

834 Benefit Enrollment and Maintenance

ASCX12N 834 (004010X095A1)



**Nebraska Department of Health
and Human Services**

DIVISION OF MEDICAID AND LONG-TERM CARE

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Nebraska Medicaid Companion Guide Version: 1.02

Preface:

This Companion Guide to the ASC X12N Implementation Guides adopted under HIPAA clarifies and specifies the data content being requested when data is transmitted electronically to Nebraska Medicaid (NE Medicaid). Transmissions based on this Companion Guide, used in tandem with the X12N Implementation Guides, are compliant with both X12 syntax and those guides.

This Companion Guide is intended to convey information that is within the framework of the ASC X12N Implementation Guides adopted for use under HIPAA. The Companion Guide is not intended to convey information that in any way exceeds the requirements or usage of data expressed in the Implementation Guides.

All enrollment information must be submitted in accordance with the regulations contained within the Nebraska Administration Code (NAC) Title 482, Nebraska Managed Care Program and Title 471, Nebraska Medical Assistance Program.

Introduction:

This Companion Guide contains the format and establishes the data contents of the Benefit Enrollment and Maintenance (834) transaction for use within the context of an Electronic Data Interchange (EDI) environment. This transaction can be used to transfer enrollment information from the sponsor of the insurance coverage, benefits, or policy to a payer.

Note: Only segments used by NE Medicaid are included in this Companion Guide.

Data usage requirements for Nebraska Medicaid will be identified throughout the Guide by shaded segment and element **Nebraska Medicaid Directives**.

Segment Directives provide usage rules for the entire segment and are displayed at the beginning of the segment following the Usage specification. These segment directives are used in the following circumstances:

1. Required Segments – No directive.
2. Situational segments required based on Implementation Guide Notes will be accompanied by the following directive – “Required by NE Medicaid when applicable as specified in the Implementation Guide”.
3. Situational segments always required by NE Medicaid will be accompanied by the following directive – “Required by NE Medicaid”.
4. Situational segments required by NE Medicaid for a specific reason not described in the Implementation Guide will be accompanied by the following directive – “Required by NE Medicaid when {specific instance}”.

Element Directives are shown for a specific data element and are used in both required and situational segments for the following circumstances:

1. When a specific value is required by NE Medicaid, a Nebraska Medicaid Directive will be included indicating the value to use.
2. When a specific qualifier is used by NE Medicaid, a Nebraska Medicaid Directive indicating which qualifiers are used and when they are allowed will be included.
3. When a specific qualifier is not allowed by NE Medicaid, a Nebraska Medicaid Directive indicating not allowed will be included.

Transactions containing information not ASC X12N compliant will be rejected and will not enter into the adjudication system. An ASC X12N 997 will be used to convey the rejection and associated reason.

Data Submission Criteria

Nebraska Medicaid uses the following separators:

* (asterisk) for element separator	ASCII 042
^ (carrot) for sub-element separator	ASCII 094
~ (tilde) for Segment terminator	ASCII 126
(vertical bar) for repeat character	ASCII 124

This Companion Guide can be found on the State of Nebraska Department of Health and Human Services Web site at <http://www.dhhs.ne.gov>

Instructions on Trading Partner Enrollment and Testing requirements are also found on this Web site or by contacting the Medicaid EDI Help Desk at 1-866-498-4357 or 471-9461 (Lincoln Area) or via e-mail at medicaid.edi@dhss.ne.gov.

Revisions to Companion Guide:

For each version of this Companion Guide a summary of the information changed since the previous version will be located in this section. Actual changes will be incorporated into the new version of the Companion Guide which will be published as a complete document.

Changes in Version 1.02:

- Page 3 – Revision: Introduction – Data Submission Criteria has been changed to add a separator of “~ (tilde) for Segment terminator ASCII 126” and to remove “Carriage Return for Segment terminator ASCII 013.”

834

Benefit Enrollment and Maintenance

Functional Group=**BE**

This companion guide includes a transaction summary followed by the detailed information for each loop and segment. Please pay special attention to shaded Segment Notes and Nebraska Medicaid Directives. The ISA/IEA and GS/GE loops are not contained in this Companion Guide. These are addressed by the Trading Partner Enrollment Process.

Transaction Summary:

If "NE Medicaid Usage" says:	Required	Required by Implementation Guide.
	Used	Used by NE Medicaid, see specific requirements in Implementation Guide or in NE Medicaid Directive.
	Not Used	Not used or retained.

Not Defined:

<u>Pos</u>	<u>ID</u>	<u>Segment Name</u>	<u>Max Use</u>	<u>Repeat</u>	<u>NE Medicaid Usage</u>
	ISA	Interchange Control Header	1		Required
	GS	Functional Group Header	1		Required

Heading:

<u>Pos</u>	<u>ID</u>	<u>Segment Name</u>	<u>Max Use</u>	<u>Repeat</u>	<u>NE Medicaid Usage</u>
010	ST	Transaction Set Header	1		Required
020	BGN	Beginning Segment	1		Required
030	REF	Transaction Set Policy Number	1		Not Used
040	DTP	File Effective Date	>1		Used
LOOP ID - 1000A					
070	N1	Sponsor Name	1	<u>1</u>	Required
LOOP ID - 1000B					
070	N1	Payer	1	<u>1</u>	Required
LOOP ID - 1000C					
070	N1	TPA/Broker Name	1	<u>2</u>	Not Used
LOOP ID - 1100C					
120	ACT	TPA/Broker Account Information	1	<u>1</u>	Not Used

Detail:

<u>Pos</u>	<u>ID</u>	<u>Segment Name</u>	<u>Max Use</u>	<u>Repeat</u>	<u>NE Medicaid Usage</u>
LOOP ID - 2000					
010	INS	Member Level Detail	1	<u>>1</u>	Required
020	REF	Subscriber Number	1		Required
020	REF	Member Policy Number	1		Used
020	REF	Member Identification Number	5		Not Used
020	REF	Prior Coverage Months	1		Not Used
025	DTP	Member Level Dates	20		Used
LOOP ID - 2100A					
030	NM1	Member Name	1	<u>1</u>	Required
040	PER	Member Communications Numbers	1		Used
050	N3	Member Residence Street Address	1		Used
060	N4	Member Residence City, State, ZIP Code	1		Used
080	DMG	Member Demographics	1		Used
110	ICM	Member Income	1		Not Used
120	AMT	Member Policy Amounts	4		Not Used

130	HLH	Member Health Information	1		Not Used
150	LUI	Member Language	5		Used
LOOP ID - 2100B				1	
030	NM1	Incorrect Member Name	1		Not Used
080	DMG	Incorrect Member Demographics	1		Not Used
LOOP ID - 2100C				1	
030	NM1	Member Mailing Address	1		Not Used
050	N3	Member Mail Street Address	1		Not Used
060	N4	Member Mail City, State, Zip	1		Not Used
LOOP ID - 2100D				3	
030	NM1	Member Employer	1		Not Used
040	PER	Member Employer Communications Numbers	1		Not Used
050	N3	Member Employer Street Address	1		Not Used
060	N4	Member Employer City, State, Zip	1		Not Used
LOOP ID - 2100E				3	
030	NM1	Member School	1		Not Used
040	PER	Member School Communications Numbers	1		Not Used
050	N3	Member School Street Address	1		Not Used
060	N4	Member School City, State, Zip	1		Not Used
LOOP ID - 2100F				1	
030	NM1	Custodial Parent	1		Not Used
040	PER	Custodial Parent Communications Numbers	1		Not Used
050	N3	Custodial Parent Street Address	1		Not Used
060	N4	Custodial Parent City, State, Zip	1		Not Used
LOOP ID - 2100G				1	
030	NM1	Responsible Person	1		Used
040	PER	Responsible Person Communications Numbers	1		Used
050	N3	Responsible Person Street Address	1		Used
060	N4	Responsible Person City, State, Zip	1		Used
LOOP ID - 2200				1	
200	DSB	Disability Information	1		Not Used
210	DTP	Disability Eligibility Dates	2		Not Used
LOOP ID - 2300				99	
260	HD	Health Coverage	1		Used
270	DTP	Health Coverage Dates	4		Required
280	AMT	Health Coverage Policy	4		Used
290	REF	Health Coverage Policy Number	2		Not Used
300	IDC	Identification Card	10		Not Used
LOOP ID - 2310				30	
310	LX	Provider Information	1		Used
320	NM1	Provider Name	1		Required
360	N4	Provider City, State, ZIP Code	1		Used
370	PER	Provider Communications Numbers	2		Used
395	PLA	PCP Change Reason	1		Used
LOOP ID - 2320				5	
400	COB	Coordination of Benefits	1		Used
405	REF	Additional Coordination of Benefits Identifiers	5		Used
410	N1	Other Insurance Company Name	1		Used
450	DTP	Coordination of Benefits Eligibility Dates	2		Used
690	SE	Transaction Set Trailer	1		Required

Not Defined:

<u>Pos</u>	<u>ID</u>	<u>Segment Name</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Usage</u>
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GE	Functional Group Trailer	1	Required
IEA	Interchange Control Trailer	1	Required

ISA**Interchange Control Header**

Loop: N/A

Elements: 16

User Option (Usage): Required

To start and identify an interchange of zero or more functional groups and interchange-related control segments

Element Summary:

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
ISA01	I01	Authorization Information Qualifier Description: Code to identify the type of information in the Authorization Information <u>Code</u> <u>Name</u> 00 No Authorization Information Present (No Meaningful Information in I02) 03 Additional Data Identification	M	ID	2/2	Required
ISA02	I02	Authorization Information Description: Information used for additional identification or authorization of the interchange sender or the data in the interchange; the type of information is set by the Authorization Information Qualifier (I01)	M	AN	10/10	Required
ISA03	I03	Security Information Qualifier Description: Code to identify the type of information in the Security Information <u>Code</u> <u>Name</u> 00 No Security Information Present (No Meaningful Information in I04) 01 Password	M	ID	2/2	Required
ISA04	I04	Security Information Description: This is used for identifying the security information about the interchange sender or the data in the interchange; the type of information is set by the Security Information Qualifier (I03)	M	AN	10/10	Required
ISA05	I05	Interchange ID Qualifier Description: Qualifier to designate the system/method of code structure used to designate the sender or receiver ID element being qualified Nebraska Medicaid Directive: <i>This ID qualifies the Sender in ISA06.</i> <u>Code</u> <u>Name</u> 01 Duns (Dun & Bradstreet) 14 Duns Plus Suffix 20 Health Industry Number (HIN) 27 Carrier Identification Number as assigned by Health Care Financing Administration (HCFA) 28 Fiscal Intermediary Identification Number as assigned by Health Care Financing Administration (HCFA) 29 Medicare Provider and Supplier Identification Number as assigned by Health Care Financing Administration (HCFA) 30 U.S. Federal Tax Identification Number 33 National Association of Insurance Commissioners Company Code (NAIC) ZZ Mutually Defined	M	ID	2/2	Required
ISA06	I06	Interchange Sender ID Description: Identification code published by the sender for other parties to use as the receiver ID to route data to them; the sender always codes this value in the sender ID element	M	AN	15/15	Required
ISA07	I05	Interchange ID Qualifier Description: Qualifier to designate the system/method of code structure used to designate the sender or receiver ID element being qualified Nebraska Medicaid Directive: <i>This ID qualifies the</i>	M	ID	2/2	Required

Receiver in ISA08.

		<u>Code</u>	<u>Name</u>				
		01	Duns (Dun & Bradstreet)				
		14	Duns Plus Suffix				
		20	Health Industry Number (HIN)				
		27	Carrier Identification Number as assigned by Health Care Financing Administration (HCFA)				
		28	Fiscal Intermediary Identification Number as assigned by Health Care Financing Administration (HCFA)				
		29	Medicare Provider and Supplier Identification Number as assigned by Health Care Financing Administration (HCFA)				
		30	U.S. Federal Tax Identification Number				
		33	National Association of Insurance Commissioners Company Code (NAIC)				
		ZZ	Mutually Defined				
ISA08	I07	Interchange Receiver ID		M	AN	15/15	Required
		Description: Identification code published by the receiver of the data; When sending, it is used by the sender as their sending ID, thus other parties sending to them will use this as a receiving ID to route data to them					
ISA09	I08	Interchange Date		M	DT	6/6	Required
		Description: Date of the interchange					
		Nebraska Medicaid Directive: <i>The date format is YYMMDD.</i>					
ISA10	I09	Interchange Time		M	TM	4/4	Required
		Description: Time of the interchange					
		Nebraska Medicaid Directive: <i>The time format is HHMM.</i>					
ISA11	I10	Interchange Control Standards Identifier		M	ID	1/1	Required
		Description: Code to identify the agency responsible for the control standard used by the message that is enclosed by the interchange header and trailer					
		All valid standard codes are used.					
ISA12	I11	Interchange Control Version Number		M	ID	5/5	Required
		Description: Code specifying the version number of the interchange control segments					
		<u>Code</u>	<u>Name</u>				
		00401	Draft Standards for Trial Use Approved for Publication by ASC X12 Procedures Review Board through October 1997				
ISA13	I12	Interchange Control Number		M	N0	9/9	Required
		Description: A control number assigned by the interchange sender					
		Nebraska Medicaid Directive: <i>The Interchange Control Number, ISA13, must be identical to the associated Interchange Trailer IEA02.</i>					
ISA14	I13	Acknowledgment Requested		M	ID	1/1	Required
		Description: Code sent by the sender to request an interchange acknowledgment (TA1)					
		Nebraska Medicaid Directive: <i>See Section A.1.5.1 for interchange acknowledgment information.</i>					
		All valid standard codes are used.					
ISA15	I14	Usage Indicator		M	ID	1/1	Required
		Description: Code to indicate whether data enclosed by this interchange envelope is test, production or information					
		<u>Code</u>	<u>Name</u>				
		P	Production Data				
		T	Test Data				
ISA16	I15	Component Element Separator		M		1/1	Required
		Description: Type is not applicable; the component element separator is a delimiter and not a data element; this field provides the delimiter used to separate component data elements within a composite data structure; this value must be different than the data element separator and the segment terminator					

GS**Functional Group Header**

Loop: N/A

Elements: 8

User Option (Usage): Required

To indicate the beginning of a functional group and to provide control information

Element Summary:

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
GS01	479	Functional Identifier Code Description: Code identifying a group of application related transaction sets	M	ID	2/2	Required
		Code Name				
		BE Benefit Enrollment and Maintenance (834)				
		FA Functional Acknowledgment (997)				
		HB Eligibility, Coverage or Benefit Information (271)				
		HC Health Care Claim (837)				
		HI Health Care Services Review Information (278)				
		HN Health Care Claim Status Notification (277)				
		HP Health Care Claim Payment/Advice (835)				
		HR Health Care Claim Status Request (276)				
		HS Eligibility, Coverage or Benefit Inquiry (270)				
		RA Payment Order/Remittance Advice (820)				
GS02	142	Application Sender's Code Description: Code identifying party sending transmission; codes agreed to by trading partners	M	AN	2/15	Required
		Nebraska Medicaid Directive: Use this code to identify the unit sending the information.				
GS03	124	Application Receiver's Code Description: Code identifying party receiving transmission; codes agreed to by trading partners	M	AN	2/15	Required
		Nebraska Medicaid Directive: Use this code to identify the unit receiving the information.				
GS04	373	Date Description: Date expressed as CCYYMMDD	M	DT	8/8	Required
		Nebraska Medicaid Directive: Use this date for the functional group creation date.				
GS05	337	Time Description: Time expressed in 24-hour clock time as follows: HHMM, or HHMMSS, or HHMMSSD, or HHMMSSDD, where H = hours (00-23), M = minutes (00-59), S = integer seconds (00-59) and DD = decimal seconds; decimal seconds are expressed as follows: D = tenths (0-9) and DD = hundredths (00-99)	M	TM	4/8	Required
		Nebraska Medicaid Directive: Use this time for the creation time. The recommended format is HHMM.				
GS06	28	Group Control Number Description: Assigned number originated and maintained by the sender	M	N0	1/9	Required
GS07	455	Responsible Agency Code Description: Code identifying the issuer of the standard; this code is used in conjunction with Data Element 480	M	ID	1/2	Required
		Code Name				
		X Accredited Standards Committee X12				
GS08	480	Version / Release / Industry Identifier Code Description: Code indicating the version, release, subrelease, and industry identifier of the EDI standard being used, including the GS and GE	M	AN	1/12	Required

segments; if code in DE455 in GS segment is X, then in DE 480 positions 1-3 are the version number; positions 4-6 are the release and subrelease, level of the version; and positions 7-12 are the industry or trade association identifiers (optionally assigned by user); if code in DE455 in GS segment is T, then other formats are allowed

<u>Code</u>	<u>Name</u>
004010	Draft Standards Approved for Publication by ASC X12 Procedures Review Board through October 1997
004010X061A1	Draft Standards Approved for Publication by ASC X12 Procedures Review Board through October 1997, as published in this implementation guide.
004010X091A1	Draft Standards Approved for Publication by ASC X12 Procedures Review Board through October 1997, as published in this implementation guide.
004010X092A1	Draft Standards Approved for Publication by ASC X12 Procedures Review Board through October 1997, as published in this implementation guide.
004010X093A1	Draft Standards Approved for Publication by ASC X12 Procedures Review Board through October 1997, as published in this implementation guide.
004010X094A1	Draft Standards Approved for Publication by ASC X12 Procedures Review Board through October 1997, as published in this implementation guide.
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004010X098A1	Draft Standards Approved for Publication by ASC X12 Procedures Review Board through October 1997, as published in this implementation guide.

ST

Transaction Set Header

Loop: N/A

Elements: 2

User Option (Usage): Required

To indicate the start of a transaction set and to assign a control number

Element Summary:

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
ST01	143	Transaction Set Identifier Code Description: Code uniquely identifying a Transaction Set	M	ID	3/3	Required
ST02	329	Transaction Set Control Number Description: Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set	M	AN	4/9	Required

BGN Beginning Segment

Loop: N/A

Elements: 7

User Option (Usage): Required

To indicate the beginning of a transaction set

Element Summary:

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>								
BGN01	353	Transaction Set Purpose Code Description: Code identifying purpose of transaction set	M	ID	2/2	Required								
		<table border="1"> <thead> <tr> <th><u>Code</u></th> <th><u>Name</u></th> </tr> </thead> <tbody> <tr> <td>00</td> <td>Original</td> </tr> <tr> <td>15</td> <td>Re-Submission</td> </tr> <tr> <td>22</td> <td>Information Copy</td> </tr> </tbody> </table>	<u>Code</u>	<u>Name</u>	00	Original	15	Re-Submission	22	Information Copy				
<u>Code</u>	<u>Name</u>													
00	Original													
15	Re-Submission													
22	Information Copy													
BGN02	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	M	AN	1/30	Required								
		Industry: Transaction Set Identifier Code												
BGN03	373	Date Description: Date expressed as CCYYMMDD	M	DT	8/8	Required								
		Industry: Transaction Set Creation Date												
BGN04	337	Time Description: Time expressed in 24-hour clock time as follows: HHMM, or HHMMSS, or HHMMSSD, or HHMMSSDD, where H = hours (00-23), M = minutes (00-59), S = integer seconds (00-59) and DD = decimal seconds; decimal seconds are expressed as follows: D = tenths (0-9) and DD = hundredths (00-99)	C	TM	4/8	Required								
		Industry: Transaction Set Creation Time												
BGN05	623	Time Code Description: Code identifying the time. In accordance with International Standards Organization standard 8601, time can be specified by a + or - and an indication in hours in relation to Universal Time Coordinate (UTC) time; since + is a restricted character, + and - are substituted by P and M in the codes that follow	O	ID	2/2	Situational								
		Industry: Time Zone Code All valid standard codes are used.												
BGN06	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	O	AN	1/30	Situational								
		Industry: Transaction Set Identifier Code												
BGN08	306	Action Code Description: Code indicating type of action Nebraska Medicaid Directive: NE Medicaid uses code "2".	O	ID	1/2	Required								
		<table border="1"> <thead> <tr> <th><u>Code</u></th> <th><u>Name</u></th> </tr> </thead> <tbody> <tr> <td>2</td> <td>Change (Update)</td> </tr> </tbody> </table>	<u>Code</u>	<u>Name</u>	2	Change (Update)								
<u>Code</u>	<u>Name</u>													
2	Change (Update)													

DTP File Effective Date

Loop: N/A

Elements: 3

User Option (Usage): Situational

To specify any or all of a date, a time, or a time period

Nebraska Medicaid Directive:

Required by NE Medicaid when applicable as specified in the Implementation Guide.

Element Summary:

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>				
DTP01	374	Date/Time Qualifier Description: Code specifying type of date or time, or both date and time Industry: <i>Date Time Qualifier</i> Nebraska Medicaid Directive: <i>NE Medicaid will use code "382".</i>	M	ID	3/3	Required				
DTP02	1250	<table border="1"> <thead> <tr> <th><u>Code</u></th> <th><u>Name</u></th> </tr> </thead> <tbody> <tr> <td>382</td> <td>Enrollment</td> </tr> </tbody> </table> Date Time Period Format Qualifier Description: Code indicating the date format, time format, or date and time format	<u>Code</u>	<u>Name</u>	382	Enrollment	M	ID	2/3	Required
<u>Code</u>	<u>Name</u>									
382	Enrollment									
DTP03	1251	<table border="1"> <thead> <tr> <th><u>Code</u></th> <th><u>Name</u></th> </tr> </thead> <tbody> <tr> <td>D8</td> <td>Date Expressed in Format CCYYMMDD</td> </tr> </tbody> </table> Date Time Period Description: Expression of a date, a time, or range of dates, times or dates and times	<u>Code</u>	<u>Name</u>	D8	Date Expressed in Format CCYYMMDD	M	AN	1/35	Required
<u>Code</u>	<u>Name</u>									
D8	Date Expressed in Format CCYYMMDD									

N1**Sponsor Name**

Loop: 1000A

Elements: 4

User Option (Usage): Required

To identify a party by type of organization, name, and code

Element Summary:

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
N101	98	Entity Identifier Code Description: Code identifying an organizational entity, a physical location, property or an individual <u>Code</u> <u>Name</u> P5 Plan Sponsor	M	ID	2/3	Required
N102	93	Name Description: Free-form name Industry: <i>Plan Sponsor Name</i> Nebraska Medicaid Directive: <i>This will be "NE Medicaid".</i>	C	AN	1/60	Situational
N103	66	Identification Code Qualifier Description: Code designating the system/method of code structure used for Identification Code (67) <u>Code</u> <u>Name</u> FI Federal Taxpayer's Identification Number	C	ID	1/2	Required
N104	67	Identification Code Description: Code identifying a party or other code Industry: <i>Sponsor Identifier</i>	C	AN	2/80	Required

N1

Payer

Loop: 1000B

Elements: 4

User Option (Usage): Required

To identify a party by type of organization, name, and code

Element Summary:

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
N101	98	Entity Identifier Code Description: Code identifying an organizational entity, a physical location, property or an individual <u>Code</u> <u>Name</u> IN Insurer	M	ID	2/3	Required
N102	93	Name Description: Free-form name Industry: <i>Insurer Name</i>	C	AN	1/60	Situational
N103	66	Identification Code Qualifier Description: Code designating the system/method of code structure used for Identification Code (67) Nebraska Medicaid Directive: <i>NE Medicaid will send code "FI" only.</i> <u>Code</u> <u>Name</u> FI Federal Taxpayer's Identification Number	C	ID	1/2	Required
N104	67	Identification Code Description: Code identifying a party or other code Industry: <i>Insurer Identification Code</i>	C	AN	2/80	Required

INS**Member Level Detail**

Loop: 2000

Elements: 13

User Option (Usage): Required

To provide benefit information on insured entities

Element Summary:

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
INS01	1073	Yes/No Condition or Response Code Description: Code indicating a Yes or No condition or response Industry: <i>Insured Indicator</i>	M	ID	1/1	Required
		Code Name N No Y Yes				
INS02	1069	Individual Relationship Code Description: Code indicating the relationship between two individuals or entities Nebraska Medicaid Directive: <i>NE Medicaid will always send code "18".</i>	M	ID	2/2	Required
		Code Name 18 Self				
INS03	875	Maintenance Type Code Description: Code identifying the specific type of item maintenance Nebraska Medicaid Directive: <i>NE Medicaid will send code "001" for current enrollment and plan transfers, "021" for new enrollments, and "024" for terminated enrollments.</i>	O	ID	3/3	Required
		Code Name 001 Change 021 Addition 024 Cancellation or Termination				
INS04	1203	Maintenance Reason Code Description: Code identifying the reason for the maintenance change Nebraska Medicaid Directive: <i>NE Medicaid will only send code "07", "20", "22", or "28".</i>	O	ID	2/3	Situational
		Code Name 07 Termination of Benefits 20 Active 22 Plan Change 28 Initial Enrollment				
INS05	1216	Benefit Status Code Description: The type of coverage under which benefits are paid Nebraska Medicaid Directive: <i>NE Medicaid will always send code "A".</i>	O	ID	1/1	Required
		Code Name A Active				
INS06	1218	Medicare Plan Code Description: Code identifying the Medicare Plan Nebraska Medicaid Directive: <i>NE Medicaid will always send code "E".</i>	O	ID	1/1	Situational
		Code Name E No Medicare				
INS07	1219	Consolidated Omnibus Budget Reconciliation Act (COBRA) Qualifying Event Code Description: A Qualifying Event is any of the	O	ID	1/2	Not used

		following which results in loss of coverage for a Qualified Beneficiary				
INS08	584	Industry: <i>Consolidated Omnibus Budget Reconciliation Act (COBRA) Qualifying Event Code</i> Employment Status Code Description: Code showing the general employment status of an employee/claimant Nebraska Medicaid Directive: <i>NE Medicaid will send code "FT" or "TE".</i>	O	ID	2/2	Situational
		Code Name FT Full-time TE Terminated				
INS09	1220	Student Status Code Description: Code indicating the student status of the patient if 19 years of age or older, not handicapped and not the insured All valid standard codes are used.	O	ID	1/1	Not used
INS10	1073	Yes/No Condition or Response Code Description: Code indicating a Yes or No condition or response	O	ID	1/1	Not used
INS11	1250	Industry: <i>Handicap Indicator</i> Date Time Period Format Qualifier Description: Code indicating the date format, time format, or date and time format	C	ID	2/3	Not used
INS12	1251	Date Time Period Description: Expression of a date, a time, or range of dates, times or dates and times	C	AN	1/35	Not used
INS17	1470	Industry: <i>Insured Individual Death Date</i> Number Description: A generic number Industry: <i>Birth Sequence Number</i>	O	N0	1/9	Not used

REF

Subscriber Number

Loop: 2000

Elements: 2

User Option (Usage): Required

To specify identifying information

Element Summary:

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>				
REF01	128	Reference Identification Qualifier Description: Code qualifying the Reference Identification	M	ID	2/3	Required				
REF02	127	<table border="1"> <thead> <tr> <th><u>Code</u></th> <th><u>Name</u></th> </tr> </thead> <tbody> <tr> <td>0F</td> <td>Subscriber Number</td> </tr> </tbody> </table> Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Industry: <i>Subscriber Identifier</i> Nebraska Medicaid Directive: <i>NE Medicaid will send the 11-digit Medicaid ID Number of the client.</i>	<u>Code</u>	<u>Name</u>	0F	Subscriber Number	C	AN	1/30	Required
<u>Code</u>	<u>Name</u>									
0F	Subscriber Number									

REF Member Policy Number

Loop: 2000

Elements: 2

User Option (Usage): Situational

To specify identifying information

Nebraska Medicaid Directive:

Required by NE Medicaid when applicable as specified in the Implementation Guide.

Element Summary:

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
REF01	128	Reference Identification Qualifier Description: Code qualifying the Reference Identification	M	ID	2/3	Required
		Code Name 1L Group or Policy Number				
REF02	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Industry: <i>Insured Group or Policy Number</i> Nebraska Medicaid Directive: <i>NE Medicaid will send the 11-digit Medicaid ID Number of the client.</i>	C	AN	1/30	Required

DTP Member Level Dates

Loop: 2000

Elements: 3

User Option (Usage): Situational

To specify any or all of a date, a time, or a time period

Nebraska Medicaid Directive:

Required by NE Medicaid when applicable as specified in the Implementation Guide.

Element Summary:

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>						
DTP01	374	Date/Time Qualifier Description: Code specifying type of date or time, or both date and time Industry: <i>Date Time Qualifier</i> Nebraska Medicaid Directive: <i>NE Medicaid will use code "473" and "474".</i>	M	ID	3/3	Required						
		<table border="1"> <thead> <tr> <th><u>Code</u></th> <th><u>Name</u></th> </tr> </thead> <tbody> <tr> <td>473</td> <td>Medicaid Begin</td> </tr> <tr> <td>474</td> <td>Medicaid End</td> </tr> </tbody> </table>	<u>Code</u>	<u>Name</u>	473	Medicaid Begin	474	Medicaid End				
<u>Code</u>	<u>Name</u>											
473	Medicaid Begin											
474	Medicaid End											
DTP02	1250	Date Time Period Format Qualifier Description: Code indicating the date format, time format, or date and time format Code Name D8 Date Expressed in Format CCYYMMDD	M	ID	2/3	Required						
DTP03	1251	Date Time Period Description: Expression of a date, a time, or range of dates, times or dates and times Industry: <i>Status Information Effective Date</i>	M	AN	1/35	Required						

NM1 Member Name

Loop: 2100A

Elements: 9

User Option (Usage): Required

To supply the full name of an individual or organizational entity

Element Summary:

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>				
NM101	98	Entity Identifier Code Description: Code identifying an organizational entity, a physical location, property or an individual Nebraska Medicaid Directive: <i>NE Medicaid will send code "IL".</i>	M	ID	2/3	Required				
		<table border="0"> <tr> <td><u>Code</u></td> <td><u>Name</u></td> </tr> <tr> <td>IL</td> <td>Insured or Subscriber</td> </tr> </table>	<u>Code</u>	<u>Name</u>	IL	Insured or Subscriber				
<u>Code</u>	<u>Name</u>									
IL	Insured or Subscriber									
NM102	1065	Entity Type Qualifier Description: Code qualifying the type of entity	M	ID	1/1	Required				
		<table border="0"> <tr> <td><u>Code</u></td> <td><u>Name</u></td> </tr> <tr> <td>1</td> <td>Person</td> </tr> </table>	<u>Code</u>	<u>Name</u>	1	Person				
<u>Code</u>	<u>Name</u>									
1	Person									
NM103	1035	Name Last or Organization Name Description: Individual last name or organizational name	O	AN	1/35	Required				
		Industry: <i>Subscriber Last Name</i>								
NM104	1036	Name First Description: Individual first name	O	AN	1/25	Required				
		Industry: <i>Subscriber First Name</i>								
NM105	1037	Name Middle Description: Individual middle name or initial	O	AN	1/25	Situational				
		Industry: <i>Subscriber Middle Name</i>								
NM106	1038	Name Prefix Description: Prefix to individual name	O	AN	1/10	Situational				
		Industry: <i>Subscriber Name Prefix</i>								
NM107	1039	Name Suffix Description: Suffix to individual name	O	AN	1/10	Situational				
		Industry: <i>Subscriber Name Suffix</i>								
NM108	66	Identification Code Qualifier Description: Code designating the system/method of code structure used for Identification Code (67) Nebraska Medicaid Directive: <i>NE Medicaid will send code "34".</i>	C	ID	1/2	Situational				
		<table border="0"> <tr> <td><u>Code</u></td> <td><u>Name</u></td> </tr> <tr> <td>34</td> <td>Social Security Number</td> </tr> </table>	<u>Code</u>	<u>Name</u>	34	Social Security Number				
<u>Code</u>	<u>Name</u>									
34	Social Security Number									
NM109	67	Identification Code Description: Code identifying a party or other code Industry: <i>Subscriber Identifier</i>	C	AN	2/80	Situational				

PER Member Communications Numbers

Loop: 2100A

Elements: 7

User Option (Usage): Situational

To identify a person or office to whom administrative communications should be directed

Nebraska Medicaid Directive:

Required by NE Medicaid when applicable as specified in the Implementation Guide.

Element Summary:

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
PER01	366	Contact Function Code Description: Code identifying the major duty or responsibility of the person or group named	M	ID	2/2	Required
		Code Name IP Insured Party				
PER03	365	Communication Number Qualifier Description: Code identifying the type of communication number Nebraska Medicaid Directive: NE Medicaid will use code "TE".	C	ID	2/2	Required
		Code Name TE Telephone				
PER04	364	Communication Number Description: Complete communications number including country or area code when applicable	C	AN	1/80	Required
PER05	365	Communication Number Qualifier Description: Code identifying the type of communication number	C	ID	2/2	Not used
PER06	364	Communication Number Description: Complete communications number including country or area code when applicable	C	AN	1/80	Not used
PER07	365	Communication Number Qualifier Description: Code identifying the type of communication number	C	ID	2/2	Not used
PER08	364	Communication Number Description: Complete communications number including country or area code when applicable	C	AN	1/80	Not used

N3

Member Residence Street Address

Loop: 2100A

Elements: 2

User Option (Usage): Situational

To specify the location of the named party

Nebraska Medicaid Directive:

Required by NE Medicaid when applicable as specified in the Implementation Guide.

Element Summary:

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
N301	166	Address Information Description: Address information Industry: <i>Subscriber Address Line</i>	M	AN	1/55	Required
N302	166	Address Information Description: Address information Industry: <i>Subscriber Address Line</i>	O	AN	1/55	Situational

N4**Member Residence City, State,
ZIP Code**

Loop: 2100A

Elements: 6

User Option (Usage): Situational

To specify the geographic place of the named party

Nebraska Medicaid Directive:*Required by NE Medicaid when applicable as specified in the Implementation Guide.***Element Summary:**

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
N401	19	City Name Description: Free-form text for city name Industry: <i>Subscriber City Name</i>	O	AN	2/30	Required
N402	156	State or Province Code Description: Code (Standard State/Province) as defined by appropriate government agency Industry: <i>Subscriber State Code</i>	O	ID	2/2	Required
N403	116	Postal Code Description: States and Outlying Areas of the U.S. Description: Code defining international postal zone code excluding punctuation and blanks (zip code for United States) Industry: <i>Subscriber Postal Zone or ZIP Code</i>	O	ID	3/15	Required
N404	26	Country Code Description: ZIP Code Description: Code identifying the country ExternalCodeList Name: 51	O	ID	2/3	Not used
N405	309	Location Qualifier Description: Countries, Currencies and Funds Description: Code identifying type of location	C	ID	1/2	Not used
N406	310	Location Identifier Description: Code which identifies a specific location Industry: <i>Location Identification Code</i>	O	AN	1/30	Not used

DMG Member Demographics

Loop: 2100A

Elements: 6

User Option (Usage): Situational

To supply demographic information

Nebraska Medicaid Directive:

Required by NE Medicaid when applicable as specified in the Implementation Guide.

Element Summary:

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
DMG01	1250	Date Time Period Format Qualifier Description: Code indicating the date format, time format, or date and time format	C	ID	2/3	Required
		Code Name D8 Date Expressed in Format CCYYMMDD				
DMG02	1251	Date Time Period Description: Expression of a date, a time, or range of dates, times or dates and times	C	AN	1/35	Required
		Industry: <i>Member Birth Date</i>				
DMG03	1068	Gender Code Description: Code indicating the sex of the individual	O	ID	1/1	Required
		Code Name F Female M Male U Unknown				
DMG04	1067	Marital Status Code Description: Code defining the marital status of a person	O	ID	1/1	Situational
		Nebraska Medicaid Directive: <i>NE Medicaid will use code "D", "I", "M", "U", "W", and "X".</i>				
		Code Name D Divorced I Single M Married U Unmarried (Single or Divorced or Widowed) W Widowed X Legally Separated				
DMG05	1109	Race or Ethnicity Code Description: Code indicating the racial or ethnic background of a person; it is normally self-reported; Under certain circumstances this information is collected for United States Government statistical purposes	O	ID	1/1	Situational
		All valid standard codes are used.				
DMG06	1066	Citizenship Status Code Description: Code indicating citizenship status	O	ID	1/2	Not used

LUI Member Language

Loop: 2100A

Elements: 4

User Option (Usage): Situational

To specify language, type of usage, and proficiency or fluency

Nebraska Medicaid Directive:

Required by NE Medicaid when applicable as specified in the Implementation Guide.

Element Summary:

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>						
LUI01	66	Identification Code Qualifier Description: Code designating the system/method of code structure used for Identification Code (67) Nebraska Medicaid Directive: NE Medicaid will use code "LD".	C	ID	1/2	Situational						
LUI02	67	<table border="1"> <thead> <tr> <th><u>Code</u></th> <th><u>Name</u></th> </tr> </thead> <tbody> <tr> <td>LD</td> <td>NISO Z39.53 Language Codes</td> </tr> </tbody> </table> Identification Code Description: Code identifying a party or other code Industry: Language Code	<u>Code</u>	<u>Name</u>	LD	NISO Z39.53 Language Codes	C	AN	2/80	Situational		
<u>Code</u>	<u>Name</u>											
LD	NISO Z39.53 Language Codes											
LUI03	352	ExternalCodeList Name: 102 Description: Languages ExternalCodeList Name: 457 Description: NISO Z39.53 Language Code List	C	AN	1/80	Situational						
LUI04	1303	Description Description: A free-form description to clarify the related data elements and their content Industry: Language Description Use of Language Indicator Description: Code indicating the use of a language Industry: Language Use Indicator Nebraska Medicaid Directive: NE Medicaid will use codes "5" and "7".	O	ID	1/2	Situational						
		<table border="1"> <thead> <tr> <th><u>Code</u></th> <th><u>Name</u></th> </tr> </thead> <tbody> <tr> <td>5</td> <td>Language Reading</td> </tr> <tr> <td>7</td> <td>Language Speaking</td> </tr> </tbody> </table>	<u>Code</u>	<u>Name</u>	5	Language Reading	7	Language Speaking				
<u>Code</u>	<u>Name</u>											
5	Language Reading											
7	Language Speaking											

NM1 Responsible Person

Loop: 2100G

Elements: 9

User Option (Usage): Situational

To supply the full name of an individual or organizational entity

Nebraska Medicaid Directive:

Required by NE Medicaid when applicable as specified in the Implementation Guide.

Element Summary:

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>				
NM101	98	Entity Identifier Code Description: Code identifying an organizational entity, a physical location, property or an individual Nebraska Medicaid Directive: NE Medicaid will use code "QD" to report the head of household. This loop will not be sent if the member is the head of household.	M	ID	2/3	Required				
		<table border="1"> <thead> <tr> <th><u>Code</u></th> <th><u>Name</u></th> </tr> </thead> <tbody> <tr> <td>QD</td> <td>Responsible Party</td> </tr> </tbody> </table>	<u>Code</u>	<u>Name</u>	QD	Responsible Party				
<u>Code</u>	<u>Name</u>									
QD	Responsible Party									
NM102	1065	Entity Type Qualifier Description: Code qualifying the type of entity	M	ID	1/1	Required				
		<table border="1"> <thead> <tr> <th><u>Code</u></th> <th><u>Name</u></th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Person</td> </tr> </tbody> </table>	<u>Code</u>	<u>Name</u>	1	Person				
<u>Code</u>	<u>Name</u>									
1	Person									
NM103	1035	Name Last or Organization Name Description: Individual last name or organizational name Industry: Responsible Party Last or Organization Name	O	AN	1/35	Required				
NM104	1036	Name First Description: Individual first name Industry: Responsible Party First Name	O	AN	1/25	Required				
NM105	1037	Name Middle Description: Individual middle name or initial Industry: Responsible Party Middle Name	O	AN	1/25	Situational				
NM106	1038	Name Prefix Description: Prefix to individual name Industry: Responsible Party Name Prefix	O	AN	1/10	Situational				
NM107	1039	Name Suffix Description: Suffix to individual name Industry: Responsible Party Suffix Name	O	AN	1/10	Not used				
NM108	66	Identification Code Qualifier Description: Code designating the system/method of code structure used for Identification Code (67)	C	ID	1/2	Not used				
NM109	67	Identification Code Description: Code identifying a party or other code Industry: Responsible Party Identifier	C	AN	2/80	Not used				

PER Responsible Person Communications Numbers

Loop: 2100G

Elements: 7

User Option (Usage): Situational

To identify a person or office to whom administrative communications should be directed

Nebraska Medicaid Directive:

Required by NE Medicaid when applicable as specified in the Implementation Guide.

Element Summary:

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
PER01	366	Contact Function Code Description: Code identifying the major duty or responsibility of the person or group named	M	ID	2/2	Required
		Code Name RP Responsible Person				
PER03	365	Communication Number Qualifier Description: Code identifying the type of communication number	C	ID	2/2	Required
		Nebraska Medicaid Directive: <i>NE Medicaid will use "TE".</i>				
		Code Name TE Telephone				
PER04	364	Communication Number Description: Complete communications number including country or area code when applicable	C	AN	1/80	Required
PER05	365	Communication Number Qualifier Description: Code identifying the type of communication number	C	ID	2/2	Not used
PER06	364	Communication Number Description: Complete communications number including country or area code when applicable	C	AN	1/80	Not used
PER07	365	Communication Number Qualifier Description: Code identifying the type of communication number	C	ID	2/2	Not used
PER08	364	Communication Number Description: Complete communications number including country or area code when applicable	C	AN	1/80	Not used

N3

Responsible Person Street Address

Loop: 2100G

Elements: 2

User Option (Usage): Situational

To specify the location of the named party

Nebraska Medicaid Directive:

Required by NE Medicaid when applicable as specified in the Implementation Guide.

Element Summary:

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
N301	166	Address Information Description: Address information Industry: Responsible Party Address Line	M	AN	1/55	Required
N302	166	Address Information Description: Address information Industry: Responsible Party Address Line	O	AN	1/55	Situational

N4**Responsible Person City, State,
Zip**

Loop: 2100G

Elements: 4

User Option (Usage): Situational

To specify the geographic place of the named party

Nebraska Medicaid Directive:*Required by NE Medicaid when applicable as specified in the Implementation Guide.***Element Summary:**

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
N401	19	City Name Description: Free-form text for city name Industry: <i>Responsible Party City Name</i>	O	AN	2/30	Required
N402	156	State or Province Code Description: Code (Standard State/Province) as defined by appropriate government agency Industry: <i>Responsible Party State Code</i>	O	ID	2/2	Required
N403	116	Postal Code Description: States and Outlying Areas of the U.S. Description: Code defining international postal zone code excluding punctuation and blanks (zip code for United States) Industry: <i>Responsible Party Postal Zone or ZIP Code</i>	O	ID	3/15	Required
N404	26	Country Code Description: ZIP Code Description: Code identifying the country Industry: <i>Responsible Party Country Code</i>	O	ID	2/3	Not used

HD Health Coverage

Loop: 2300

Elements: 4

User Option (Usage): Situational

To provide information on health coverage

Nebraska Medicaid Directive:

Required by NE Medicaid when applicable as specified in the Implementation Guide.

Element Summary:

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>								
HD01	875	Maintenance Type Code Description: Code identifying the specific type of item maintenance Nebraska Medicaid Directive: NE Medicaid will use code "001", "021", and "024". <table border="1"> <thead> <tr> <th><u>Code</u></th> <th><u>Name</u></th> </tr> </thead> <tbody> <tr> <td>001</td> <td>Change</td> </tr> <tr> <td>021</td> <td>Addition</td> </tr> <tr> <td>024</td> <td>Cancellation or Termination</td> </tr> </tbody> </table>	<u>Code</u>	<u>Name</u>	001	Change	021	Addition	024	Cancellation or Termination	M	ID	3/3	Required
<u>Code</u>	<u>Name</u>													
001	Change													
021	Addition													
024	Cancellation or Termination													
HD03	1205	Insurance Line Code Description: Code identifying a group of insurance products Nebraska Medicaid Directive: NE Medicaid will use code "HLT". <table border="1"> <thead> <tr> <th><u>Code</u></th> <th><u>Name</u></th> </tr> </thead> <tbody> <tr> <td>HLT</td> <td>Health</td> </tr> </tbody> </table>	<u>Code</u>	<u>Name</u>	HLT	Health	O	ID	2/3	Required				
<u>Code</u>	<u>Name</u>													
HLT	Health													
HD04	1204	Plan Coverage Description Description: A description or number that identifies the plan or coverage	O	AN	1/50	Situational								
HD05	1207	Coverage Level Code Description: Code indicating the level of coverage being provided for this insured Nebraska Medicaid Directive: NE Medicaid will use code "IND". <table border="1"> <thead> <tr> <th><u>Code</u></th> <th><u>Name</u></th> </tr> </thead> <tbody> <tr> <td>IND</td> <td>Individual</td> </tr> </tbody> </table>	<u>Code</u>	<u>Name</u>	IND	Individual	O	ID	3/3	Situational				
<u>Code</u>	<u>Name</u>													
IND	Individual													

DTP Health Coverage Dates

Loop: 2300

Elements: 3

User Option (Usage): Required

To specify any or all of a date, a time, or a time period

Element Summary:

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
DTP01	374	Date/Time Qualifier Description: Code specifying type of date or time, or both date and time Industry: <i>Date Time Qualifier</i> Nebraska Medicaid Directive: <i>NE Medicaid will use code "348" and "349".</i>	M	ID	3/3	Required
		Code Name 348 Benefit Begin 349 Benefit End				
DTP02	1250	Date Time Period Format Qualifier Description: Code indicating the date format, time format, or date and time format	M	ID	2/3	Required
		Code Name D8 Date Expressed in Format CCYYMMDD				
DTP03	1251	Date Time Period Description: Expression of a date, a time, or range of dates, times or dates and times Industry: <i>Coverage Period</i>	M	AN	1/35	Required

AMT Health Coverage Policy

Loop: 2300

Elements: 2

User Option (Usage): Situational

To indicate the total monetary amount

Nebraska Medicaid Directive:

Required by NE Medicaid when applicable as specified in the Implementation Guide.

Element Summary:

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>				
AMT01	522	Amount Qualifier Code Description: Code to qualify amount Nebraska Medicaid Directive: NE Medicaid will use code "P3".	M	ID	1/3	Required				
		<table border="1"> <thead> <tr> <th><u>Code</u></th> <th><u>Name</u></th> </tr> </thead> <tbody> <tr> <td>P3</td> <td>Premium Amount</td> </tr> </tbody> </table>	<u>Code</u>	<u>Name</u>	P3	Premium Amount				
<u>Code</u>	<u>Name</u>									
P3	Premium Amount									
AMT02	782	Monetary Amount Description: Monetary amount Industry: Contract Amount Nebraska Medicaid Directive: NE Medicaid will send the "normal" capitation amount in the first occurrence of this loop, even if the amount is \$0.00. When an "eligible unborn" capitation amount was paid, that amount will be reported in the second occurrence of this loop.	M	R	1/18	Required				

LX

Provider Information

Loop: 2310

Elements: 1

User Option (Usage): Situational

To reference a line number in a transaction set

Nebraska Medicaid Directive:

Required by NE Medicaid when applicable as specified in the Implementation Guide.

Element Summary:

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
LX01	554	Assigned Number Description: Number assigned for differentiation within a transaction set	M	N0	1/6	Required

NM1 Provider Name

Loop: 2310

Elements: 10

User Option (Usage): Required

To supply the full name of an individual or organizational entity

Element Summary:

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>				
NM101	98	Entity Identifier Code Description: Code identifying an organizational entity, a physical location, property or an individual Nebraska Medicaid Directive: NE Medicaid will use code "P3".	M	ID	2/3	Required				
		<table border="0"> <tr> <td><u>Code</u></td> <td><u>Name</u></td> </tr> <tr> <td>P3</td> <td>Primary Care Provider</td> </tr> </table>	<u>Code</u>	<u>Name</u>	P3	Primary Care Provider				
<u>Code</u>	<u>Name</u>									
P3	Primary Care Provider									
NM102	1065	Entity Type Qualifier Description: Code qualifying the type of entity Nebraska Medicaid Directive: NE Medicaid will use code "1".	M	ID	1/1	Required				
		<table border="0"> <tr> <td><u>Code</u></td> <td><u>Name</u></td> </tr> <tr> <td>1</td> <td>Person</td> </tr> </table>	<u>Code</u>	<u>Name</u>	1	Person				
<u>Code</u>	<u>Name</u>									
1	Person									
NM103	1035	Name Last or Organization Name Description: Individual last name or organizational name Industry: Provider Last or Organization Name Nebraska Medicaid Directive: NE Medicaid will send entire provider name in this segment.	O	AN	1/35	Situational				
NM104	1036	Name First Description: Individual first name Industry: Provider First Name	O	AN	1/25	Situational				
NM105	1037	Name Middle Description: Individual middle name or initial Industry: Provider Middle Name	O	AN	1/25	Situational				
NM106	1038	Name Prefix Description: Prefix to individual name Industry: Provider Name Prefix	O	AN	1/10	Situational				
NM107	1039	Name Suffix Description: Suffix to individual name Industry: Provider Name Suffix	O	AN	1/10	Situational				
NM108	66	Identification Code Qualifier Description: Code designating the system/method of code structure used for Identification Code (67) Nebraska Medicaid Directive: NE Medicaid will use code "SV".	C	ID	1/2	Situational				
		<table border="0"> <tr> <td><u>Code</u></td> <td><u>Name</u></td> </tr> <tr> <td>SV</td> <td>Service Provider Number</td> </tr> </table>	<u>Code</u>	<u>Name</u>	SV	Service Provider Number				
<u>Code</u>	<u>Name</u>									
SV	Service Provider Number									
NM109	67	Identification Code Description: Code identifying a party or other code Industry: Provider Identifier Nebraska Medicaid Directive: NE Medicaid will send the provider's 11-digit Medicaid Provider Number.	C	AN	2/80	Situational				
		ExternalCodeList Name: 537 Description: Health Care Financing Administration National Provider Identifier								
NM110	706	Entity Relationship Code Description: Code describing entity relationship	C	ID	2/2	Required				
		<table border="0"> <tr> <td><u>Code</u></td> <td><u>Name</u></td> </tr> <tr> <td>25</td> <td>Established Patient</td> </tr> </table>	<u>Code</u>	<u>Name</u>	25	Established Patient				
<u>Code</u>	<u>Name</u>									
25	Established Patient									

26	Not Established Patient
72	Unknown

N4**Provider City, State, ZIP Code**

Loop: 2310

Elements: 6

User Option (Usage): Situational

To specify the geographic place of the named party

Nebraska Medicaid Directive:*Required by NE Medicaid when applicable as specified in the Implementation Guide.***Element Summary:**

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
N401	19	City Name Description: Free-form text for city name Industry: <i>Member City Name</i>	O	AN	2/30	Required
N402	156	State or Province Code Description: Code (Standard State/Province) as defined by appropriate government agency Industry: <i>Member State Code</i> ExternalCodeList Name: 22 Description: States and Outlying Areas of the U.S.	O	ID	2/2	Required
N403	116	Postal Code Description: Code defining international postal zone code excluding punctuation and blanks (zip code for United States) Industry: <i>Member Postal Zone or Zip Code</i> ExternalCodeList Name: 51 Description: ZIP Code	O	ID	3/15	Required
N404	26	Country Code Description: Code identifying the country	O	ID	2/3	Not used
N405	309	Location Qualifier Description: Code identifying type of location Nebraska Medicaid Directive: <i>NE Medicaid will use code "CY".</i>	C	ID	1/2	Situational
N406	310	Code Name CY County/Parish Location Identifier Description: Code which identifies a specific location Industry: <i>Location Identification Code</i>	O	AN	1/30	Situational

PER Provider Communications Numbers

Loop: 2310

Elements: 7

User Option (Usage): Situational

To identify a person or office to whom administrative communications should be directed

Nebraska Medicaid Directive:

Required by NE Medicaid when applicable as specified in the Implementation Guide.

Element Summary:

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
PER01	366	Contact Function Code Description: Code identifying the major duty or responsibility of the person or group named	M	ID	2/2	Required
		Code Name IC Information Contact				
PER03	365	Communication Number Qualifier Description: Code identifying the type of communication number	C	ID	2/2	Required
		Nebraska Medicaid Directive: <i>NE Medicaid will use code "WP" and "FX".</i>				
		Code Name FX Facsimile WP Work Phone Number				
PER04	364	Communication Number Description: Complete communications number including country or area code when applicable	C	AN	1/80	Required
PER05	365	Communication Number Qualifier Description: Code identifying the type of communication number	C	ID	2/2	Situational
		Nebraska Medicaid Directive: <i>NE Medicaid will use code "WP" and "FX".</i>				
		Code Name FX Facsimile WP Work Phone Number				
PER06	364	Communication Number Description: Complete communications number including country or area code when applicable	C	AN	1/80	Situational
PER07	365	Communication Number Qualifier Description: Code identifying the type of communication number	C	ID	2/2	Not used
PER08	364	Communication Number Description: Complete communications number including country or area code when applicable	C	AN	1/80	Not used

PLA PCP Change Reason

Loop: 2310

Elements: 4

User Option (Usage): Situational

To indicate action to be taken for the location specified and to qualify the location specified

Nebraska Medicaid Directive:

Required by NE Medicaid when applicable as specified in the Implementation Guide.

Element Summary:

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
PLA01	306	Action Code Description: Code indicating type of action	M	ID	1/2	Required
		Code Name 2 Change (Update)				
PLA02	98	Entity Identifier Code Description: Code identifying an organizational entity, a physical location, property or an individual	M	ID	2/3	Required
		Code Name 1P Provider				
PLA03	373	Date Description: Date expressed as CCYYMMDD	M	DT	8/8	Required
		Industry: <i>Provider Effective Date</i>				
PLA05	1203	Maintenance Reason Code Description: Code identifying the reason for the maintenance change	O	ID	2/3	Required
		Code Name 14 Voluntary Withdrawal 22 Plan Change 46 Current Customer Information File in Error AA Dissatisfaction with Office Staff AB Dissatisfaction with Medical Care/Services Rendered AC Inconvenient Office Location AD Dissatisfaction with Office Hours AE Unable to Schedule Appointments in a Timely Manner AF Dissatisfaction with Physician's Referral Policy AG Less Respect and Attention Time Given than to Other Patients AH Patient Moved to a New Location AI No Reason Given AJ Appointment Times not Met in a Timely Manner				

COB Coordination of Benefits

Loop: 2320

Elements: 3

User Option (Usage): Situational

To supply information on coordination of benefits

Nebraska Medicaid Directive:

Required by NE Medicaid when applicable as specified in the Implementation Guide.

Element Summary:

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>				
COB01	1138	Payer Responsibility Sequence Number Code Description: Code identifying the insurance carrier's level of responsibility for a payment of a claim Nebraska Medicaid Directive: <i>NE Medicaid will use code "P".</i>	O	ID	1/1	Required				
		<table border="1"> <thead> <tr> <th><u>Code</u></th> <th><u>Name</u></th> </tr> </thead> <tbody> <tr> <td>P</td> <td>Primary</td> </tr> </tbody> </table>	<u>Code</u>	<u>Name</u>	P	Primary				
<u>Code</u>	<u>Name</u>									
P	Primary									
COB02	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Industry: <i>Insured Group or Policy Number</i>	O	AN	1/30	Situational				
COB03	1143	Coordination of Benefits Code Description: Code identifying whether there is a coordination of benefits Nebraska Medicaid Directive: <i>NE Medicaid will use code "1".</i>	O	ID	1/1	Required				
		<table border="1"> <thead> <tr> <th><u>Code</u></th> <th><u>Name</u></th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Coordination of Benefits</td> </tr> </tbody> </table>	<u>Code</u>	<u>Name</u>	1	Coordination of Benefits				
<u>Code</u>	<u>Name</u>									
1	Coordination of Benefits									

REF Additional Coordination of Benefits Identifiers

Loop: 2320

Elements: 2

User Option (Usage): Situational

To specify identifying information

Nebraska Medicaid Directive:

Required by NE Medicaid when applicable as specified in the Implementation Guide.

Element Summary:

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>				
REF01	128	Reference Identification Qualifier Description: Code qualifying the Reference Identification Nebraska Medicaid Directive: NE Medicaid will use code "6P".	M	ID	2/3	Required				
REF02	127	<table border="0"> <tr> <td>Code</td> <td>Name</td> </tr> <tr> <td>6P</td> <td>Group Number</td> </tr> </table> Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Industry: Insured Group or Policy Number	Code	Name	6P	Group Number	C	AN	1/30	Required
Code	Name									
6P	Group Number									

N1**Other Insurance Company Name**

Loop: 2320

Elements: 4

User Option (Usage): Situational

To identify a party by type of organization, name, and code

Nebraska Medicaid Directive:*Required by NE Medicaid when applicable as specified in the Implementation Guide.***Element Summary:**

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
N101	98	Entity Identifier Code Description: Code identifying an organizational entity, a physical location, property or an individual Code Name IN Insurer	M	ID	2/3	Required
N102	93	Name Description: Free-form name Industry: <i>Insurer Name</i>	C	AN	1/60	Situational
N103	66	Identification Code Qualifier Description: Code designating the system/method of code structure used for Identification Code (67)	C	ID	1/2	Not used
N104	67	Identification Code Description: Code identifying a party or other code Industry: <i>Insured Group or Policy Number</i>	C	AN	2/80	Not used

DTP Coordination of Benefits Eligibility Dates

Loop: 2320

Elements: 3

User Option (Usage): Situational

To specify any or all of a date, a time, or a time period

Nebraska Medicaid Directive:

Required by NE Medicaid when applicable as specified in the Implementation Guide.

Element Summary:

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
DTP01	374	Date/Time Qualifier Description: Code specifying type of date or time, or both date and time Industry: <i>Date Time Qualifier</i>	M	ID	3/3	Required
		Code Name 344 Coordination of Benefits Begin 345 Coordination of Benefits End				
DTP02	1250	Date Time Period Format Qualifier Description: Code indicating the date format, time format, or date and time format Code Name D8 Date Expressed in Format CCYYMMDD	M	ID	2/3	Required
DTP03	1251	Date Time Period Description: Expression of a date, a time, or range of dates, times or dates and times Industry: <i>Coordination of Benefits Date</i>	M	AN	1/35	Required

SE**Transaction Set Trailer**

Loop: N/A

Elements: 2

User Option (Usage): Required

To indicate the end of the transaction set and provide the count of the transmitted segments (including the beginning (ST) and ending (SE) segments)

Element Summary:

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
SE01	96	Number of Included Segments Description: Total number of segments included in a transaction set including ST and SE segments Industry: <i>Transaction Segment Count</i>	M	N0	1/10	Required
SE02	329	Transaction Set Control Number Description: Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set	M	AN	4/9	Required

GE Functional Group Trailer

Loop: N/A

Elements: 2

User Option (Usage): Required

To indicate the end of a functional group and to provide control information

Element Summary:

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
GE01	97	Number of Transaction Sets Included Description: Total number of transaction sets included in the functional group or interchange (transmission) group terminated by the trailer containing this data element	M	N0	1/6	Required
GE02	28	Group Control Number Description: Assigned number originated and maintained by the sender	M	N0	1/9	Required

IEA

Interchange Control Trailer

Loop: N/A

Elements: 2

User Option (Usage): Required

To define the end of an interchange of zero or more functional groups and interchange-related control segments

Element Summary:

<u>Ref</u>	<u>ID</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
IEA01	I16	Number of Included Functional Groups Description: A count of the number of functional groups included in an interchange	M	N0	1/5	Required
IEA02	I12	Interchange Control Number Description: A control number assigned by the interchange sender	M	N0	9/9	Required