

ELIGIBILITY DATA
 APCD State Comparison of Data Submission Rules
 RAPHIC, NAHDO, March 2010

Data Element #	HIPAA Reference ASC X12N/004010 Transaction Set/Loop/Segment ID/Code Value/Reference Designator	Data Element Name	Type	Length	Description/Codes/Sources	Maine	NH	VT	MN	TN	MA (draft)
ME001	N/A	Payer	Text	8	Payer submitting payments: MHDO Submitter Code for Maine; NHID submitted codes for NH; BISHCA submitter codes for VT; NCDMS submitter codes for MN; MA using Council Submitter Codes; TN using CDM submitter codes	see notes	see notes	see notes	see notes	see notes	✓
ME002	271/2100A/NM1/XV/09	National Plan ID	Text	30	CMS National Plan ID	✓	✓	✓	not included	✓	✓
ME003	271/2110C/EB/ /04, 271/2110D/EB/ /04	Insurance Type Code/Product	Text	2	COMPARE WITH MC003	✓	✓	✓	✓	✓	✓
					12 Medicare Secondary Working Aged Beneficiary or Spouse with Employer Group Health Plan	✓	✓	✓	✓	✓	✓
					13 Medicare Secondary End-Stage Renal Disease Beneficiary in the 12 month coordination period with an employer's group health plan	✓	✓	✓	✓	✓	✓
					14 Medicare Secondary, No-fault insurance including insurance in which auto is primary	✓	✓	✓	✓	✓	✓
					15 Medicare Secondary Worker's Compensation	✓	✓	✓	✓	✓	✓
					16 Medicare Secondary Public Health Service or Other Federal Agency	✓	✓	✓	✓	✓	✓
					41 Medicare Secondary Black Lung	✓	✓	✓	✓	✓	✓
					42 Medicare Secondary Veteran's Administration	✓	✓	✓	✓	✓	✓
					43 Medicare Secondary Disabled Beneficiary Under Age 65 with Large Group Health Plan (LGHP)	✓	✓	✓	✓	✓	✓
					47 Medicare Secondary, Other Liability Insurance is Primary	✓	✓	✓	✓	✓	✓
					AP Auto Insurance Policy	✓	✓	placeholder	not included	not included	✓
					CP Medicare Conditionally Primary	✓	✓	✓	✓	✓	✓
					D Disability	✓	✓	placeholder	✓	✓	✓
					DB Disability Benefits	✓	✓	placeholder	✓	✓	✓
					EP Exclusive Provider Organization (for self-insured risks)	✓	✓	✓	✓	✓	✓
					HM Health Maintenance Organization (HMO)	✓	✓	✓	✓	✓	✓
					HN Health Maintenance Organization (HMO) Medicare Advantage	✓	✓	✓	✓	✓	✓
					HS Special Low Income Medicare Beneficiary	✓	✓	✓	✓	✓	✓
					IN Indemnity	✓	✓	✓	✓	✓	✓
					LC Long Term Care	✓	✓	placeholder	not included	not included	✓
					LD Long Term Policy	✓	✓	placeholder	not included	not included	✓
					LI Life Insurance	✓	✓	placeholder	not included	not included	✓
					LT Litigation	✓	✓	placeholder	not included	not included	✓
					MA Medicare Part A	✓	✓	✓	✓	✓	✓
					MB Medicare Part B	✓	✓	✓	✓	✓	✓
					MC Medicaid (FFSM fee for service Medical Assistance; PMAP prepaid medical assistance program; MDHO MN disability health options; MSHO MN senior health options; SNBC special needs basic care; MISC other managed care program within medical assistance)	✓	✓	✓	✓	"MCTNCR" TennCare	✓
					MD Medicare Part D	✓	✓	✓	✓	✓	✓
					MH Medigap Part A	✓	✓	✓	✓	✓	✓
					MI Medigap Part B	✓	✓	✓	✓	✓	✓
					MP Medicare Primary	✓	✓	✓	✓	✓	✓
					PC Personal Care	✓	✓	✓	not included	not included	✓
					PE Property Insurance - Personal	✓	✓	✓	not included	not included	✓
					PR Preferred Provider Organization (PPO)	✓	✓	✓	✓	✓	✓
					PS Point of Service (POS)	✓	✓	✓	✓	✓	✓
					QM Qualified Medicare Beneficiary	✓	✓	✓	✓	✓	✓
					SP Supplemental Policy	✓	✓	✓	✓	✓	✓
					WC Workers' Compensation	✓	✓	placeholder	not included	✓	✓
					XX non-medical assistance public program (must include sub-code) CDEP, GAMC, HIVA, MCHA, MNCR, MISC codes; TN uses XXTNCV=CoverTN; XXTNKD=CoverKds; XXTNAC=AccessTN	not included	not included	not included	✓	✓	not included
ME004	N/A	Year	Integer	4	Year for which eligibility is reported in this submission	✓	✓	✓	✓	✓	✓
ME005	N/A	Month	Integer	2	Month for which eligibility is reported in this submission	✓	✓	✓	✓	✓	✓
ME006	271/2100C/REF/1L/02, 271/2100C/REF/G/02, 271/2100C/REF/6P/02, 271/2100D/REF/1L/02, 271/2100D/REF/G/02, 271/2100D/REF/6P/02,	Insured Group or Policy Number	Text	30	Group or policy number - not the number that uniquely identifies the subscriber	✓	length is 50	✓	not included	✓	✓
ME007	271/2110C/EB/ /02, 271/2110D/EB/ /02	Coverage Level Code	Text	3	Benefit coverage level	✓	✓	✓	not included	✓	✓
					CHD Children Only	✓	✓	✓	not included	✓	✓
					DEP Dependents Only	✓	✓	✓	not included	✓	✓
					ECH Employee and Children	✓	✓	✓	not included	✓	✓
					EMP Employee Only	✓	✓	✓	not included	✓	✓
					ESP Employee and Spouse	✓	✓	✓	not included	✓	✓
					FAM Family	✓	✓	✓	not included	✓	✓
					IND Individual	✓	✓	✓	not included	✓	✓
					SPC Spouse and Children	✓	✓	✓	not included	✓	✓
					SPO Spouse Only	✓	✓	✓	not included	✓	✓
ME008	271/2100C/NM1/MI/09	Encrypted Subscriber Social Security Number	Text	128	Encrypted subscriber's social security number; Set as null if unavailable	✓	✓	✓	not included	✓	NOT ENCRYPTED
ME009	271/2100C/NM1/MI/09	Plan Specific Contract Number	Text	128	Encrypted plan assigned subscriber's contract number; Set as null if contract number = subscriber's social security number	✓	✓	✓	✓	✓	NOT ENCRYPTED
ME010	N/A	Member Suffix or Sequence Number	Integer	20	Unique number of the member within the contract	✓	length is 2	✓	not included	✓	NOT ENCRYPTED

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ME011	271/2100C/NM1/M/09, 271/2100D/NM1/M/09	Member Identification Code	Text	128	Encrypted member's social security number; Set as null if unavailable; All states are encrypting the same? TN different method from others?	√	√	√	not included	√	NOT ENCRYPTED
ME012	271/2100C/INS/Y/02, 271/2100D/INS/N/02	Individual Relationship Code	Integer	2	Member's relationship to insured	√	√	√	√	√	√
					01 Spouse	√	√	√	√	√	√
					18 Self/Employee	√	√	√	√	√	√
					19 Child	√	√	√	√	√	√
					21 Unknown	√	√	√	√	√	√
					34 Other Adult	√	√	√	√	√	√
ME013	271/2100C/DMG/ /03, 271/2100D/DMG/ /03	Member Gender	Text	1		√	√	√	√	√	√
					M Male	√	√	√	√	√	√
					F Female	√	√	√	√	√	√
					U Unknown	√	√	√	√	√	√
ME014	271/2100C/DMG/D8/02, 271/2100D/DMG/D8/02	Member Date of Birth	Date	8	CCYYMMDD; In TN, submitters will replace this submitted value with year of birth and appended age in months; IN MN DOB is submitted in encrypted form with a transformed "age" additional element	√	√	√	transformed to age	transformed to age	√
ME015	271/2100C/N4/ /01, 271/2100D/N4/ /01	Member City Name	Text	30	City location of member	√	√	√	√	√	√
ME016	271/2100C/N4/ /02, 271/2100D/N4/ /02	Member State or Province	Text	2	As defined by the US Postal Service	√	√	√	√	√	√
ME017	271/2100C/N4/ /03, 271/2100D/N4/ /03	Member ZIP Code	Text	11	ZIP Code of member - may include non-US codes. Do not include dash. MN is 5 digit only	√	√	√	√	√	√
ME018	N/A	Medical Coverage	Text	1		√	√	√	√	√	√
					Y Yes	√	√	√	√	√	√
					N No	√	√	√	√	√	√
ME019	N/A	Prescription Drug Coverage	Text	1		√	√	√	√	√	√
					Y Yes	√	√	√	√	√	√
					N No	√	√	√	√	√	√
ME020	N/A	Dental Coverage	Text	1		√	√	placeholder	not included	placeholder	√
					Y Yes	√	√	placeholder	not included	placeholder	√
					N No	√	√	placeholder	not included	placeholder	√
ME021	N/A	Race 1	Text	6		placeholder	√	placeholder	not included	placeholder	√
					R1 American Indian/Alaska Native	placeholder	√	placeholder	not included	placeholder	√
					R2 Asian	placeholder	√	placeholder	not included	placeholder	√
					R3 Black/African American	placeholder	√	placeholder	not included	placeholder	√
					R4 Native Hawaiian or other Pacific Islander	placeholder	√	placeholder	not included	placeholder	√
					R5 White	placeholder	√	placeholder	not included	placeholder	√
					R9 Other Race	placeholder	√	placeholder	not included	placeholder	√
					UNKNOW Unknown/Not Specified	placeholder	√	placeholder	not included	placeholder	√
ME022	N/A	Race 2	Text	6	See code set for ME021.	placeholder	√	placeholder	not included	placeholder	√
ME023	N/A	Other Race	Text	15	List race if MC021or MC022 are coded as R9.	placeholder	placeholder	placeholder	not included	placeholder	√
ME024	N/A	Hispanic Indicator	Text	1		placeholder	√	placeholder	not included	placeholder	√
					Y = Patient is Hispanic/Latino/Spanish	placeholder	√	placeholder	not included	placeholder	√
					N = Patient is not Hispanic/Latino/Spanish	placeholder	√	placeholder	not included	placeholder	√
					U = Unknown	placeholder	√	placeholder	not included	placeholder	√
ME025	N/A	Ethnicity 1	Text	6		placeholder	√	placeholder	not included	placeholder	√
					2182-4 Cuban	placeholder	√	placeholder	not included	placeholder	√
					2184-0 Dominican	placeholder	√	placeholder	not included	placeholder	√
					2148-5 Mexican, Mexican American, Chicano	placeholder	√	placeholder	not included	placeholder	√
					2180-8 Puerto Rican	placeholder	√	placeholder	not included	placeholder	√
					2161-8 Salvadoran	placeholder	√	placeholder	not included	placeholder	√
					2155-0 Central American (not otherwise specified)	placeholder	√	placeholder	not included	placeholder	√
					2165-9 South American (not otherwise specified)	placeholder	√	placeholder	not included	placeholder	√
					2060-2 African	placeholder	√	placeholder	not included	placeholder	√
					2058-6 African American	placeholder	√	placeholder	not included	placeholder	√
					AMERCN American	placeholder	√	placeholder	not included	placeholder	√
					2028-9 Asian	placeholder	√	placeholder	not included	placeholder	√
					2029-7 Asian Indian	placeholder	√	placeholder	not included	placeholder	√
					BRAZIL Brazilian	placeholder	√	placeholder	not included	placeholder	√
					2033-9 Cambodian	placeholder	√	placeholder	not included	placeholder	√
					CVERDN Cape Verdean	placeholder	√	placeholder	not included	placeholder	√
					CARIBI Caribbean Island	placeholder	√	placeholder	not included	placeholder	√
					2034-7 Chinese	placeholder	√	placeholder	not included	placeholder	√
					2169-1 Columbian	placeholder	√	placeholder	not included	placeholder	√
					2108-9 European	placeholder	√	placeholder	not included	placeholder	√
					2036-2 Filipino	placeholder	√	placeholder	not included	placeholder	√
					2157-6 Guatemalan	placeholder	√	placeholder	not included	placeholder	√
					2071-9 Haitian	placeholder	√	placeholder	not included	placeholder	√
					2158-4 Honduran	placeholder	√	placeholder	not included	placeholder	√
					2039-6 Japanese	placeholder	√	placeholder	not included	placeholder	√
					2040-4 Korean	placeholder	√	placeholder	not included	placeholder	√
					2041-2 Laotian	placeholder	√	placeholder	not included	placeholder	√
					2118-8 Middle Eastern	placeholder	√	placeholder	not included	placeholder	√

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ME037	Administrated element reserved for assignment	Health Care Home Tax ID Number	Text	20	Federal tax payer's identification number for medical home. This field will be used to create a master provider index for MN providers encompassing medical service providers, prescribing physicians and medical homes.	not included	not included	not included	√	placeholder	√
ME038	Administrated element reserved for assignment	Health Care Home National Provider ID	Text	60	Report the National Provider Identification (NPI) number for the entity or individual serving as the medical home.	not included	not included	not included	√	placeholder	√
ME039	N/A	Health Care Home Name	Text		Report the full name of the provider - facility, organization or individual. If the medical home is an individual, report in the format of last name, first name and middle initial with no punctuation.	not included	not included	not included	√	placeholder	√
ME040	N/A	Product ID Number	TXT	TBD	Must correspond to the Product File	not included	not included	not included	not included	not included	√
ME041	N/A	Enrollment Start Date	Date	8		not included	not included	not included	not included	not included	√
ME042	N/A	Enrollment End Date	Date	8		not included	not included	not included	not included	not included	√
ME043	N/A	Member Street Address	Text	50	Street address of member	not included	not included	not included	not included	not included	√
ME101	271/2100C/NM1/ /03	Encrypted Subscriber Last Name	Text	128	The encrypted subscriber last name	√	√	√	√	placeholder	NOT ENCRYPTED
ME102	271/2100C/NM1/ /04	Encrypted Subscriber First Name	Text	128	The encrypted subscriber first name	√	√	√	√	placeholder	NOT ENCRYPTED
ME103	271/2100C/NM1/ /05	Encrypted Subscriber Middle Initial	Text	1	The encrypted subscriber middle initial	√	√	√	√	placeholder	NOT ENCRYPTED
ME104	271/2100D/NM1/ /03	Encrypted Member Last Name	Text	128	The encrypted member last name	√	√	√	√	transformed	NOT ENCRYPTED
ME105	271/2100D/NM1/ /04	Encrypted Member First Name	Text	128	The encrypted member first name	√	√	√	√	transformed	NOT ENCRYPTED
ME106	271/2100D/NM1/ /05	Encrypted Member Middle Initial	Text	1	The encrypted member middle initial	√	√	√	√	transformed	NOT ENCRYPTED
MC899	N/A	Record Type	Text	2	Value = ME	√	√	√	√	√	