



New Jersey Medicaid

HIPAA Transaction

Standard Companion Guide

Refers to the Implementation Guides

Based on ASC X12N version 5010

835 Claim Payment Advice

October 2018



Preface

This Companion Guide to the v5010 ASC X12N Implementation Guides and associated errata adopted under Health Insurance Portability and Accountability Act (HIPAA) clarifies and specifies the data content when exchanging electronically with Molina Healthcare.

Transmissions based on this Companion Guide, used in tandem with the v5010 ASC X12N Implementation Guides, are compliant with both ASC X12 syntax and those guides. This Companion Guide is intended to convey information that is within the framework of the ASC X12N Implementation Guides adopted for use under HIPAA. The Companion Guide is not intended to convey information that in any way exceeds the requirements or usages of data expressed in the Implementation Guides.

EDITOR'S NOTE:

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1. INTRODUCTION

This section describes how 5010 X12 Type 3 Technical Reports (TR3) adopted under HIPAA will be detailed with the use of a table. The tables contain a row for each segment that Molina Healthcare has something additional, over and above, the information in the TR3s. That information can:

- Limit the repeat of loops, or segments
- Limit the length of a simple data element
- Specify a sub-set of the TR3s internal code listings
- Clarify the use of loops, segments, composite and simple data elements
- Any other information tied directly to a loop, segment, composite, or simple data element pertinent to trading electronically with Molina Healthcare

In addition to the row for each segment, one or more additional rows are used to describe Molina Healthcare’s usage for composite and simple data elements and for any other information. Notes and comments should be placed at the deepest level of detail. For example, a note about a code value should be placed on a row specifically for that code value, not in a general note about the segment.

The following table specifies the columns and suggested use of the rows for the detailed description of the transaction set companion guides. Please note that the table reflects sample data and not actual data.

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
193	2100C	NM1	Subscriber Name			This type of row always exists to indicate that a new segment has begun. It is always shaded at 10% and notes or comment about the segment itself goes in this cell.
195	2100C	NM109	Subscriber Primary Identifier		15	This type of row exists to limit the length of the specified data element.
196	2100C	REF	Subscriber Additional Identification			
197	2100C	REF01	Reference Identification Qualifier	18, 49, 6P, HJ, N6		These are the only codes transmitted by Molina Healthcare.
			Plan Network Identification Number	N6		This type of row exists when a note for a particular code value is required. For example, this note may say that value N6 is the default. Not populating the first 3 columns makes it clear that the code value belongs to the row immediately above it

SCOPE

This companion guide documents the transaction type listed below and further defines situational and required data elements that are used for processing 835 healthcare claim payment advice for programs administered by New Jersey (NJ) Medicaid. This document is not the complete Electronic Data Interchange (EDI) transaction format specifications. Refer to the ASC X12N Implementation Guides or 5010 TR3 for information not supplied in this document, such as code lists, definitions, and edits.

- Healthcare Claim Payment/Advice ASC X12N 835 (005010X221)
- Addenda Healthcare Claim Payment Advice ASC X12N 835 (005010X221A1)\

OVERVIEW

Data elements, segments, and loops not included in this guide are not used for processing claims by NJ Medicaid, but will still be sent if the information is required for compliance with the ASC X12N version 5010A2 format.

REFERENCES

The ASC X12N Implementation Guides or 5010 TR3 are standards developed by the X12 committee and published by the Washington Publishing Company (WPC).

<http://store.x12.org/store/healthcare-5010-consolidated-guides>

ADDITIONAL INFORMATION

- Assumptions regarding the reader
 - The reader is interested in reducing error, maximizing efficiency, and saving money.
 - NJ Medicaid encourages all providers to receive and make use of the standard HIPAA 835 Healthcare Claim payment Advice.
- Advantages / Benefits of EDI
 - The 835 Healthcare Claim payment Advice allows for automated matchup of claims payment data sent to the receiver from NJ Medicaid using computer software.

If the user does not already receive the 835 Healthcare Claim Payment Advice (electronically), contact the Molina EDI Helpdesk at:

- NJRMISINFORMATION@molinahealthcare.com during Trading Partner Registration and X12 Transaction Testing
- NJMMISEDI@molinahealthcare.com after Health PAS is fully functional

2. GETTING STARTED

WORKING WITH MOLINA HEALTHCARE

Visit the following sites for information:

- <https://TP-Registration.njmmis.com> during Trading Partner Registration and X12 Transaction Testing
- <https://www.njmmis.com> after Health PAS is fully functional

For any questions, or to begin testing, contact the Molina EDI Helpdesk.

Contact email:

- NJRMISINFORMATION@molinahealthcare.com during Trading Partner Registration and X12 Transaction Testing
- NJMMISED@molinahealthcare.com after Health PAS is fully functional

TRADING PARTNER REGISTRATION

A trading partner is defined as any entity with which Molina exchanges electronic data. The term electronic data is not limited to HIPAA X12 transactions. NJ Medicaid's Healthcare Payer Administration Solution (Health PAS) supports the following categories of trading partner:

- Provider
- Billing Agency/Clearinghouse
- Health Plan

To obtain a trading partner ID, visit:

- <https://TP-Registration.njmmis.com> during Trading Partner Registration and X12 Transaction Testing
- <https://www.njmmis.com> after Health PAS is fully functional

CERTIFICATION AND TESTING OVERVIEW

All trading partners must be authorized to submit production EDI transactions. Any trading partner may submit test EDI transactions. The Usage Indicator, element 15 of the Interchange Control Header (ISA) of an X12 file, indicates if a file is test or production. Authorization is granted on a per transaction basis. For example, a trading partner may be certified to submit 837P (professional) claims but not certified to submit 837I (institutional) claim files.

3. TESTING WITH THE PAYER

Trading partners must submit three test files of a particular transaction type, with a minimum of fifteen transactions within each file, and have no failures or rejections to become certified for production. Users will be notified via email and the Trading Partner Status page of Health PAS Website when testing for a particular transaction has been completed.

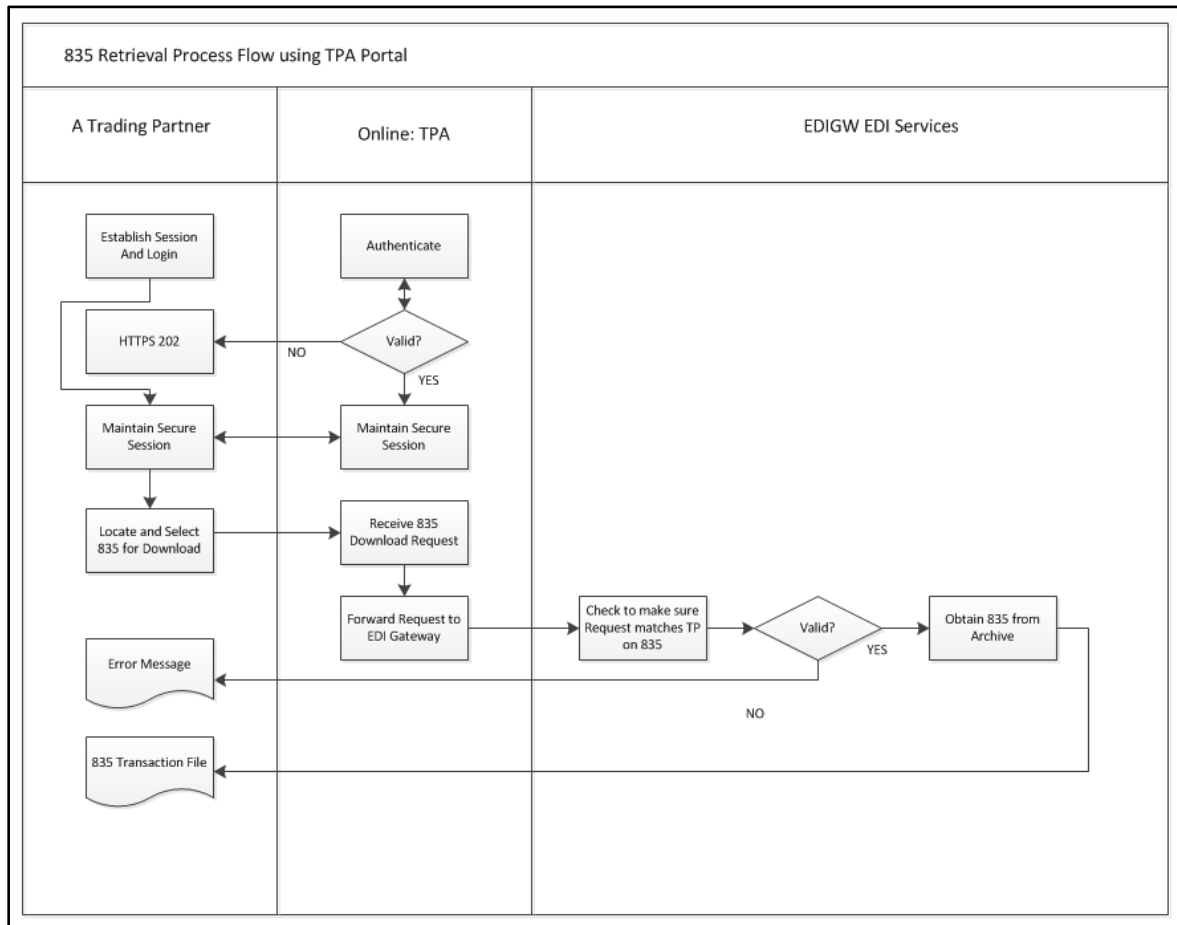
The Trading Partner Status page is found by logging into the user’s trading partner account on the Health PAS Website:

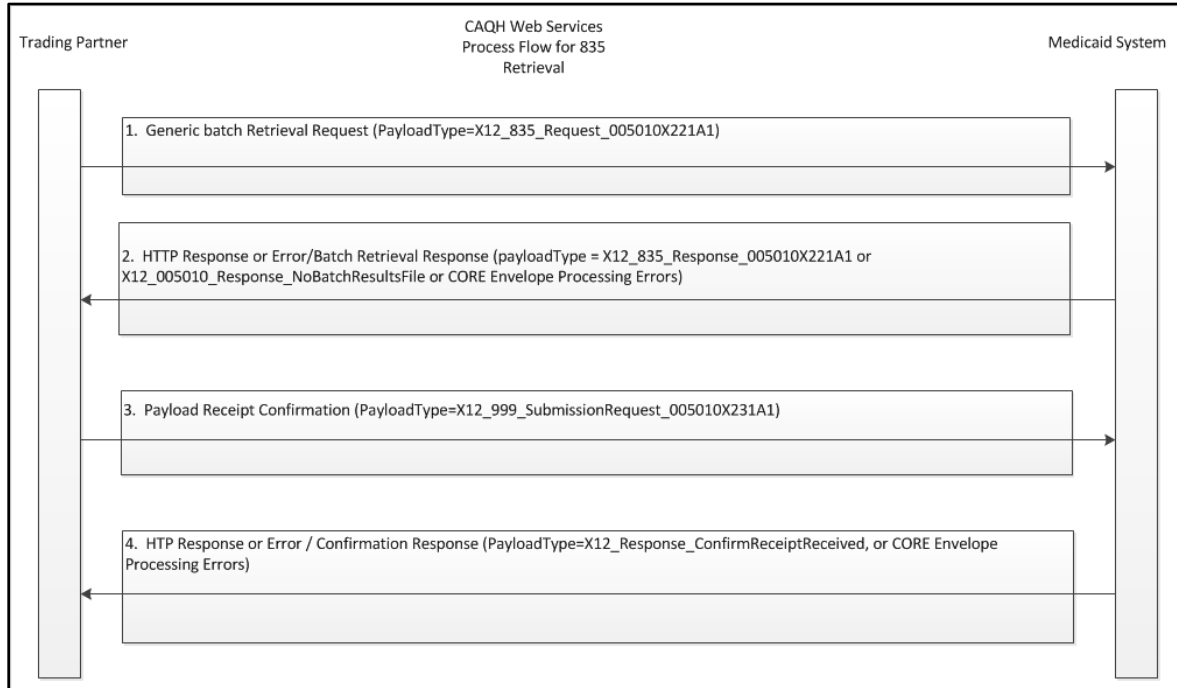
- <https://TP-Registration.njmmis.com> during Trading Partner Registration and X12 Transaction Testing
- <https://www.njmmis.com> after Health PAS is fully functional

Detailed instructions for retrieving and interpreting HIPAA validation acknowledgments may be found in the Business Scenarios and Transmission Examples appendices found at the end of this companion guide.

4. CONNECTIVITY WITH THE PAYER/COMMUNICATIONS

PROCESS FLOWS





TRANSMISSION ADMINISTRATIVE PROCEDURES

X12 files can be uploaded via the Health PAS Website File Exchange X12 Upload.

835 Healthcare Claim Payment Advice transaction files, acknowledgments, and responses to transactions submitted via the Health PAS Website can be accessed by selecting X12 Responses under the File Exchange menu.

For additional information, refer to the Health PAS-OnLine user guides at:

- <https://TP-Registration.njmmis.com/SitePages/User-Guides.aspx> during Trading Partner Registration and X12 Transaction Testing
- <https://www.njmmis.com/SitePages/User-Guides.aspx> after Health PAS is fully functional

Trading Partners who have submitted X12 transactions via secure File Transfer Protocol (sFTP) may retrieve 835 Healthcare Claim Payment Advice transaction files from their designated secured FTP Pickup location.

RE-TRANSMISSION PROCEDURE

The data element ISA13 – Interchange Control Number needs to be unique to each file and Trading Partner ID.

COMMUNICATION PROTOCOL SPECIFICATIONS

The following communications protocols are available for receiving the ASC X12N 835 transaction Files.

- Batch Mode:

- Hyper Text Transfer Protocol (HTTPS) download via the Health PAS Website.
- FTP through a secure, dedicated Virtual Private Network (VPN) connection.
- Council for Affordable Quality Healthcare (CAQH) Web service

Authorized trading partners can now request 835 transactions through CAQH Web services. CAQH Phase III has required that a 999 be returned to the issuer of the 835 to acknowledge receipt and, if appropriate, report errors encountered with the 835 data. The Molina CAQH Web Services have been enhanced to support this functionality. The CAQH Web Services supports two types of transaction protocols: Simple Object Access Protocol (SOAP) and Multipurpose Internet Mail Extensions (MIME).

Transactions can be sent in the following links:

- SOAP Transactions:
 - https://TP-Registration.njrmis.com/CAQH_SOAPService/SOAPService.svc during Trading Partner Registration and X12 Transaction Testing
 - https://www.njmmis.com/CAQH_SOAPService/SOAPService.svc after Health PAS is fully functional
- MIME Transactions:
 - https://TP-Registration.njrmis.com/CAQH_MIMEService/MIMEService.svc during Trading Partner Registration and X12 Transaction Testing
 - https://www.njmmis.com/CAQH_MIMEService/MIMEService.svc after Health PAS is fully functional

When requesting an 835 using the CAQH Web services:

- The PayloadID needs to be set to the Check/Electronic Funds Transfer (EFT) Payment ID for the desired 835.
- The PayloadType needs to be specified as X12_835_Request_005010X221A1.
- The ProcessingMode needs to be set to Batch.
- The requesting Trading Partner ID must match the Receiver ID of the 835 transaction requested.

When sending a 999 response using the CAQH Web services:

- Set the 999 AK102 to the value of the GS06 value for the 835 that the 999 is in response to.
- The PayloadType should be set to X12_999_SubmissionRequest_005010X231A1.
- The ProcessingMode needs to be set to Batch.

The following new operations and messages are now supported:

Operation	Request	Response
GenericBatchRetrievalRequest	GenericBatchRetrievalRequestMessage	GenericBatchRetrievalResponseMessage

Operation	Request	Response
PayloadReceiptConfirmation	PayloadReceiptConfirmationRequestMessage	PayloadReceiptConfirmationResponseMessage

PASSWORDS

Trading Partners create their own password at the time of registration and are required to update it every 60 days as per the Health PAS-OnLine requirements. Password must be at least seven characters long, contain at least one uppercase character, at least one numeral, and at least one special character.

5. CONTACT INFORMATION

EDI CUSTOMER SERVICE

This section contains detailed information concerning EDI Customer Service.

Contact email:

- NJRMISINFORMATION@molinahealthcare.com during Trading Partner Registration and X12 Transaction Testing
- NJMMISED@molinahealthcare.com after Health PAS is fully functional

EDI TECHNICAL ASSISTANCE

This section contains detailed information concerning EDI Technical Assistance.

Contact email:

- NJRMISINFORMATION@molinahealthcare.com during Trading Partner Registration and X12 Transaction Testing
- NJMMISED@molinahealthcare.com after Health PAS is fully functional

PROVIDER SERVICE NUMBER

This section contains detailed information concerning the payment of claims.

Contact email:

- NJRMISINFORMATION@molinahealthcare.com during Trading Partner Registration and X12 Transaction Testing
- NJMMISED@molinahealthcare.com after Health PAS is fully functional

APPLICABLE WEBSITES/EMAIL

The email addresses below can be used in contacting NJ Medicaid’s EDI Support, Provider Services, and Provider Enrollment departments. These groups can provide assistance and answer questions relating to EDI file submissions, provider enrollment, and services.

Website:

- <https://TP-Registration.njmmis.com> during Trading Partner Registration and X12 Transaction Testing
- <https://www.njmmis.com> after Health PAS is fully functional

EDI Support:

- NJMMISINFORMATION@molinahealthcare.com during Trading Partner Registration and X12 Transaction Testing
- NJMMISEDI@molinahealthcare.com after Health PAS is fully functional

Provider Services:

- NJMMISINFORMATION@molinahealthcare.com during Trading Partner Registration and X12 Transaction Testing
- NJMMISEDI@molinahealthcare.com after Health PAS is fully functional

Provider Enrollment:

- NJMMISINFORMATION@molinahealthcare.com during Trading Partner Registration and X12 Transaction Testing
- NJMMISEDI@molinahealthcare.com after Health PAS is fully functional

6. CONTROL SEGMENTS AND ENVELOPES

DELIMITERS

NJ Medicaid does not require the use of specific values for the delimiters used in electronic transactions. The suggested values are included in the following specifications.

ISA-IEA

The following ISA/IEA fields are the sender and receiver specific information listed in the 835 transactions. For all other fields refer to the transaction specific information table in section 10.

ISA06 – Interchange Sender ID will contain NJ_MMIS_4MOLINA.

ISA08 – Interchange Receiver ID will contain the Molina assigned trading partner ID.

ISA13 – Sender generated Interchange Control Number. This number will match the number in IEA02.

GS-GE

The following GS/GE fields are the sender and receiver specific information listed in the 835 transactions. For all other fields, refer to the transaction specific information table in section 10.

- GS02 – Interchange Sender ID will contain NJ_MMIS_4MOLINA.
- GS03 – Interchange Receiver ID will contain the Molina assigned trading partner ID.

- GS06 – Sender generated Group Control Number, will match the number in GE02.

ST-SE

ST02 – Sender generated Transaction Set Control Number. This value must match the number in SE02. For all other fields, refer to the transaction specific information table in section 10.

7. PAYER SPECIFIC BUSINESS RULES AND LIMITATIONS

For Molina Healthcare specific business rules and limitation in association with the ASC X12N 835 Healthcare Claim payment Advice transaction, refer to section 10.

8. ACKNOWLEDGEMENTS AND/OR REPORTS

REPORT INVENTORY

The 835 Healthcare Claim payment Advice transaction files are generated once a week and report claims that are in their finalized status (paid, denied, and reversed). Once generated, the 835 file(s) can be downloaded via the web portal or through FTP for those providers that submit transactions from an FTP connection.

9. TRADING PARTNER AGREEMENTS

TRADING PARTNERS

A trading partner is defined as any entity with which Molina exchanges electronic data. The term electronic data is not limited to HIPAA X12 transactions. NJ Medicaid's Health PAS system supports the following categories of trading partner:

- Provider
- Billing Agency/Clearinghouse
- Health Plan

Molina will assign trading partner IDs to support the exchange of X12 EDI transactions for providers, billing agencies/clearinghouses, and other health plans.

All trading partners must be authorized to submit production EDI transactions. Any trading partner may submit test EDI transactions. The Usage Indicator, element 15 of the Interchange Control Header (ISA) of an X12 file, indicates if a file is test or production. Authorization is granted on a per transaction basis. For example, a trading partner may be certified to submit 837P (professional) claims but not certified to submit 837I (institutional) claim files.

10. TRANSACTION SPECIFIC INFORMATION

The following table lists the specific requirements for reading and processing an ASC X12N 835 Healthcare Claim Payment Advice transaction file returned by Molina Healthcare.

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Use these guidelines in conjunction with the official ASC X12N 835 TR3 document to read and process the downloaded 835 Healthcare Claim Payment Advice transaction files.

Page #	Loop ID	Reference	Name	Codes	Length	Notes / Comments
C.3	HEADER	ISA	Interchange Control Header	ISA	3	
C.4		ISA01	Authorization Information Qualifier	00	2	
		ISA02	Authorization Information	Space Fill	10	
		ISA03	Security Information Qualifier	00	2	
		ISA04	Security Information	Space Fill	10	
		ISA05	Interchange ID Qualifier	ZZ	2	
		ISA06	Interchange Sender ID	NJ_MMIS_4MOLINA	15	
C.5		ISA07	Interchange ID Qualifier	ZZ	2	
		ISA08	Interchange Receiver ID	Molina assigned Trading Partner ID	15	This is assigned during trading partner registration
		ISA09	Interchange Date	YYMMDD	6	
		ISA10	Interchange Time	HHMM	4	
		ISA11	Repetition Separator	^	1	
		ISA12	Interchange Version Number	00501	5	
		ISA13	Interchange Control Number	Assigned by Sender	9	Must be identical to interchange trailer IEA02
C.6		ISA14	Acknowledgement Requested	0 - No Ack Requested	1	
		ISA15	Usage Indicator	P	1	
		ISA16	Component Element Separator	:	1	
C.7		GS	Functional Group Header	GS	2	
		GS01	Functional Identifier Code	HP	2	
		GS02	Application Sender's Code	NJ_MMIS_4MOLINA	15	
		GS03	Application Receiver's Code	Molina assigned Trading Partner ID	2/15	This is assigned during trading partner

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Page #	Loop ID	Reference	Name	Codes	Length	Notes / Comments
						registration
C.8		GS04	Date	CCYYMMDD	8	
		GS05	Time	HHMM	4/8	Time based on a 24-hour clock
		GS06	Group Control Number	Assigned by Sender	1/9	Must be identical to GE02
		GS07	Responsible Agency Code	X	1/2	
		GS08	Version / Release Code	005010X221A1	1/12	
68		ST	Transaction Set Header	ST	2	
		ST01	Transaction Set Identifier Code	835	3	
		ST02	Transaction Set Control Number	Sequential number assigned by sender	4/9	Must be identical to SE02
69	HEADER	BPR	Financial Information	BPR	3	
70		BPR01	Transaction Handling Code	I – remittance information only H – notification only	1/2	
71		BPR02	Monetary Amount	Total payment amount	1/18	
		BPR03	Credit/Debit Flag code	C – Credit (payment to receiver’s account)	1	
72		BPR04	Payment Method Code		3	
		BPR05	Payment Format Code	CCP	1/10	
73		BPR06	(DFI) ID Number Qualifier	01	2	Required when BPR04 = BOP, ACH
		BPR07	(DFI) Identification Number	Sender’s financial institution’s ID	3/12	Required when BPR04 = BOP, ACH
74		BPR08	Account Number Qualifier	DA	1/3	Required when BPR04 = BOP, ACH
		BPR09	Account Number	Sender’s bank account number	1/35	Required when BPR04 = BOP, ACH
		BPR10	Originating Company Identifier	Payer Identifier	10	Required when BPR04 = BOP, ACH
		BPR11	Originating Company Supplemental Code		9/9	Not used
75		BPR12	(DFI) ID Number Qualifier	01	2	Required when BPR04 = BOP,

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Page #	Loop ID	Reference	Name	Codes	Length	Notes / Comments
						ACH
		BPR13	(DFI) Identification Number	Receiver's financial institution's ID	3/12	Required when BPR04 = BOP, ACH
76		BPR14	Account Number Qualifier	DA	1/3	Required when BPR04 = BOP, ACH
		BPR15	Account Number	Receiver's bank account number	1/35	Required when BPR04 = BOP, ACH
		BPR16	Date	CCYYMMDD	8	EFT or Check Issue Date
77	HEADER	TRN	Reassociation Trace Number	TRN	3	
		TRN01	Trace Type Code	1 – Current Transaction Trace Numbers	1/2	
		TRN02	Reference Identification	Unique ID for the transaction	1/50	Check or EFT Trace Number
		TRN03	Originating Company Identifier	Payer's EIN	10	Payer Identifier
84	HEADER	REF	Version Identification	REF	3	
		REF01	Reference Identification Qualifier	F2	2/3	
		REF02	Version Identification Code		1/50	Version of Health PAS-Administrator used for adjudication
85	HEADER	DTM	Production Date	DTM	3	
		DTM01	Date/Time Qualifier	405 – Production	3	
86		DTM02	Date	CCYYMMDD	8	
87	1000A	N1	Payer Identification	N1	2	
		N101	Entity Identifier Code	PR – Payer	2/3	
		N102	Name		1/60	Payer Name
89	1000A	N3	Payer Address	N3	2	
		N301	Address Line1		1/55	Payer Address
90	1000A	N4	Payer City, State, ZIP Code	N4	2	
		N401	City Name		2/30	City
91		N402	State or Province Code		2	State
		N403	Postal Code		3/15	Zip Code
94	1000A	PER	Payer Business Contact Information	PER	3	
95		PER01	Contact Function Code	CX – Payers Claim Office	2	
		PER02	Name		1/60	Contact Name
		PER03	Communication Number Qualifier	TE – Telephone	2	
		PER04	Communication Number	AAABBBCCCC	1/256	Contact Number
97	1000A	PER	Payer Technical Contact Information	PER	3	

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Page #	Loop ID	Reference	Name	Codes	Length	Notes / Comments
		PER01	Contact Function Code	BL – Technical Department	2	
98		PER02	Name		1/60	Contact Name
		PER03	Communication Number Qualifier	TE – Telephone	2	
		PER04	Communication Number	AAABBBCCCC	1/256	Contact Number
102	1000B	N1	Payee Identification	N1	2	
		N101	Entity Identifier Code	PE – Payee	2/3	
		N102	Name		1/60	Provider Name
103		N103	Identification Code Qualifier	FI – Federal Taxpayer’s Identification Number; XX –National Provider ID	1/2	
		N104	Identification Code		2/80	Identification Code - NPI or Federal Tax ID
104	1000B	N3	Payee Address	N3	2	
		N301	Address Information		1/55	Address Line 1
		N302	Address Information		1/55	Address Line 2
105	1000B	N4	Payee City, State, ZIP Code	N4	2	
		N401	City Name		2/30	City
106		N402	State or Province Code		2	State
		N403	Postal Code		3/15	Zip Code
107	1000B	REF	Payee Additional Identification	REF	3	Reference Identification
		REF01	Reference Identification Qualifier	TJ – SSN or FEIN Qualifier; If N103 = XX, then PQ – Payee Identification	2/3	
108		REF02	Reference Identification		1/50	SSN or FEIN (Tax ID) if REF01 = TJ
111	2000	LX	Header Number	LX	2	
		LX01	Assigned Number		1/6	Sequential Number
123	2100	CLP	Claim Payment Information	CLP	3	Claim Level Data
		CLP01	Claim Submitter’s Identifier		1/38	Patient Control Number - CLP01 is from CLM01 of the original claim. For Pharmacy claims this will show the prescription number.
124		CLP02	Claim Status Code	1 – Processed as Primary 2 – Processed as Secondary	1/2	

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Page #	Loop ID	Reference	Name	Codes	Length	Notes / Comments
				22 – Reversal of Previous Payment		
125		CLP03	Monetary Amount		1/18	Billed amount for the claim
125		CLP04	Monetary Amount		1/18	Paid amount for the claim
		CLP05	Monetary Amount		1/18	Co-Pay Amount
126		CLP06	Claim Filing Indicator Code	MC - Medicaid	1/2	
127		CLP07	Reference Identification		1/50	Payer's Claim Internal Control Number (ICN) **See page 26 for the Molina Claim ID formats for Reversals and Adjustments
		CLP08	Facility Code Value		1/2	Place of Service
		CLP09	Claim Frequency Type Code		1	Claim Frequency Code
129	2100	CAS	Claims Adjustment	CAS	3	Claim-level Adjustment(s) (see note at end of CAS segment)
131		CAS01	Claim Adjustment Group Code	CO – Contractual Obligations OA – Other Adjustments PI – Payer Initiated Reduction PR – Patient Responsibility	1/2	
		CAS02	Claim Adjustment Reason Code		1/5	First claim adjustment reason code
132		CAS03	Monetary Amount		1/18	First claim adjustment amount
		CAS04	Quantity		1/15	First claim quantity amount (only used if related to non-covered days)
		CAS05	Claim Adjustment Reason Code		1/5	Second claim adjustment reason code
133		CAS06	Monetary Amount		1/18	Second claim adjustment amount
		CAS07	Quantity		1/15	Second claim quantity amount (only used if related to non-covered days)

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Page #	Loop ID	Reference	Name	Codes	Length	Notes / Comments
		CAS08	Claim Adjustment Reason Code		1/5	Third claim adjustment reason code
		CAS09	Monetary Amount		1/18	Third claim adjustment amount
134		CAS10	Quantity		1/15	Third claim quantity amount (only used if related to non-covered days)
		CAS11	Claim Adjustment Reason Code		1/5	Fourth claim adjustment reason code
		CAS12	Monetary Amount		1/18	Fourth claim adjustment amount
		CAS13	Quantity		1/15	Fourth claim quantity amount (only used if related to non-covered days)
135		CAS14	Claim Adjustment Reason Code		1/5	Fifth claim adjustment reason code
		CAS15	Monetary Amount		1/18	Fifth claim adjustment amount
		CAS16	Quantity		1/15	Fifth claim quantity amount (only used if related to non-covered days)
		CAS17	Claim Adjustment Reason Code		1/5	Sixth claim adjustment reason code
136		CAS18	Monetary Amount		1/18	Sixth claim adjustment amount
		CAS19	Quantity		1/15	Sixth claim quantity amount (only used if related to non-covered days)
						<i>Note: Additional CAS segments (up to 99 total) will be mapped if there are more than <u>six</u> (6) claim-level EOB codes passed.</i>
137	2100	NM1	Patient Name	NM1	3	Member's Name

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Page #	Loop ID	Reference	Name	Codes	Length	Notes / Comments
		NM101	Entity Identifier Code	QC – Patient Name	2	
138		NM102	Entity Type Qualifier	1 – Person	1	
		NM103	Name, Last		1/60	Member’s Last Name
		NM104	Name, First		1/35	Member’s First Name
		NM105	Name, Middle		1/25	Member’s Middle Name
		NM106	Not used			Not Used
		NM107	Name, Suffix		1/10	Member’s Name Suffix
139		NM108	Identification Code Qualifier	MI – Member Identification Number	1/2	
		NM109	Identification Code		2/80	Member’s Medicaid ID
146	2100	NM1	Service Provider Name	NM1	3	
147		NM101	Entity Identifier Code	82 – Rendering Provider	2/3	
		NM102	Entity Type Qualifier	1 – Person 2 – Non-Person Entity	1	
		NM103	Name, Last or Organization Name		1/60	Rendering Provider Last Name
		NM104	Name, First		1/35	Rendering Provider First Name
148		NM105	Name, Middle			
		NM106	Not used			Not used
		NM107	Name, Suffix			
		NM108	Identification code Qualifier	XX – National Provider ID MC – Medicaid Provider Number	1/2	
149		NM109	Identification Code		2/80	NPI or Provider ID
						<i>Note for TPL Claims: Information for up to three (3) Insurance Companies may be transmitted in N1 segments. If the insurance company name is not available, there will be no NM1 segments for the company. If both the company name and policy holder numbers are not available, neither</i>

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Page #	Loop ID	Reference	Name	Codes	Length	Notes / Comments
						<i>NM1 segment will be mapped.</i>
153	2100	NM1	Corrected Priority Payer Name	NM1	3	
		NM101	Entity Identifier Code	PR – Payer	2/3	
154		NM102	Entity Type Qualifier	2 – Non-Person Entity	1	
		NM103	Organization Name		1/60	Corrected Priority Payer Name
		NM104 – NM107	Not Used			Not Used
		NM108	Identification code Qualifier	PI – Payer Identification	1/2	
		NM109	Identification Code		2/80	Payer Identification Number
159		MIA	Inpatient Adjudication Information	MIA	3	Situational: used when there is(are) remark code(s) at the claim level for inpatient claims
160		MIA01	Quantity		1/15	Covered Days
		MIA02-MIA04	N/A			N/A
161		MIA05	Claim Payment Remark Code		1/18	Remark code for claim-level
		MIA06-MIA19	N/A			N/A
		MIA20-MIA23	Claim Payment Remark Code(s)			Additional remark codes, if needed
166		MOA	Outpatient Adjudication Information	MOA	3	Situational: used when there is(are) remark code(s) at the claim level for outpatient/ professional claims
		MOA01-MOA02	N/A			N/A
		MOA03-MOA07	Claim Payment Remark Code			Remark Code(s)
169		REF	Other Claim Related Identification		3	REF
		REF01	Reference Identification Qualifier	F8 – Original Reference Number	2/3	
		REF02	Reference Identification		1/50	Original Molina claim ID for reversals or adjustments
173	2100	DTM	Statement From or To	DTM	3	Claim Level Date

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Page #	Loop ID	Reference	Name	Codes	Length	Notes / Comments
			Date			Span
174		DTM01	Date/Time Qualifier	232 – “From” Date of Service 233 – “To” Date of Service	3	
		DTM02	Date	CCYYMMDD	8/8	“From” Date of Service where DTM01 = 232 “To” Date of Service where DTM01 = 233
175	2100	DTM	Coverage Expiration Date	DTM	3	
		DTM01	Date/Time Qualifier	036 – Expiration	3	
		DTM02	Date	CCYYMMDD	8	
177	2100	DTM	Claim Received Date	DTM	3	
		DTM01	Date/Time Qualifier	050 - Received	3	
		DTM02	Date	CCYYMMDD	8	
184	2100	QTY	Claim Supplemental Information Quantity	QTY	3	
		QTY01	Quantity Qualifier	CA – covered actual	2	Used to report covered days if non-zero
185		QTY02	Quantity		1/15	
186	2110	SVC	Service Payment Information	SVC	3	
187		SVC01-1	Product/Service ID Qualifier	AD – American Dental Association Codes HC – HCFA HCPCS Codes N4 – National Drug code 5-4-2 format NU – NUBC Revenue codes	2	
188		SVC01-2	Product/Service ID		1/48	Product/Service Drug code
		SVC01-3	Procedure Modifier		2	Modifier-1
189		SVC01-4	Procedure Modifier		2	Modifier-2
		SVC01-5	Procedure Modifier		2	Modifier-3
		SVC01-6	Procedure Modifier		2	Modifier-4
		SVC02	Monetary Amount		1/18	Line Item Billed Charge Amount
190		SVC03	Monetary Amount		1/18	Line Item Paid Amount
		SVC04	Product/Service ID		1/48	Revenue Code
		SVC05	Quantity		1/15	Paid Quantity (units)
193		SVC07	Quantity		1/15	Billed Quantity (units), if different from SVC05
194	2110	DTM	Service Date	DTM	3	Line Level Service Date

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Page #	Loop ID	Reference	Name	Codes	Length	Notes / Comments
195		DTM01	Date/Time Qualifier	150 – Service Period Start 151 – Service Period End 472 – Service (for single day service)	3	
		DTM02	Date	CCYYMMDD	8	Line Level Service Date
196	2110	CAS	Service Adjustment	CAS	3	See notes below
198		CAS01	Claim Adjustment Group Code	CO – Contractual Obligations OA – Other Adjustments PR – Patient Responsibility	1/2	
		CAS02	Claim Adjustment Reason Code		1/5	First adjustment reason code
199		CAS03	Monetary Amount		1/18	First adjustment amount
		CAS04	Quantity		1/15	First adjustment quantity amount (only used if units are adjusted)
		CAS05	Claim Adjustment Reason Code		1/5	Second adjustment reason code
		CAS06	Monetary Amount		1/18	Second adjustment amount
200		CAS07	Quantity		1/15	Second adjustment quantity amount (only used if units are adjusted)
		CAS08	Claim Adjustment Reason Code		1/5	Third adjustment reason code
		CAS09	Monetary Amount		1/18	Third adjustment amount
		CAS10	Quantity		1/15	Third adjustment quantity amount (only used if units are adjusted)
201		CAS11	Claim Adjustment Reason Code		1/5	Fourth adjustment reason code
		CAS12	Monetary Amount		1/18	Fourth adjustment amount
		CAS13	Quantity		1/15	Fourth adjustment quantity amount

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Page #	Loop ID	Reference	Name	Codes	Length	Notes / Comments
						(only used if units are adjusted)
202		CAS14	Claim Adjustment Reason Code		1/5	Fifth adjustment reason code
		CAS15	Monetary Amount		1/18	Fifth adjustment amount
		CAS16	Quantity		1/15	Fifth adjustment quantity amount (only used if units are adjusted)
203		CAS17	Claim Adjustment Reason Code		1/5	Sixth adjustment reason code
		CAS18	Monetary Amount		1/18	Sixth adjustment amount
		CAS19	Quantity		1/15	Sixth adjustment quantity amount (only used if units are adjusted)
						<i>Note: At a minimum, the Claim Detail CAS segment will contain the Claim Adjustment Group Code (CAS01), Claim Adjustment Code 1 (CAS02), and Adjustment Amount (CAS03). No other fields will be transmitted if there is no data.</i>
						<i>Note: A second CAS segment for the Claim Detail will be mapped if more than six (6) detail EOB codes are passed.</i>
204	2110	REF	Service Identification	REF	3	
		REF01	Reference Identification Qualifier	BB – Authorization Number	2/3	
205		REF02	Reference Identification		1/50	Authorization Number
206	2110	REF	Line Item Control Number	REF	3	
		REF01	Reference Identification Qualifier	6R – Provider Control Number	2/3	

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Page #	Loop ID	Reference	Name	Codes	Length	Notes / Comments
		REF02	Reference Identification		1/50	Line Item Control Number from the 837
209	2110	REF	Healthcare Policy Identification	REF	3	
210		REF01	Reference Identification Qualifier	0K – Policy Form Identifying Number	2/3	
		REF02	Reference Identification		1/50	Healthcare Policy Identification
211	2110	AMT	Service Supplemental Amount	AMT	3	
		AMT01	Amount Qualifier Code	B6 – Allowed Actual	1/3	
212		AMT02	Monetary Amount		1/18	Amount Allowed
215	2110	LQ	Industry Code – Health Care Remark Codes	LQ	2	
		LQ01	Code List Qualifier Code	HE – Claim Payment Remark Codes RX – NCPDP Reject/Payment Codes	1/3	
216		LQ02	Industry Code		1/30	Remark Code
217	Summary	PLB	Provider Adjustment	PLB	3	Adjustments to the total payment that are not specific to a particular claim
218		PLB01	Reference Identification		1/50	Provider’s NPI
		PLB02	Date	CCYYMMDD	8	Last Day of Current Year
219		PLB03-1	Adjustment Reason Code		2	Reason Code 1
222		PLB03-2	Reference Identification		1/50	Reference Number 1 – May be a Cash Control Number (CCN) or Internal Control Number (ICN)
223		PLB04	Monetary Amount		1/18	Adjustment Amount 1 – This field may also be “NEGATIVE PAYMENT” due to insufficient positive cash flow
		PLB05-1	Adjustment Reason Code		2	Reason Code 2
		PLB05-2	Reference Identification		1/50	Reference Number 2
224		PLB06	Monetary Amount		1/18	Adjustment Amount 2
		PLB07-1	Adjustment Reason Code		2	Reason Code 3

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Page #	Loop ID	Reference	Name	Codes	Length	Notes / Comments
		PLB07-2	Reference Identification		1/50	Reference Number 3
		PLB08	Monetary Amount		1/18	Adjustment Amount 3
225		PLB09-1	Adjustment Reason Code		2	Reason Code 4
		PLB09-2	Reference Identification		1/50	Reference Number 4
		PLB10	Monetary Amount		1/18	Adjustment Amount 4
		PLB11-1	Adjustment Reason Code		2	Reason Code 5
226		PLB11-2	Reference Identification		1/50	Reference Number 5
		PLB12	Monetary Amount		1/18	Adjustment Amount 5
		PLB13-1	Adjustment Reason Code		2	Reason Code 6
		PLB13-2	Reference Identification		1/50	Reference Number 6
227		PLB14	Monetary Amount		1/18	Adjustment Amount 6
228	TRAILER	SE	Transaction Set Trailer	SE	2/3	
		SE01	Number of Included Segments		1/10	Total number of ST thru SE segments
		SE02	Transaction Set Control Number		4/9	Must be identical to value in ST02
C.9		GE	Functional Group Trailer	GE	2	
		GE01	Number of Transaction Sets Included	1	1/6	
		GE02	Group Control Number		1/9	Must be identical to value in GS06
C.10		IEA	Interchange Control Trailer	IEA	3	
		IEA01	Number of Included Functional Groups	1	1/5	
		IEA02	Interchange Control Number		9	Must be identical to value ISA13

Note: Reversal claims are represented with an “R”, example 17179E00000R1; Adjustment (replacement) claims are represented with an “A”, example 17179E00000A1

APPENDICES

1. Implementation Checklist

The Health PAS-Online web portal user guides, contains all necessary steps for going live with Molina Healthcare in submitting specified EDI transactions, and receiving EDI responses, including the 5010 820. It also covers the following categories:

- Register for a Trading Partner ID
- Test with Molina Healthcare

The user guides can be found at:

- <https://TP-Registration.njrmis.com/SitePages/User-Guides.aspx> during Trading Partner Registration and X12 Transaction Testing
- <https://www.njrmis.com/SitePages/User-Guides.aspx> after Health PAS is fully functional

2. Business Scenarios

There are no business scenarios at this time.

3. Transmission examples

Retrieving Outbound Transactions via Secured FTP Submission

Trading Partners who receive X12 transactions via Secured FTP (file transfer protocol) may retrieve the outbound transaction from their designated secured FTP Pickup location. Molina's internal file naming convention is as follows:

<NPI or FEIN>-<Payment Date: CCYYMMDD>-<Check or EFT Number>-<Receiver ID>-<Transaction Date: CCYYMMDD>-File ID>-<Transaction Type>-txt

For example:

The outbound transaction would appear in this trading partner's FTP pickup location named:
1XXXXXXXXXX-20170101-XXXXXXXXXX- NJTPIDXXXXXXXX-20170104-005010X221A1.txt

4. Frequently Asked Questions

For answers to frequently asked questions, refer to:

- <https://TP-Registration.njrmis.com/FAQs/Forms/AllPages.aspx> during Trading Partner Registration and X12 Transaction Testing
- <https://www.njrmis.com/FAQs/Forms/AllPages.aspx> after Health PAS is fully functional

5. Change Summary

Version	Date	Author	Action/Summary of Changes
0.1	05/06/2016	Molina	Initial document
0.2	03/22/2016	Molina	Updated appendices information
0.3	06/16/2017	Molina	Updated Section 10 per ALM 2978
1.0	10/06/2017	Kari Keller	Received State approval via ALM 5392
1.1	10/06/2017	Molina	Updated Section 10 per ALM 5876 Updated Section 10 per ALM 5893
2.0	10/20/2017	Kari Keller	Received State approval via ALM 5931
2.1	10/24/2017	Molina	Updated Section 10 per ALM 6179
3.0	11/22/2017	Kari Keller	Received State approval via ALM 6294
3.1	01/29/2018	C. Garza	NJ website/email referenced in CG updated to direct user to correct address; updates are a result of ALM Action Item 7394
4.0	03/09/2018	Kari Keller	Received State approval via ALM 7546
4.1	07/26/2018	C. Garza	In the Additional Information section, the last four digits of the Molina EDI Helpdesk phone number have been updated from 605 to 6051; update is a result of document review
4.2	10/10/2018	William Vacha	Updated hyperlinks and contact information
5.0	10/15/2018	William Vacha	Received State approval via ALM 11979