S	Ignore
	PER05	Communication Number Qualifier	S	Ignore
	PER06	Communication Number	S	Ignore
	PER07	Communication Number Qualifier	S	Ignore
	PER08	Communication Number	S	Ignore
	PER09	Contact Inquiry Reference	N/U	Ignore
2100A	**AAA**	**REQUEST VALIDATION**	**S**	
	AAA01	Valid Request Indicator	R	
	AAA02	Agency Qualifier Code	N/U	
	AAA03	Reject Reason Code	R	
	AAA04	Follow-up Action Code	R	
2000B	**HL**	**INFORMATION RECEIVER LEVEL**	**S**	
	HL01	Hierarchical ID Number	R	
	HL02	Hierarchical Parent ID Number	R	
	HL03	Hierarchical Level Code	R	
	HL04	Hierarchical Child Code	R	
2100B	**NM1**	**INFORMATION RECEIVER NAME**	**R**	
	NM101	Entity Identifier Code	R	
	NM102	Entity Type Qualifier	R	
	NM103	Information Receiver Last or Organization Name	S	
	NM104	Information Receiver First Name	S	
	NM105	Information Receiver Middle Name	S	
	NM106	Name Prefix	N/U	
	NM107	Information Receiver Name Suffix	S	
	NM108	Identification Code Qualifier	R	SV - Service Provider Number XX - National Provider ID (NPI) "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.
	NM109	Information Receiver Identification Number	R	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.
	NM110	Entity Relationship Code	N/U	

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
2100B	NM111	Entity Identifier Code	N/U	
	NM112	Name Last or Organization Name	N/U	
2100B	**REF**	**INFORMATION RECEIVER ADDITIONAL IDENTIFICATION**	**S**	**THIS LOOP WILL BE IGNORED**
	REF01	Reference Identification Qualifier	R	Ignore
	REF02	Reference Identification	R	Ignore
	REF03	Description	S	Ignore
	REF04	REFERENCE IDENTIFIER	N/U	Ignore
2100B	**N3**	**INFORMATION RECEIVER ADDRESS**	**S**	
	N301	Information Receiver Address Line	R	
	N302	Information Receiver Additional Address Line		
2100B	**N4**	**INFORMATION RECEIVER CITY/STATE/ZIP CODE**	**S**	
	N401	Information Receiver City Name	R	
	N402	Information Receiver State Code	R	
	N403	Information Receiver Postal Zone or Zip Code	R	
	N404	Country Code	S	
	N405	Location Qualifier	N/U	
	N406	Location Identifier	NU	
	N407	Country Subdivision Code	S	
2100B	**AAA**	**INFORMATION RECEIVER VALIDATION REQUEST**	**S**	
	AAA01	Valid Request Indicator	R	
	AAA02	Agency Qualifier Code	N/U	
	AAA03	Reject Reason Code	R	
	AAA04	Follow-up Action Code	R	
2100B	**PRV**	**INFORMATION RECEIVER PROVIDER INFORMATION**	**S**	**THIS LOOP WILL BE IGNORED**
	PRV01	Provider Code	R	Ignore
	PRV02	Reference Identification Qualifier	S	Ignore
	PRV03	Information Receiver Provider Taxonomy Code	S	Ignore
	PRV04	State or Province Code	N/U	Ignore
	PRV05	PROVIDER SPECIALTY INFORMATION	N/U	Ignore
	PRV06	Provider Organization Code	N/U	Ignore
2000C	**HL**	**SUBSCRIBER LEVEL**	**S**	
	HL01	Hierarchical ID Number	R	
	HL02	Hierarchical Parent ID Number	R	
	HL03	Hierarchical Level Code	R	
	HL04	Hierarchical Child Code	R	
2000C	**TRN**	**SUBSCRIBER TRACE NUMBER**	**S**	
	TRN01	Trace Type Code	R	
	TRN02	Trace Number	R	
	TRN03	Trace Assigning Entity Identifier	R	

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
2000C	TRN04	Trace Assigning Entity Additional Identifier	S	
2100C	**NM1**	**SUBSCRIBER NAME**	**R**	
	NM101	Entity Identifier Code	R	
	NM102	Entity Type Qualifier	R	
	NM103	Subscriber Last Name	S	
	NM104	Subscriber First Name	S	
	NM105	Subscriber Middle Name	S	
	NM106	Name Prefix	N/U	
	NM107	Subscriber Name Suffix	S	
	NM108	Identification Code Qualifier	S	MI - Member Identification Number "MI" will be valued.
	NM109	Subscriber Primary Identifier	S	The 12-digit Beneficiary ID (current) assigned by Medicaid.
	NM110	Entity Relationship Code	N/U	
	NM111	Entity Identifier Code	N/U	
	NM112	Name Last or Organization Name	N/U	
2100C	**REF**	**SUBSCRIBER ADDITIONAL IDENTIFICATION**	**S**	
	REF01	Reference Identification Qualifier	R	HJ – Identity Card Number Q4 – Prior Identifier Number SY – Social Security Number "Q4", "SY" or "HJ" will be valued when applicable.
	REF02	Subscriber Supplemental Identifier	R	The 12-digit Beneficiary ID (submitted) or the 16-digit card control number (CCN) assigned by Medicaid or the 10-digit SBI or the 9-digit Social Security Number will be valued if it is received on the 270. The beneficiary ID will only be returned here when the ID submitted in the 270 is different than ID being returned in the 271 2100C NM109.
	REF03	Plan, Group or Plan Network Name	S	
	REF04	REFERENCE IDENTIFIER	N/U	
2100C	**N3**	**SUBSCRIBER ADDRESS**	**S**	**THIS LOOP WILL BE IGNORED**
	N301	Subscriber Address Line	R	Ignore
	N302	Subscriber Address Line	S	Ignore
2100C	**N4**	**SUBSCRIBER CITY/STATE/ZIP CODE**	**S**	**THIS LOOP WILL BE IGNORED**
	N401	Subscriber City Name	R	Ignore
	N402	Subscriber State Code	S	Ignore
	N403	Subscriber Postal Zone or Zip Code	S	Ignore
	N404	Subscriber Country Code	S	Ignore
	N405	Location Qualifier	N/U	Ignore
	N406	Location Identifier	N/U	Ignore
	N407	Subscriber Country Subdivision Code	S	Ignore
2100C	**AAA**	**SUBSCRIBER REQUEST VALIDATION**	**S**	
	AAA01	Valid Request Indicator	R	
	AAA02	Agency Qualifier Code	N/U	

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
2100C	AAA03	Reject Reason Code	R	
	AAA04	Follow-up Action Code	R	
2100C	**PRV**	**PROVIDER INFORMATION**	**S**	**THIS LOOP WILL BE IGNORED**
	PRV01	Provider Code	R	Ignore
	PRV02	Reference Identification Qualifier	S	Ignore
	PRV03	Provider Identifier	S	Ignore
	PRV04	State or Province Code	N/U	Ignore
	PRV05	PROVIDER SPECIALTY INFORMATION	N/U	Ignore
	PRV06	Provider Organization Code	N/U	Ignore
2100C	**DMG**	**SUBSCRIBER DEMOGRAPHIC INFORMATION**	**S**	
	DMG01	Date Time Period Format Qualifier	S	
	DMG02	Subscriber Birth Date	S	
	DMG03	Subscriber Gender Code	S	
	DMG04	Marital Status Code	N/U	
	DMG05	COMPOSITE RACE OR ETHNICITY INFORMATION	N/U	
	DMG06	Citizenship Status Code	N/U	
	DMG07	Country Code	N/U	
	DMG08	Basis of Verification Code	N/U	
	DMG09	Quantity	N/U	
	DMG10	Code List Qualifier Code	N/U	
	DMG11	Industry Code	N/U	
2100C	**INS**	**SUBSCRIBER RELATIONSHIP**	**S**	
	INS01	Insured Indicator	R	
	INS02	Individual Relationship Code	R	
	INS03	Maintenance Type Code	S	
	INS04	Maintenance Reason Code	S	
	INS05	Benefit Status Code	N/U	Ignore
	INS06	MEDICARE STATUS CODE	N/U	Ignore
	INS07	Consolidated Omnibus Budget Reconciliation Act (COBRA) Qualifying	N/U	Ignore
	INS08	Employment Status Code	N/U	Ignore
	INS09	Student Status Code	N/U	Ignore
	INS10	Yes/ No Condition or Response Code	N/U	Ignore
	INS11	Date Time Period Format Qualifier	N/U	Ignore
	INS12	Date Time Period	N/U	Ignore
	INS13	Confidentiality Code	N/U	Ignore
	INS14	City Name	N/U	Ignore
	INS15	State or Province Code	N/U	Ignore
	INS16	Country Code	N/U	Ignore
	INS17	Birth Sequence Number	S	Ignore

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
2100C	**HI**	**SUBSCRIBER HEALTH CARE DIAGNOSIS CODE**	**S**	**THIS LOOP WILL BE IGNORED**
	HI01	**HEALTH CARE CODE INFORMATION**	**R**	**Ignore**
	HI01 – 1	Diagnosis Type Code	R	Ignore
	HI01 – 2	Diagnosis Code	R	Ignore
	HI01 - 3	Date Time Period Format Qualifier	N/U	Ignore
	HI01 - 4	Date Time Period	N/U	Ignore
	HI01 - 5	Monetary Amount	N/U	Ignore
	HI01 - 6	Quantity	N/U	Ignore
	HI01 - 7	Version Identifier	N/U	Ignore
	HI01 - 8	Industry Code	N/U	Ignore
	HI01 - 9	Yes/No Condition or Response Code	N/U	Ignore
	HI02	**HEALTH CARE CODE INFORMATION**	**S**	**Ignore**
	HI02 - 1	Diagnosis Type Code	R	Ignore
	HI02 - 2	Diagnosis Code	R	Ignore
	HI02 - 3	Date Time Period Format Qualifier	N/U	Ignore
	HI02 - 4	Date Time Period	N/U	Ignore
	HI02 - 5	Monetary Amount	N/U	Ignore
	HI02 - 6	Quantity	N/U	Ignore
	HI02 - 7	Version Identifier	N/U	Ignore
	HI02 - 8	Industry Code	N/U	Ignore
	HI02 - 9	Yes/No Condition or Response Code	N/U	Ignore
	HI03	**HEALTH CARE CODE INFORMATION**	**S**	**Ignore**
	HI03 - 1	Diagnosis Type Code	R	Ignore
	HI03 - 2	Diagnosis Code	R	Ignore
	HI03 - 3	Date Time Period Format Qualifier	N/U	Ignore
	HI03 - 4	Date Time Period	N/U	Ignore
	HI03 - 5	Monetary Amount	N/U	Ignore
	HI03 - 6	Quantity	N/U	Ignore
	HI03 - 7	Version Identifier	N/U	Ignore
	HI03 - 8	Industry Code	N/U	Ignore
	HI03 - 9	Yes/No Condition or Response Code	N/U	Ignore
	HI04	**HEALTH CARE CODE INFORMATION**	**S**	**Ignore**
	HI04 - 1	Diagnosis Type Code	R	Ignore
	HI04 - 2	Diagnosis Code	R	Ignore
	HI04 - 3	Date Time Period Format Qualifier	N/U	Ignore
	HI04 - 4	Date Time Period	N/U	Ignore
	HI04 - 5	Monetary Amount	N/U	Ignore
	HI04 - 6	Quantity	N/U	Ignore
	HI04 - 7	Version Identifier	N/U	Ignore
	HI04 - 8	Industry Code	N/U	Ignore
	HI04 - 9	Yes/No Condition or Response Code	N/U	Ignore

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
	HI05	**HEALTH CARE CODE INFORMATION**	**S**	**Ignore**
2100C	HI05 - 1	Diagnosis Type Code	R	Ignore
	HI05 - 2	Diagnosis Code	R	Ignore
	HI05 - 3	Date Time Period Format Qualifier	N/U	Ignore
	HI05 - 4	Date Time Period	N/U	Ignore
	HI05 - 5	Monetary Amount	N/U	Ignore
	HI05 - 6	Quantity	N/U	Ignore
	HI05 - 7	Version Identifier	N/U	Ignore
	HI05 - 8	Industry Code	N/U	Ignore
	HI05 - 9	Yes/No Condition or Response Code	N/U	Ignore
	HI06	**HEALTH CARE CODE INFORMATION**	**S**	**Ignore**
	HI06 - 1	Diagnosis Type Code	R	Ignore
	HI06 - 2	Diagnosis Code	R	Ignore
	HI06 - 3	Date Time Period Format Qualifier	N/U	Ignore
	HI06 - 4	Date Time Period	N/U	Ignore
	HI06 - 5	Monetary Amount	N/U	Ignore
	HI06 - 6	Quantity	N/U	Ignore
	HI06 - 7	Version Identifier	N/U	Ignore
	HI06 - 8	Industry Code	N/U	Ignore
	HI06 - 9	Yes/No Condition or Response Code	N/U	Ignore
	HI07	**HEALTH CARE CODE INFORMATION**	**S**	**Ignore**
	HI07 - 1	Diagnosis Type Code	R	Ignore
	HI07 - 2	Diagnosis Code	R	Ignore
	HI07 - 3	Date Time Period Format Qualifier	N/U	Ignore
	HI07 - 4	Date Time Period	N/U	Ignore
	HI07 - 5	Monetary Amount	N/U	Ignore
	HI07 - 6	Quantity	N/U	Ignore
	HI07 - 7	Version Identifier	N/U	Ignore
	HI07 - 8	Industry Code	N/U	Ignore
	HI07 - 9	Yes/No Condition or Response Code	N/U	Ignore
	HI08	**HEALTH CARE CODE INFORMATION**	**S**	**Ignore**
	HI08 - 1	Diagnosis Type Code	R	Ignore
	HI08 - 2	Diagnosis Code	R	Ignore
	HI08 - 3	Date Time Period Format Qualifier	N/U	Ignore
	HI08 - 4	Date Time Period	N/U	Ignore
	HI08 - 5	Monetary Amount	N/U	Ignore
	HI08 - 6	Quantity	N/U	Ignore
	HI08 - 7	Version Identifier	N/U	Ignore
	HI08 - 8	Industry Code	N/U	Ignore
	HI08 - 9	Yes/No Condition or Response Code	N/U	Ignore
	HI09	HEALTH CARE CODE INFORMATION	N/U	Ignore
	HI10	HEALTH CARE CODE INFORMATION	N/U	Ignore

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
2100C	HI11	HEALTH CARE CODE INFORMATION	N/U	Ignore
	HI12	HEALTH CARE CODE INFORMATION	N/U	Ignore
2100C	**DTP**	**SUBSCRIBER DATE**	**S**	
	DTP01	Date Time Qualifier	R	
	DTP02	Date Time Period Format Qualifier	R	
	DTP03	Date Time Period	R	For recipients with only a single eligibility segment and set of dates to return, those dates will be populated in this loop's DTP03 segment, so DTP01 and DTP02 should be populated in that instance as well; otherwise responses with multiple eligibility segments will continue to be returned in loop 2110C. See section 3.3 for further information.
2100C	**MPI**	**SUBSCRIBER MILITARY PERSONNEL INFORMATION**	**S**	**THIS LOOP WILL BE IGNORED**
	MPI01	Information Status Code	R	Ignore
	MPI02	Employment Status Code	R	Ignore
	MPI03	Government Service Affiliation Code	R	Ignore
	MPI04	Description	S	Ignore
	MPI05	Military Service Rank Code	S	Ignore
	MPI06	Date Time Period Format Qualifier	S	Ignore
	MPI07	Date Time Period	S	Ignore
2110C	**EB**	**SUBSCRIBER ELIGIBILITY/ BENEFIT INFORMATION**	**S**	
	EB01	Eligibility or Benefit Information	R	1 - Active Coverage 6 - Inactive I - Non-Covered N - Services Restricted to Following Provider R - Other or Additional Payor "1", "6", or "I" will be valued when EB04 = MC. See section 3.1 for more information. "1" will be valued when EB04 = MA, MB, or HM "N" will be valued when EB04 = OT to report pharmacy lock-in. "R" will be valued when EB = IP.
	EB02	Benefit Coverage Level Code	S	
	EB03	Service Type Code	S	The service type code(s) relative to the inquiry and coverage will be returned. See section 3.4 for more information.
	EB04	Insurance Type Code	S	The insurance type codes listed below will be valued when applicable. **Code** / **Description** HM - Health Maintenance Organization IP - Third Party Liability MA - Medicare Part A MB - Medicare Part B MC - Medicaid OT - Other (Pharmacy Lock-In)
	EB05	Plan Coverage Description	S	
	EB06	Time Period Qualifier	S	Ignore
	EB07	Benefit Amount	S	Ignore
	EB08	Benefit Percent	S	Ignore

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
2110C	EB09	Quantity Qualifier	S	Ignore
	EB10	Benefit Quantity	S	Ignore
	EB11	Authorization or Certification Indicator	S	Ignore
	EB12	In Plan Network Indicator	S	Ignore
	EB13	**COMPOSITE MEDICAL PROCEDURE IDENTIFIER**	**S**	**Ignore**
	EB13 - 1	Product or Service ID Qualifier	R	Ignore
	EB13 - 2	Procedure Code	R	Ignore
	EB13 - 3	Procedure Modifier	S	Ignore
	EB13 - 4	Procedure Modifier	S	Ignore
	EB13 - 5	Procedure Modifier	S	Ignore
	EB13 - 6	Procedure Modifier	S	Ignore
	EB13 - 7	Description	N/U	Ignore
	EB13 - 8	Product or Service ID	S	Ignore
	EB14	**COMPOSITE DIAGNOSIS CODE POINTER**	**S**	**Ignore**
	EB14 - 1	Diagnosis Code Pointer	R	Ignore
	EB14 - 2	Diagnosis Code Pointer	S	Ignore
	EB14 - 3	Diagnosis Code Pointer	S	Ignore
	EB14 - 4	Diagnosis Code Pointer	S	Ignore
2110C	**HSD**	**HEALTH CARE SERVICES DELIVERY**	**S**	**THIS LOOP WILL BE IGNORED**
	HSD01	Quantity Qualifier	S	Ignore
	HSD02	Benefit Quantity	S	Ignore
	HSD03	Unit or Basis for Measurement Code	S	Ignore
	HSD04	Sample Selection Modulus	S	Ignore
	HSD05	Time Period Qualifier	S	Ignore
	HSD06	Period Count	S	Ignore
	HSD07	Delivery Frequency Code	S	Ignore
	HSD08	Delivery Pattern Time Code	S	Ignore
2110C	**REF**	**SUBSCRIBER ADDITIONAL IDENTIFICATION**	**S**	
	REF01	Reference Identification Qualifier	R	F6 - Medicare Beneficiary ID (MBI) formerly Health Insurance Claim (HIC) Number IG - Insurance Policy Number 18 - Plan Number 1W - Member Identification Number "F6" will be valued when EB04 = MA or MB. "IG" will be valued when EB04 = IP. "18", "1W" will be valued when EB04 = HM.
	REF02	Subscriber Eligibility Benefit Identifier	R	The 3-digit Managed Care Plan Code will be valued when REF01 = 18. The Managed Care Member ID will be valued when REF01 = 1W.
	REF03	Plan, Group or Plan Network Name	S	The Managed Care Plan Name will be valued when EB04 = HM.
	REF04	REFERENCE IDENTIFIER	N/U	

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
2110C	**DTP**	**SUBSCRIBER ELIGIBILITY/ BENEFIT DATE**	**S**	
	DTP01	Date Time Qualifier	R	
	DTP02	Date Time Period Format Qualifier	R	
	DTP03	Eligibility or Benefit Date Time Period	R	Eligibility begin and end dates are valued here when there are multiple eligibility segments in the 271. For responses with only a single eligibility segment the dates will be returned in 2100C DTP instead. See section 3.3 for more information.
2110C	**AAA**	**SUBSCRIBER REQUEST VALIDATION**	**S**	
	AAA01	Valid Request Indicator	R	
	AAA02	Agency Qualifier Code	N/U	
	AAA03	Reject Reason Code	R	
	AAA04	Follow-up Action code	R	
2110C	**MSG**	**MESSAGE TEXT**	**S**	
	MSG01	Free-Form Message Text	R	Refer to the Data Element Dictionary (DED) for a list of the Eligibility Messages that may be valued when EB04 = MC. (When applicable the Medicaid program status code will be valued preceded by the word "Program;" and preceded by the eligibility message if applicable. The program status code is only returned for hospital type providers or for providers whose NPI maps to multiple legacy Medicaid provider IDS one of which is a hospital provider type.) Refer to the Data Element Dictionary (DED) for a list of the Eligibility Messages that may be valued when EB04 = MC. Refer to the Data Element Dictionary (DED) for a list of the Special Program Messages that may be valued when EB04 = MC. Refer to the Data Element Dictionary (DED) for a list of the Lock In Messages that may be valued when EB04 = OT. Refer to the Data Element Dictionary (DED) for a list of the Third Party Liability Messages that may be valued when EB04 = IP. Refer to the Data Element Dictionary (DED) for a list of the Medicare Messages that may be valued when EB04 = MA or MB. Refer to the Data Element Dictionary (DED) for a list of the Managed Care Messages that may be valued when EB04 = HM.
	MSG02	Printer Carriage Control Code	N/U	
	MSG03	Number	N/U	
2115C	**III**	**SUBSCRIBER ELIGIBILITY/BENEFIT ADDITIONAL INFORMATION**	**S**	**THIS LOOP WILL BE IGNORED**
	III01	Code List Quantifier Code	S	Ignore
	III02	Industry Code	S	Ignore

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
2115C	III03	Code Category	S	Ignore
	III04	Free-Form Message Text	S	Ignore
	III05	Quantity	N/U	Ignore
	III06	COMPOSITE UNIT OF MEASURE	N/U	Ignore
	III07	Surface/Layer/Position Code	N/U	Ignore
	III08	Surface/Layer/Position Code	N/U	Ignore
	III09	Surface/Layer/Position Code	N/U	Ignore
2120C	**LS**	**LOOP HEADER**	**S**	
	LS01	Loop Identifier Code	R	
2120C	**NM1**	**SUBSCRIBER BENEFIT RELATED ENTITY NAME**	**S**	
	NM101	Entity Identifier Code	R	PRP - Primary Payer "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".
	NM102	Entity Type Qualifier	R	
	NM103	Benefit Related Entity Last or Organization Name	S	
	NM104	Benefit Related Entity First Name	S	
	NM105	Benefit Related Entity Middle Name	S	
	NM106	Name Prefix	N/U	
	NM107	Benefit Related Entity Name Suffix	S	
	NM108	Identification Code Qualifier	S	
	NM109	Benefit Related Entity Identifier	S	
	NM110	Benefit Related Entity Relationship Code	S	
	NM111	Entity Identifier Code	N/U	
	NM112	Name Last or Organization Name	N/U	
2120C	**N3**	**SUBSCRIBER BENEFIT RELATED ENTITY ADDRESS**	**S**	**THIS LOOP WILL BE IGNORED**
	N301	Benefit Related Address Line	R	Ignore
	N302	Benefit Related Address Line	S	Ignore
2120C	**N4**	**SUBSCRIBER BENEFIT RELATED ENTITY CITY/STATE/ZIP CODE**	**S**	**THIS LOOP WILL BE IGNORED**
	N401	Benefit Related Entity City Name	R	Ignore
	N402	Benefit Related Entity State Code	S	Ignore
	N403	Benefit Related Entity Postal Zone or Zip Code	S	Ignore
	N404	Benefit Related Entity Country Code	S	Ignore
	N405	Benefit Related Entity Location Qualifier	S	Ignore
	N406	Benefit Related Entity Location Identifier	S	Ignore
	N407	Benefit Related Entity Country Subdivision Code	S	Ignore

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
2120C	**PER**	**SUBSCRIBER BENEFIT RELATED ENTITY CONTACT INFORMATION**	**S**	
	PER01	Contact Function Code	R	
	PER02	Benefit Related Entity Contact Name	S	
	PER03	Communication Number Qualifier	S	TE - Telephone "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".
	PER04	Benefit Related Entity Communication Number	S	
	PER05	Communication Number Qualifier	S	
	PER06	Benefit Related Entity Communication Number	S	
	PER07	Communication Number Qualifier	S	
	PER08	Benefit Related Entity Communication Number	S	
	PER09	Contact Inquiry Reference	N/U	
2120C	**PRV**	**SUBSCRIBER BENEFIT RELATED PROVIDER INFORMATION**	**S**	**THIS LOOP WILL NE IGNORED**
	PRV01	Provider Code	R	Ignore
	PRV02	Reference Identification Qualifier	S	Ignore
	PRV03	Benefit Related Entity Provider Taxonomy Code	S	Ignore
	PRV04	State or Province Code	N/U	Ignore
	PRV05	PROVIDER SPECIALTY INFORMATION	N/U	Ignore
	PRV06	Provider Organization Code	N/U	Ignore
2120C	**LE**	**LOOP TRAILER**	**S**	
	LE01	Loop Identifier Code	R	
2000D	**HL**	**DEPENDENT LEVEL**	**S**	**THIS LOOP WILL NE IGNORED**
	HL01	Hierarchical ID Number	R	Ignore
	HL02	Hierarchical Parent ID Number	R	Ignore
	HL03	Hierarchical Level Code	R	Ignore
	HL04	Hierarchical Child Code	R	Ignore
2000D	**TRN**	**DEPENDENT TRACE NUMBER**	**S**	**THIS LOOP WILL NE IGNORED**
	TRN01	Trace Type Code	R	Ignore
	TRN02	Trace Number	R	Ignore
	TRN03	Trace Assigning Entity Identifier	R	Ignore
	TRN04	Trace Assigning Entity Additional Identifier	S	Ignore
2100D	**NM1**	**DEPENDENT NAME**	**R**	**THIS LOOP WILL NE IGNORED**
	NM101	Entity Identifier Code	R	Ignore
	NM102	Entity Type Qualifier	R	Ignore
	NM103	Dependent Last Name	S	Ignore
	NM104	Dependent First Name	S	Ignore
	NM105	Dependent Middle Name	S	Ignore

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
2100D	NM106	Name Prefix	N/U	Ignore
	NM107	Dependent Name Suffix	S	Ignore
	NM108	Identification Code Qualifier	N/U	Ignore
	NM109	Identification Code	N/U	Ignore
	NM110	Entity Relationship Code	N/U	Ignore
	NM111	Entity Identifier Code	N/U	Ignore
	NM112	Name Last or Organization Name	N/U	Ignore
2100D	**REF**	**DEPENDENT ADDITIONAL IDENTIFICATION**	**S**	**THIS LOOP WILL NE IGNORED**
	REF01	Reference Identification Qualifier	R	Ignore
	REF02	Dependent Supplemental Identifier	R	Ignore
	REF03	Plan, Group or Plan Network Name	S	Ignore
	REF04	REFERENCE IDENTIFIER	N/U	Ignore
2100D	**N3**	**DEPENDENT ADDRESS**	**S**	**THIS LOOP WILL NE IGNORED**
	N301	Dependent Address Line	R	Ignore
	N302	Dependent Address Line	S	Ignore
2100D	**N4**	**DEPENDENT CITY/STATE/ZIP CODE**	**S**	**THIS LOOP WILL NE IGNORED**
	N401	Dependent City Name	R	Ignore
	N402	Dependent State Code	S	Ignore
	N403	Dependent Postal Zone or Zip Code	S	Ignore
	N404	Dependent Country Code	S	Ignore
	N405	Location Qualifier	N/U	Ignore
	N406	Location Qualifier	N/U	Ignore
	N407	Dependent Country Subdivision Code	S	Ignore
2100D	**AAA**	**DEPENDENT REQUEST VALIDATION**	**S**	**THIS LOOP WILL NE IGNORED**
	AAA01	Valid Request Indicator	R	Ignore
	AAA02	Agency Qualifier Code	N/U	Ignore
	AAA03	Reject Reason Code	R	Ignore
	AAA04	Follow-up Action Code	R	Ignore
2100D	**PRV**	**PROVIDER INFORMATION**	**S**	**THIS LOOP WILL NE IGNORED**
	PRV01	Provider Code	R	Ignore
	PRV02	Reference Identification Qualifier	S	Ignore
	PRV03	Provider Identifier	S	Ignore
	PRV04	State or Province Code	N/U	Ignore
	PRV05	PROVIDER SPECIALTY INFORMATION	N/U	Ignore
	PRV06	Provider Organization Code	N/U	Ignore
2100D	**DMG**	**DEPENDENT DEMOGRAPHIC INFORMATION**	**S**	**THIS LOOP WILL NE IGNORED**
	DMG01	Date Time Period Format Qualifier	S	Ignore
	DMG02	Dependent Birth Date	S	Ignore
	DMG03	Dependent Gender Code	S	Ignore
	DMG04	Marital Status Code	N/U	Ignore

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
2100D	DMG05	COMPOSITE RACE OR ETHNICITY INFORMATION	N/U	Ignore
	DMG06	Citizenship Status Code	N/U	Ignore
	DMG07	Country Code	N/U	Ignore
	DMG08	Basis of Verification Code	N/U	Ignore
	DMG09	Quantity	N/U	Ignore
	DMG10	Code List Qualifier Code	N/U	Ignore
	DMG11	Industry Code	N/U	Ignore
2100D	**INS**	**DEPENDENT RELATIONSHIP**	**S**	**THIS LOOP WILL NE IGNORED**
	INS01	Insured Indicator	R	Ignore
	INS02	Individual Relationship Code	R	Ignore
	INS03	Maintenance Type Code	S	Ignore
	INS04	Maintenance Reason Code	S	Ignore
	INS05	Benefit Status Code	N/U	Ignore
	INS06	MEDICARE STATUS CODE	N/U	Ignore
	INS07	Consolidated Omnibus Budget Reconciliation Act (COBRA) Qualifying	N/U	Ignore
	INS08	Employment Status Code	N/U	Ignore
	INS09	Student Status Code	N/U	Ignore
	INS10	Yes/No Condition or Response Code	N/U	Ignore
	INS11	Date Time Period Format Qualifier	N/U	Ignore
	INS12	Date Time Period	N/U	Ignore
	INS13	Confidentiality Code	N/U	Ignore
	INS14	City Name	N/U	Ignore
	INS15	State or Province Code	N/U	Ignore
	INS16	Country Code	N/U	Ignore
	INS17	Birth Sequence Number	S	Ignore
2100D	**HI**	**DEPENDENT HEALTH CARE DIAGNOSIS CODE**	**S**	**THIS LOOP WILL NE IGNORED**
	HI01	**HEALTH CARE CODE INFORMATION**	**R**	**Ignore**
	HI01 - 1	Diagnosis Type Code	R	Ignore
	HI01 - 2	Diagnosis Code	R	Ignore
	HI01 - 3	Date Time Period Format Qualifier	N/U	Ignore
	HI01 - 4	Date Time Period	N/U	Ignore
	HI01 - 5	Monetary Amount	N/U	Ignore
	HI01 - 6	Quantity	N/U	Ignore
	HI01 - 7	Version Identifier	N/U	Ignore
	HI01 - 8	Industry Code	N/U	Ignore
	HI01 - 9	Yes/No Condition or Response Code	N/U	Ignore
	HI02	**HEALTH CARE CODE INFORMATION**	**S**	**Ignore**
	HI02 - 1	Diagnosis Type Code	R	Ignore
	HI02 - 2	Diagnosis Code	R	Ignore
	HI02 - 3	Date Time Period Format Qualifier	N/U	Ignore

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
2100D	HI02 - 4	Date Time Period	N/U	Ignore
	HI02 - 5	Monetary Amount	N/U	Ignore
	HI02 - 6	Quantity	N/U	Ignore
	HI02 - 7	Version Identifier	N/U	Ignore
	HI02 - 8	Industry Code	N/U	Ignore
	HI02 - 9	Yes/No Condition or Response Code	N/U	Ignore
	HI03	**HEALTH CARE CODE INFORMATION**	**S**	**Ignore**
	HI03 - 1	Diagnosis Type Code	R	Ignore
	HI03 - 2	Diagnosis Code	R	Ignore
	HI03 - 3	Date Time Period Format Qualifier	N/U	Ignore
	HI03 - 4	Date Time Period	N/U	Ignore
	HI03 - 5	Monetary Amount	N/U	Ignore
	HI03 - 6	Quantity	N/U	Ignore
	HI03 - 7	Version Identifier	N/U	Ignore
	HI03 - 8	Industry Code	N/U	Ignore
	HI03 - 9	Yes/No Condition or Response Code	N/U	Ignore
	HI04	**HEALTH CARE CODE INFORMATION**	**S**	**Ignore**
	HI04 - 1	Diagnosis Type Code	R	Ignore
	HI04 - 2	Diagnosis Code	R	Ignore
	HI04 - 3	Date Time Period Format Qualifier	N/U	Ignore
	HI04 - 4	Date Time Period	N/U	Ignore
	HI04 - 5	Monetary Amount	N/U	Ignore
	HI04 - 6	Quantity	N/U	Ignore
	HI04 - 7	Version Identifier	N/U	Ignore
	HI04 - 8	Industry Code	N/U	Ignore
	HI04 - 9	Yes/No Condition or Response Code	N/U	Ignore
	HI05	**HEALTH CARE CODE INFORMATION**	**S**	**Ignore**
	HI05 - 1	Diagnosis Type Code	R	Ignore
	HI05 - 2	Diagnosis Code	R	Ignore
	HI05 - 3	Date Time Period Format Qualifier	N/U	Ignore
	HI05 - 4	Date Time Period	N/U	Ignore
	HI05 - 5	Monetary Amount	N/U	Ignore
	HI05 - 6	Quantity	N/U	Ignore
	HI05 - 7	Version Identifier	N/U	Ignore
	HI05 - 8	Industry Code	N/U	Ignore
	HI05 - 9	Yes/No Condition or Response Code	N/U	Ignore
2100D	**HI06**	**HEALTH CARE CODE INFORMATION**	**S**	**Ignore**
	HI06 - 1	Diagnosis Type Code	R	Ignore
	HI06 - 2	Diagnosis Code	R	Ignore
	HI06 - 3	Date Time Period Format Qualifier	N/U	Ignore
	HI06 - 4	Date Time Period	N/U	Ignore
	HI06 - 5	Monetary Amount	N/U	Ignore

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
2100D	HI06 - 6	Quantity	N/U	Ignore
	HI06 - 7	Version Identifier	N/U	Ignore
	HI06 - 8	Industry Code	N/U	Ignore
	HI06 - 9	Yes/No Condition or Response Code	N/U	Ignore
	HI07	**HEALTH CARE CODE INFORMATION**	**S**	**Ignore**
	HI07 - 1	Diagnosis Type Code	R	Ignore
	HI07 - 2	Diagnosis Code	R	Ignore
	HI07 - 3	Date Time Period Format Qualifier	N/U	Ignore
	HI07 - 4	Date Time Period	N/U	Ignore
	HI07 - 5	Monetary Amount	N/U	Ignore
	HI07 - 6	Quantity	N/U	Ignore
	HI07 - 7	Version Identifier	N/U	Ignore
	HI07 - 8	Industry Code	N/U	Ignore
	HI07 - 9	Yes/No Condition or Response Code	N/U	Ignore
	HI08	**HEALTH CARE CODE INFORMATION**	**S**	**Ignore**
	HI08 - 1	Diagnosis Type Code	R	Ignore
	HI08 - 2	Diagnosis Code	R	Ignore
	HI08 - 3	Date Time Period Format Qualifier	N/U	Ignore
	HI08 - 4	Date Time Period	N/U	Ignore
	HI08 - 5	Monetary Amount	N/U	Ignore
	HI08 - 6	Quantity	N/U	Ignore
	HI08 - 7	Version Identifier	N/U	Ignore
	HI08 - 8	Industry Code	N/U	Ignore
	HI08 - 9	Yes/No Condition or Response Code	N/U	Ignore
	HI09	HEALTH CARE CODE INFORMATION	N/U	Ignore
	HI10	HEALTH CARE CODE INFORMATION	N/U	Ignore
	HI11	HEALTH CARE CODE INFORMATION	N/U	Ignore
	HI12	HEALTH CARE CODE INFORMATION	N/U	Ignore
2100D	**DTP**	**DEPENDENT DATE**	**S**	**THIS LOOP WILL BE IGNORED**
	DTP01	Date Time Qualifier	R	Ignore
	DTP02	Date Time Period Format Qualifier	R	Ignore
	DTP03	Date Time Period	R	Ignore
2100D	**MPI**	**DEPENDENT MILITARY PERSONNEL INFORMATION**	**S**	**THIS LOOP WILL BE IGNORED**
	MPI01	Information Status Code	R	Ignore
	MPI02	Employment Status Code	R	Ignore
	MPI03	Government Service Affiliation Code	R	Ignore
	MPI04	Description	S	Ignore
	MPI05	Military Service Rank Code	S	Ignore
	MPI06	Date Time Period Format Qualifier	S	Ignore
	MPI07	Date Time Period	S	Ignore

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
2110D	**EB**	**DEPENDENT ELIGIBILITY/BENEFIT INFORMATION**	**S**	**THIS LOOP WILL BE IGNORED**
	EB01	Eligibility or Benefit Information	R	Ignore
	EB02	Benefit Coverage Level Code	S	Ignore
	EB03	Service Type Code	S	Ignore
	EB04	Insurance Type Code	S	Ignore
	EB05	Plan Coverage Description	S	Ignore
	EB06	Time Period Qualifier	S	Ignore
	EB07	Benefit Amount	S	Ignore
	EB08	Benefit Percent	S	Ignore
	EB09	Quantity Qualifier	S	Ignore
	EB10	Benefit Quantity	S	Ignore
	EB11	Authorization or Certification Indicator	S	Ignore
	EB12	In Plan Network Indicator	S	Ignore
	EB13	**COMPOSITE MEDICAL PROCEDURE IDENTIFIER**	**S**	**Ignore**
	EB13 - 1	Product or Service ID Qualifier	R	Ignore
	EB13 - 2	Procedure Code	R	Ignore
	EB13 - 3	Procedure Modifier	S	Ignore
	EB13 - 4	Procedure Modifier	S	Ignore
	EB13 - 5	Procedure Modifier	S	Ignore
	EB13 - 6	Procedure Modifier	S	Ignore
	EB13 - 7	Description	N/U	Ignore
	EB13 - 8	Product or Service ID	S	Ignore
	EB14	**COMPOSITE DIAGNOSIS CODE POINTER**	**S**	**Ignore**
	EB14 - 1	Diagnosis Code Pointer	R	Ignore
	EB14 - 2	Diagnosis Code Pointer	S	Ignore
	EB14 - 3	Diagnosis Code Pointer	S	Ignore
	EB14 - 4	Diagnosis Code Pointer	S	Ignore
2110D	**HSD**	**HEALTH CARE SERVICES DELIVERY**	**S**	**THIS LOOP WILL BE IGNORED**
	HSD01	Quantity Qualifier	S	Ignore
	HSD02	Benefit Quantity	S	Ignore
	HSD03	Unit or Basis for Measurement Code	S	Ignore
	HSD04	Sample Selection Modulus	S	Ignore
	HSD05	Time Period Qualifier	S	Ignore
	HSD06	Period Count	S	Ignore
	HSD07	Delivery Frequency Code	S	Ignore
	HSD08	Delivery Pattern Time Code	S	Ignore
2110D	**REF**	**DEPENDENT ADDITIONAL IDENTIFICATION**	**S**	**THIS LOOP WILL BE IGNORED**
	REF01	Reference Identification Qualifier	R	Ignore
	REF02	Dependent Eligibility or Benefit Identifier	R	Ignore

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
2110D	REF03	Plan, Group or Plan Network Name	S	Ignore
	REF04	REFERENCE IDENTIFIER	N/U	Ignore
2110D	**DTP**	**DEPENDENT ELIGIBILITY/BENEFIT DATE**	**S**	**THIS LOOP WILL BE IGNORED**
	DTP01	Date Time Qualifier	R	Ignore
	DTP02	Date Time Period Format Qualifier	R	Ignore
	DTP03	Eligibility or Benefit Date Time Period	R	Ignore
2110D	**AAA**	**DEPENDENT REQUEST VALIDATION**	**S**	**THIS LOOP WILL BE IGNORED**
	AAA01	Valid Request Indicator	R	Ignore
	AAA02	Agency Qualifier Code	N/U	Ignore
	AAA03	Reject Reason Code	R	Ignore
	AAA04	Follow-up Action Code	R	Ignore
2110D	**MSG**	**MESSAGE TEXT**	**S**	
	MSG01	Free-Form Message Text	R	Ignore
	MSG02	Printer Carriage Control Code	N/U	Ignore
	MSG03	Number	N/U	Ignore
2115D	**III**	**DEPENDENT ELIGIBILITY/BENEFIT ADDITIONAL INFORMATION**	**S**	**THIS LOOP WILL BE IGNORED**
	III01	Code List Qualifier Code	S	Ignore
	III02	Industry Code	S	Ignore
	III03	Code Category	S	Ignore
	III04	Injured Body Part Name	S	Ignore
	III05	Quantity	N/U	Ignore
	III06	COMPOSITE UNIT OF MEASURE	N/U	Ignore
	III07	Surface/Layer/Position Code	N/U	Ignore
	III08	Surface/Layer/Position Code	N/U	Ignore
	III09	Surface/Layer/Position Code	N/U	Ignore
2110D	**LS**	**LOOP HEADER**	**S**	
	LS01	Loop Identifier Code	R	
2120D	**NM1**	**DEPENDENT BENEFIT RELATED ENTITY NAME**	**S**	**THIS LOOP WILL BE IGNORED**
	NM101	Entity Identifier Code	R	Ignore
	NM102	Entity Type Qualifier	R	Ignore
	NM103	Benefit Related Entity Last or Organization Name	S	Ignore
	NM104	Benefit Related Entity First Name	S	Ignore
	NM105	Benefit Related Entity Middle Name	S	Ignore
	NM106	Name Prefix	N/U	Ignore
	NM107	Benefit Related Entity Name Suffix	S	Ignore
	NM108	Identification Code Qualifier	S	Ignore
	NM109	Benefit Related Identifier	S	Ignore
	NM110	Benefit Related Entity Relationship Code	S	Ignore
	NM111	Entity Identifier Code	N/U	Ignore
	NM112	Name Last or Organization Name	N/U	Ignore

Loop	Field	Description	Usage	NJ Medicaid Specific Requirement
2120D	**N3**	**DEPENDENT BENEFIT RELATED ENTITY ADDRESS**	**S**	**THIS LOOP WILL BE IGNORED**
	N301	Benefit Related Entity Address Line	R	Ignore
	N302	Benefit Related Entity Address Line	S	Ignore
2120D	**N4**	**DEPENDENT BENEFIT RELATED ENTITY CITY/STATE/ZIP CODE**	**S**	**THIS LOOP WILL BE IGNORED**
	N401	Benefit Related Entity City Name	R	Ignore
	N402	Benefit Related Entity State Code	S	Ignore
	N403	Benefit Related Entity Postal Zone or Zip Code	S	Ignore
	N404	Benefit Related Entity Country Code	S	Ignore
	N405	Benefit Related Entity Location Qualifier	S	Ignore
	N406	Benefit Related Entity DOD Health Service Region	S	Ignore
	N407	Benefit Related Entity Country Subdivision Code	S	Ignore
2120D	**PER**	**DEPENDENT BENEFIT RELATED ENTITY CONTACT INFORMATION**	**S**	**THIS LOOP WILL BE IGNORED**
	PER01	Contact Function Code	R	Ignore
	PER02	Benefit Related Entity Contact Name	S	Ignore
	PER03	Communication Number Qualifier	S	Ignore
	PER04	Benefit Related Entity Communication Number	S	Ignore
	PER05	Communication Number Qualifier	S	Ignore
	PER06	Benefit Related Entity Communication Number	S	Ignore
	PER07	Communication Number Qualifier	S	Ignore
	PER08	Benefit Related Entity Communication Number	S	Ignore
	PER09	Contact Inquiry Reference	N/U	Ignore
2120D	**PRV**	**DEPENDENT BENEFIT RELATED PROVIDER INFORMATION**	**S**	**THIS LOOP WILL BE IGNORED**
	PRV01	Provider Code	R	Ignore
	PRV02	Reference Identification Qualifier	S	Ignore
	PRV03	Benefit Related Entity Provider Taxonomy Code	S	Ignore
	PRV04	State or Province Code	N/U	Ignore
	PRV05	PROVIDER SPECIALTY INFORMATION	N/U	Ignore
	PRV06	Provider Organization Code	N/U	Ignore
2110D	**LE**	**LOOP TRAILER**	**S**	
	LE01	Loop Identifier Code	R	
SE	**SE**	**TRANSACTION SET TRAILER**	**R**	
	SE01	Transaction Segment Count	R	
	SE02	Transaction Set Control Number	R	

SECTION 6 - DATA ELEMENT DICTIONARY (DED)

6.1 Eligibility Messages

ELIGIBILITY MESSAGES			
Loop	Segment	Field	Message
2110C	MSG	MSG01	ELIGIBILITY MESSAGES
			"FAMILY CARE PLAN A, REFER TO NJMMIS.COM FOR NEWSLETTER VOL.10 NO.73"
			"FAMILY CARE PLAN D, REFER TO NJMMIS.COM FOR NEWSLETTER VOL.10 NO.73"
			"FAMILY CARE SERVICE PLAN A, REFER TO NJMMIS.COM FOR NEWSLETTER VOL.8 NO.7"
			"FAMILY CARE SERVICE PLAN B, REFER TO NJMMIS.COM FOR NEWSLETTER VOL.8 NO.7"
			"FAMILY CARE SERVICE PLAN C, REFER TO NJMMIS.COM FOR NEWSLETTER VOL.8 NO.7"
			"FAMILY CARE SERVICE PLAN D, REFER TO NJMMIS.COM FOR NEWSLETTER VOL.8 NO.7"
			"SERVICES AUTHORIZED BY JUVENILE SERVICES"
			"SERVICES AUTHORIZED BY THE DEPT OF CORRECTIONS"
			"SERVICES AUTHORIZED BY COUNTY JUVENILE SERVICES"
			"PLEASE CALL 1-877-652-7624 FOR CHILDRENS BEHAVIORAL HEALTH WAIVER SERVICES"
			"SVC PKG G REFER TO NJMMIS.COM FOR NEWSLETTER VOL.12 NO.48"
			"PACE CLIENT ASK FOR PACE ID CARD NO FFS ALLOWED"
			"PLAN I FFS OR PLAN D WITH HMO REFER TO NJMMIS.COM FOR NWSLTR VOL 13 NO 10"
			"SERVICES RESTRICTED TO UNIT DOSE DRUG CONTRACT"
			"SVC PKG H REFER TO NJMMIS.COM FOR NEWS VOL12 NO 48-NO MENTL HLTH FFS HOSP"
			"THIS CARD WAS USED BY UNAUTHORIZED PERSONS. DO NOT PROVIDE SERVICES UNTIL YOU CHECK ADDITIONAL IDENTIFICATION FROM THE CLIENT"
			"SEE MEDICAID SPECIAL PROGRAM DATA (IF ANY) FOR ADDITIONS/LIMITATIONS TO THE SERVICES."
			"NJ FAMILYCARE PLAN D RECIPIENT ENTITLED TO PLAN C SERVICES EFF 7/1/18. REFER TO NJMMIS.COM FOR NEWSLETTERS VOL.25 NO.12, VOL.23 NO.20; COVERED FOR SUBSTANCE USE DISORDER TREATMENT, REFER TO NEWSLETTER VOL.26 NO. 06."
			"LIMITED TO FEE FOR SERVICE FAMILY PLANNING SERVICES ONLY, REFER TO NJMMIS.COM FOR NEWSLETTER VOL 29, NO. 08"
			"SEE MEDICAID SPECIAL PROGRAM DATA (IF ANY) FOR ADDITIONS/LIMITATIONS TO THE SERVICES." ELIGIBILITY FOR CLAIM PAYMENT IS NOT GUARANTEED BEYOND THE END OF THE CURRENT MONTH."
			"CASE RECORD CLOSED DUE TO DEATH WITH POTENTIAL RECOVERABLE ASSETS"
			"RECIPIENT RECORD CLOSED DUE TO NON-RESPONSE TO REDERMINATION"
			"RECIPIENT VOLUNTARILY DISENROLLED FROM COVERAGE"
			"CASE RECORD CLOSED BECAUSE HE/SHE LIVES OUT OF STATE"
			"CASE RECORD CLOSED DUE TO DUPLICATE ELIGIBILITY RECORD"
			"CASE RECORD CLOSED DUE TO DEATH"
			"CASE RECORD CLOSED DUE TO TRANSFER TO OTHER COUNTY"
			"CASE RECORD CLOSED DUE TO TRANSFER TO ANOTHER PROGRAM"
			"CASE RECORD CLOSED DUE TO INELIGIBILITY"
			"CASE RECORD CLOSED FOR OTHER REASONS"
			"TPL COVERAGE"
			"FAILURE TO PAY PREMIUM"
			"EXCEEDED HCFA FINANCIAL CAP"
			"ELIGIBLE FOR THE PREMIUM SUPPORT PROGRAM (PSP), BUT DID NOT COMPLY WITH ALL OF THE REQUIREMENTS"

ELIGIBILITY MESSAGES			
Loop	Segment	Field	Message
2110C	MSG	MSG01	ELIGIBILITY MESSAGES
			"RECIPIENTS WITH PROGRAM STATUS CODES 486 AND 497 HAVE NOT SELECTED AN HMO WITHIN FOUR (4) MONTHS OF ELIGIBITY EFFECTIVE DATE"
			"CASE RECORD CLOSED AS A RESULT OF GOING INTO A LONG TERM CARE FACILITY (LTCF)"
			"RECIPIENT RECORD CLOSED DUE TO NON-USE OF EBT BENEFITS"
			"RECIPIENT RECORD CLOSED DUE TO NO ELIGIBLE CHILD ON THE CASE (THE LAST OR ONLY CHILD AGED OUT)"
			"REASONABLE OPPORTUNITY PERIOD ENDING"
			"CONTINUATION OF BENEFITS ENDING"
			"MEDICAID EXPANSION RECIPIENT TERMINATED DUE TO MEDICARE"
			"CLOSED BECAUSE RECIPIENT LIVES OUT OF STATE PER PARIS PROJECT"
			"CLOSED BECAUSE RECIPIENT LIVES OUT OF STATE PER NCOA PROJECT"
			"CLOSED BECAUSE RECIPIENT LIVES OUT OF STATE PER VENDOR PROJECT"
			"CHANGE OF PROGRAM STATUS"
			"PHARMACY BENEFIT FOR ANONYMOUS NALOXONE DISPENSE ONLY"

6.2 Special Program Messages

SPECIAL PROGRAM MESSAGES			
Loop	Segment	Field	Message
2110C	MSG	MSG01	SPECIAL PROGRAM MESSAGES
			"COMMUNITY CARE PROGRAM (CCP) AND MONEY FOLLOWS THE PERSON"
			"CRPD WAIVER AND MONEY FOLLOWS THE PERSON"
			"GLOBAL OPTIONS WAIVER AND MONEY FOLLOWS THE PERSON"
			"LIMITED PHARMACY COVERAGE"
			"LIMITED SERVICES. CALL THE MEDICAID HOTLINE AT 1-800-356-1561."
			"NURSING FACILITY LEVEL SERVICES NOT COVERED"
			"PLEASE CALL (877) 774-4243 FOR ADDITIONAL WAIVER SERVICES"
			"PLEASE CALL 1-877-652-7624 FOR CHILDRENS BEHAVIORAL HEALTH WAIVER SERVICES"
			"PLEASE CALL 609-292-4800 FOR ADDITIONAL WAIVER SERVICES"
			"PLEASE CALL 609-292-4800 FOR COMMUNITY RESOURCES WAIVER SERVICES"
			"PLEASE CALL 609-943-4982 OR 609-633-8270 FOR ADDITIONAL WAIVER SERVICES"
			"PLEASE CALL 856-770-5900 FOR ADDITIONAL WAIVER SERVICES"
			"RESTRICTED TO EMERGENCY AND OR LABOR AND DELIVERY SERVICES"
			"TBI WAIVER AND MONEY FOLLOWS THE PERSON"
			"CALL 609-292-4800 BEFORE RENDERING PERSONAL CARE SERVICES"
			"COMMUNITY SUPPORT SERVICES - GENERIC SUPPORTIVE HOUSING, CONTACT CUSTOMER SERVICE AT 1-800-351-1561"
			"COMMUNITY SUPPORT SERVICES - RESIDENTIAL INTENSIVE SUPPORT TEAM, CONTACT CUSTOMER SERVICE AT 1-800-351-1561"
			"COMMUNITY SUPPORT SERVICES - DEVELOPMENTALLY DISABLED/ MENTAL ILLNESS, CONTACT CUSTOMER SERVICE AT 1-800-351-1561"
			"COMMUNITY SUPPORT SERVICES - MEDICALLY ENHANCED SUPPORTIVE HOUSING, CONTACT CUSTOMER SERVICE AT 1-800-351-1561"
			"COMMUNITY SUPPORT SERVICES - FORENSICALLY INVOLVED, CONTACT CUSTOMER

SPECIAL PROGRAM MESSAGES			
Loop	Segment	Field	Message
2110C	MSG	MSG01	SPECIAL PROGRAM MESSAGES
			SERVICE AT 1-800-351-1561"
			"COMMUNITY SUPPORT SERVICES - ENHANCED SUPPORTIVE HOUSING, CONTACT CUSTOMER SERVICE AT 1-800-351-1561"
			"COMMUNITY SUPPORT SERVICES - RESIDENTIAL INTENSIVE SUPPORT TEAM-MESH, CONTACT CUSTOMER SERVICE AT 1-800-351-1561"
			"COMMUNITY SUPPORT SERVICES - AT RISK SUPPORTIVE HOUSING, CONTACT CUSTOMER SERVICE AT 1-800-351-1561"
			"BENEFITS SUSPENDED"

6.3 Lock In Messages

LOCK IN MESSAGES			
Loop	Segment	Field	Message
2110C	MSG	MSG01	LOCK IN MESSAGES
			"LOCKED IN TO DIFFERENT PROVIDER"
			"LOCKED IN TO INQUIRING PROVIDER"
			"LOCKED IN TO PROVIDER"

6.4 Third Party Liability Messages

THIRD PARTY LIABILITY MESSAGES			
Loop	Segment	Field	Message
2110C	MSG	MSG01	MANAGED CARE MESSAGES
			"THE BENEFICIARY HAS COVERAGE WITH ANOTHER INSURER. CONTACT THE INSURER FOR DETAILS ON COVERAGE OR BENEFITS"

6.5 Medicare Messages

MEDICARE MESSAGES			
Loop	Segment	Field	Message
2110C	MSG	MSG01	MEDICARE MESSAGES
			"MEDICARE PART A"
			"MEDICARE PART B"
			"MEDICARE PART A - ASK FOR MEDICARE ID"
			"MEDICARE PART B - ASK FOR MEDICARE ID"

6.6 Managed Care Messages

MANAGED CARE MESSAGES			
Loop	Segment	Field	Message
2110C	MSG	MSG01	MANAGED CARE MESSAGES
			"RECIPIENT IN DDD – EFFECTIVE 10/01/2018, ADDITIONAL SUBSTANCE USE DISORDER AND MENTAL HEALTH SERVICES WITH CERTAIN EXCEPTIONS ARE COVERED BY MCO, REFER TO NEWSLETER VOL. 28 NO. 04"
			"RECIPIENT IN DDD – PRIOR TO 10/1/18 BEHAVORIAL HLTH SVC EXCEPT PARTIAL CARE/PARTIAL HOSP IS COVERED BY HMO"

APPENDIX 1 – VERSION HISTORY

This section lists the changes made to this December 2022 Version of the 270/271 HIPAA Companion Guide compared to the previous version:

December 2022 Version	
PAGE#	**CHANGE**
2 – 53	Changed section numbering in Section 3, Section 4, Section 5, Section 6.
52	Added additional eligibility message to section 6.1 Eligibility Messages.
July 2022 Version	
PAGE#	**CHANGE**
6 - 7	Changed references from Salt Lake City to West Jordan in Section 2.8 Telecommunications Specifications/WEB Specifications.
7	Changed Salt Lake City address to West Jordan address.
11	Replaced SOAP+WSDL example in Section 2.8 Telecommunications Specifications/WEB Specifications.
14	Changed references from Salt Lake City to West Jordan in Section 2.9 POS/MEVS Connectivity.
September 2021 Version	
PAGE#	**CHANGE**
3	Added paragraph to Section 1 – Introduction.
4	Changed e-mail addresses referencing DXC to Gainwell Technologies
March 2021 Version	
PAGE#	**CHANGE**
4	Changed Section 2.3 Dates of Inquiry/Eligibility noting the ability to make inquiries beyond the current calendar month.
51 - 52	Added several new Eligibility Messages.
November 2020 Version	
PAGE#	**CHANGE**
Throughout Document	Changed references from DXC Technology to Gainwell Technologies.
5	Changed the e-mail address for Kelly Pushko.
August 2020 Version	
PAGE#	**CHANGE**
5	Changed contact information for section 2.7 Mew Switch Vendor Approval Process and added sentence to paragraph 2.
June 2020 Version	
PAGE#	**CHANGE**
2	Added Section 6.5 Managed Care Messages to the Table of Contents.
4	Changed the e-mail address in section 2.5 Business Hours Support.
5	Changed the after hours e-mail address and contact number in section 2.6 After Hours Support.
6	Added paragraph item 7 in section 2.7 New Switch Vendor Approval Process.
41	Added NJ Medicaid specific requirement for field MSG01 in Loop 2110C.
53	Added Section 6.5 Managed Care Messages.
October 10, 2019 Version	
PAGE#	**CHANGE**
51	Added additional eligibility message to section 6.0 Eligibility Messages.
52	Added additional special program message to section 6.1 Special Program Messages.

October 2019 Version	
PAGE#	**CHANGE**
40	Changed the description of the value returned when "F6" is populated in the REF01 for Loop 2110C.
41	Added NJ Medicaid specific requirement for field MSG01 in Loop 2110C.
52 – 53	Added Section 6.4 Medicare Messages.
July 2019 Version	
PAGE#	**CHANGE**
51	Added additional eligibility messages to section 6.0 Eligibility Messages. Changed special program message in section 6.1 Special Program Messages.
February 2019 Version	
PAGE#	**CHANGE**
6 & 7	Changed e-mail address for Point of Contact.
October 2018 Version	
PAGE#	**CHANGE**
Throughout Document	Changed references from Molina Medicaid Solutions to DXC Technology.
7	Changed point of contact information for connectivity for Salt Lake City, UT.
October 2017 Version	
PAGE#	**CHANGE**
6	Added NJ IT Duty Pager number.
June 2017 Version	
PAGE#	**CHANGE**
8	Changed the URL for which HTTP + MIME 270 requests are to be submitted to. Also change the Host address in the example of an HTTP MIME Multipart submission.
10	Changed the URL for which SOAP+WSDL requests are to be submitted to.
11 to 12	Changed the example of the SOAP submission. Also changed the example of a SOAP response.
June 2016 Version	
PAGE#	**CHANGE**
2	Added Section 3.0 Character Specifications to the Table of Contents.
4	Added search option, State Bureau Identification (SBI – Unique State Prison Case Number) to section 2.2.
15	Added Section 3.0 Character Specifications regarding NJ Medicaid's use of the basic character set. Added sentence to Section 3.1 regarding use of control character sets used for delimiters.
20	Added NJ specific requirement for field NM109 in Loop 2100C for entry of the SBI.
34	Added NJ specific requirement for field REF02 in Loop 2100C for return of the SBI.
February 2016 Version	
PAGE#	**CHANGE**
52	Added additional Special Program Messages in Section 6.2.
October 2014 Version	
PAGE#	**CHANGE**
2	Section 2.5 was renamed & Section 2.6 was added.
4 - 5	Renamed Section 2.5 from Help Desk Services reorganizing this to 2 separate sections for 2.5 Business Hours Support & 2.6 After Hours Support.
April 2013 Version	
PAGE#	**CHANGE**
8	The URL transactions using an HTTPS MIME multipart request should be made to has been revised. A NOTES: paragraph was added.
9	The HTTPS MIME multipart submission template example was replaced.
10	The last –XbCY was removed from the HTTPS MIME multipart response example.

January 2013 Version	
PAGE#	**CHANGE**
Throughout document	Moved Version History from Section 1 to Appendix 1 causing all subsequent sections to be renumbered.
3	Renamed Section 1.
4 to 6	Renamed Section 2 and its subsections 2.1 to 2.7.
4	Removed Supported Service Type Codes previously listed as Section 3.4. These are now in Appendix 2.
4 & 5	Added information to the Help Desk Services Section 2.5 regarding procedure for switches calling for assistance outside of regular business hours.
6	Renamed Section 2.7, added section for TCP/IP, revised 3rd paragraph.
7	Changed Point Of Contact for Salt Lake City, UT.
8 to 10	Added sections "For Web Submission "and "HTTP+MIME.
10 to 12	Added section "SOAP+WSDL".
13	Renamed Section 2.8.
14	Renamed Sections 2.9 to 2.11.
15	Renamed Section 3 and its subsections 3.1 & 3.2.
16	Renamed Section 4 and its subsections 4.1.
31	Renamed Section 5 and its subsections 5.1 & 5.2.
51	Renamed Section 6 and its subsections 6.1 & 6.2.
62	Renamed Sections 6.3 & 6.4.
53	Added Appendix 1.
54	Added Appendix 2, added additional service type codes supported and revised subsequent paragraphs.
55	Added Appendix 3.
October 2012 Version	
PAGE#	**CHANGE**
7	Changed State contact information for those requesting to become new switch vendors.
April 2012 Version	
PAGE#	**CHANGE**
6	Corrected Service Type code for Urgent Care.
7	Changed State contact information for those requesting to become new switch vendors.
12	Added NJ specific requirement for field ISA14 in ISA Interchange Control Header.
14	Added NJ specific requirement for field NM108 in Loop 2100A.
36	Corrected Loop ID for Loop 2120C.
June 2011 Version	
PAGE#	**CHANGE**
ALL	1st Production version of the 5010 NJ Medicaid 270/271 HIPAA Companion Guide.
May 2011 Version	
PAGE#	**CHANGE**
ALL	1st DRAFT version of the 5010 NJ Medicaid 270/271 HIPAA Companion Guide.

APPENDIX 2 – SUPPORTED SERVICE TYPES

The following service type codes are supported by MEVS:

Specific Codes

1 – Medical Care
2 – Surgical
4 – Diagnostic X-Ray
5 – Diagnostic Lab
6 – Radiation Therapy
7 – Anesthesia
8 – Surgical Assistance
12 – Durable Medical Equipment Purchase
13 – Ambulatory Service Center Facility
18 – Durable Medical Equipment Rental
20 – Second Surgical Opinion
33 – Chiropractic
35 – Dental Care
40 – Oral Surgery
42 – Home Health Care
45 – Hospice
47 – Hospital
48 – Hospital-Inpatient
50 – Hospital-Outpatient
51 – Hospital-Emergency Accident
52 – Hospital-Emergency Medical
53 – Hospital-Ambulatory Surgical
62 – MRI/CAT Scan
65 – Newborn Care
68 – Well Baby Care
73 – Diagnostic Medical
76 – Dialysis
78 – Chemotherapy
80 – Immunizations
81 – Routine Physical
82 – Family Planning
86 – Emergency Services
88 – Pharmacy
93 – Podiatry
98 – Professional (Physician) Visit-Office
99 – Professional (Physician) Visit-Inpatient
A0 – Professional (Physician) Visit-Outpatient
A3 – Professional (Physician) Visit-Home
A6 – Psychotherapy
A7 – Psychiatric- Inpatient
A8 – Psychiatric- Outpatient
AD – Occupational Therapy
AE – Physical Medicine
AF – Speech Therapy
AG – Skilled Nursing Care
AI – Substance Abuse
AL – Vision (Optometry)
BG – Cardiac Rehabilitation
BH – Pediatric
MH – Mental Health
UC – Urgent Care

Generic Code

30 – Health Benefit Plan Coverage

Service type codes returned in the 271 will be based upon the submitted service type codes in the 270 transaction. For inquiries submitted with either a "30" or an unsupported service type code, these specific service type codes will be returned if they are an eligible service and EB01 will be valued with "1" (Active Coverage) – 1, 33, 35, 45, 47, 48, 50, 86, 88, 98, AL, MH, UC. Non eligible service types of these specific supported service type codes would not be returned in this scenario.

If a 270 is submitted with one or more of the above listed specific service type codes and the beneficiary has Medicaid eligibility and the service type(s) are an eligible service, then the submitted specific service type code(s) will be returned in the 271 and EB01 will be valued with "1" (Active Coverage). Submitted non covered service types would not be returned in this scenario.

If a 270 is submitted with one or more of the above specific supported service type codes and the beneficiary has Medicaid Eligibility, but for a plan which does not cover any of the submitted service type code(s) then EB01 will be valued with "I" (Non-Covered) and the submitted service type codes will be returned in the 271.

APPENDIX 3 – PLAN NAMES

The following names will be valued in EB05 on the 271 in Loop 2110C when applicable:

- NJFC/Medicaid
- Institutional Resident
- Presumptively Eligible Preg Women
- NJ Suppl Prenatal Care Program
- Medically Needy
- DYFS/Institutional
- Institutional Resident
- Childrens Behavioral Health Services
- DYFS
- PAAD
- General Assistance
- Cystic Fibrosis
- Juvenile Services
- Depart. Of Corrections
- County Juvenile Services
- Senior Gold