

New Hampshire Enterprise 270/271 Comparison Guide

Transaction Note Changes
From the Previous HP
Companion Guide
Version-005010X279A1

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Introduction to Transaction Note Changes

This document shows differences between the transaction notes to providers in the New Hampshire Enterprise X12N 270/271 Companion Guide produced by Xerox EDI Solutions and the transaction notes in HP's version of the X12N Companion Guide. Where there is no substantial difference between the current and previous transaction guides, the rows are shaded light blue.

In the Variance Comment column, the Transaction Standard comment indicates the need to refer to the TR3 for clarification of HIPAA requirements.

1. X12N 270 Eligibility Request

Loop ID	Segment ID	Element Position	Loop Name	Segment Name	Element Name	Composite Name	HP NH Medicaid Notes	Enterprise Notes	Variance Comments
Header	ISA	01	Header	Interchange Control Header	Authorization Information Qualifier		00	No Note	Transaction Standard
Header	ISA	03	Header	Interchange Control Header	Security Information Qualifier		00	No Note	Transaction Standard
Header	ISA	05	Header	Interchange Control Header	Interchange ID Qualifier		ZZ	ZZ	No Change
Header	ISA	06	Header	Interchange Control Header	Interchange Sender ID		NH Medicaid Assigned Trading Partner ID	New Trading Partner ID assigned by New Hampshire Medicaid	New Trading Partner ID assigned by New Hampshire Medicaid
Header	ISA	07	Header	Interchange Control Header	Interchange ID Qualifier		ZZ	ZZ	No Change
Header	ISA	08	Header	Interchange Control Header	Interchange Receiver ID		NH Medicaid Tax ID 026000618	026000618	No Change

Loop ID	Segment ID	Element Position	Loop Name	Segment Name	Element Name	Composite Name	HP NH Medicaid Notes	Enterprise Notes	Variance Comments
Header	ISA	14	Header	Interchange Control Header	Acknowledgment Requested		0	No Note	Transaction Standard
Header	GS	02	Header	Functional Group Header	Application Sender's Code		NH Medicaid Assigned Trading Partner ID	New Trading Partner ID assigned by New Hampshire Medicaid	New Trading Partner ID assigned by New Hampshire Medicaid
Header	GS	03	Header	Functional Group Header	Application Receiver's Code		NH Medicaid Tax ID 026000618	026000618	No Change
Header	BHT	02	Beginning of Hierarchical Transaction	Beginning of Hierarchical Transaction	Transaction Set Purpose Code		13	13 (Request Only) is expected	No Change
2100A	NM1	01	Information Source Name	Information Source Name	Entity Identifier Code		PR - Payer	PR	No Change
2100A	NM1	03	Information Source Name	Information Source Name	Name Last or Organization Name		NH Medicaid	NH Medicaid	No Change
2100A	NM1	08	Information Source Name	Information Source Name	Identification Code Qualifier		PI - Payer Identification	PI	No Change
2100A	NM1	09	Information Source Name	Information Source Name	Identification Code		NH Medicaid Tax ID 026000618	026000618	No Change
2000B (Should be 2100B)	NM1	01	Information Receiver Name	Information Receiver Name	Entity Code Qualifier		1P Provider Identification	1P	Corrected Loop ID

Loop ID	Segment ID	Element Position	Loop Name	Segment Name	Element Name	Composite Name	HP NH Medicaid Notes	Enterprise Notes	Variance Comments
2000B (Should be 2100B)	NM1	08	Information Receiver Name	Information Receiver Name	Identification Code Qualifier		XX - Typical Provider NPI SV - Atypical Provider ID assigned by NH Medicaid	XX SV = Atypical Provider ID assigned by NH Medicaid	Corrected Loop ID
2000B (Should be 2100B)	REF	01	Information Receiver Additional Identification	Information Receiver Additional Identification	Reference Identification Qualifier		EO - Submitter Identification Number	1D This ID should only be used when the NPI in NM109 is not sufficient to identify the information receiver (i.e., when a AAA03 code 15 is returned on a submitted NPI)	Corrected Loop ID Changed from Trading Partner ID to Medicaid ID

Loop ID	Segment ID	Element Position	Loop Name	Segment Name	Element Name	Composite Name	HP NH Medicaid Notes	Enterprise Notes	Variance Comments
2000B (Should be 2100B)	REF	02	Information Receiver Additional Identification	Information Receiver Additional Identification	Information Receiver Additional Identifier		NH Medicaid Assigned Trading Partner ID	New Valid Medicaid Provider ID assigned by New Hampshire Medicaid This ID should only be used when the NPI in NM109 is not sufficient to identify the information receiver (i.e., when a AAA03 code 15 is returned on a submitted NPI)	Corrected Loop ID New Hampshire Medicaid ID will be used in this segment
2000C	HL	04	Subscriber Level	Subscriber Level	Hierarchical Child Code		0	No Note	Transaction Standard
2100C	NM1	09	Subscriber Name	Subscriber Name	Identification Code		NH Medicaid Recipient ID	NH Medicaid ID	No Change
2100C	DTP	01	Subscriber Date	Subscriber Date	Date/Time Qualifier		291 – Plan	291	No Change
2100C	DTP	02	Subscriber Date	Subscriber Date	Date Time Period Format Qualifier		RD8 - CCYYMMDD – CCYYMMDD	RD8	No Change

Loop ID	Segment ID	Element Position	Loop Name	Segment Name	Element Name	Composite Name	HP NH Medicaid Notes	Enterprise Notes	Variance Comments
2110C	EQ	01	Subscriber Eligibility or Benefit Inquiry Information	Subscriber Eligibility or Benefit Inquiry Information	Service Type Code		30	30	No Change

2. X12N 271 Eligibility Response

Loop ID	Segment ID	Element Position	Loop Name	Segment Name	Element Name	Composite Name	HP NH Medicaid Notes	Enterprise Notes	Variance Comments
Header	ISA	01	Header	Interchange Control Header	Authorization Information Qualifier		00	No Note	Transaction Standard
Header	ISA	03	Header	Interchange Control Header	Security Information Qualifier		00	No Note	Transaction Standard
Header	ISA	05	Header	Interchange Control Header	Interchange ID Qualifier		ZZ	ZZ	No Change
Header	ISA	06	Header	Interchange Control Header	Interchange Sender ID		NH Medicaid Tax ID 026000618	026000618	
Header	ISA	07	Header	Interchange Control Header	Interchange ID Qualifier		ZZ	ZZ	
Header	ISA	08	Header	Interchange Control Header	Interchange Receiver ID		NH Medicaid Assigned Trading Partner ID	New Trading Partner ID assigned by New Hampshire Medicaid	New Trading Partner ID assigned by New Hampshire Medicaid
Header	ISA	14	Header	Interchange Control Header	Acknowledgement Requested		0	No Note	Transaction Standard

Loop ID	Segment ID	Element Position	Loop Name	Segment Name	Element Name	Composite Name	HP NH Medicaid Notes	Enterprise Notes	Variance Comments
Header	GS	02	Header	Functional Group Header	Application Sender's Code		NH Medicaid Tax ID 026000618	026000618	No Change
Header	GS	03	Header	Functional Group Header	Application Receiver's Code		NH Medicaid Assigned Trading Partner ID	New Trading Partner ID assigned by New Hampshire Medicaid	New Trading Partner ID assigned by New Hampshire Medicaid
Header	BHT	02	Header	Beginning of Hierarchical Transaction	Transaction Set Purpose Code		11 - Response	11	No Change
2000A	HL	04		Hierarchical Level			1	No Note	Transaction Standard
2100A	NM1	01	Information Source Name	Information Source Name	Entity Identifier Code		PR - Payer	PR	No Change
2100A	NM1	03	Information Source Name	Information Source Name	Name Last or Organization Name		NH Medicaid Title XIX	NH Medicaid	No Change
2100A	NM1	08	Information Source Name	Information Source Name	Identification Code Qualifier		PI - Payer Identification	PI	No Change
2100A	NM1	09	Information Source Name	Information Source Name	Identification Code		NH Medicaid Tax ID 026000618	026000618	No Change
2100A	PER	02	Information Source Name	Information Source Contact Information	Information Source Contact		Provider Services	Xerox State Healthcare, LLC	New Contact Name

Loop ID	Segment ID	Element Position	Loop Name	Segment Name	Element Name	Composite Name	HP NH Medicaid Notes	Enterprise Notes	Variance Comments
2100A	PER	03	Information Source Name	Information Source Contact Information	Communication Number Qualifier		TE	TE	No Change
2100A	PER	04	Information Source Name	Information Source Contact Information	Information Source Communication Number		8004238303	6032234774	New Contact Phone Number
2100A	PER	05	Information Source Name	Information Source Contact Information	Communication Number Qualifier		TE	TE	No Change
2100A	PER	06	Information Source Name	Information Source Contact Information	Information Source Communication Number		6032244147	8662911674	New Contact Phone Number
2100B	NM1	01	Information Receiver Name	Information Receiver Name	Entity Identifier Code		PI	1P	Correct Qualifier
2100B	NM1	08	Information Receiver Name	Information Receiver Name	Identification Code Qualifier		XX - Typical Provider NPI SV - Atypical Provider ID assigned by NH Medicaid	XX SV = Atypical Provider ID assigned by NH Medicaid	No Change

Loop ID	Segment ID	Element Position	Loop Name	Segment Name	Element Name	Composite Name	HP NH Medicaid Notes	Enterprise Notes	Variance Comments
2100B	REF	01	Information Receiver Additional Identification	Information Receiver Additional Identification	Reference Identification Qualifier		EO	1D This ID should only be used when the NPI in NM109 is not sufficient to identify the information receiver (i.e., when a AAA03 code 15 is returned on a submitted NPI)	Changed from Trading Partner ID to Medicaid ID
2100B	REF	02	Information Receiver Additional Identification	Information Receiver Additional Identification	Information Receiver Additional Identifier		NH Medicaid Assigned Trading Partner ID	New Valid Medicaid Provider ID assigned by New Hampshire Medicaid This ID should only be used when the NPI in NM109 is not sufficient to identify the information receiver (i.e., when a AAA03 code 15 is returned on a submitted NPI)	New Hampshire Medicaid ID will be used in this segment
2000C	HL	04	Subscriber Level	Subscriber Level	Hierarchical Child Code		0	No Note	Transaction Standard

Loop ID	Segment ID	Element Position	Loop Name	Segment Name	Element Name	Composite Name	HP NH Medicaid Notes	Enterprise Notes	Variance Comments
2000C	TRN	03	Subscriber Level	Subscriber Trace Number	Trace Assigning Entity Identifier		1026000618 - When TRN01 = 1	1026000618	No Change
2100C	NM1	09	Subscriber Name	Subscriber Name	Subscriber Primary Identifier		11-digit NH Medicaid assigned Member ID	NH Medicaid ID	No change
2110C	EB	01	Subscriber Eligibility or Benefit Information		Eligibility or Benefit Information Qualifier		1-Active Coverage 6- Inactive R-Other or Additional Payer	1 6 R	No Change
2110C	EB	02	Subscriber Eligibility or Benefit Information		Benefit Coverage Level Code		IND - Individual	IND	No Change
2110C	EB	03	Subscriber Eligibility or Benefit Information		Service Type Code		30 - Health Benefit Plan Coverage	30	No Change

Loop ID	Segment ID	Element Position	Loop Name	Segment Name	Element Name	Composite Name	HP NH Medicaid Notes	Enterprise Notes	Variance Comments
2110C	EB	04	Subscriber Eligibility or Benefit Information		Insurance Type Code		MC - Medicaid (sent to indicate regular eligibility) QM - Qualified Medicare Beneficiary (recipient only has coverage for deductible and coinsurance for Medicare Covered Services)	MC Sent to indicate regular eligibility QM Recipient only has coverage for deductible and coinsurance for Medicare Covered Services	No Change
2110C	REF	01	Subscriber Eligibility or Benefit Information	Subscriber Additional Identification	Reference Identification Qualifier		1L - Group or Policy Number- 1L will be sent when EB01 is R	1L	No Change
2110C	REF	02	Subscriber Eligibility or Benefit Information	Subscriber Additional Identification	Subscriber Eligibility or Benefit Identifier		Group or Policy Number of a priority payer listed for this eligibility inquiry	Group or Policy Number of a priority payer listed for this eligibility inquiry	No Change
2110C	DTP	01	Subscriber Eligibility or Benefit Information	Subscriber Eligibility/Benefit Date	Date/Time Qualifier		307 - Eligibility	307	No Change
2110C	DTP	02	Subscriber Eligibility or Benefit Information	Subscriber Eligibility/Benefit Date	Date Time Period Format Qualifier		RD8 - Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD	RD8	No Change

Loop ID	Segment ID	Element Position	Loop Name	Segment Name	Element Name	Composite Name	HP NH Medicaid Notes	Enterprise Notes	Variance Comments
2110C	MSG	01	Subscriber Eligibility or Benefit Information	Message Text	Free Form Message Text		<p>NH Medicaid may use this field to notify the Receiver that there are more than nine active eligibility segments or three third party liability segments within the date range of the inquiry.</p> <p>Messages include:</p> <p>More than 9 Eligibility segments exist for the date range you specified. Only the most recent 9 will be displayed. For more information, please resend using other dates of service.</p> <p>More than 3 TPL segments exist for the date range you specified. Only the most recent 3 will be displayed. For more information, please resend using other dates of service.</p>	No Note	No limitation on the EB loops returned

Loop ID	Segment ID	Element Position	Loop Name	Segment Name	Element Name	Composite Name	HP NH Medicaid Notes	Enterprise Notes	Variance Comments
2120C	NM1	01	Subscriber Benefit Related Entity Name	Subscriber Benefit Related Entity Name	Entity Identifier Code		PR - Payer- will be sent when 2110C EB01 = R and REF01 = 1L	PR - Payer will be sent when 2110C EB01 = R and REF01 = 1L Y2 = Member enrolled in Care Management Plan	Added Qualifier Y2 for Managed Care
2120C	NM1	03	Subscriber Benefit Related Entity Name	Subscriber Benefit Related Entity Name	Benefit Related Entity Last or Organization Name		Name of Other Insurance Carrier	Name of Other Insurance carrier Name of Care Management Plan if 2120C_NM101 = Y2	Added Information for Managed Care