Executive Office of Health and Human Services

STANDARD COMPANION GUIDE TRANSACTION INFORMATION

Rhode Island Medicaid

Instructions related to Transactions based on ASC X12 Implementation Guides, version 005010

Version 3.18

Gainwell Technologies

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Revision History

VERSION	DATE	SECTION REVISED	REASON FOR REVISION
2.3	10.14.2014		ACA Mandates
2.5	1.16.2015	Cover Page Rite Care and RHP 834	New EOHHS logo Updated Loop 2750 for both Rite Care and RHP
2.6	03.09.2015	Loop 2300 HI Segment	Clarification of language – Mixing of ICD9 and ICD10 codes
2.7	03.10.2015	Loop 2310 Provider Information	Changes made on Rite Care & Medicaid Expansion 834 from the Provider Directory project.
2.8	03.17.2015	Various sections	MID Conversion
2.9	03.18.2015	Rhody Health Options, Medicaid Expansions	Sections added
3.0	05.14.15	RHP. RHO, Medicaid Expansion, Rite Care, Rite Smiles	UHIP
		834	Language codes
		Appendix E	Added Appendix E – Language codes
		INS Segment	Clarification
3.1	05.18.15	834	Reverse changes to MID and SSN fields for UHIP
3.2	07.17.15	pp. 63 and 76	UHIP
3.3	09.21.15	pp. 11 and 29 Pp.46,47,54,60,61,67,74,75,76 P.72	OPR Member address information Subscriber Identifier
3.4	11.1.2015	Cover, email address pgs. 5,6,32,44,49,53,65	HP Separation
3.5	12.03.15	Pgs. 22 and 29	OPR and attending provider information
3.6	02.12.16	Pages 45, 47, 51, 52, 54, 59, 61, 65, 67, 68, and 74	Loop 2100B added to all 834s and prior MID added to all 834s except for the daily RiteCare 834 as it was already present
3.7	05.30.17	Page 74/ template	Corrections to loop 2100A. NM107; change HPE to DXC
3.8	09.15.2017	Pages 69,96,99	Removed “secure” from the URL
3.9	11.14.2017	Pages 50, 58,71,80	Added loops 2700 ‘additional reporting categories’ & 2710 ‘Member reporting category’ to the Rhody Health Partners, Rhody Health Options, Ritesmiles & Rite Care Daily Enrollments and Dis-enrollment 834 section in order to provide additional guidance on reporting categories.
3.10	06.11.2018	Pages 76 and 77 Pages 51 and 55	Added DTP change and updated HD01 for Rite Care updates. Companion Guide updates made in Febuary were approved but, the guide was never sent to health plans. Waiting for code to be moved to

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			production. Rite Care code will be moved during Summer, 2018. Added 'FK' qualifier in loop 2100A, AMT01 segment in RHO 834 section.
3.11	10.26.2018	Pages 74,78, and 79	Changes were made to the 834 RIte Care transaction for specifying enrollment segment cancellations.
3.11	10.26.2018	Page 66	Clarified the timing of PCP information in Loop 2310 Segment LX for Medicaid Expansion (since previous verbiage erroneously referenced a daily 834 file, which is not sent for this population)
3.12	08/09/2019	Pages 7 to 85	Updates: *OXi Saas Solutions* replaces *Sybase Translator* throughout. Removed RHO 834 Guide. Removed Vendor Specs to create its own guide.
3.13	04/03/2020	Page 50 and 59	Updates made to the INS03 segment to provide clarity on file availibilty for RHP and Medicaid Expansion.
3.14	05/27/2020	Page 36 and 38	Updates were made to the 277U transaction for the GS02, GS03, TRN02 and REF02.
3.15	8/20/2020	Page 32	Update made to the BPR01 field per the TR 3 Compliant Hipaa Standards.
3.16	01/06/2021	Companion Guide Cover	Update logo to Gainewell.
3.17	04/16/2021	Page 42	Language for 270 Eligibility Request overview.
3.18	11/21/2021	Page 42,43 and 45. Upadated all 834 transactions and email address to reflect Gainwell Technologies Loop2010BA NM109	Clarification of the MID field for the 270/271 transaction. Fields added as follows for the 834 transactions: Loop 2100A PER and lanquage for LUI segment - Rite Care only, Loop 2100G HOH NM1 fields. Added clarification for the NM109 – MID field in all 837 files.

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1. Introduction

This guide is provided to assist RI Medicaid Providers and their Agents with the process of registering to exchange Electronic Data Interchange (EDI) transactions with RI Medicaid, to prepare for Level 6 (Specialty Line of Business) testing with RI Medicaid, and to utilize the RI Medicaid Portal, a web enabled interface, to send and receive X12N transactions for the purpose of submitting for RI Title XIX Services.

1.1. Purpose

These specifications are to be used in conjunction with the ASC X12 Standards for Electronic Data Interchange Technical Report Type 3. These reports can be obtained from the Washington Publishing Company at www.wpi-edi.com. The RI Medicaid Companion Guide provides supplemental information specific to RI Medicaid as permitted within the HIPAA transaction sets. Specifications may be updated as necessary.

Detailed information on Program Rules, Covered Services, and Billing Guidelines are part of the Title XIX Provider Reference Guides and Provider Update Newsletter. Both are available on the Executive Office of Health and Human Services (EOHHS) website.

HIPAA does not mandate that only X12N transactions can be used to exchange healthcare data. Any provider may continue to submit paper claims. However, all providers regardless of electronic or paper billing are required to obtain the remittance advice via the EOHHS website.

1.2. HIPAA Resources

On January 16, 2009, the U.S. Department of Health and Human Services published rules that require updated versions of electronic transactions under the authority of Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Effective January 1, 2012, use of the 5010 version of the X12 standards and the NCPDP D.0 standard will be required by federal law. HIPAA X12 version 5010 and NCPDP version D.0 are new sets of standards that regulate the electronic transmission of certain healthcare transactions including eligibility, claim status, claims, and remittances.

Covered entities such as health plans, healthcare clearinghouses, and healthcare providers are required to conform to HIPAA 5010 standards.

Refer to Appendix A. for a listing of Internet Links that will provide detailed information on HIPAA.

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2. Registration and Testing

2.1. Registration for Electronic Claims Submission

Any business entity who will utilize the Rhode Island Medicaid Healthcare Portal or alternative electronic media to exchange data with the RI Title XIX Medicaid Claims Adjudication System, will be required to enroll as a Trading Partner Agreement (TPA) with the RI Executive Office of Health and Human Services and its fiscal agent Gainwell Technologies.

Trading Partners will have to supply a National Provider Identifier number (NPI) along with Provider Names to submit and receive specific transactions on their behalf. Trading Partners who do not qualify for an NPI will supply a RI Title XIX Provider Number.

The Trading Partner Application and Agreement must be completed electronically within the RI Medicaid Healthcare Portal at https://www.riproviderportal.org/hcp/provider/Home/tabid/135/Default.aspx.

Assignment of the Trading Partner ID will follow approval of the TPA. It is the responsibility of the Submitter to update their Trading Partner Agreements and list of associated RI Medicaid Providers as needed, within the Healthcare Portal.

2.2. Certification and Testing

Trading Partners may obtain pre-certification for X12 Standards through various certification entities. The entities listed below are for example and are to be considered informational only. Their appearance here does not imply any recommendation, endorsement, or affiliation with either RI Medicaid or Gainwell Technologies.

AppLabs Technologies	http://www.applabs.com
Claredi	http://www.claredi.com
Foresight	http://www.hipaadesk.com
HIPAA testing	http://www.foresightcorp.com

New submitters to RI Medicaid are required to perform testing. All providers will have their Communications Protocol and Transaction Syntax tested during the process of certification and authorization to submit transactions through the RI Medicaid Healthcare Portal. The RI Executive Office of Health and Human Services Healthcare Portal is the access point for providers to send transactions and receive claim status reports, remittances and eligibility. Completion of this process will result in assignment of the security authorization required to submit transactions. Providers can contact the EDI Coordinator for RI Medicaid Trading Partner status.

RI Medicaid provides billing software, free of charge, through the EOHHS website (www.eohhs.ri.gov) for the purpose of submitting claims. The RI Provider Electronic

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Solutions (PES) software, developed by Gainwell, conforms to the X12 5010 standard as articulated in the HIPAA guides. Providers who enroll in the RI Medicaid program who intend to use the PES software are required to electronically complete a Trading Partner Agreement, which is available in the Healthcare Portal. Claim submission testing between the enrolling provider and RI Medicaid (using the PES software) is not required. The PES software contains comprehensive documentation on how to submit claims and is supplemented with on-request training and support from the Gainwell Provider Relations Team.

2.3. Translator and Data Validation Processes

All EDI files uploaded to the OXi Saas Solution Translator will be subjected to two levels of validation; an initial process to ensure compliance with the X12 format rules, and a subsequent data validation process for RI Medicaid billing.

2.3.1. OXi Saas Solution HIPAA Compliance Check

The OXi Saas Solution translator will perform compliance checking of the HIPAA transactions. The different levels of testing consist of Integrity, Requirements, Balancing and Situational rules. The various levels of testing will check for X12 standard code values that are appropriate for HIPAA-2 Technical Report 3(TR3) transaction guidelines.

Validation of External Code Sets will not be performed in the OXi Saas Solution translator. This validation will be done by the Medicaid Management Information System (MMIS) as part of the claim adjudication process.

The 999 and TA1 Acknowledgements for inbound EDI transaction sets will be returned to the Submitter after this initial edit and will report detected errors or positively acknowledge an “accepted transaction”. The X12 Compliance check will audit the entire transaction, including data which may not be used in claims adjudication and reporting. Transactions which fail the OXi Saas Solution HIPAA Compliance Check will not be processed.

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2.3.2. Rhode Island Medicaid data Validation Process

Data required by the RI Medicaid Management Information System (MMIS) for claim adjudication will have format requirements. These requirements are listed in this companion guide. If the submitted data does not meet requirements, it may cause the claim to fail. A "Claim Accept/Reject Report" will report these errors and will be available for the submitter to download. The location of invalid data in the submission will determine the impact of the rejection. An error in the Billing Provider loop is going to cause all the claims for that Provider to be rejected, while an error in the Service loop will impact only the claim which it contains.

2.4. Rhode Island Medicaid Claims Adjudication

To receive reimbursement for services from RI Medicaid, providers must be enrolled in RI Medicaid. Additionally, recipients receiving services must be enrolled in RI Medicaid and eligible for benefits at the time of service.

Claims data which has passed X12 validation may still be denied, if the services are non-covered or there are billing errors. Paid and denied claims results may be downloaded within the X12 835 remittance advice transaction via the RI Medicaid Web Portal by authorized trading partners. Pended claims may be identified in the 277 Unsolicited Claims Status Report. Submitters are encouraged to compare their submission file with the data returned on the 999, Accept/Reject Report, 277U and the 835 to ensure that all claims have been accounted for.

3. 837 Professional Technical Specifications

The instructions in this Companion Guide are not intended to be stand-alone documents. This companion guide will provide supplemental information specific to RI Medicaid requirements. The purpose of this guide is to provide support for electronic transactions in conjunction with the Implementation Guide. The 5010 Technical Report 3 Guidelines can be found at http://www.wpi-edi.com (The Washington Publishing Company).

The Professional Technical Specifications are to be used as RI specific supplemental billing guidelines for services provided by group and individual practices of RI Medicaid enrolled service providers (excluding dental practice) where Medicaid may be primary, secondary, or tertiary payer. Includes Physicians, Osteopaths, Chiropractors, Physician Assistants, Registered Nurse Practitioners, Optometrists, Podiatrists, Registered Nurses, Physical Therapists, Speech Therapists, Occupational Therapists, Psychologists, Audiologists, Certified Midwives, School health Services, Rural Health Clinics, Federally Qualified Health Center's (FQHC), Department of Health, Adult Day Care, Home Care and Community Based Care (all waivers), Respite Care, Opticians, Medical Supplies (DME), Non-Hospital Connected Labs, Non-Hospital Connected X-Ray,

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Ambulance Services, Wheelchair Vans, Medical Services Clinics, Mental Health Clinics and Personal Care Attendants.

005010X222A1 Health Care Claim: Professional

PRE-HEADER		
Segment	**ISA Interchange Information**	
Reference	**Name**	**Rhode Island Requirements**
ISA01	Authorization Information Qualifier	Populate with '00'
ISA03	Security Information Qualifier	Populate with '00'.
ISA05	Interchange ID qualifier	Populate with qualifier 'ZZ'
ISA06	Interchange sender ID	Populate with Trading Partner ID assigned by RI Medicaid.
ISA07	Interchange ID qualifier	Populate with 'ZZ'
ISA08	Interchange Receiver ID	Use the RI EIN '056000522'
Segment	**GS Functional Group Header**	
Reference	**Name**	**Rhode Island Requirements**
GS02	Application Sender Code	Populate with Trading Partner ID assigned by RI Medicaid.
GS03	Application Receiver Code	Populate with RI Medicaid EIN '056000522'.
GS08	Version Identifier Code	Populate with '005010X222A1'.

HEADER		
Segment	**ST Transaction Set Header**	
Reference	**Name**	**Rhode Island Requirements**
ST03	Implementation Convention Reference	Populate with '005010X222A1'.
Segment	**BHT Beginning of Hierarchical Transaction**	
Reference	**Name**	**Rhode Island Requirements**
BHT06	Transaction Type Code	Populate with 'CH'.

LOOP ID	1000A SUBMITTER NAME	
Segment	**NM1 Submitter Name**	
Reference	**Name**	**Rhode Island Requirements**
NM109	Submitter Identifier	Populate with Trading Partner ID assigned by RI Medicaid.
Segment	**PER Submitter EDI Contact Information**	
Reference	**Name**	**Rhode Island Requirements**
PER01	Submitter Identifier	RI Medicaid will only capture the information in the first PER segment.

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LOOP ID	1000B RECEIVER NAME	
Segment	NM1 Receiver Name	
Reference	Name	Rhode Island Requirements
NM103	Receiver Name	Populate with 'RI Medicaid'
NM109	Identification code	Populate with RI Medicaid EIN '056000522'

LOOP ID	2000A BILLING PROVIDER	
Segment	PRV Billing Provider Specialty Information	
Reference	Name	Rhode Island Requirements
PRV01	Billing Provider Specialty Information	Populate with 'BI'.
PRV02	Reference Identification Qualifier	Populate with 'PXC'.
PRV03	Provider Taxonomy Code	Populate with Billing Provider taxonomy. Required when reporting the Billing Provider NPI.

LOOP ID	2010AA Billing Provider Name	
Segment	PER Billing Provider Contact Information	
Reference	Name	Rhode Island Requirements
PER01	Contact Function Code	RI Medicaid will only capture the information within the first PER segment.

LOOP ID	2000B SUBSCRIBER HIERARCHICAL	
Segment	HL Subscriber Hierarchical Level	
Reference	Name	Rhode Island Requirements
HL04	Hierarchical Child Code	Populate with '0'. The subscriber is the patient for all RI claims.
Segment	SBR Subscriber Information	
Reference	Name	Rhode Island Requirements
SBR09	Claim Filing Indicator	Populate with 'MC' for RI Medicaid Claims.

LOOP ID	2010BA SUBSCRIBER NAME	
Segment	NM1 Subscriber Name	
Reference	Name	Rhode Island Requirements
NM102	Entity Type Qualifier	Populate with '1' for person.
NM108	Identification Code Qualifier	Populate with 'MI'.
NM109	Identification Code	RI Medicaid expects 10 numerical characters for the RI Medicaid Recipient Identification Number (MID) or 9 numerical characters for special programs. For ex; Department of Corrections.

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LOOP ID	2010BB PAYER NAME	
Segment	**NM1 Payer Name**	
Reference	**Name**	**Rhode Island Requirements**
NM103	Name Last Organization Name	Populate with 'RI Medicaid'.
NM108	Identification Code Qualifier	Populate with 'PI'.
NM109	Identification Code	Populate with RI Medicaid EIN '056000522'.
Segment	**REF Billing Provider Secondary Identification**	
Reference	**Name**	**Rhode Island Requirements**
REF01	Reference Identification Qualifier	Populate with 'G2' for atypical providers. This field is required when submitting for an Atypical Billing provider. This field should only be populated if the Billing provider NPI was not submitted.
REF02	Payer Additional Identifier	Populate with 7-digit RI Medicaid Provider ID. This field is required when submitting for an atypical provider. If more than 7 characters are sent the claim will be rejected.

LOOP ID	2300 CLAIM INFORMATION	
Segment	**CLM Claim Information**	
Reference	**Name**	**Rhode Island Requirements**
CLM01	Patient Account Information	RI will capture first 20 characters and return them in the 835.
CLM02	Total Claim Charge Amt	Total claim charge must be equal to or greater than the sum of the values entered in Loop 2320 (AMT02) payer paid amount or the claim will be rejected. This does not apply to MB segments.
CLM05-3	Claim Frequency Type Code	Populate with '1', '7' or '8'. Frequency type code 6 will be rejected. For Medicare primary claims, frequency type codes 7 and 8 will not be processed.

LOOP ID	2300 CLAIM INFORMATION	
Segment	**REF Payer Claim Control Number**	
Reference	**Name**	**Rhode Island Requirements**
REF02	Payer Claim Control Number	If the Claim Frequency equals 7 or 8, the original 15-digit ICN is required in this field. If the data in the field exceeds 15, the claim will be rejected.

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LOOP ID	2300 CLAIM INFORMATION	
Segment	**HI Health Care Diagnosis Code**	
Reference	**Name**	**Rhode Island Requirements**
HI01-1	Diagnosis Type Code	Populate with applicable ICD10 code
HI01-2	Diagnosis Code	Populate with applicable ICD10 code
(HI02 through HI12) -1	Diagnosis Type Code	Populate with ‘applicable ICD10 code
(HI02 through HI12) -2	Diagnosis Code	Populate with applicable ICD10 code

LOOP ID	2310A REFERRING PROVIDER NAME	
Segment	**NM1 Referring Provider Name**	
Reference	**Name**	**Rhode Island Requirements**
NM101	Entity Identifier Code	Populate with ‘DN’ for referring providers. RI Medicaid requires this field when submitting claims for the following provider types: independent radiology, independent lab, DME, chiropractor.
NM108	Identification Code Qualifier	Populate with ‘XX’ Qualifer for use with NPI.
NM109	Identification Code	Populate with NPI
LOOP ID	**2310A REFERRING PROVIDER NAME**	
Segment	**REF Referring Provider Secondary Identification**	
Reference	**Name**	**Rhode Island Requirements**
REF01	Reference Identification Qualifier	Populate with ‘G2’ for atypical providers. This field is required when submitting for an Atypical Referring provider. This field should only be populated if the NPI is not present.
REF02	Reference Identification	Populate with 7-digit RI Medicaid Provider ID. This field is required when submitting for an atypical provider. If more than 7 characters are sent the claim will be rejected.

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LOOP ID	2310B RENDERING PROVIDER NAME	
Segment	**PRV Rendering Provider Specialty Information**	
Reference	**Name**	**Rhode Island Requirements**
PRV01	Rendering Provider Specialty Information	Populate with 'PE'
PRV02	Reference Identification Qualifier	Populate with 'PXC'
PRV03	Rendering Provider Taxonomy Code	Populate with Rendering Provider taxonomy. Required when reporting a Rendering Providers NPI.
Segment	**REF Rendering Provider Secondary Identification**	
Reference	**Name**	**Rhode Island Requirements**
REF01	Reference Identification Qualifier	Populate with 'G2' for atypical providers. This field is required when submitting for an Atypical Rendering provider. This field should only be populated if the NPI is not present.
REF02	Reference Identification	Populate with 7-digit RI Medicaid Provider ID. This field is required when submitting for an atypical provider. If more than 7 characters are sent the claim will be rejected.

LOOP ID	2320 OTHER SUBSCRIBER INFORMATION	
Segment	**SBR Other Subscriber Information**	
Reference	**Name**	**Rhode Island Requirements**
SBR09	Claim Filing Indicator	Populate with 'MB' for Crossover and Medicare replacement plan claims. Only one loop with Medicare information is allowed. More than one loop containing MB will result in rejection of the claim.
Segment	**AMT Coordination of Benefits (COB) Payer Paid Amount**	
Reference	**Name**	**Rhode Island Requirements**
AMT02	Payer Paid Amount	If the Other Insurance Paid Amounts (Loop 2320) are greater than the Claim Billed Amount, the claim will be rejected.

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LOOP ID	2330B OTHER PAYER NAME	
Segment	**NM1 Other Payer Name**	
Reference	**Name**	**Rhode Island Requirements**
NM109	Other Payer Primary Identifier	If reporting other insurance carriers use a 3-character carrier code in this field. Sending more than 3 characters will cause the claim to reject. Each carrier code used must be unique within the current claim. A complete list of Carrier Codes can be found at www.eohhs.ri.gov.

Third Party Liability (TPL) Carrier Codes direct link:
http://www.eohhs.ri.gov/Portals/0/Uploads/Documents/carrier_code.pdf

LOOP ID	2400 SERVICE LINE NUMBER	
Segment	**SV1 Professional Service**	
Reference	**Name**	**Rhode Island Requirements**
SV101-1	Product or Service ID Qualifier	Populate with 'HC' for HCPCS codes**.**
SV101-2	Procedure Code	Procedure code must be 5 characters or less.
SV103	Unit or Basis for Measurement Code	Populate with 'UN'**.**

LOOP ID	2420A RENDERING PROVIDER NAME	
Segment	**PRV Rendering Provider Specialty Information**	
Reference	**Name**	**Rhode Island Requirements**
PRV01	Provider Code	Populate with 'PE'
PRV02	Reference Identification Qualifier	Populate with 'PXC'
PRV03	Reference Identification	Populate with Rendering Provider taxonomy. You must enter when reporting a Rendering Provider NPI
Segment	**REF Rendering Provider Secondary Identification**	
Reference	**Name**	**Rhode Island Requirements**
REF01	Reference Identification Qualifier	Populate with 'G2' for atypical providers. This field is required when submitting for an Atypical Rendering provider. This field should only be populated if the NPI is not present.
REF02	Rendering Provider Secondary Identifier	Populate with 7-digit RI Medicaid Provider ID. This field is required when submitting for an atypical provider. If more than 7 characters are sent the claim will be rejected.

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LOOP ID	2420F REFERRING PROVIDER NAME	
Segment	**REF Referring Provider Secondary Identification**	
Reference	**Name**	**Rhode Island Requirements**
REF01	Reference Identification Qualifier	Populate with 'G2' for atypical providers. This field is required when submitting for an Atypical Referring provider. This field should only be populated if the NPI is not present.
REF02	Rendering Provider Secondary Identifier	Populate with 7-digit RI Medicaid Provider ID. This field is required when submitting for an atypical provider. If more than 7 characters is sent the claim will be rejected.

LOOP ID	2430 LINE ADJUDICATION INFORMATION	
Segment	**SVD Line Adjudication Information**	
Reference	**Name**	**Rhode Island Requirements**
SVD01	Identification Code	This is situational. If used, RI expects a three-character Medicaid Carrier Code which can be found at www.eohhs.ri.gov.

4. 837 Dental Technical Specifications

The instructions in this Companion Guide are not intended to be stand-alone documents. This companion guide will provide supplemental information specific to RI Medicaid requirements. The purpose of this guide is to provide support for electronic transactions in conjunction with the Implementation Guide. The 5010 Technical Report 3 Guidelines can be found at http://www.wpi-edi.com (The Washington Publishing Company).

The Dental Technical Specifications are to be used as RI specific supplemental billing guidelines for dental services provided by Group and Individual Practices that are RI Medicaid enrolled Service Providers.

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005010X224A2 Health Care Claim: Dental

PRE-HEADER		
Segment	**ISA Interchange Information**	
Reference	**Name**	**Rhode Island Requirements**
ISA01	Authorization Information Qualifier	Populate with '00'.
ISA03	Security Information Qualifier	Populate with '00'.
ISA05	Interchange ID qualifier	Populate with qualifier 'ZZ'.
ISA06	Interchange sender ID	Populate with Trading Partner ID assigned by RI Medicaid.
ISA07	Interchange ID qualifier	Populate with 'ZZ'.
ISA08	Interchange Receiver ID	Populate with RI Medicaid EIN '056000522'.
Segment	**GS Functional Group Header**	
Reference	**Name**	**Rhode Island Requirements**
GS02	Application Sender Code	Populate with Trading Partner ID assigned by RI Medicaid.
GS03	Application Receiver Code	Populate with RI Medicaid EIN '056000522'.
GS08	Version Identifier Code	Populate with '005010X224A2'.

HEADER		
Segment	**ST Transaction Set Header**	
Reference	**Name**	**Rhode Island Requirements**
ST03	Implementation Convention Reference	Populate with '005010X224A2'.
Segment	**BHT Beginning of Hierarchical Transaction**	
Reference	**Name**	**Rhode Island Requirements**
BHT06	Transaction Type Code	Populate with 'CH'.

LOOP ID	1000A SUBMITTER NAME	
Segment	**NM1 Submitter Name**	
Reference	**Name**	**Rhode Island Requirements**
NM109	Submitter Identifier	Populate with Trading Partner ID assigned by RI Medicaid.
Segment	**PER Submitter EDI Contact Information**	
Reference	**Name**	**Rhode Island Requirements**
PER01	Submitter Identifier	RI Medicaid will only capture the information in the first PER segment.

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LOOP ID	1000B RECEIVER NAME	
Segment	NM1 Receiver Name	
Reference	Name	Rhode Island Requirements
NM103	Receiver Name	Populate with 'RI Medicaid'.
NM109	Identification code	Populate with the RI Medicaid EIN '056000522'.

LOOP ID	2000A BILLING PROVIDER HIERARCHICAL LEVEL	
Segment	PRV Billing Provider Specialty Information	
Reference	Name	Rhode Island Requirements
PRV01	Billing Provider Specialty Information	Populate with 'BI'.
PRV02	Reference Identification Qualifier	Populate with 'PXC'.
PRV03	Provider Taxonomy Code	Populate with Billing Provider taxonomy. Required when reporting the Billing Provider NPI.

LOOP ID	2010AA Billing Provider Name	
Segment	PER Billing Provider Contact Information	
Reference	Name	Rhode Island Requirements
PER01	Contact Function Code	RI Medicaid will only capture the information within the first PER segment.

LOOP ID	2000B SUBSCRIBER HIERARCHICAL LEVEL	
Segment	HL Subscriber Hierarchical Level	
Reference	Name	Rhode Island Requirements
HL04	Child Hierarchical Code	Populate with '0'. The subscriber is the patient for all RI claims.
Segment	SBR Subscriber Information	
Reference	Name	Rhode Island Requirements
SBR09	Claim Filing Indicator	Populate with 'MC' for RI Medicaid claims.

LOOP ID	2010BA SUBSCRIBER NAME	
Segment	NM1 Subscriber Name	
Reference	Name	Rhode Island Requirements
NM102	Entity Type Qualifier	Populate with '1' for person
NM108	Identification Code Qualifier	Populate with 'MI'.
NM109	Identification Code	RI Medicaid expects 10 numerical characters for the RI Medicaid Recipient Identification Number (MID) or 9 numerical characters for special programs. For ex; Department of Corrections.

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LOOP ID	2010BB PAYER NAME	
Segment	**NM1 Payer Name**	
Reference	**Name**	**Rhode Island Requirements**
NM103	Name Last Organization Name	Populate with 'RI Medicaid'.
NM108	Identification Code Qualifier	Populate with 'PI'.
NM109	Identification Code	Populate with the RI Medicaid EIN '056000522'.
Segment	**REF Billing Provider Secondary Identification**	
Reference	**Name**	**Rhode Island Requirements**
REF01	Reference Identification Qualifier	Populate with 'G2' for atypical providers. This field is required when submitting for an Atypical Billing provider. This field should only be populated if the Billing provider NPI was not submitted.
REF02	Payer Additional Identifier	Populate with 7-digit RI Medicaid Provider ID. This field is required when submitting for an atypical provider. If more than 7 characters are sent the claim will be rejected

LOOP ID	2300 CLAIM INFORMATION	
Segment	**CLM Claim Information**	
Reference	**Name**	**Rhode Island Requirements**
CLM01	Patient Account Information	RI will capture the first 20 characters and return them in the 835.
CLM02	Total Claim Charge Amount	Total claim charge must be equal to or greater than the sum of the values entered in Loop 2320 (AMT02) payer paid amount or the claim will be rejected.
CLM05-3	Claim Frequency Type Code	Populate with '1', '7' or '8'. Frequency type code 6 will be rejected. For Medicare primary claims, frequency type codes 7 and 8 will not be processed.

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LOOP ID	2300 CLAIM INFORMATION	
Segment	**REF Payer Claim Control Number**	
Reference	**Name**	**Rhode Island Requirements**
REF02	Payer Claim Control Number	If the Claim Frequency equals 7 or 8, the original 15-digit ICN is required in this field. If the data in the field exceeds 15, the claim will be rejected.
Segment	**HI Health Care Diagnosis Code**	
Reference	**Name**	**Rhode Island Requirements**
HI01-1	Code List Qualifier	Populate with applicable ICD10 code .
HI01-2	Principal Diagnosis Code	Populate with applicable ICD10 code
HI02 -1	Code List Qualifier	Populate with applicable ICD10 code .
HI02 -2	Diagnosis Code	Populate with applicable ICD10 code

LOOP ID	2310A REFERRING PROVIDER NAME	
Segment	**REF Referring Provider Secondary Identification**	
Reference	**Name**	**Rhode Island Requirements**
REF01	Reference Identification Qualifier	Populate with 'G2' for atypical providers. This field is required when submitting for an Atypical Referring provider. This field should only be populated if the NPI is not present.
REF02	Reference Identification	Populate with 7-digit RI Medicaid Provider ID. This field is required when submitting for an atypical provider. If more than 7 characters are sent the claim will be rejected.

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LOOP ID	2310B RENDERING PROVIDER NAME	
Segment	**PRV Rendering Provider Specialty Information**	
Reference	**Name**	**Rhode Island Requirements**
PRV01	Rendering Provider Specialty Information	Populate with 'PE'.
PRV02	Reference Identification Qualifier	Populate with 'PXC'.
PRV03	Rendering Provider Taxonomy Code	Populate with Rendering Provider taxonomy. Required when reporting the Rendering Providers NPI.

LOOP ID	2310B RENDERING PROVIDER NAME	
Segment	**REF Rendering Provider Secondary Identification**	
Reference	**Name**	**Rhode Island Requirements**
REF01	Reference Identification Qualifier	Populate with 'G2'. This field is required when submitting for an Atypical Rendering provider. This field should only be populated if the NPI was not submitted.
REF02	Reference Identification	Populate with 7-digit RI Medicaid Provider ID. This field is required when submitting for an atypical provider. If more than 7 characters are sent the claim will be rejected.

LOOP ID	2320 OTHER SUBSCRIBER INFORMATION	
Segment	**AMT Coordination of Benefits (COB) Payer Paid Amount**	
Reference	**Name**	**Rhode Island Requirements**
AMT02	Payer Paid Amount	If the Other Insurance Paid Amounts (Loop 2320) are greater than the Claim Billed Amount, the claim will be rejected.

LOOP ID	2330B OTHER PAYER NAME	
Segment	**NM1 Other Payer Name**	
Reference	**Name**	**Rhode Island Requirements**
NM109	Other Payer Primary Identifier	If reporting other insurance carriers use a 3-character carrier code in this field. Sending more than 3 characters will cause the claim to reject. Each carrier code used must be unique within the current claim. A complete list of Carrier Codes can be found at www.eohhs.ri.gov.

Third Party Liability (TPL) Carrier Codes direct link:
http://www.eohhs.ri.gov/Portals/0/Uploads/Documents/carrier_code.pdf

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LOOP ID	2400 SERVICE LINE NUMBER	
Segment	**SV3 Dental Service**	
Reference	**Name**	**Rhode Island Requirements**
SV301-2	Procedure Code	Procedure code must be 5 characters or less. If this field contains more than 5 characters, the claim will be rejected.
Segment	**TOO Tooth Information**	
Reference	**Name**	**Rhode Island Requirements**
TOO01	Code List Qualifier Code	RI Medicaid will only accept one TOO segment per detail. Multiple TOO segment on a single service will be rejected. Use multiple service lines to report services for multiple teeth.
LOOP ID	**2420A RENDERING PROVIDER NAME**	
Segment	**PRV Rendering Provider Specialty Information**	
Reference	**Name**	**Rhode Island Requirements**
PRV01	Provider Code	Populate with 'PE'.
PRV02	Reference Identification Qualifier	Populate with 'PXC'.
PRV03	Reference Identification	Populate with Rendering Provider taxonomy. You must enter when reporting a Rendering Provider NPI.
Segment	**REF Rendering Provider Secondary Identification**	
Reference	**Name**	**Rhode Island Requirements**
REF01	Reference Identification Qualifier	Populate with 'G2' for atypical providers. This field is required when submitting for an Atypical Rendering provider. This field should only be populated if the NPI is not present.
REF02	Rendering Provider Secondary Identifier	Populate with 7-digit RI Medicaid Provider ID. This field is required when submitting for an atypical provider. If more than 7 characters are sent the claim will be rejected.

LOOP ID	2420F REFERRING PROVIDER NAME	
Segment	**REF Referring Provider Secondary Identification**	
Reference	**Name**	**Rhode Island Requirements**
REF01	Reference Identification Qualifier	Populate with 'G2' for atypical providers. This field is required when submitting for an Atypical Referring provider. This field should only be populated if the NPI is not present.
REF02	Rendering Provider Secondary Identifier	Populate with 7-digit RI Medicaid Provider ID. This field is required when submitting for

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		an atypical provider. If more than 7 characters is sent the claim will be rejected.

LOOP ID	2430 LINE ADJUDICATION INFORMATION	
Segment	**SVD Line Adjudication Information**	
Reference	**Name**	**Rhode Island Requirements**
SVD01	Identification Code	This is situational. If used, RI expects three-chracter Medicaid Carrier Code which can be found at www.eohhs.ri.gov

5. 837 Institutional Technical Specifications

The instructions in this Companion Guide are not intended to be stand-alone documents. This companion guide will provide supplemental information specific to RI Medicaid requirements. The purpose of this guide is to provide support for electronic transactions in conjunction with the Implementation Guide. The 5010 Technical Report 3 Guidelines can be found at www.wpi-edi.com (The Washington Publishing Company).

The Institutional Technical Specifications are to be used as RI specific supplemental billing guidelines for Outpatient and Inpatient services provided by General Hospitals, Mental Health Institutions, Skilled Home Health, Hospice Services and Dialysis Facilities.

Please note: In situations when the Referring Provider NPI is the same as the Attending Provider NPI, RI business processes have been modified to accept the same NPI in both loops, 2310A and 2310F.

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005010X223A2 Health Care Claim: Institutional

PRE-HEADER		
Segment	**ISA Interchange Information**	
Reference	**Name**	**Rhode Island Requirements**
ISA01	Authorization Information Qualifier	Populate with '00'
ISA03	Security Information Qualifier	Populate with '00'.
ISA05	Interchange ID qualifier	Populate with qualifier 'ZZ'.
ISA06	Interchange sender ID	Populate with the Trading Partner ID assigned by RI Medicaid.
ISA07	Interchange ID qualifier	Populate with 'ZZ'.
ISA08	Interchange Receiver ID	Populate with RI Medicaid EIN '056000522'.
Segment	**GS Functional Group Header**	
Reference	**Name**	**Rhode Island Requirements**
GS02	Application Sender Code	Populate with Trading Partner ID assigned by RI Medicaid.
GS03	Application Receiver Code	Populate with RI EIN '056000522'.
GS08	Version Identifier Code	Populate with '005010X223A2'.

HEADER		
Segment	**ST Transaction Set Header**	
Reference	**Name**	**Rhode Island Requirements**
ST03	Implementation convention Reference	Populate with '005010X223A2'.
Segment	**BHT Beginning of Hierarchical Transaction**	
Reference	**Name**	**Rhode Island Requirements**
BHT06	Transaction Type Code	Populate with 'CH'.

LOOP ID	1000A SUBMITTER NAME	
Segment	**NM1 Submitter Name**	
Reference	**Name**	**Rhode Island Requirements**
NM109	Submitter Identifier	Populate with Trading Partner ID assigned by RI Medicaid.
Segment	**PER Submitter EDI Contact Information**	
Reference	**Name**	**Rhode Island Requirements**
PER01	Submitter Identifier	RI Medicaid will only capture the information in the first PER segment.

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LOOP ID	1000B RECEIVER NAME	
Segment	NM1 Receiver Name	
Reference	**Name**	**Rhode Island Requirements**
NM103	Receiver Name	Populate with 'RI Medicaid'.
NM109	Identification code	Populate with EIN '056000522'.

LOOP ID	2000A BILLING PROVIDER HIERARCHICAL LEVEL	
Segment	PRV Billing Provider Specialty Information	
Reference	**Name**	**Rhode Island Requirements**
PRV01	Billing Provider Specialty Information	Populate with 'BI'.
PRV02	Reference Identification Qualifier	Populate with 'PXC'.
PRV03	Provider Taxonomy Code	Populate with Billing Provider taxonomy. Required when reporting a Billing Provider NPI.

LOOP ID	2010AA Billing Provider Name	
Segment	PER Billing Provider Contact Information	
Reference	**Name**	**Rhode Island Requirements**
PER01	Contact Function Code	RI Medicaid will only capture the information within the first PER segment.

LOOP ID	2000B SUBSCRIBER HIERARCHICAL LEVEL	
Segment	HL Subscriber Hierarchical Level	
Reference	**Name**	**Rhode Island Requirements**
HL04	Hierarchical Child Code	Populate with '0'. The subscriber is the patient for all RI claims.
Segment	SBR Subscriber Information	
Reference	**Name**	**Rhode Island Requirements**
SBR09	Claim Filing Indicator	Populate with 'MC' for RI Medicaid Claims.

LOOP ID	2010BA SUBSCRIBER NAME	
Segment	NM1 Subscriber Name	
Reference	**Name**	**Rhode Island Requirements**
NM102	Entity Type Qualifier	Populate with '1' for person.
NM108	Identification Code Qualifier	Populate with 'MI'.
NM109	Identification code	RI Medicaid expects 10 numerical characters for the RI Medicaid Recipient Identification Number (MID) or 9 numerical characters for special programs. For ex; Department of Corrections.

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LOOP ID	2010BB PAYER NAME	
Segment	**NM1 Payer Name**	
Reference	**Name**	**Rhode Island Requirements**
NM103	Payer Name	Populate with 'RI Medicaid'.
NM108	Identification code qualifier	Populate with 'PI'.
NM109	Payer Identifier	Populate with RI EIN '056000522'.
Segment	**REF Billing Provider Secondary Identification**	
Reference	**Name**	**Rhode Island Requirements**
REF01	Reference Identification Qualifier	Populate with 'G2' for atypical providers. This field is required when submitting for an Atypical Billing provider. This field should only be populated if the Billing provider NPI was not submitted.
REF02	Payer Additional Identifier	Populate with 7-digit RI Medicaid Provider ID. This field is required when submitting for an atypical provider. If more than 7 characters are sent the claim will be rejected.

LOOP ID	2300 CLAIM INFORMATION	
Segment	**CLM Claim Information**	
Reference	**Name**	**Rhode Island Requirements**
CLM01	Patient Account Information	RI will capture the first 20 characters and return them in the 835.
CLM02	Total Claim Charge Amt	Total claim charge must be greater than or equal to the sum of the values entered in Loop 2320 (AMT02) payer paid amount or the claim will be rejected. This does not apply to MA or MB segments.
CLM05-3	Claim Frequency Type Code	Populate with '1', '2', '3', '4', '5', '7' or '8'. Frequency type code 6 will be rejected. For Medicare primary claims, frequency type codes 7 and 8 will not be processed.

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LOOP ID	2300 CLAIM INFORMATION	
Segment	**CL1 Institutional Claim Code**	
Reference	**Name**	**Rhode Island Requirements**
CL101	Admission Type Code	Populate with ‘1’, ‘2’, ‘3’, or ‘4’ for all Inpatient Services.
Segment	**REF Payer Claim Control Number**	
Reference	**Name**	**Rhode Island Requirements**
REF02	Payer Claim Control Number	If the Claim Frequency equals 7 or 8, the original 15-digit ICN is required in this field. If the data in the field exceeds 15, the claim will be rejected.
Segment	**HI Principal Diagnosis**	
Reference	**Name**	**Rhode Island Requirements**
HI01-1	Code List Qualifier Code	Populate with applicable ICD10 code
HI01-2	Industry Code	Populate with applicable ICD10 code
Segment	**HI Admitting Diagnosis**	
Reference	**Name**	**Rhode Island Requirements**
HI01-1	Code List Qualifier Code	Populate with applicable ICD10 code
HI01-2	Industry Code	Populate with applicable ICD10 code
Segment	**HI Patient’s Reason for Visit**	
Reference	**Name**	**Rhode Island Requirements**
HI01-1	Code List Qualifier Code	Populate codes or ‘APR’ for ICD-10 codes.
HI01-2	Industry Code	Populate ICD 10 code
HI02-1	Code List Qualifier Code	Populate with ‘APR’ for ICD-10 codes.
HI02-2	Industry Code	Populate ICD-10 code.
HI03-1	Code List Qualifier Code	Populate ‘APR’ for ICD-10 code.
HI03-2	Industry Code	Populate with ICD-10 code.

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Segment	HI External Cause of Injury	
Reference	**Name**	**Rhode Island Requirements**
(HI01 through HI12) - 1	Code List Qualifier Code	Populate 'ABN' for ICD-10 codes.
(HI01 through HI12) - 2	Industry Code	Populate with ICD-10 code.
Segment	**HI Other Diagnosis Information**	
Reference	**Name**	**Rhode Island Requirements**
(HI01 through HI12) - 1	Code List Qualifier Code	Populate with 'ABF' for ICD-10 code.
(HI01 through HI12) - 2	Industry Code	Populate with ICD-10 code.

LOOP ID	2300 CLAIM INFORMATION	
Segment	**HI Principal Procedure Information**	
Reference	**Name**	**Rhode Island Requirements**
HI01-1	Code List Qualifier Code	Populate with 'BBR' for ICD-10 codes.
HI01-2	Industry Code	Populate ICD-10 code.
Segment	**HI Other Procedure Information**	
Reference	**Name**	**Rhode Island Requirements**
(HI01 through HI12) - 1	Code List Qualifier Code	Populate with 'BBQ' for ICD-10 codes.
(HI01 through HI12) - 2	Industry Code	Populate with ICD10 code.

LOOP ID	2310A ATTENDING PROVIDER NAME	
Segment	**PRV Attending Provider Specialty Information**	
Reference	**Name**	**Rhode Island Requirements**
PRV01	Provider Code	Populate with 'AT'.
PRV02	Reference Identification Qualifier	Populate with 'PXC'.
PRV03	Reference Identification	Populate with Attending Provider taxonomy. You must enter when reporting an Attending Provider NPI.
Segment	**REF Attending Provider Secondary Identification**	
Reference	**Name**	**Rhode Island Requirements**

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REF01	Reference Identification Qualifier	Populate with 'G2' for atypical providers. This field is required when submitting for an Atypical Attending provider. This field should only be populated if the provider NPI was not submitted.
EF02	Reference Identification	Populate with 7-digit RI Medicaid Provider ID. This field is required when submitting for an atypical provider. If more than 7 characters are sent the claim will be rejected.

LOOP ID	**2310B OPERATING PHYSICIAN NAME**	
Segment	**REF Operating Physician Secondary Identification**	
Reference	**Name**	**Rhode Island Requirements**
REF01	Reference Identification Qualifier	Populate with 'G2' for atypical providers. This field is required when submitting for an Atypical Operating Physician.This field should only be populated if the provider NPI was not submitted.

LOOP ID	**2310B OPERATING PHYSICIAN NAME**	
Segment	**REF Operating Physician Secondary Identification**	
Reference	**Name**	**Rhode Island Requirements**
REF02	Reference Identification	Populate with 7-digit RI Medicaid Provider ID. This field is required when submitting for an atypical provider. If more than 7 characters are sent the claim will be rejected.

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LOOP ID	2310F REFERRING PROVIDER NAME	
Segment	**NM1 Referring Provider Name**	
Reference	**Name**	**Rhode Island Requirements**
NM101	Entity Identifier Code	Populate with 'DN' for referring providers. RI Medicaid requires this field when submitting claims for the following provider types: hospice, ambulatory surgical centers, dialysis, skilled home health, inpatient hospital, psychiatric hospital and outpatient hospital excluding clinic visits, ER visits and observation.
NM108	Identification Code Qualifier	Populate with 'XX' Qualifer for use with NPI.
NM109	Identification Code	Populate with NPI Please note: In situations when the Referring Provider NPI is the same as the Attending Provider NPI, RI business processes have been modified to accept the same NPI in both loops.

LOOP ID	2320 OTHER SUBSCRIBER INFORMATION	
Segment	**SBR Other Subscriber Information**	
Reference	**Name**	**Rhode Island Requirements**
SBR09	Claim Filing Indicator	Populate with 'MA' or 'MB' to identify Crossover claims. Only one loop with Medicare Information is allowed. More than one loop containing 'MA' or 'MB' will result in rejection of the claim.

LOOP ID	2330A OTHER SUBSCRIBER NAME	
Segment	**NM1 Other Subscriber Name**	
Reference	**Name**	**Rhode Island Requirements**
NM108	Identification Code Qualifier	Populate with 'MI' for Member Identification Number.
NM109	Identification Code	When the Other Insurance is Medicare (Loop 2320, SBR09 equals MA or MB), RI Medicaid will capture 9 characters in this field and truncate over 9. Do not use hyphens or spaces.

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Third Party Liability (TPL) Carrier Codes direct link:
http://www.eohhs.ri.gov/Portals/0/Uploads/Documents/carrier_code.pdf

LOOP ID	**2330B OTHER PAYER NAME**	
Segment	**NM1 Other Payer Name**	
Reference	**Name**	**Rhode Island Requirements**
NM109	Other Payer Primary Identifier	If reporting other insurance carriers use a 3-character carrier code in this field. Sending more than 3 characters will cause the claim to reject. Each carrier code used must be unique within the current claim. A complete list of Carrier Codes can be found at www.eohhs.ri.gov.

LOOP ID	**2400 SERVICE LINE NUMBER**	
Segment	**SV2 Institutional Service Line**	
Reference	**Name**	**Rhode Island Requirements**
SV201	Service Line Revenue Code	Populate with revenue code that is four characters or less or the claim will be rejected. Right justified zero fill if necessary.
SV202-1	Product or Service ID Qualifier	RI expects 'HC' for Procedure codes on Home Health, Hospice and Outpatient claims.
SV202-2	HCPCS Code	A field containing more than 5 characters will cause the claim to reject.

LOOP ID	**2430 LINE ADJUDICATION INFORMATION**	
Segment	**SVD Line Adjudication Information**	
Reference	**Name**	**Rhode Island Requirements**
SVD01	Identification Code	This is situational. If used, RI expects a three-character Medicaid Carrier Code.
SVD03	Procedure Code	Populate for outpatient services.

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6. 835 Remittance Advice

The 835 transaction contains information on claims that have been paid, adjusted or denied during the current financial cycle.

The Remittance is generated after claims are processed and the Financial Cycle is complete. It is available for download by the Submitter who has been identified by the RI Medicaid Provider as the Entity who will be authorized to retrieve their Remittance transactions.

Please note that the 277U (Unsolicited Claim Status), which is sent in conjunction with the 835 Remittance Advice, is now generated based on version 5010.

005010X221A1 835 Remittance Advice

PRE-HEADER		
Segment	**ISA Interchange Information**	
Reference	**Name**	**Rhode Island Requirements**
ISA01	Authorization Information Qualifier	Populate with ‘00’.
ISA03	Security Information Qualifier	Populate with ‘00’.
ISA05	Interchange ID qualifier	Populate with ‘ZZ’.
ISA06	Interchange Sender ID	Populate with ’056000522’.
ISA07	Interchange Receiver ID	Populate with ‘ZZ’.
ISA08	Interchange Receiver ID	Populate with Trading Partner ID assigned by RI Medicaid.
ISA16	Component Element Separator	RI Medicaid will use ‘:’ for the Composite Sub-Element separator.
Segment	**GS Functional Group Header**	
Reference	**Name**	**Rhode Island Requirements**
GS02	Application Sender Code	RI Medicaid EIN: ‘056000522’
GS03	Application Receiver Code	Populate with Trading Partner ID assigned by RI Medicaid.
GS08	Version Identifier Code	Populate with ‘005010X221A1’.

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HEADER		
Segment	**BPR Financial Information**	
Reference	**Name**	**Rhode Island Requirements**
BPR01	Transaction Handle Code	Populate with 'I' when the BPR02 (monetary amount) is greater than zero. If BPR02 is equal to zero populate with 'H'.
BPR04	Payment Method Code	Populate with 'ACH' for EFT.
HEADER		
Segment	**TRN Re-association Trace Number**	
Reference	**Name**	**Rhode Island Requirements**
TRN02	Reference Identification	Populate with check or EFT Number if payment is greater than zero. Populate with remittance number if payment is zero.
TRN03	Payer Identifier	Populate with EIN '1056000622'
Segment	**REF Receiver Identification**	
Reference	**Name**	**Rhode Island Requirements**
REF02	Reference Identification	Populate with 7-digit Legacy ID if provider is associated with an NPI. Populate with FEIN if provider is not associated with an NPI (Atypical Provider).

LOOP ID	1000A PAYER IDENTIFICATION	
Segment	**N1 Payer Identification**	
Reference	**Name**	**Rhode Island Requirements**
N102	Name	Populate with 'DXC – RI Medicaid'.
Segment	**PER Payer Technical Contact Information**	
Reference	**Name**	**Rhode Island Requirements**
PER01	Contact Function Code	Populate with 'BL'.
PER02	Name	Populate with 'EDI Coordinator'.
PER03	Communication Number Qualifier	Populate with 'TE'.
PER04	Payer Contact Communication Number	Populate with '401-784-8014'.
PER05	Communication Number Qualifier	Populate with 'EM'.
PER06	Payer Technical Contact Communication Number	Populate with rixix-editeam@gainwelltechnologies.com
Segment	**PER Payer WEB Site**	
Reference	**Name**	**Rhode Island Requirements**
PER01	Contact Function Code	Populate with 'IC'.
PER03	Communication Number Qualifier	Populate with 'UR'.
PER04	Communication Number	Populate with 'www.dhs.ri.gov

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LOOP ID	1000B PAYEE IDENTIFICATION	
Segment	**N1 Payee Identification**	
Reference	**Name**	**Rhode Island Requirements**
N102	Payee Name	Populate with 'Pay To' provider name.
N103	Identification Code Qualifier	Populate with 'XX' if provider has an NPI. Populate with 'FI' if provider does not have an NPI (Atypical Provider).
N104	Identification Code	Populate with NPI if the above qualifier is XX. Populate with Tax ID of the Pay-To provider if the above qualifier is FI.

LOOP ID	1000B PAYEE IDENTIFICATION	
Segment	**REF Payee Additional Identification**	
Reference	**Name**	**Rhode Island Requirements**
REF01	Reference Identification Qualifier	Populate with 'TJ' if provider has an NPI. Populate with 'PQ' if provider does not have an NPI (Atypical Provider).
REF02	Additional Payee Identifier	Populate FEIN/SSN if the above qualifier is TJ. Populate legacy provider ID if the above qualifier is PQ.

LOOP ID	2000 HEADER NUMBER	
Segment	**TS3 Provider Summary Information**	
Reference	**Name**	**Rhode Island Requirements**
TS301	Reference Identification	Populate with NPI. Populate with legacy provider ID if provider does not have an NPI.

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LOOP ID	2100 CLAIM PAYMENT INFORMATION	
Segment	**CLP Claim Payment Information**	
Reference	**Name**	**Rhode Island Requirements**
CLP06	Claim Filing Indicator	Populate with 'MC'.
CLP07	Reference Identification	Populate with RI Medicaid Internal Control Number (ICN), length 15 numeric.
CLP09	Claim Frequency Type Code	Populate with claim frequency type code as reported on Institutional Claims.
Segment	**NM1 Patient Name**	
Reference	**Name**	**Rhode Island Requirements**
NM108	Identification Code Qualifier	Populate with 'MR'.
NM109	Patient Identifier	RI Medicaid will send the 10 numerical characters for the Rhode Island Medicaid Recipient Identification number.

LOOP ID	2100 CLAIM PAYMENT INFORMATION	
Segment	**NM1 Service Provider Name**	
Reference	**Name**	**Rhode Island Requirements**
NM108	ID Code Qualifier	Populate with 'XX' if provider has an NPI. Populate with 'MC' if provider does not have an NPI (Atypical Provider).
NM109	Rendering Provider Identifier	Populate with NPI if the above qualifier is XX. Populate with RI Legacy ID if the above qualifier is MC.

LOOP ID	2100 CLAIM PAYMENT INFORMATION	
Segment	**NM1 Corrected Priority Payer Name**	
Reference	**Name**	**Rhode Island Requirements**
NM108	Identification Code Qualifier	Populate with 'PI'.
NM109	Identification Code	Populate with three-charcter carrier code used to identify other payers in the Third-Party Liability Record.
Segment	**AMT Claim Supplemental Information**	
Reference	**Name**	**Rhode Island Requirements**
AMT01	Amount Code Qualifier	Populate with 'AU' when reporting the allowed amount on the claim level.
AMT02	Monetary Amount	Populate with allowed amount.

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LOOP ID	2110 SERVICE PAYMENT INFORMATION	
Segment	**REF Rendering Provider Information**	
Reference	**Name**	**Rhode Island Requirements**
REF01	Reference Identification Qualifier	Populate with 'G1' or 'LU'.
Segment	**AMT Service Supplemental Amount**	
Reference	**Name**	**Rhode Island Requirements**
AMT01	Amount Qualifier Code	Populate with 'B6'.
AMT02		Populate with allowed amount for the individual service.
Segment	**LQ Health Care Remark Codes**	
Reference	**Name**	**Rhode Island Requirements**
LQ01	Code List Qualifier	Populate with 'HE'
LQ02	Industry Code	Associated Remark.

Summary		
Segment	**PLB Provider Adjustment**	
Reference	**Name**	**Rhode Island Requirements**
PLB01	Provider Identifier	Populate with NPI. Populate with legacy provider ID if provider does not have an NPI.
PLB03-2	Provider Adjustment Identifier	RI Medicaid Cash Control Number (CCN)
PLB05-2	Provider Adjustment Identifier	RI Medicaid Cash Control Number (CCN)
PLB07-2	Provider Adjustment Identifier	RI Medicaid Cash Control Number (CCN)
PLB09-2	Provider Adjustment Identifier	RI Medicaid Cash Control Number (CCN)
PLB11-2	Provider Adjustment Identifier	RI Medicaid Cash Control Number (CCN)
PLB13-2	Provider Adjustment Identifier	RI Medicaid Cash Control Number (CCN)

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7. 277U Health Care Payer Unsolicited Claim Status Response

This 277U guide must be used in conjunction with an associated X12 Implementation guide. The instruction in this companion guide is not intended to be stand-alone requirements documents. This companion guide conforms to all the requirements of any associated ASC X12 Implementation Guides and is in conformance with ASC X12's Fair and Copyrights statements.

The Pended Claim report identifies claims which have been loaded for processing within the financial cycle, but not finalized by the close of the financial cycle.

The Pended Claim Report is generated after claims are processed and the Financial Cycle is complete. It is available for download by the Submitter who has been identified by the RI Medicaid Provider as the Entity who will be authorized to retrieve their Unsolicited 277 transactions.

The 277 unsolicted transaction contains information on claims that have been suspended during the current financial cycle.

HEADER		
Segment	**ISA Interchange Control Segment**	
Reference	**Name**	**Rhode Island Requirements**
ISA01	Authorization Information Qualifier	Rhode Island Medicaid will send '00'
ISA03	Security Information Qualifier	Rhode Island Medicaid will send '00'
ISA05	Interchange ID qualifier	Rhode Island Medicaid will send 'ZZ'
ISA06	Interchange sender ID	Rhode Island will send FEIN "056000522"
ISA07	Interchange ID qualifier	Rhode Island will send 'ZZ'.
ISA08	Interchange Receiver ID	Rhode Island will send Trading Partner ID
ISA14	Acknowledgement Requested	Rhode Island Medicaid will '0'
ISA15	Interchange Usage Indicator	This will always be a 'P'
ISA16	Componet Element Separator	RI Medicaid will use ":" for the Component Sub-Element separator.
Segment	**GS Functional Group Header**	
Reference	**Name**	**Rhode Island Requirements**
GS02	Application Sender Code	Rhode Island will send FEIN "056000522"
GS03	Application Receiver Code	Rhode Island will send Trading Partner ID
GS08	Version Identifier Code	Rhode Island will use version **'005010X228'**
HEADER		
Segment	**ST Transaction Set Header**	

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Reference	Name	Rhode Island Requirements
ST01	Transaction Set Identifier	Rhode Island will send ‘277’
ST03	Implementation Convention Reference	Rhode Island will send 005010X228
Segment	**BHT Beginning of Hierarchical Transaction**	
Reference	**Name**	**Rhode Island Requirements**
BHT02	Transaction Set Purpose	Populate with ‘08’
BHT06	Transaction Type Code	Rhode Island Medicaid will send “NO”
LOOP ID	**2100A Payer Name**	
Segment	**NM1**	**Individual or Organizational Name**
Reference	**Name**	**Rhode Island Requirements**
NM101	Entity Identifier Code	Rhode Island will send ‘PR’
NM102	Entity Type Qualifier	Rhode Island will send ‘2’
NM103	Name Last or Organization Name	Rhode Island will send EDS - RI MEDICAID
NM108	Identification Code Qualifier	Rhode Island will send “PI”
NM109	Identifiction Code	Rhode Island will continue to send 026000618

LOOP ID	**2100B Information Receiver Name**	
Segment	**NM1**	**Individual or Organizational Name**
Reference	**Name**	**Rhode Island Requirements**
NM101	Entity Identifier Code	Rhode Island will send ’41’
NM102	Entity Type Qualifier	Rhode Island will send ‘1 or 2’
NM108	Identification Code Qualifier	Rhode Island will send ’46’
NM109	Identification Code Qualifier	Rhode Island will send the assigned trading partner number

LOOP ID	**2100C Provider Name**	
Segment	**NM1**	Individual or Orgnaization Name
Reference	**Name**	**Rhode Island Requirements**
NM108	Identification Code Qualifier	Rhode Island will send “XX”
NM109	Identification Code Qualifier	Rhode Island will send the NPI

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LOOP ID	2100D SUBSCRIBER NAME	
Segment	**NM1**	
Reference	**Name**	**Rhode Island Requirements**
NM108	Identification Code Qualifier	Rhode Island will send "MI"
NM109	Identification Code	Rhode Island will return the SSN or MID depending on what is sent on the claim

LOOP ID	2200D Payer Claim Control Number	
Segment	**TRN**	**Trace**
Reference	**Name**	**Rhode Island Requirements**
TRN02	Reference Identification	Rhode Island will send the ICN (Internal Control Number)
Segment	**STC**	**Status Information**
Reference	**Name**	**Rhode Island Requirements**
STC01-1	Industry Code	Is this "20" see segment below example from file. Rhode Island will send 'P2'
STC01-2	Industry Code	Rhode Island will send '20'
STC02	Date	Expressed in format CCYYMMDD this date represents the date the claim was placed in pending status
STC04	Monetary Amount	Rhode Island Medicaid will return the total claim charge amount
LOOP ID	**2200D REF – Patient Control Number**	
Segment	**Reference Information**	**Payer Claim Control Number**
Reference	**Name**	**Rhode Island Requirements**
REF01	Reference Identification Qualifier	Rhode Island will send EJ
REF02	Patient Control Number	Rhode Island will send the patient control number from what is reported in the CLM of the 837 transaction.
REF - INSTITUTIONAL BILL TYPE IDENTIFICATION		
REF01	Reference Identification Qualifier	Rhode Island will send BLT
REF02	Reference Identification	Rhode Island will send the bill type sent on Institutional Claims Only

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DTP – CLAIM SERVICE DATE		
Segment	**Date or Time or Period**	**Rhode Island Requirments**
DTP01	Date Time Qualifier	Rhode Island will send “472”
DTP02	Date Time Period Format Qualifier	Rhode Island will send D8 expressed in CCYYMMDD or RD8 expressed in CCYYMMDD-CCYYMMDD
DTP03	Date Time Period	Rhode Island will send the Date of Service
LOOP 2220D SVC – SERVICE LINE INFORMATION		
Segment	**Service Information**	**Rhode Island Requirements**
SVC01-1	Product Service ID Qualifier	Rhode Island will send AD, NU, HC or N4 if present.
SVC01-2	Product Service ID Qualifier	Rhode Island will send appropriate codes if present

Example of 5010 277U file

```
ISA*00*          *00*          *ZZ*056000522      *ZZ*700000XXX
*190814*0501*^*00501*200000004*0*T*:~
GS*HN*056000522*700000XXX*20190814*050100*200000004*X*005010X228~
ST*277*1000*005010X228~
BHT*0085*08*20000000500001*20190809*050100*NO~
HL*1**20*1~
NM1*PR*2*EDS - RI MEDICAID*****PI*026000618~
HL*2*1*21*1~
NM1*41*2*XXXXX XXXXX RI*****46*700000XXX~
HL*3*2*19*1~
NM1*1P*2*XXXXX XXXXX RI*****XX*1XXXXXXXXX~
HL*4*3*PT~
NM1*QC*1*Recipient*Name****MI*XXXXXXXXXX~
TRN*1*482019221080423~
STC*P2:20*20190809**125~
DTP*050*D8*20190814~
SVC*HC:T2022*125*****1~
STC*P2:20*20190814~
REF*FJ*00000001~
DTP*472*D8*20190809~
TRN*1*482019221084059~
STC*P2:20*20190809**125~
DTP*050*D8*20190814~
SVC*HC:T2022*125*****1~
STC*P2:20*20190814~
REF*FJ*00000001~
DTP*472*D8*20190809~
HL*5*3*PT~
```

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```
NM1*QC*1*Last Name*First Name****MI*XXXXXXXXXX~
TRN*1*102019219775005~
STC*P2:20*20190809**1.75~
DTP*050*D8*20190814~
SVC*HC:T2022:U2*1.75*****1~
STC*P2:20*20190814~
REF*FJ*00000001~
DTP*472*D8*20190809~
TRN*1*102019219775006~
STC*P2:20*20190809**1.75~
DTP*050*D8*20190814~
SVC*HC:T2022:U2*1.75*****1~
STC*P2:20*20190814~
REF*FJ*00000001~
DTP*472*D8*20190809~
HL*6*3*PT~
NM1*QC*1*Last Name*First Name****MI*XXXXXXXXX~
TRN*1*102019219775001~
STC*P2:20*20190809**175~
DTP*050*D8*20190814~
SVC*HC:T2022:U2*175*****1~
STC*P2:20*20190814~
REF*FJ*00000001~
DTP*472*D8*20190809~
TRN*1*102019219775002~
STC*P2:20*20190809**175~
DTP*050*D8*20190814~
SVC*HC:T2022:U2*175*****1~
STC*P2:20*20190814~
REF*FJ*00000001~
DTP*472*D8*20190809~
HL*7*3*PT~
NM1*QC*1*Last Name*First Name****MI*XXXXXXXXXX~
TRN*1*102019219775004~
STC*P2:20*20190809**1.75~
DTP*050*D8*20190814~
SVC*HC:T2022:U2*1.75*****1~
STC*P2:20*20190814~
REF*FJ*00000001~
DTP*472*D8*20190809~
HL*8*3*PT~
NM1*QC*1*Last Name*First Name****MI*XXXXXXXXXX~
TRN*1*102019219775009~
STC*P2:20*20190809**1.75~
DTP*050*D8*20190814~
SVC*HC:T2022:U2*1.75*****1~
```

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```
STC*P2:20*20190814~
REF*FJ*00000001~
DTP*472*D8*20190809~
TRN*1*102019219775010~
STC*P2:20*20190809**1.75~
DTP*050*D8*20190814~
SVC*HC:T2022:U2*1.75*****1~
STC*P2:20*20190814~
REF*FJ*00000001~
DTP*472*D8*20190809~
SE*82*1000~
GE*1*200000004~
IEA*1*200000004~
```

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8. 270 Eligibility Request

The purpose of this document is to provide the information necessary to submit an eligibility benefit inquiry to RI Medicaid.

MID is a required field in Loop 2100C. The MID must contain 10 digits, no hyphens, or alpha characters. Special, alpha characters and/or a blank field (in the 270 file) will cause the 271 Eligibility Response to fail. Meaning the 271 will not be returned to the trading partner mailbox.

Request can be made up to 12 months, prior to today through the current date, with a maximum 3-month date span.

RI Medicaid only accepts one set of Subscriber dates in loop 2100C. DTP segment in loop 2110C will be ignored.

When sending Dental eligibility request, please note that the eligibility is based on the request from date. For Vision Service Limits it's based on the date of request (today's date).

RI Medicaid is not responsible for reporting the financial responsibility for the Managed Care Programs. This must be obtained directly from the Health Plans.

Contact the RI EDI Coordinator at riediservices@gainwelltechnologies.com for information regarding submission of 270/271 transactions directly to the RI MMIS as defined by the Affordable Care Act 1104 rules.

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005010X279A1 270 Eligibility Request

PRE-HEADER		
Segment	**ISA Interchange Control Segment**	
Reference	**Name**	**Rhode Island Requirements**
ISA01	Authorization Information Qualifier	Populate with ‘00’.
ISA03	Security Information Qualifier	Populate with ‘00’.
ISA05	Interchange ID qualifier	Populate with ZZ.
ISA06	Interchange sender ID	Populate with Trading Partner ID assigned by RI Medicaid.
ISA07	Interchange ID qualifier	Populate with ‘ZZ’.
ISA08	Interchange Receiver ID	Populate with ‘056000522’.
ISA14	Acknowledgement Requested	Populate with ‘0’.
Segment	**GS Functional Group Header**	
Reference	**Name**	**Rhode Island Requirements**
GS02	Application Sender Code	Populate with Trading Partner ID.
GS03	Application Receiver Code	Populate with RI EIN ‘056000522’.
GS08	Version Identifier Code	Populate with ‘005010X279A1’.
HEADER		
Segment	**ST Transaction Set Header**	
Reference	**Name**	**Rhode Island Requirements**
ST03	Implementation Convention Reference	Populate with 005010X279A1.
Segment	**BHT Beginning of Hierarchical Transaction**	
Reference	**Name**	**Rhode Island Requirements**
BHT02	Transaction Set Purpose	Populate with ‘13’.

LOOP ID	2100A INFORMATION SOURCE NAME	
Segment	**NM1 Information Source Name**	
Reference	**Name**	**Rhode Island Requirements**
NM101	Entity Identifier Code	Populate with ‘PR’.
NM102	Entity Type Qualifier	Populate with ‘1 or 2’.
NM103	Name Last or Organization Name	Populate with ‘RI Medicaid’.
NM108	Identification Code Qualifier	Populate with qualifier ‘FI’ for RI Medicaid.
NM109	Identification Code	Populate with RI EIN ‘056000522’.

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LOOP ID	2100B INFORMATION RECEIVER NAME	
Segment	**NM1 Information Receiver Name**	
Reference	**Name**	**Rhode Island Requirements**
NM101	Entity Identifier Code	Populate with '1P'.
NM108	Identification code Qualifier	Populate with 'XX' if provider has an NPI. Populate with 'SV' if provider does not have an NPI (Atypical Provider).
NM109	Identification Code	Populate with 10-digit NPI if the above qualifier is 'XX'. Populate with 7-digit RI legacy ID if the above qualifier is 'SV'.
Segment	**REF Information Receiver Additional Identification**	
Reference	**Name**	**Rhode Island Requirements**
REF01	Reference Identification Qualifier	Populate with 'EO'.
REF02	Reference Identification	Populate with Trading Partner ID assigned by RI Medicaid.
Segment	**Information Receiver Provider Information**	
PRV02	Reference Identification Qualifier	Populate with 'PXC'.
PRV03	Reference Identification	Use Taxonomy number to identify a specific provider type who may have multiple legacy ID's associated to one NPI.

LOOP ID	2100C SUBSCRIBER NAME	
Segment	**NM1 Subscriber Name**	
Reference	**Name**	**Rhode Island Requirements**
NM108	Identification Code Qualifier	Populate with 'MI'.
NM109	Identification Code	**RI Medicaid requires 10 numeric characters for the Rhode Island Medicaid Recipient Identification number. Failure to send 10 digits will cause the 271 file to fail. Meaning the 271 will not be returned to the trading partner mailbox.**
Segment	**REF Subscriber Additional Identification**	
Reference	**Name**	**Rhode Island Requirements**
REF01	Reference Identification Code Qualifier	Populate with 'EJ'.
REF02	Reference Identification	Populate with Provider Patient Account Number.

LOOP ID	2100C SUBSCRIBER NAME
Segment	**DTP Subscriber Date**

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Reference	Name	Rhode Island Requirements
DTP01	Date/Time Qualifier	Populate with '291'.

LOOP ID	2110C SUBSCRIBER ELIGIBILITY OR BENEFIT INQUIRY	
Segment	EQ Subscriber Eligibility or Benefit Inquiry Information	
Reference	Name	Rhode Island Requirements
EQ01	Service Type Code	Populate with '30' for Generic request. If service type codes are used a single request cannot exceed 35 service type codes.

9. 271 Eligibility Response

The purpose of this document is to provide the information on what will be sent electronically within the eligibility benefit response from RI Medicaid.

If the 270 file contains a blank or nonnumeric field for Loop2100C NM109 field, the 271 will error off and fail to return to the trading partner mailbox. There will be no notification of this type of error. Please make sure to confirm your 270 file contains numbers in Loop 2100C NM109.

005010X279A1 271 Eligibility Response

PRE-HEADER		
Segment	ISA Interchange Control Header	
Reference	Name	Rhode Island Requirements
ISA01	Authorization Information Qualifier	Populate with '00'.
ISA03	Security Information Qualifier	Populate with '00'.
ISA05	Interchange ID Qualifier	Populate with 'ZZ'.
ISA06	Interchange Sender ID	RI Medicaid EIN: '056000522'
ISA07	Interchange ID Qualifier	Populate with 'ZZ'.
ISA08	Interchange Receiver ID	Populate with Trading Partner ID assigned by RI Medicaid.
ISA14	Acknowledgement Requested	Populate with '0'.
Segment	GS Functional Group Header	
Reference	Name	Rhode Island Requirements
GS02	Application Sender Code	RI Medicaid EIN: '056000522'
GS03	Application Receiver Code	Populate with Trading Partner ID assigned by RI Medicaid.
GS08	Version Identifier Code	Populate with '005010X279A1'.

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LOOP ID	HEADER	
Segment	**BHT Beginning of Hierarchical Transaction**	
Reference	**Name**	**Rhode Island Requirements**
BHT02	Transaction Set Purpose Code	Populate with '11'.

LOOP ID	2100A INFORMATION SOURCE NAME	
Segment	**NM1 Information Source Name**	
Reference	**Name**	**Rhode Island Requirements**
NM101	Entity Identifier Code	Populate with 'PR'.
NM102	Entity Type Qualifier	Populate with '1' or '2'.
NM103	Name Last or Organization name	Populate with 'RI Medicaid Title XIX'.
NM108	Identification Code Qualifier	Populate with 'FI'.
NM109	Identification Code	Populate with '056000522'.
LOOP ID	**2100B INFORMATION RECEIVER NAME**	
Segment	**NM1 Information Receiver Name**	
Reference	**Name**	**Rhode Island Requirements**
NM101	Entity Identifier Code	Populate with '1P'.
NM102	Entity Type Qualifier	Populate with '1 or 2'.
NM108	Identification Code Qualifier	Populate with 'XX' if provider has an NPI. Populate with 'SV' if provider does not have an NPI (Atypical Provider).
NM109	Identification Code	Populate with 10-digit NPI if the above qualifier is 'XX'. Populate with 7-digit RI legacy ID if the above qualifier is 'SV'.
LOOP ID	**2100B INFORMATION RECEIVER NAME**	
Segment	**REF Information Receiver Additional Identification**	
Reference	**Name**	**Rhode Island Requirements**
REF01	Reference Identification Code Qualifier	Populate with 'EO'.
REF02	Reference Identification	Populate with submitter's Trading Partner ID number.
Segment	**Information Receiver Name**	**Information Receiver Provider Information**
PRV01	Provider Code	Will Populate with BI for Billing
PRV02	PXC	Will populate with Health Care Provider Taxonomy Code if the 270 contained 2100B PRV.

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LOOP ID	2000C SUBSCRIBER LEVEL	
Segment	**TRN Subscriber Trace Number**	
Reference	**Name**	**Rhode Island Requirements**
TRN01	Trace Type Code	RI Medicaid will pass back all TRN segments we get. There could be one from the provider, plus one from a clearinghouse. We will add an additional TRN with our Authorization Code. The exception to this rule is, when a provider level exists in loops 2000A, 2100A and 2100B, we **will not** return the trace number.
TRN03	Trace Assigning Entity Identifier	RI Medicaid will use "056000522" as its Trace Assigning Entity identifier.

LOOP ID	2100C SUBSCRIBER NAME	
Segment	**NM1 Subscriber Name**	
Reference	**Name**	**Rhode Island Requirements**
NM102	Entity Type Qualifier	Populate with ‘1’.
NM108	Identification Code Qualifier	Populate with ‘MI’.
NM109	Identification Code	Rhode Island will return 10-digit Medicaid ID (MID)

LOOP ID	2100C SUBSCRIBER NAME	
Segment	**REF Subscriber Additional Identification**	
Reference	**Name**	**Rhode Island Requirements**
REF01	Reference Identification Qualifier	Populate with ‘EJ’.
REF02	Reference Identification	Populate with account number if submitted on 270

LOOP ID	2100C SUBSCRIBER NAME	
Segment	**Subscriber Date**	
Reference	**Name**	**Rhode Island Requirements**
DTP01	Date Time Qualifier	Populate with 291

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LOOP ID	2110C SUBSCRIBER ELIGIBILITY OR BENEFIT INFO	
Segment	**EB Subscriber Eligibility or Benefit Information**	
Reference	**Name**	**Rhode Island Requirements**
EB01	Eligibility or Benefit Code	Populate with ‘1’, ‘A’, ‘B’, ‘C’,’N’,’F’,’R’ and ‘X’.
EB02	Coverage Level Code	Populate with ‘IND’
EB03	Service Type Code	RI Medicaid will return information corresponding to the Service Type code used from the 270 transaction
EB05	Plan coverage	Benefit Plan Name

LOOP ID	2110C SUBSCRIBER ELIGIBILITY OR BENEFIT INFO	
Segment	**REF Subscriber Additional Identification**	
Reference	**Name**	**Rhode Island Requirements**
REF01	Reference Identification Qualifier	Populate with ‘IG’
REF02	Reference Identification	Populate with group or policy number of third-party liability
Segment	**DTP Subscriber Eligibility/Benefit Date**	
Reference	**Name**	**Rhode Island Requirements**
DTP01	Date Time Qualifier	Populate with ‘291’ or ‘307’.
Segment	**MSG Message Text**	
Reference	**Name**	**Rhode Island Requirements**
MSG01	Free Form Message Text	RI Medicaid may use this field to provide clarification and/or additional instructions. May be reported when no STCs can be returned.

LOOP ID	2120C SUBSCRIBER BENEFIT RELATED ENTITY NAME	
Segment	**Subscriber Benefit Related Entity Name**	
Reference	**Name**	**Rhode Island Requirements**
NM101	Entity Identification Code	Populate with ‘1P’ or ‘PR’.
NM102	Entity Type Qualifier	Populate with ‘1’ or ‘2’.

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10. 834 Benefit Enrollments and Maintenance Transaction

This transaction is used by RI Medicaid to transmit daily enrollment data (additions, changes in capitation code, changes in Medicaid ID, address changes, and deletions), and to transmit monthly roster data.

This transaction is use exclusively to support the RIte Care, Rhody Health Partners, RIte Smiles Programs and Connect Care Choice Community Partners, and is exchanged between RI Medicaid and the participating health plans.

005010X220A1 834 Transaction

10.1. Rhody Health Partners Roster and Payment File

LOOP D	**HEADER**	
Segment	**BGN Beginning Segment**	
Reference	**Name**	**Rhode Island Requirements**
BGN01	Transaction Set Purpose	Populate with '00'
BGN02	Transaction Reference Identification	Populate with the Payment Run Date, in format ccyymmdd.
BGN08	Action Code	Populate with '2' for change or '4' for verify (full payment file). Note –A value of '4' will be populated in the Rhody Health Partners Payment file (the first file sent in the first half of every month), and a value of '2' will be populated for the Rhody Health Partners Adjustment file (the second 834 sent in the latter half of every month).

LOOP ID	**1000A SPONSOR NAME**	
Segment	**N1 Sponsor Name**	
Reference	**Name**	**Rhode Island Requirements**
N102	Name	Populate with 'Rhode Island Medicaid Management Information System'.
N103	Identification Code Qualifier	Populate with 'FI'
N104	Identification Code	Populate with '05-6000522'

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LOOP ID	1000B PAYER	
Segment	N1 Payer	
Reference	Name	Rhode Island Requirements
N102	Name	Populate with the Health Plan Name receiving the 834.
N103	Identification Code Qualifier	Populate with 'FI'.
N104	Insurers Identification code	Populate with FEIN associated with the health plan receiving the 834 (format 99.999)

LOOP ID	1000C TPA/BROKER NAME	
Segment	N1 TPA/Broker Name	
Reference	Name	Rhode Island Requirements
N101	Entity Identifier Code	Populate with 'TV'
N102	Name	Populate with EDS
N103	Identification Code Qualifier	Populate with 'FI'
N104	TPA or Broker Identification Code	Populate with '75-2548221'

LOOP ID	2000 MEMBER LEVEL DETAIL	
Segment	INS Member Level Detail	
Reference	Names	Rhode Island Requirements
INS01	Subscriber Indicator	Populate with 'Y'
INS02	Individual Relationship Code	Populate with '18'
INS03	Maintenance Type Code	Populate with '001' (Change) or'030'' (Audit or Compare). Note –A value of '030' will be populated in the Rhody Health Partners Payment file (this first file will be sent in the first half of every month). A value of '001' will populate for the Rhody Health Partners Adjustment file (sent with the second financial of every month). The 834 enrollment and payment files will be available first thing Monday morning following each financial cycle. If the file is not available first thing Monday morning, please reach out to Gainwell at riediservices@gainwelltechnologies.com.
INS04	Maintenance Reason Code	Populate with 'XN'
INS05	Benefit Status Code	Populate with 'A'
INS08	Employment Status Code	Populate with 'FT'

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LOOP ID	2000 MEMBER LEVEL DETAIL	
Segment	**REF Subscriber Identifier**	
Reference	**Names**	**Rhode Island Requirements**
REF01	Reference Identification Qualifier	Populate with ‘0F’
REF02	Subscriber Identifier	Populate with RI MMIS Recipient Unique ID
Segment	**REF Member Supplemental Identifier – can possibly repeat 2 times**	
Reference	**Names**	**Rhode Island Requirements**
REF01	Reference Identification Qualifier	Populate with ‘Q4’
REF02	Reference Identification	Populate with ‘Prior Medicaid Identification number (MID), if one exists. This field could potentially be 9 characters during a transitional time period. Once the conversion is complete this field will be 10 characters
Segment	**Member Supplemental Identifier**	
Reference	**Names**	**Rhode Island Requirements**
REF01	Reference Identification Qualifier	RI Medicaid expects “ZZ”
REF02	Reference Identification	Populate with Subscriber Social Security Number

LOOP ID	2100A MEMBER NAME	
Segment	**NM1 Member Name**	
Reference	**Names**	**Rhode Island Requirements**
NM101	Entity Identifier Code	Populate with ‘IL’
NM103	Name Last Organization	Populate with ‘last name’ (maximum of 30 characters)
NM104	Name First	Populate with ‘first name’ (maximum of 30 characters)
NM105	Name Middle	Populate with ‘middle initial or middle name’ (maximum 25 character)
NM107	Suffix	Populate with ‘suffix’ (maximum of 3 characters)
NM108	Identification Code Qualifier	Populate with ‘ZZ’
NM109	Identification Code	Populate with 10-character MMIS Medicaid Identification Number

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LOOP ID	2100A MEMBER NAME	
Segment	**PER Member Communications Numbers**	
Reference	**Names**	**Rhode Island Requirements**
PER01	Contact Function Code	Populate with 'IP'
PER03	Communication Number Qualifier	Populate with 'TE'
PER04	Communication Number	Populate with '10-character primary member telephone number'
PER05	Communication Number Qualifier	RI Medicaid will send 'TE'if available
PER06	Communication Number	RI Medicaid will send secondary telephone number if available
PER07	Communication Number Qualifier	RI Medicaid will send 'EM' if available
PER08	Communication Number	Populate with email address if available
Segment	**N3 Member Residence Street Address**	
Reference	**Names**	**Rhode Island Requirements**
N301	Address Information	Populate with recipient address maximum 30 characters
N302	Address Information	Populate with additional address information if exists maximum 55 characters. Address 2 will be in bytes 1-30 and Unit/Apt # will be in bytes 31-55. If there is no Address 2 (no detail in bytes 1-30) and there is a Unit/Apt# sent, it will begin in byte 1, not 31. When there is both an Address 2 and Unit/Apt#, and the Address 2 does not completely fill bytes 1-30, the remaining bytes until byte 31 will be populated with spaces.

LOOP ID	2100A MEMBER NAME	
Segment	**N4 Member City, State, ZIP Code**	
Reference	**Names**	**Rhode Island Requirements**
N401	City Name	Populate with recipient City maximum 25 characters
N402	State or Province Code	Populate with recipient State
N403	Postal Code	Populate with recipient zip
N405	Location Qualifier	Populate with 'CY'
N406	Location Identifier	Populate with record location
Segment	**DMG Member Demographics**	
Reference	**Names**	**Rhode Island Requirements**
DMG01	Date Format Qualifier	Populate with 'D8'
DMG02	Member Birth Date	Populate with 'Recipient Birth Date' (format ccyymmdd)
DMG03	Gender Code	Populate with 'Gender Code'

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DMG05 - 1	Race Code	Rhode Island will populate with one of the following Recipient Race Codes 7 - Blank/Unknown, A - Asian or Pacific Islander, B - Black, C - Caucasian, I - American Indian or Alaskan Native, J Native Hawaiian, P – Pacific Islander
DMG05 - 2	Code List Qualifier Code	Populate with "RET"
DMG05 - 3	Industry Code for Ethnicity Code	Rhode Island will populate with one of the following Recipient Ethnicity Codes 2182-4 Cuban, 2135-2 Hispanic, 2148-5 Mexican, 2186-5 Non-Hispanic, 2180-8 Puerto Rican, Blank for Unknown
Segment	**LUI Member Language**	
Reference	**Names**	**Rhode Island Requirements**
LUI01	Identification Code Qualifier	Populate with 'LE'
LUI02	Language Code	Populate with 'language code' See Appendix E for list of language codes

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LOOP ID	2100B INDIVIDUAL OR ORGANIZATIONAL NAME	
Segment	**NM1 INCORRECT MEMBER NAME** This is a situational loop that will only be sent when a recipient has had a change to their Social Security Number (SSN) and thus their old (prior) SSN needs to be sent. A recipient's prior SSN will only be sent one time.	
Reference	**Names**	**Rhode Island Requirements**
NM101	Entity Identifier Code	Populate with '70'
NM102	Entity Type Qualifier	Populate with '1'
NM103	Name Last or Organization Name	Populate with Recipient Last Name maximum 30 characters
NM104	Name First	Populate with Recipient First Name maximum 30 characters
NM105	Name Middle	Populate with Recipient Middle Initial or Middle Name maximum 25 characters
NM107	Name Suffix	Populate with Recipient Name Suffix maximum 4 characters
NM108	Identification Code Qualifier	Populate with 'ZZ'
NM109	Identification Code	Populate with recipient's prior SSN

LOOP ID	2100G RESPONSIBLE PERSON	
Segment	**NM1 Responsible Person**	
Reference	**Names**	**Rhode Island Requirements**
NM101	Entity Identifier Code	Populate with 'QD'
NM103	Responsible Party Name Last or Organization	Populate with 'HOH Last Name' (maximum of 30 characters)
NM104	Responsible Party Name First	Populate with 'HOH First Name' (maximum of 30 characters)
NM105	Responsible Party Name Middle	Populate with 'HOH Middle Initial or middle name' maximum 25 characters
NM107	Responsible Party Name Suffix	Populate with 'HOH Modifier' (maximum of 3characters)
NM108	Identification Code Qualifier	RI Medicaid will send '34' if available
NM109	Identification Code	RI Medicaid will send HOH SSN if available

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LOOP ID	2100G RESPONSIBLE PERSON	
Segment	**PER Responsible Person Communications Numbers** ***This field applies strictly to the Head of Household as there is no Legal Representative phone number field on the Enrollment Form**	
Reference	**Names**	**Rhode Island Requirements**
PER01	Contact Function Code	Populate with 'RP'
PER03	Communication Number Qualifier	Populate with 'TE'
PER04	Communication Number	Populate with '10-character primary member telephone number'
PER05	Communication Number Qualifier	RI Medicaid will send 'TE' if available
PER06	Communication Number	RI Medicaid will send secondary telephone number if available.
PER07	Communication Number Qualifier	RI Medicaid will send 'EM' if available
PER08	Communication Number	RI Medicaid will send email address if available

LOOP ID	2300 HEALTH COVERAGE	
Segment	**HD Health Coverage**	
Reference	**Names**	**Rhode Island Requirements**
HD01	Maintenance Type Code	Populate with '030' for full roster (RHP Payment file, first financial cycle of each month only). Populate with '021' for additions (RHP Adjustment file, second financial cycle of each month only). Populate '024' for enrollment terminations (RHP Adjustment file only).
HD03	Insurance Line Code	Populate with 'HMO'
HD04	Plan Coverage Description	Populate with: 'RH10', 'RH20', 'RH30' or 'RH40'.
Segment	**DTP Health Coverage Dates**	
Reference	**Names**	**Rhode Island Requirements**
DTP01	Date/Time Qualifier	Populate with '348' (Benefit Begin) or '349' (Benefit End). Note that this is segment will be repeated twice when reporting the Start and Stop Date of the coverage period).
DTP02	Date Time Period Format	Populate with 'D8'

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DTP03	Date Time Period	RI will use format 'ccyymmdd' to represent the start and stop dates of the coverage period.
Segment	**AMT Health Coverage Policy**	
Reference	**Names**	**Rhode Island Requirements**
AMT01	Amount Qualifier Code	Populate with 'P3'
AMT02	Monetary Amount	Populate with payment amount (format 9999999.99).

LOOP ID	**2300 HEALTH COVERAGE**	
Segment	**REF Health Coverage Policy Number**	
Reference	**Names**	**Rhode Island Requirements**
REF01	Reference Identification Qualifier	Populate with '1L'.
REF02	Reference Identification	Populate with 'MMIS Policy Number'.

LOOP ID	**2310 PROVIDER INFORMATION**	
Segment	**LX Provider Information**	
Reference	**Name**	**Rhode Island Requirements**
LX01	Assigned Number	Assigned Number. As stated in the ASC X12 5010 guide for the 834 Benefit Enrollment and Maintenance, this value is 'a sequential number representing the number of loops for the insured person."
Segment	**NM1 Provider Name**	
Reference	**Name**	**Rhode Island Requirements**
NM101	Entity Identifier Code	Populate with 'P3'.
NM102	Entity Type Qualifier	Populate with '2'.
NM103	Name Last or Organization Name	Populate with 'Primary Care Physician' Name, if information exists on the MMIS.
NM110	Entity Relationship Code	Populate with '72'.

LOOP ID	**2700 ADDITIONAL REPORTING CATEGORIES**	
Segment	**LS ADDITIONAL REPORTING CATEGORIES LOOP**	
Reference	**Names**	**Rhode Island Requirements**
LS01	Loop Header	To indicate that the next segment begins a loop. Use the value 2700.

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LOOP ID	2710 MEMBER REPORTING CATEGORY	
Segment	**LX Reporting Category**	
Reference	**Names**	**Rhode Island Requirements**
LX01	Assigned Number	Populate with assigned number to identify LX loops for the member's additional reporting categories. *Note: while this is situational the health plans must send this information if available

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LOOP ID	2750 REPORTING CATEGORY	
Segment	**N1 Reporting Category**	
Reference	**Name**	**Rhode Island Requirements**
N101	Entity Identifier Code	Populate with '75' For Participant.
N102	Name	Populate description associated with waiver codes sent in the REF02 field of loop 2750. Descriptions as follows: 1 = DEA Waiver, 2 = Aged and Disabled Waiver, 3 = MRDD Waiver, 4 = Personal Choice Waiver.
Segment	**REF Reporting Category Reference**	
Reference	**Name**	**Rhode Island Requirements**
REF01	Reference Identification Qualifier	Populate with 'ZZ'.
REF02	Reference Identification	Populate with a code between 1 and 4 that corresponds to an MMIS waiver code (if one exists). Descriptions associated with each code will be provided to the health plan in the N102 segment of loop 2750.

10.2. *Medicaid Expansion*

LOOP D	HEADER	
Segment	**BGN Beginning Segment**	
Reference	**Name**	**Rhode Island Requirements**
BGN01	Transaction Set Purpose	Populate with '00'
BGN02	Transaction Reference Identification	Populate with the Payment Run Date, in format ccyymmdd.
BGN08	Action Code	Populate with '2' for change or '4' for verify (full payment file). Note –A value of '4' will be populated in the Rhody Health Partners Payment file (the first financial), and a value of '2' will be populated for the Rhody Health Partners Adjustment file (the second financial).

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LOOP ID	1000A SPONSOR NAME	
Segment	**N1 Sponsor Name**	
Reference	**Name**	**Rhode Island Requirements**
N102	Name	Populate with 'Rhode Island Medicaid Management Information System'.
N103	Identification Code Qualifier	Populate with 'FI'
N104	Identification Code	Populate with '05-6000522'

LOOP ID	1000B PAYER	
Segment	**N1 Payer**	
Reference	**Name**	**Rhode Island Requirements**
N102	Name	Populate with the Health Plan Name receiving the 834.
N103	Identification Code Qualifier	Populate with 'FI'.
N104	Insurers Identification code	Populate with FEIN associated with the health plan receiving the 834 (format 99.999)

LOOP ID	1000C TPA/BROKER NAME	
Segment	**N1 TPA/Broker Name**	
Reference	**Name**	**Rhode Island Requirements**
N101	Entity Identifier Code	Populate with 'TV'
N102	Name	Populate with EDS
N103	Identification Code Qualifier	Populate with 'FI'
N104	TPA or Broker Identification Code	Populate with '75-2548221'

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LOOP ID	2000 MEMBER LEVEL DETAIL	
Segment	**INS Member Level Detail**	
Reference	**Names**	**Rhode Island Requirements**
INS01	Subscriber Indicator	Populate with 'Y'
INS02	Individual Relationship Code	Populate with '18'
INS03	Maintenance Type Code	Populate with '001' (Change) or '030' (Audit or Compare). Note –A value of '030' will be populated in the Medicaid Expansion Payment file (this first file will be sent in the first half of every month). A value of '001' will populate for the Medicaid Expansion Adjustment file (sent with the second financial of every month). The 834 enrollment and payment files will be available first thing Monday morning following each financial cycle. If the file is not available first thing Monday morning, please reach out to Gainwell at riediservices@gainwelltechnologies.com.
INS04	Maintenance Reason Code	Populate with 'XN'
INS05	Benefit Status Code	Populate with 'A'
INS08	Employment Status Code	Populate with 'FT'

LOOP ID	2000 MEMBER LEVEL DETAIL	
Segment	**REF Subscriber Identifier**	
Reference	**Names**	**Rhode Island Requirements**
REF01	Reference Identification Qualifier	Populate with '0F'
REF02	Subscriber Identifier	Populate with RI MMIS Recipient Unique ID
Segment	**REF Member Supplemental Identifier – can possibly repeat 2 times**	
Reference	**Names**	**Rhode Island Requirements**
REF01	Reference Identification Qualifier	Populate with 'Q4'
REF02	Reference Identification	Populate with 'Prior Medicaid Identification number (MID) if one exists. This field could potentially be 9 characters during a transitional time. Once the conversion is complete this field will be 10 characters.
Segment	**Member Supplemental Identifier**	
Reference	**Names**	**Rhode Island Requirements**

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REF01	Reference Identification Qualifier	RI Medicaid expects “ZZ”
REF02	Reference Identification	Populate with Subscriber Social Security Number

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LOOP ID	2100A MEMBER NAME	
Segment	**NM1 Member Name**	
Reference	**Names**	**Rhode Island Requirements**
NM101	Entity Identifier Code	Populate with 'IL'
NM103	Name Last Organization	Populate with 'last name' (maximum of 30 characters)
NM104	Name First	Populate with 'first name' (maximum of 30 characters)
NM105	Name Middle	Populate with 'middle initial or middle name' (maximum 25 character)
NM107	Suffix	Populate with 'suffix' (maximum of 4 characters)
NM108	Identification Code Qualifier	Populate with 'ZZ'
NM109	Identification Code	Populate with 10-character MMIS Medicaid Identification Number

LOOP ID	2100A MEMBER NAME	
Segment	**PER Member Communications Numbers**	
Reference	**Names**	**Rhode Island Requirements**
PER01	Contact Function Code	Populate with 'IP'
PER03	Communication Number Qualifier	Populate with 'TE'
PER04	Communication Number	Populate with '10-character primary member telephone number'
PER05	Communication Number Qualifier	RI Medicaid will send 'TE' if available
PER06	Communication Number	RI Medicaid will send secondary telephone number if available
PER07	Communication Number Qualifier	RI Medicaid will send 'EM' if available
PER08	Communication Number	RI Medicaid will send email address if available
Segment	**N3 Member Residence Street Address**	
Reference	**Names**	**Rhode Island Requirements**
N301	Address Information	Populate with recipient address maximum 30 characters
N302	Address Information	Populate with additional address information if it exists - maximum 55 characters. Address 2 will be in bytes 1-30 and Unit/Apt # will be in bytes 31-55. If there is no Address 2 (no detail in bytes 1-30) and there is a Unit/Apt# sent, it will begin in byte 1, not 31. When there is both an Address 2 and Unit/Apt#, and the Address 2 does not completely fill bytes

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		1-30, the remaining bytes until byte 31 will be populated with spaces.

LOOP ID	**2100A MEMBER NAME**	
Segment	**N4 Member City, State, ZIP Code**	
Reference	**Names**	**Rhode Island Requirements**
N401	City Name	Populate with recipient City maximum 25 characters
N402	State or Province Code	Populate with recipient State
N403	Postal Code	Populate with recipient Zip
N405	Location Qualifier	Populate with 'CY'
N406	Location Identifier	Populate with record location
Segment	**DMG Member Demographics**	
Reference	**Names**	**Rhode Island Requirements**
DMG01	Date Format Qualifier	Populate with 'D8'
DMG02	Member Birth Date	Populate with 'Recipient Birth Date' (format ccyymmdd)
DMG03	Gender Code	Populate with 'Gender Code'
DMG05 - 1	Race Code	Rhode Island will populate with one of the following Recipient Race Codes 7 - Blank/Unknown, A - Asian or Pacific Islander, B - Black, C - Caucasian, I - American Indian or Alaskan Native, J Native Hawaiian, P – Pacific Islander
DMG05 - 2	Code List Qualifier Code	Populate with "RET"
DMG05 - 3	Industry Code for Ethnicity Code	Rhode Island will populate with one of the following Recipient Ethnicity Codes 2182-4 Cuban, 2135-2 Hispanic, 2148-5 Mexican, 2186-5 Non-Hispanic, 2180-8 Puerto Rican, Blank for Unknown
Segment	**LUI Member Language**	
Reference	**Names**	**Rhode Island Requirements**
LUI01	Identification Code Qualifier	Populate with 'LE'
LUI02	Language Code	Populate with 'language code' See Appendix E for list of language codes

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LOOP ID	2100B INDIVIDUAL OR ORGANIZATIONAL NAME	
Segment	**NM1 INCORRECT MEMBER NAME** This is a situational loop that will only be sent when a recipient has had a change to their Social Security Number (SSN) and thus their old (prior) SSN needs to be sent. A recipient's prior SSN will only be sent one time.	
Reference	**Names**	**Rhode Island Requirements**
NM101	Entity Identifier Code	Populate with '70'
NM102	Entity Type Qualifier	Populate with '1'
NM103	Name Last or Organization Name	Populate with Recipient Last Name maximum 30 characters
NM104	Name First	Populate with Recipient First Name maximum 30 characters
NM105	Name Middle	Populate with Recipient Middle Initial or Middle Name maximum 25 characters
NM107	Name Suffix	Populate with Recipient Name Suffix maximum 4 characters
NM108	Identification Code Qualifier	Populate with 'ZZ'
NM109	Identification Code	Populate with recipient's prior SSN

LOOP ID	2100G RESPONSIBLE PERSON	
Segment	**NM1 Responsible Person**	
Reference	**Names**	**Rhode Island Requirements**
NM101	Entity Identifier Code	Populate with 'QD'
NM103	Responsible Party Name Last or Organization	Populate with 'HOH Last Name' (maximum of 30 characters)
NM104	Responsible Party Name First	Populate with 'HOH First Name' (maximum of 30 characters)
NM105	Responsible Party Name Middle	Populate with 'HOH Middle Initial or middle name' maximum 25 characters
NM107	Responsible Party Name Suffix	Populate with 'HOH Modifier' (maximum of 4 characters)
NM108	Identification Code Qualifier	RI Medicaid will send '34' if available
NM109	Identification Code	RI Medicaid will send HOH SSN if available

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LOOP ID	2100G RESPONSIBLE PERSON	
Segment	**PER Responsible Person Communications Numbers** ***This field applies strictly to the Head of Household as there is no Legal Representative phone number field on the Enrollment Form.**	
Reference	**Names**	**Rhode Island Requirements**
PER01	Contact Function Code	Populate with 'RP'
PER03	Communication Number Qualifier	Populate with 'TE'
PER04	Communication Number	Populate with '10-character primary member telephone number'
PER05	Communication Number Qualifier	RI Medicaid will send 'TE' if available
PER06	Communication Number	RI Medicaid will send secondary telephone number if available.
PER07	Communication Number Qualifier	RI Medicaid will send 'EM' if available
PER08	Communication Number	RI Medicaid will send email address if available

LOOP ID	2300 HEALTH COVERAGE	
Segment	**HD Health Coverage**	
Reference	**Names**	**Rhode Island Requirements**
HD01	Maintenance Type Code	Populate with '030' for full roster (Medicaid Expansion Payment file, first financial cycle of each month only). Populate with '021' for additions (Medicaid Expansion Adjustment file, second financial cycle of each month only). Populate '024' for enrollment terminations (ME Adjustment file only).
HD03	Insurance Line Code	Populate with 'HMO'
HD04	Plan Coverage Description	Populate with Pay Levels: 'ME01 through ME10'.
Segment	**DTP Health Coverage Dates**	
Reference	**Names**	**Rhode Island Requirements**
DTP01	Date/Time Qualifier	Populate with '348' (Benefit Begin) or '349' (Benefit End). Note that this is segment will be repeated twice when reporting the Start and Stop Date of the coverage period).
DTP02	Date Time Period Format	Populate with 'D8'
DTP03	Date Time Period	RI will use format 'ccyymmdd' to represent the start and stop dates of the coverage period.

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Segment	**AMT Health Coverage Policy**	
Reference	**Names**	**Rhode Island Requirements**
AMT01	Amount Qualifier Code	Populate with 'P3'
AMT02	Monetary Amount	Populate with payment amount (format 9999999.99).

LOOP ID	**2300 HEALTH COVERAGE**	
Segment	**REF Health Coverage Policy Number**	
Reference	**Names**	**Rhode Island Requirements**
REF01	Reference Identification Qualifier	Populate with '1L'.
REF02	Reference Identification	Populate with 'MMIS Policy Number'.

LOOP ID	**2310 PROVIDER INFORMATION**	
Segment	**LX Provider Information** **•This loop will be sent only in the twice a month 834 files if the Primary Care Physician is available in MMIS** **•This loop will be at the individual level.**	
Reference	**Name**	**Rhode Island Requirements**
LX01	Assigned Number	This is a sequential number representing the number of loops for this insured person. We will allow only one PCP for each individual. Hence the value will always be '1'.
Segment	**NM1 Provider Name**	
Reference	**Name**	**Rhode Island Requirements**
NM101	Entity Identifier Code	No other values will be used Value : P3 - Primary Care Provider
NM102	Entity Type Qualifier	Populate with value : 2 – Non-entity
NM103	Name Last or Organization Name	When there is additional information to send in this loop, RI Medicaid will always send: "Primary Care Physician"
NM108	Identification Code Qualifier	RI Medicaid will always send this element to Carriers. All PCPs will have NPI numbers Value : XX
NM109	Identification Code	RI Medicaid will always send this element to Carriers. All PCPs will have NPI numbers Value: NPI Number of the PCP
NM110	Entity Relationship Code	RI Medicaid will always send the value as 72 Unknown Value : 72 Unknown
Segment	**N3 Party location**	
N301	Address Information	Address Line 1 of the PCP
Segment	**N4 Geographic Location**	
N401	City Name	PCP City Name

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N402	State	PCP State
N403	Postal Code	Zip code of the PCP

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10.3. RITESMILES 834 Dental Benefits Manager Enrollment and Dis-enrollment

LOOP ID	HEADER	
Segment	**BGN Beginning Segment**	
Reference	**Name**	**Rhode Island Requirements**
BGN01	Transaction Set Purpose	Populate with '00'
BGN02	Transaction Set Identifier Code	Populate with the Payment Run Date, in format ccyymmdd.
BGN08	Action Code	RI will always send '4'.

LOOP ID	1000A SPONSOR NAME	
Segment	**N1 Sponsor Name**	
Reference	**Name**	**Rhode Island Requirements**
N102	Name	Populate with 'Rhode Island Medicaid Management Information System'
N103	Identification Code Qualifier	Populate with 'FI'
N104	Identification Code	Populate with '05-6000522'.

LOOP ID	1000B PAYER	
Segment	**N1 Payer**	
Reference	**Name**	**Rhode Island Requirements**
N102	Name	Populate with 'Health Plan Name'.
N103	Identification Code Qualifier	Populate with 'FI'.
N104	Insurers Identification code	Populate with the FEIN associated with the health plan receiving the 834.

LOOP ID	1000C TPA/BROKER NAME	
Segment	**N1 TPA/Broker Name**	
Reference	**Name**	**Rhode Island Requirements**
N101	Entity Identifier Code	Populate with 'TV'
N102	Name	Populate with EDS
N103	Identification Code Qualifier	Populate with 'FI'
N104	Identification Code	Populate with '75-2548221'

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LOOP ID	2000 MEMBER LEVEL DETAIL	
Segment	**INS Member Level Detail**	
Reference	**Name**	**Rhode Island Requirements**
INS01	Subscriber Indicator	Populate with 'Y'
INS02	Individual Relationship Code	Populate with '18'
INS03	Maintenance Type Code	Populate with '030'
INS04	Maintenance Reason Code	Populate with 'XN'
INS05	Benefit Status Code	Populate with 'A'
INS08	Employment Status Code	Populate with 'FT'
Segment	**REF Subscriber Identifier**	
Reference	**Names**	**Rhode Island Requirements**
REF	Subscriber Identifier	
REF01	Reference Identification Qualifier	Populate with '0F'
REF02	Reference Identification	Populate with RI MMIS Recipient Unique ID.
Segment	**REF Member Supplemental Identifier – can possibly repeat 2 times**	
Reference	**Names**	**Rhode Island Requirements**
REF01	Reference Identification Qualifier	Populate with 'Q4'
REF02	Reference Identification	Populate with 'Prior Medicaid Identification number (MID), if one exists. This field could potentially be 9 characters during a transitional time period. Once the conversion is complete this field will be 10 characters
Segment	**Member Supplemental Identifier**	
Reference	**Names**	**Rhode Island Requirements**
REF01	Reference Identification Qualifier	RI Medicaid expects "ZZ"
REF02	Reference Identification	Populate with Subscriber Social Security Number

LOOP ID	2100A MEMBER NAME	
Segment	**NM1 Member Name**	
Reference	**Names**	**Rhode Island Requirements**
NM101	Entity Identifier Code	Populate with 'IL'
NM103	Name Last	Populate with 'last name'maximum 30 characters
NM104	Name First	Populate with 'first name'maximum 30 characters
NM105	Name Middle	Populate with 'middle initial or middle name maximum 25 characters
NM108	Identification Code Qualifier	Populate with 'ZZ'

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LOOP ID	2100A MEMBER NAME	
NM109	Identification Code	Populate with 10 character MMIS Medicaid Identification Number

LOOP ID	2100A MEMBER NAME	
Segment	**PER Member Communications Numbers**	
Reference	**Names**	**Rhode Island Requirements**
PER01	Contact Function Code	Populate with 'IP'
PER03	Communication Number Qualifier	Populate with 'TE'
PER04	Communication Number	Populate with '10-character primary member telephone number'
PER05	Communication Number Qualifier	Populate with 'TE'
PER06	Communication Number	RI Medicaid will send secondary telephone number if available
PER07	Communication Number Qualifier	RI Medicaid will send 'EM' if available
PER08	Communication Number	RI Medicaid will email address if available

LOOP ID	2100A MEMBER NAME	
Segment	**N3 Member Residence Street Address**	
Reference	**Names**	**Rhode Island Requirements**
N301	Address Information	Populate with recipient address maximum 30 characters
N302	Address Information	Populate with additional address information if it exists - maximum 55 characters. Address 2 will be in bytes 1-30 and Unit/Apt # will be in bytes 31-55. If there is no Address 2 (no detail in bytes 1-30) and there is a Unit/Apt# sent, it will begin in byte 1, not 31. When there is both an Address 2 and Unit/Apt#, and the Address 2 does not completely fill bytes 1-30, the remaining bytes until byte 31 will be populated with spaces.
Segment	**N4 Member City, State, ZIP Code**	
Reference	**Names**	**Rhode Island Requirements**
N401	City Name	Populate with recipient City maximum 25 characters
N402	State or Province Code	Populate with recipient State.
N403	Postal Code	Populate with recipient Zip Code.

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LOOP ID	2100A MEMBER NAME	
Segment	**DMG Member Demographics**	
Reference	**Names**	**Rhode Island Requirements**
DMG01	Date Format Qualifier	Populate with 'D8'
DMG02	Member Birth Date	Populate with 'Recipient Birth Date' (format 'ccyymmdd').
DMG03	Gender Code	Populate with 'Gender Code'.
DMG05 - 1	Race Code	Rhode Island will populate with one of the following Recipient Race Codes 7 - Blank/Unknown, A - Asian or Pacific Islander, B - Black, C - Caucasian, I - American Indian or Alaskan Native, J Native Hawaiian, P – Pacific Islander
DMG05 - 2	Code List Qualifier Code	Populate with "RET"
DMG05 - 3	Industry Code for Ethnicity Code	Rhode Island will populate with one of the following Recipient Ethnicity Codes 2182-4 Cuban, 2135-2 Hispanic, 2148-5 Mexican, 2186-5 Non-Hispanic, 2180-8 Puerto Rican, Blank for Unknown
Segment	**LUI Member Language**	
Reference	**Names**	**Rhode Island Requirements**
LUI01	Identification Code Qualifier	Populate with 'LE'
LUI02	Language Code	Populate with 'language code' See Appendix E for list of language codes

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LOOP ID	2100B INDIVIDUAL OR ORGANIZATIONAL NAME	
Segment	**NM1 INCORRECT MEMBER NAME** This is a situational loop that will only be sent when a recipient has had a change to their Social Security Number (SSN) and thus their old (prior) SSN needs to be sent. A recipient's prior SSN will only be sent one time.	
Reference	**Names**	**Rhode Island Requirements**
NM101	Entity Identifier Code	Populate with '70'
NM102	Entity Type Qualifier	Populate with '1'
NM103	Name Last or Organization Name	Populate with Recipient Last Name maximum 30 characters
NM104	Name First	Populate with Recipient First Name maximum 30 characters
NM105	Name Middle	Populate with Recipient Middle Initial or Middle Name maximum 25 characters
NM107	Name Suffix	Populate with Recipient Name Suffix maximum 4 characters
NM108	Identification Code Qualifier	Populate with 'ZZ'
NM109	Identification Code	Populate with recipient's prior SSN

LOOP ID	2100G RESPONSIBLE PERSON	
Segment	**NM1 Responsible Person**	
Reference	**Names**	**Rhode Island Requirements**
NM101	Entity ID Code	Populate with 'QD'
NM102	Entity Type Qualifier	Populate with '1'
NM103	Responsible Party Name Last	Populate with HOH Last Name. Maximum30 characters
NM104	Responsible Party Name First	Populate with HOH First name maximum 30 characters.
NM105	Responsible Party Name Middle	Populate with HOH Middle initial or name – maximum 25 characters
NM108	Identification Code Qualifier	RI Medicaid will send '34' if available
NM109	Identification Code	RI Medicaid will send SSN if available

LOOP ID	2100G RESPONSIBLE PERSON	
Segment	**PER Responsible Person Communications Numbers** ***This field applies strictly to the Head of Household as there is no Legal Representative phone number field on the Enrollment Form.**	
Reference	**Names**	**Rhode Island Requirements**
PER01	Contact Function Code	Populate with 'RP'
PER03	Communication Number Qualifier	Populate with 'TE'

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PER04	Communication Number	Populate with ’10-character primary member telephone number’
PER05	Communication Number Qualifier	RI Medicaid will send ‘TE’ if available
PER06	Communication Number	RI Medicaid will send secondary telephone number if available.
PER07	Communication Number Qualifier	RI Medicaid will send ‘EM’ if available
PER08	Communication Number	RI Medicaid will send email address if available

LOOP ID	**2300 HEALTH COVERAGE**	
Segment	**HD Health Coverage**	
Reference	**Names**	**Rhode Island Requirements**
HD01	Maintenance Type Code	Populate with ‘030’
HD03	Insurance Line Code	Populate with ‘DEN’
HD04	Plan Coverage Description	Populate with 4 byte age based pay level ‘DB01, DB02, etc.’

LOOP ID	**2300 HEALTH COVERAGE**	
Segment	**DTP Health Coverage Dates**	
Reference	**Names**	**Rhode Island Requirements**
DTP01	Health Coverage	Populate with ‘348’ (Benefit Begin) or ‘349’ (Benefit End). Note that this is segment will be repeated twice when reporting the Start and Stop Date of the coverage period).
DTP02	Date Time Period Format	Populate with ‘D8’
DTP03	Date Time Period	RI will use format ‘ccyymmdd’ to represent the start and stop dates of the coverage period.
Segment	**AMT Health Coverage Policy**	
Reference	**Names**	**Rhode Island Requirements**
AMT01	Amount Qualifier Code	Populate with ‘P3’
AMT02	Monetary Amount	Populate with payment amount (format 9999999.99).

LOOP ID	**2300 HEALTH COVERAGE**	
Segment	**REF Health Coverage Policy Number**	
Reference	**Names**	**Rhode Island Requirements**
REF	Health Coverage Policy Number	
REF01	Reference Identification Qualifier	Populate with ‘IL’
REF02	Reference Identification	Populate with ‘MMIS Policy Number’

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LOOP ID	2700 ADDITIONAL REPORTING CATEGORIES	
Segment	LS ADDITIONAL REPORTING CATEGORIES LOOP	
Reference	**Names**	**Rhode Island Requirements**
LS01	Loop Header	To indicate that the next segment begins a loop. Use the value 2700.

LOOP ID	2710 MEMBER REPORTING CATEGORY	
Segment	LX Reporting Category	
Reference	**Names**	**Rhode Island Requirements**
LX01	Assigned Number	Populate with assigned number to identify LX loops for the member's additional reporting categories. *Note: while this is situational the health plans must send this information if available

LOOP ID	2750 REPORTING CATEGORY	
Segment	N1 Reporting Category	
Reference	**Name**	**Rhode Island Requirements**
N101	Entity Identifier Code	Populate with '75'
N102	Name	Populate with codes between 1 and 3. 1 = Special Needs Recipient, 2 = Children in Substitute Care, 3 = Recipient not Special Needs or in Need of Substitute Care. One of these three codes will be provided in the REF segment of loop 2750
Segment	REF Reporting Category Reference	
Reference	**Names**	**Rhode Island Requirements**
REF01	Reference Identification Qualifier	Populate with 'ZZ'
REF02	Reference Identification	Description associated with this code value comes from Loop 2750, N1, Field N102

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10.4. 834 Rite Care Daily Enrollments and Dis-enrollment

LOOP ID	HEADER	
Segment	**BGN Beginning Segment**	
Reference	**Name**	**Rhode Island Requirements**
BGN01	Transaction Set Purpose	Populate with '00'
BGN02	Transaction Set Identifier	Populate with Enrollment or Roster Reporting Date (format: ccyymmdd).
BGN08	Action Code	Populate with '2 for a change (update) or 4 for verify' (full file, sent monthly).

LOOP ID	1000A SPONSOR NAME	
Segment	**N1 Sponsor Name**	
Reference	**Name**	**Rhode Island Requirements**
N102	Name	Rhode will send 'Rhode Island Medicaid Management Information System'
N103	Identification Code Qualifier	Populate with 'FI'
N104	Identification Code	Populate with '05-6000522'

LOOP ID	1000B PAYER	
Segment	**N1 Payer**	
Reference	**Name**	**Rhode Island Requirements**
N102	Name	Populate with 'Health Plan Name'
N103	Identification Code Qualifier	Populate with 'FI'
N104	Insurers Identification code	Populate with the FEIN associated with the health plan receiving the 834 (format 99-9999999)

LOOP ID	1000C TPA/BROKER NAME	
Segment	**N1 TPA/Broker Name**	
Reference	**Name**	**Rhode Island Requirements**
N101	Entity Identifier Code	Populate with 'TV'
N102	Name	Populate with EDS
N103	Identification Code Qualifier	Populate with 'FI'
N105	Identification code	Populate with 75-2548221

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LOOP ID	2000 MEMBER LEVEL DETAIL	
Segment	**INS Member Level Detail**	
Reference	**Names**	**Rhode Island Requirements**
INS01	Subscriber Indicator	RI will always send 'Y'
INS02	Individual Relationship Code	RI will always send '18'
INS03	Maintenance Type Code	Populate with '021 for Additions, 001 for Changes, 024 for Deletions or Cancellations, and '030' for verify/audit (Monthly full roster only).
INS04	Maintenance Reason Code	For Update transaction: send assignment reason code for adds, '25' for MID change, '33' for capitation code change, '43' for member address change, 'XT' for head-of-household address change, and closure reason code for deletions. For Verify transaction: 'XN'
INS05	Benefit Status Code	Populate with 'A'
INS08	Employment Status Code	Populate with 'FT'
Segment	**REF Subscriber Identifier**	
Reference	**Names**	**Rhode Island Requirements**
REF01	Reference Identification Qualifier	Populate with '0F'
REF02	Subscriber Identifier	Until July 2016, populate with a leading zero followed by the 9-character Medicaid Identification Number, totaling 10 characters.
Segment	**REF Member Policy Number**	
Reference	**Names**	**Rhode Island Requirements**
REF01	Reference Number Qualifier	Populate with '1L'
REF02	Insured Group or Policy Number	Populate with three-character capitation code
Segment	**REF Member Supplemental Identifier – can possibly repeat 2 times**	
Reference	**Names**	**Rhode Island Requirements**
REF01	Reference Identification Qualifier	Populate with 'Q4'
REF02	Reference Identification	Populate with 'Prior Medicaid Identification number (MID), if one exists. This field could potentially be 9 characters during a transitional time period. Once the conversion is complete this field will be 10 characters

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Segment	REF Member Supplemental Identifier	
Reference	**Names**	**Rhode Island Requirements**
REF01	Reference Identification Qualifier	Populate with 'ZZ'
REF02	Reference Identification	Populate with Subscriber Social Security Number

LOOP ID	2000 MEMBER LEVEL DETAIL	
Segment	DTP Member Level Dates	
Reference	**Names**	**Rhode Island Requirements**
DTP01	Date/Time Qualifier	Populate with '356 for additions, 303 for changes or 357 for deletions'
DTP02	Date/Time Period Format Qualifier	Populate with 'D8'
LOOP ID	2000 MEMBER LEVEL DETAIL	
Segment	DTP Member Level Dates	
DTP03	Status Information Effective Date	Populate with the Start Date for an add transaction, the Effective Date for a change transaction or Stop Date for a delete transaction'

LOOP ID	2100A MEMBER NAME	
Segment	NM1 Member Name	
Reference	**Names**	**Rhode Island Requirements**
NM101	Entity Identifier Code	Populate with 'IL'
NM103	Name Last or Organization Name	Populate with Recipient Last Name maximum 30 characters
NM104	Name First	Populate with Recipient First Name maximum 30 characters
NM105	Name Middle	Populate with Recipient Middle Initial or middle name 25 characters
NM107	Recipient Name Suffix	Populate with Recipient Name Suffix maximum 4 characters
NM108	Identification Code Qualifier	Populate with 'ZZ'
NM109	Identification Code	Populate with 10-character MMIS Medicaid Identification Number
Segment	PER Member Communications Numbers	
Reference	**Names**	**Rhode Island Requirements**
PER01	Contact Function Code	Populate with 'IP'
PER03	Communication Number Qualifier	Populate with 'TE'
PER04	Communication Number	Populate with '10-character primary member telephone number' for daily and monthly file

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PER05	Communication Number Qualifier	RI Medicaid will send 'TE' if available
PER06	Communication Number	RI Medicaid will send secondary telephone number if available
PER07	Communication Number Qualifier	RI Medicaid will send 'EM' if available
PER08	Communication Number	RI Medicaid will send email address if available

LOOP ID	**2100A MEMBER NAME**	
Segment	**N3 Member Residence Street Address**	
Reference	**Names**	**Rhode Island Requirements**
N301	Address Information	Populate with recipient Address line 1 maximum 30 characters
N302	Address Information	Populate with additional address information if it exists - maximum 55 characters. Address 2 will be in bytes 1-30 and Unit/Apt # will be in bytes 31-55. If there is no Address 2 (no detail in bytes 1-30) and there is a Unit/Apt# sent, it will begin in byte 1, not 31. When there is both an Address 2 and Unit/Apt#, and the Address 2 does not completely fill bytes 1-30, the remaining bytes until byte 31 will be populated with spaces.
Segment	**N3 Member Residence Street Address**	
Reference	**Names**	**Rhode Island Requirements**
N401	City Name	Populate with recipient City maximum 25 characters
N402	State or Province Code	Populate with recipient State
N403	Postal Code	Populate with recipient zip code

LOOP ID	**2100A MEMBER NAME**	
Segment	**DMG Member Demographics**	
Reference	**Names**	**Rhode Island Requirements**
DMG01	Date Format Qualifier	Populate with 'D8'
DMG02	Member Birth Date	Populate with 'Recipient Birth Date' in format 'ccyymmdd'
DMG03	Gender Code	Populate with 'Gender Code'
DMG05 - 1	Race Code	Rhode Island will populate with one of the following Recipient Race Codes 7 - Blank/Unknown, A - Asian or Pacific Islander, B - Black, C - Caucasian, I - American Indian or Alaskan Native, J Native Hawaiian, P – Pacific Islander
DMG05 - 2	Code List Qualifier Code	Populate with "RET"

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DMG05 - 3	Industry Code for Ethnicity Code	Rhode Island will populate with one of the following Recipient Ethnicity Codes 2182-4 Cuban, 2135-2 Hispanic, 2148-5 Mexican, 2186-5 Non-Hispanic, 2180-8 Puerto Rican, Blank for Unknown

Segment	**LUI Member Language**	
Reference	**Names**	**Rhode Island Requirements**
LUI01	Identification Code Qualifier	Populate with 'LE'will be send in daily and monthly file
LUI02	Language Code	Populate with 'language code' See Appendix E for list of language codes. Will be sent in daily and monthly.

LOOP ID	**2100B INDIVIDUAL OR ORGANIZATIONAL NAME**	
Segment	**NM1 INCORRECT MEMBER NAME** This is a situational loop that will only be sent when a recipient has had a change to their Social Security Number (SSN) and thus their old (prior) SSN needs to be sent. A recipient's prior SSN will only be sent one time.	
Reference	**Names**	**Rhode Island Requirements**
NM101	Entity Identifier Code	Populate with '70'
NM102	Entity Type Qualifier	Populate with '1'
NM103	Name Last or Organization Name	Populate with Recipient Last Name maximum 30 characters
NM104	Name First	Populate with Recipient First Name maximum 30 characters
NM105	Name Middle	Populate with Recipient Middle Initial or Middle Name maximum 25 characters
NM107	Name Suffix	Populate with Recipient Name Suffix maximum 4 characters
NM108	Identification Code Qualifier	Populate with 'ZZ'
NM109	Identification Code	Populate with recipient's prior SSN

LOOP ID	**2100G RESPONSIBLE PERSON**	
Segment	**NM1 Responsible Person**	
Reference	**Names**	**Rhode Island Requirements**
NM101	Entity Identifier Code	Populate with 'QD'
NM103	Responsible Party Name Last or Organization	Populate with HOH Last Name maximum 30 characters
NM104	Responsible Party Name First	Populate with HOH First Name maximum 30 characters
NM105	Responsible Party name Middle	Populate with HOH Middle Initial or middle name maximum 25 characters

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NM107	Responsible Party Name Suffix	Populate with HOH Modifier maximum 4 characters
NM108	Identification Code Qualifier	Populate with '34' corresponding to SSN.
NM109	Responsible Party Identifier	Populate with 'HOH SSN'

LOOP ID	**2100G RESPONSIBLE PERSON**	
Segment	**PER Responsible Person Communications Numbers** ***This field applies strictly to the Head of Household as there is no Legal Representative phone number field on the Enrollment Form.**	
Reference	**Names**	**Rhode Island Requirements**
PER01	Contact Function Code	Populate with 'RP'
PER03	Communication Number Qualifier	Populate with 'TE'
PER04	Communication Number	Populate with '10-character primary member telephone number'
PER05	Communication Number Qualifier	RI Medicaid will send 'TE' if available
PER06	Communication Number	RI Medicaid will send secondary telephone number if available.
PER07	Communication Number Qualifier	RI Medicaid will send 'EM' if available
PER08	Communication Number	RI Medicaid will send email address if available

Segment	**N3 Responsible Person Street Address**	
Reference	**Names**	**Rhode Island Requirements**
N301	Address information	Populate with 'HOH Address line 1' - maximum 30 characters
N302	Address information	Populate with 'HOH Address line 2' - additional address information if it exists - maximum 55 characters. Address 2 will be in bytes 1-30 and Unit/Apt # will be in bytes 31-55. If there is no Address 2 (no detail in bytes 1-30) and there is a Unit/Apt# sent, it will begin in byte 1, not 31. When there is both an Address 2 and Unit/Apt#, and the Address 2 does not completely fill bytes 1-30, the remaining bytes until byte 31 will be populated with spaces.
LOOP ID	**2100G RESPONSIBLE PERSON**	
Segment	**N4 Responsible Person City, State, ZIP Code**	
Reference	**Names**	**Rhode Island Requirements**

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N401	City Name	Populate with 'HOH City' maximum 25 characters
N402	State Name	Populate with 'HOH State'
N403	Postal Code	Popluate with Zip Code
LOOP ID	**2300 HEALTH COVERAGE**	
Segment	**HD Health Coverage**	
Reference	**Names**	**Rhode Island Requirements**
HD01	Maintenance Type Code	Populate with '001' for a change transaction, '002' for cancellation transaction, '021' for add transaction, '024' for delete transaction or '030' for verify audit transaction.
HD03	Insurance Line Code	Populate with 'HMO'
HD04	Plan Coverage Description	If Update-Capitation Code change transaction RI will send 3-character old capitation code, else will send spaces'

LOOP ID	**2300 HEALTH COVERAGE**	
Segment	**DTP Health Coverage Dates**	
Reference	**Names**	**Rhode Island Requirements**
DTP01	Health Coverage	Populate with '348' for additions, '303' for changes or '349' for deletions. For Verify or Cancellation transactions, RI will send two segments, one with '348'and another with '349'.
DTP02	Date Time Period Format	Populate with 'D8'
DTP03	Date Time Period	For Update Transactions 'Rhode Island will send Coverage Start Date or Stop Date'. For Verify and Cancellation Transaction, RI will send two segments, one with Coverage Start Date and another with Coverage Stop Date for the enrollment segment to be verified or cancelled.

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LOOP ID	2310 PROVIDER INFORMATION	
Segment	**LX Provider Information** • This loop will be sent only in the daily 834 files in two conditions: 1. When members select their PCP for the first time when applying for their coverage (during plan selection phase) 2. When members change their PCP if they come across plan change scenarios • Provider information will not be sent in monthly 834 files • If there is no change in the PCP information, provider loop 2310 will not be sent • This loop will be at the individual level. If each member of a family selects a PCP, then this loop will be present for each individual	
Reference	**Names**	**Rhode Island Requirements**
LX01	Assigned Number	This is a sequential number representing the number of loops for this insured person. We will allow only one PCP for each individual. Hence the value will always be '1'.
Reference	**Names**	**Rhode Island Requirements**
NM101	Entity Identifier Code	No other values will be used Value: P3 - Primary Care Provider
NM102	Entity Type Qualifier	Populate with value: 2 – Non-entity
NM103	Name Last or Organization Name	When there is additional information to send in this loop, RI Medicaid will always send: "Primary Care Physician"
NM108	Identification Code Qualifier	Gainwell will always send this element to Carriers. All PCPs will have NPI numbers Value: XX
NM109	Identification Code	Gainwell will always send this element to Carriers. All PCPs will have NPI numbers Value: NPI Number of the PCP
NM110	Entity Relationship Code	Gainwell will always send the value as 72 Unknown Value: 72 Unknown
Segment	**N3 Provider Address** • This segment will always be included in loop 2310	
N301	Address Information	Address Line 1 of the PCP
Segment	**N4 Provider City, State, Zip Code** • This segment will always be included in loop 2310	
N401	City Name	PCP City Name
N402	State	PCP State
N403	Postal Code	Zip code of the PCP

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LOOP ID	2320 COORDINATION OF BENEFITS	
Segment	**COB Coordination of Benefits**	
Reference	**Names**	**Rhode Island Requirements**
COB01	Payer Responsibility Sequence Number Code	Populate with 'U'
COB02	Reference Identification	Populate with '1' for Third Party Liability Policy Number (16 Characters)
COB03	Coordination of Benefits Code	Populate with '1' for Coordination of Benefits or '5' for Unknown
Segment	**REF Additional Coordination of Benefits Identifiers**	
Reference	**Names**	**Rhode Island Requirements**
REF01	Reference Identification Qualifier	Populate with '60', '6P', 'ZZ' or 'SY'
REF02	Reference Identification	Populate with 'Court Order Indicator' (1 character), 'Coverage Type' (2 characters), 'Relationship Code' (3 characters) or 'Policyholder SSN' (9 characters), depending on value of qualifier in REF01.
Segment	**DTP Coordination of Benefits Eligibility Dates**	
Reference	**Names**	**Rhode Island Requirements**
DTP01	Date Time Qualifier	Populate with '344'-- Coordination of Benefits Begins or '345' -- Coordination of Benefits End
DTP02	Date Time Format Qualifier	Populate with 'D8'
DTP03	Date Time Period	Populate with the associated TPL Coverage Start or Stop Date

LOOP ID	2330 COORDINATION OF BENEFITS RELATED ENTITY	
Segment	**NM1 Coordination of Benefits Related Entity**	
Reference	**Names**	**Rhode Island Requirements**
NM101	Entity Identifier Code	Populate with 'IN'
NM102	Entity Type Qualifier	Populate with '2'
NM103	Name last or Organization Name	Populate with the 3-character MMIS Carrier Code along with the associated Carrier Name'

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LOOP ID	2700 ADDITIONAL REPORTING CATEGORIES	
Segment	LS ADDITIONAL REPORTING CATEGORIES LOOP	
Reference	**Names**	**Rhode Island Requirements**
LS01	Loop Header	To indicate that the next segment begins a loop. Use the value 2700.

LOOP ID	2710 MEMBER REPORTING CATEGORY	
Segment	LX Reporting Category	
Reference	**Names**	**Rhode Island Requirements**
LX01	Assigned Number	Populate with assigned number to identify LX loops for the member's additional reporting categories. *Note: while this is situational the health plans must send this information if available

LOOP ID	2750 REPORTING CATEGORY	
Segment	N1 Reporting Category	
Reference	**Name**	**Rhode Island Requirements**
N101	Entity Identifier Code	Populate with '75' for participant
N102	Name	Populate with description of 'Pregnant'
Segment	REF Reporting Category Reference	
Reference	**Names**	**Rhode Island Requirements**
REF01	Reference Identification Qualifier	Populate with 'ZZ'
REF02	Reference Identification	Populate with value of '1' if member being added is pregnant.

11. Claim Accept Reject Report

RI Medicaid will produce an ASCII text file which will identify claims and service data, which has passed initial X12 syntax edits. The next step in processing is the Level 6 Specialty Line of Business Edits and this report shows the outcome of the Level 6 processing. If the claims fail the Level 6 Specialty Line of Business Edits, the detail will be displayed. It is available for download by the trading partner who submitted the 837 transaction.

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11.1. Clar210 Claim Accept/Reject Report

The CLAR210 Claim Accept/Reject Report is generated when the OXi translator extracts data from an incoming X12 837 file to build an input file for the RI MMIS claim load process.

This report is available for download by original file submitter.

The primary purpose of the report is to identify items in the claim transaction that have failed the Specialty Line of Business edits for the RI Title XIX claim processing system and supply the submitter with the identity of the submission, the specific errors that were encountered, and the total number of claims accepted and rejected.

Error messages are reported immediately following the set of data that contains the error. For submitter audit use, every service line of each denied claims is listed on the report. Data that does not have an associated error message does not have errors to correct but must be resubmitted with a corrected claim file.

Because of the hierarchical structure of X12, errors in the EDI Control Segments, Transaction Set, Submitter Level, or other higher-level loops, can impact the processing of all of the claims within them.

The EDI Control Segments ISA and IEA contain the entire file that has been uploaded, and identify the Sender, date, time, standards, version and identifier of the transaction. Within the ISA/IEA “envelope” the GS and GE segments contain the Sender and Receiver, date and time, identification of the type of transaction (claim, remittance, functional acknowledgement), and the X12 version used.

The Transaction Set Segments ST and SE are within the GS/GE, identifying the transaction Set and its Control Number. Within these segments, the BHT and REF segments identify the business purpose of the transaction, time, date, identification number and hierarchical structure.

Loops within the structure provide the following information within descending order. Submitter, Receiver, Billing and Pay-To Provider, Subscriber and Claim level information and Service level information.

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Example of Claim/Accept/Reject Report

```
CLAR230D                    RHODE ISLAND MEDICAID MANAGEMENT INFORMATION SYSTEM                    PAGE 000001

RUN DATE: 05/16/2011 14:34              CLAIM ACCEPT / REJECT REPORT - 837 DENTAL

INTERCHANGE DATA:                FUNCTIONAL GROUP DATA:              TRANSLATION DATA:
  Control Number : 000000295       Control Number : 295                File SAK      :
  Date-Time      : 20110404-215600  Date-Time      : 20110404-2156      File Name     :
  Receiver ID    : 056000522       Receiver ID    : 056000522          Map Name      : XRI_837DI_5010_A2
  Sender ID      : 888888888       Sender ID      : 888888888          Map Release   : M11.03v01

TRANSACTION SET DATA:
  Control Number : 000000001
  Date-Time      : 20110404-215600
  Ver/Rel/Ind Co : 005010X224A2


  BILLING PROVIDER:
    Identifier
    Last/Org Name  : LASTNAME

   CLM SEQ #  REJECTED CLAIM INFORMATION:
   ---------  ----------------------------------------------------------------------------------------------------------------------

      Claims Rejected: 000000000


TRANSACTION SET PROCESSING TOTALS:

        Claims Received: 000000001     Claims Rejected: 000000000     Claims Accepted: 000000001

                                  * * E N D   O F   R E P O R T * *
```

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12. Appendices

12.1.1. Background

HIPAA transactions processing

Rhode Island is prepared to accept the HIPAA Version **5010A1** for the following transaction sets:

- 837P
- 270

Rhode Island is prepared to accept the HIPAA Version **5010A2** for the following transaction sets:

- 837D
- 837I

Rhode Island is prepared to send the HIPAA Version **5010** for the following transaction sets:

- 999
- TA1

Rhode Island is prepared to send the HIPAA Version **5010A1** for the following transaction sets:

- 271
- 835
- 277U

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12.2. Appendix B: RI Medicaid Carrier Codes

Third Party Liability (TPL) Carrier Codes:
http://www.eohhs.ri.gov/Portals/0/Uploads/Documents/carrier_code.pdf

12.3. Appendix C: Provider Services Contact List

Contact	Functions
Mail to: rixix-editeam@gainwelltechnologies.com	Report Web pages issues and broken links
EDI Coordinator Mail to: riediservices@gainwelltechnologies.com (401) 784-8014	EDI Registration and Trading Partner Profile updates. New submitter testing
Provider Relations (800) 964-6211 *(in state toll calls)* (401) 784-8100 *(in state)*	Billing Inquiries

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12.4. Appendix D: HIPAA Internet Resources

Accredited Standards Committee (ASC X12)
Develops and maintains standards for inter-industry electronic data interchange.
http://www.x12.org/

American Dental Association (ADA)
The ADA is the source for the Dental Terminology 3rd Edition codes (CDT-3, HCPCS Level II "D" codes), and sets standards for the dental claim form.
http://www.ada.org

American Hospital Association Central Office on ICD-9-CM (AHA)
The resource for the International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) codes, used in medical transcription and billing, and for Level I HCPCS.
www.ahacentraloffice.org/

American Medical Association (AMA)
The AMA is the source for the Current Procedural Terminology 4th Edition codes (CPT-4). The AMA copyrights the CPT codes.
http://www.ama-assn.org/

Association for Electronic Health Care Transactions (AFEHCT)
An association dedicated to promoting the interchange of electronic healthcare information.
http://www.afehct.org/

Centers for Medicare and Medical Assistance Services (CMS)
Formerly known as HCFA, this site provides the Electronic Health Care Transactions and Code Sets Model Compliance Plan.
http://www.cms.gov/hipaa/hipaa2/

The CMS resource for information related to the Healthcare Common Procedure Coding System (HCPCS).
http://cms.hhs.gov/medicare/hcpcs/

The CMS resource for Medical Assistance HIPAA information related to the Administrative Simplification provision.
http://www.cms.gov/Medical Assistance/hipaa/adminsim/

Designated Standard Maintenance Organizations (DSMO)
This site is a resource for information about the standard setting organizations, and transaction change request system.
http://www.hipaa-dsmo.org/

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Health Level Seven (HL7)
One of several ANSI accredited Standards Development Organizations (SDO), and is responsible for clinical and administrative data standards.
http://www.hl7.org/

Medical Assistance HIPAA Compliant Concept Model (MHCCM)
This site presents the Medical Assistance HIPAA Compliance Concept Model, information and a toolkit.
http://www.mhccm.org/

The New Hampshire and Vermont Strategic HIPAA Implementation Plan (RIVSHIP)
Volunteer organization of hospitals, physicians, other health care providers, health plans, state health departments, and vendors. Members are working together to improve the understanding of and compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Accredited Standards Committee (ASC X12)
Develops and maintains standards for inter-industry electronic data interchange.
http://www.x12.org/

American Dental Association (ADA)
The ADA is the source for the Dental Terminology 3rd Edition codes (CDT-3, HCPCS Level II "D" codes), and sets standards for the dental claim form.
http://www.ada.org

American Hospital Association Central Office on ICD-9-CM (AHA)
The resource for the International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) codes, used in medical transcription and billing, and for Level I HCPCS.
www.ahacentraloffice.org/

American Medical Association (AMA)
The AMA is the source for the Current Procedural Terminology 4th Edition codes (CPT-4). The AMA copyrights the CPT codes.
http://www.ama-assn.org/

Association for Electronic Health Care Transactions (AFEHCT)
An association dedicated to promoting the interchange of electronic healthcare information.
http://www.afehct.org/

Centers for Medicare and Medical Assistance Services (CMS)
Formerly known as HCFA, this site provides the Electronic Health Care Transactions and Code Sets Model Compliance Plan.
http://www.cms.gov/hipaa/hipaa2/

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The CMS resource for information related to the Healthcare Common Procedure Coding System (HCPCS).
http://cms.hhs.gov/medicare/hcpcs/

The CMS resource for Medical Assistance HIPAA information related to the Administrative Simplification Provision.
http://www.cms.gov/Medical Assistance/hipaa/adminsim/

Designated Standard Maintenance Organizations (DSMO)
This site is a resource for information about the standard setting organizations, and transaction change request system.
http://www.hipaa-dsmo.org/

Health Level Seven (HL7)
One of several ANSI accredited Standards Development Organizations (SDO), and is responsible for clinical and administrative data standards.
http://www.hl7.org/

Medical Assistance HIPAA Compliant Concept Model (MHCCM)
This site presents the Medical Assistance HIPAA Compliance Concept Model, information and a toolkit.
http://www.mhccm.org/

The New Hampshire and Vermont Strategic HIPAA Implementation Plan (RIVSHIP)
Volunteer organization of hospitals, physicians, other health care providers, health plans, state health departments, and vendors. Members are working together to improve the understanding of and compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA).
http://www.RIvship.org/

National Uniform Billing Committee (NUBC)
NUCB is affiliated with the American Hospital Association, and develops standards for institutional claims.
http://www.nubc.org/

National Uniform Claim Committee (NUCC)
NUCC is affiliated with the American Medical Association. It develops and maintains a standardized data set for use by the non-institutional health care organizations to transmit claims and encounter information. NUCC maintains the national provider taxonomy.
http://www.nucc.org/

Office for Civil Rights (OCR)
OCR is the Health and Human Services Office responsible for enforcing the Privacy Rule under HIPAA.
http://www.hhs.gov/ocr/hipaa/

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United States Department of Health and Human Services (DHHS)
This site is a resource for the Notice of Proposed Rule Making, rules and other information regarding HIPAA.
http://aspe.hhs.gov/admnsimp/

Washington Publishing Company (WPC)
WPC is a resource for HIPAA required transaction implementation guides and code sets.
http://www.wpc-edit.com/hipaa/

Workgroup for Electronic Data Interchange (WEDI)
A workgroup dedicated to improving healthcare through electronic commerce, which includes the Strategic National Implementation Process (SNIP) for complying with the administrative simplification provisions of HIPAA.
http://www.wedi.org

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12.5. Appendix E: Language Codes

Standard Language Code	Standard Language Code Description
alb	Albanian
amh	Amharic
ara	Arabic
arm	Armenian
ben	Bengali
bos	Bosnian
chi	Chinese Mandarin Cantonese Taiwanese
cze	Czech
eng	English
fre	French
ger	German
gre	Greek
hat	Haitian Creole
heb	Hebrew
hin	Hindi
hmn	Hmong
hrv	Croatian
hun	Hungarian
ind	Indonesian
ita	Italian
jpn	Japanese
khm	Khmer and Cambodian
kor	Korean
kur	Kurdish
lao	Laotian
mis	Other
mlt	Maltese
pan	Punjabi
per	Farsi
pol	Polish
por	Portuguese
rus	Russian
sgn	Sign Language
slo	Slovak
slv	Slovenian
som	Somali
spa	Spanish
srp	Serbian
swa	Swahili

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Standard Language Code	Standard Language Code Description
tgl	Tagalog
tha	Thai
tir	Tigrinya
tur	Turkish
urd	Urdu
vie	Vietnamese

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