Loop ID	Segment ID	Data Element	Reference Description	HIPAA Guide Name	Page #	HIPAA Usage	Medicaid Note	Medicaid Instruction
	ISA - Interchange Control Header (Mandatory) -- controlled by Translator							
	GS - Functional Group Header (Mandatory) -- controlled by Translator							
	ST - Transaction Set Header (REQUIRED) -- controlled by Translator							
	BGN - Beginning Segment (REQUIRED)							
		353	BGN01	Transaction Set Purpose Code	28	Required	Y	RI Medicaid will send "00"
		127	BGN02	Transaction Set Identifier Code	29	Required	Y	RI Medicaid will send enrollment or roster reporting date
		373	BGN03	Transaction Set Creation Date	29	Required	N	
		337	BGN04	Transaction Set Creation Time	29	Required	N	
		623	BGN05	Time Zone Code	29	Situational	X	
`		127	BGN06	Reference Identification	31	Situational	X	
		640	BGN07	Transaction Type Code	31	Not Used	X	
		306	BGN08	Action Code	31	Required	Y	RI Medicaid will send "2" for enrollment interchange or "4" for roster interchange
	REF - Transaction Set Policy Number (Situational)							
		128	REF01	Reference Identification Qualifier	32	Required	X	
		127	REF02	Master Policy Number	33	Required	X	
	DTP - File Effective Date (Situational)							
		374	DTP01	Date/Time Qualifier	34	Required	X	
		1250	DTP02	Date Time Period Format Qualifier	34	Required	X	
		1251	DTP03	Date Time Period	34	Required	X	
1000A - SPONSOR NAME								
	N1 - Sponsor Name (REQUIRED)							
		98	N101	Entity Identifier Code	35	Required	N	
		93	N102	Plan Sponsor Name	36	Situational	Y	RI Medicaid will send "Rhode Island - Medicaid Management Information System"
		66	N103	Identification Code Qualifier	36	Required	Y	RI Medicaid will send "FI"
		67	N104	Sponsor Identifier	36	Required	Y	RI Medicaid will send 9-character FEIN
1000B - PAYER								
	N1 - Payer (REQUIRED)							
		98	N101	Entity Identifier Code	37	Required	N	
		93	N102	Insurer Name	38	Situational	N	
		66	N103	Identification Code Qualifier	38	Required	Y	RI Medicaid will send "FI"
		67	N104	Insurer Identification Code	38	Required	Y	RI Medicaid will send 9-character FEIN
1100C - TPA/BROKER ACCOUNT NAME								
	N1 - TPA/Broker Name (Situational)							
		98	N101	Entity Identifier Code	39	Required	N	
		93	N102	TPA or Broker Name	40	Required	Y	RI Medicaid will send "EDS"
		66	N103	Identification Code Qualifier	40	Required	Y	RI Medicaid will send "FI"
		67	N104	TPA or Broker Identification Code	40	Required	Y	RI Medicaid will send 9-character FEIN
	ACT - TPA/Broker Account Information (Situational)							
		508	ACT01	Account Number	41	Required	X	
		93	ACT02	Name	41	Not Used	X	
		66	ACT03	Identification Code Qualifier	41	Not Used	X	
		67	ACT04	Identification Code	42	Not Used	X	
		569	ACT05	Account Number Qualifier	42	Not Used	X	
		508	ACT06	Account Number	42	Situational	X	

Loop ID	Segment ID	Data Element	Reference Description	HIPAA Guide Name	Page #	HIPAA Usage	Medicaid Note	Medicaid Instruction
2000 - MEMBER LEVEL DETAIL								(No more than 10,000 INS segments can occur in a single 834 transaction. Multiple transactions within a single interchange can be used to transfer information on larger numbers of members)
	INS - Member Level Detail (REQUIRED)							
		1073	INS01	Subscriber Indicator	44	Required	Y	RI Medicaid will send "Y"
		1069	INS02	Individual Relationship Code	44	Required	Y	RI Medicaid will send "18"
		875	INS03	Maintenance Type Code	45	Required	Y	**For Update transaction,** RI Medicaid will send "021" for additions, "001" for changes, or "024" for deletions. **For Verify transaction,** RI Medicaid will send "030."
		1203	INS04	Maintenance Reason Code	46	Situational	Y	**For Update transaction**, RI Medicaid will 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**, RI Medicaid will send "XN."
		1216	INS05	Benefit Status Code	47	Required	Y	RI Medicaid will send "A"
		1218	INS06	Medicare Plan Code	48	Situational	X	
		1219	INS07	Consolidated Omnibus Budget Reconciliation Act (COBRA) Qualifying Event Code	48	Situational	X	
		584	INS08	Employment Status Code	49	Situational	Y	RI Medicaid will send "FT"
		1220	INS09	Student Status Code	49	Situational	X	
		1073	INS10	Handicap Indicator	49	Situational	X	
		1250	INS11	Date Time Period Format Qualifier	50	Situational	X	
		1251	INS12	Insured Individual Death Date	50	Situational	X	
		1165	INS13	Confidentiality Code	50	Not Used	X	
		19	INS14	City Name	50	Not Used	X	
		156	INS15	State or Province Code	50	Not Used	X	
		26	INS16	Country Code	50	Not Used	X	
		1470	INS17	Birth Sequence Number	50	Situational	X	
	REF- Subscriber Number (REQUIRED)							**RI Medicaid will flag each insured as a Subscriber and store Head-of-House information on Loop 2100G-Responsible Person.**
		128	REF01	Reference Identification Qualifier	51	Required	N	
		127	REF02	Subscriber Identifier	52	Required	Y	RI Medicaid will send subscriber Medicaid Id
	REF - Member Policy Number (Situational)							
		128	REF01	Reference Number Qualifier	53	Required	N	
		127	REF02	Insured Group or Policy Number	53	Required	Y	RI Medicaid will send 3-character capitation code
	REF - Member Identification Number (Situational)							**(for Update transaction - Medicaid Id change only)**
		128	REF01	Reference Identification Qualifier	55	Required	Y	RI Medicaid will send "Q4"
		127	REF02	Reference Identification	56	Required	Y	RI Medicaid will send the prior Medicaid ID
	REF - Prior Coverage Months (Situational)							
		128	REF01	Reference Identification Qualifier	57	Required	X	
		127	REF02	Prior Coverage Month Count	58	Required	X	
	DTP - Member Level Dates (Situational)							**(for Update transaction only)**
		374	DTP01	Date/Time Qualifier	59	Required	Y	RI Medicaid will send "356" for additions, "303" for changes, or "357" for deletions
		1250	DTP02	Date Time Period Format Qualifier	60	Required	N	
		1251	DTP03	Status Information Effective Date	60	Required	Y	RI Medicaid will send start date for add transaction, effective date for change transactions, or stop date for delete transactions

Loop ID	Segment ID	Data Element	Reference Description	HIPAA Guide Name	Page #	HIPAA Usage	Medicaid Note	Medicaid Instruction
2100A - MEMBER NAME								
	NM1 - Member Name (REQUIRED)							
		98	NM101	Entity Identifier Code	62	Required	Y	RI Medicaid will send "IL"
		1065	NM102	Entity Type Qualifier	62	Required	N	
		1035	NM103	Name Last or Organization Name	62	Required	Y	RI Medicaid will send member last name (maximum of 15 characters)
		1036	NM104	Name First	62	Required	Y	RI Medicaid will send member first name (maximum of 11 characters)
		1037	NM105	Name Middle	62	Situational	Y	RI Medicaid will send member middle initial (1 character)
		1038	NM106	Prefix	62	Situational	X	
		1039	NM107	Suffix	62	Situational	Y	RI Medicaid will send member name suffix (maximum of 3 characters)
		66	NM108	Identification Code Qualifier	63	Situational	Y	RI Medicaid will send "ZZ"
		67	NM109	Identification Code	63	Situational	Y	RI Medicaid will send member Medicaid Id (same as Subscriber Identifier)
	PER - Member Communications Numbers (Situational)							
		366	PER01	Contact Function Code	65	Required	N	
		93	PER02	Name	65	Not Used	X	
		365	PER03	Communication Number Qualifier	65	Required	Y	RI Medicaid will send "TE"
		364	PER04	Communication Number	65	Required	Y	RI Medicaid will send 10-character member telephone number (1 of 2)
		365	PER05	Communication Number Qualifier	65	Situational	Y	RI Medicaid will send "TE"
		364	PER06	Communication Number	66	Situational	Y	RI Medicaid will send 10-character member telephone number (2of 2)
		365	PER07	Communication Number Qualifier	65	Situational	X	
		364	PER08	Communication Number	66	Situational	X	
	N3 - Member Residence Street Address (Situational)							**(for Add or Address Change transaction)**
		166	N301	Address Information	67	Required	Y	RI Medicaid will send head-of-house address (maximum of 25 characters) [1 of 2]
		166	N302	Address Information	67	Situational	Y	RI Medicaid will send head-of-house address (maximum of 25 characters) [2 of 2]
	N4 - Member Residence City, State, ZIP Code (Situational)							**(for Add or Address Change transaction)**
		19	N401	City Name	68	Required	Y	RI Medicaid will send head-of-house city name (maximum of 22 characters)
		156	N402	State or Province Code	68	Required	Y	RI Medicaid will send head-of-house state code
		116	N403	Postal Code	69	Required	Y	RI Medicaid will send head-of-house zip code (maximum of 9 characters)
		26	N404	Country Code	69	Situational	X	
		309	N405	Location Qualifier	69	Situational	X	
		310	N406	Location Identifier	69	Situational	X	
	DMG - Member Demographics (Situational)							**(for Add transaction only)**
		1250	DMG01	Date Format Qualifier	70	Required	N	
		1251	DMG02	Member Birth Date	71	Required	N	
		1068	DMG03	Gender Code	71	Required	N	
		1067	DMG04	Marital Status Code	71	Situational	X	
		1109	DMG05	Race or Ethnicity Code	72	Situational	X	
		1066	DMG06	Citizenship Status Code	72	Situational	X	
	ICM - Member Income (Situational)							
		594	ICM01	Frequency Code	73	Required	X	
		782	ICM02	Monetary Amount	74	Required	X	
		380	ICM03	Quantity	74	Situational	X	
		310	ICM04	Location Identifier	74	Situational	X	
		1214	ICM05	Salary Grade	74	Situational	X	
	AMT - Member Policy Amounts (Situational)							
		522	AMT01	Amount Qualifier Code	75	Required	X	
		782	AMT02	Monetary Amount	75	Required	X	
	HLH - Member Health Information (Situational)							
		1212	HLH01	Health-Related Code	76	Situational	X	
		65	HLH02	Height	77	Situational	X	
		81	HLH03	Weight	77	Situational	X	
	LUI - Member Language (Situational)							
		66	LUI01	Identification Code Qualifier	79	Situational	Y	RI Medicaid will send "LE"
		67	LUI02	Language Code	79	Situational	Y	RI Medicaid will send the 3-character ISO code
		352	LUI03	Language Description	79	Situational	X	
		1303	LUI04	Language Use Indicator	79	Situational	X	
2100B - INCORRECT MEMBER NAME								

Loop ID	Segment ID	Data Element	Reference Description	HIPAA Guide Name	Page #	HIPAA Usage	Medicaid Note	Medicaid Instruction
	NM1 - Incorrect Member Name (Situational)							
		98	NM101	Entity Identifier Code	81	Required	X	
		1065	NM102	Entity Type Qualifier	81	Required	X	
		1035	NM103	Name Last or Organization Name	81	Required	X	
		1036	NM104	Name First	81	Required	X	
		1037	NM105	Name Middle	81	Situational	X	
		1038	NM106	Name Prefix	81	Situational	X	
		1039	NM107	Name Suffix	81	Situational	X	
		66	NM108	Identification Code Qualifier	82	Situational	X	
		67	NM109	Identification Code	82	Situational	X	
	DMG - Incorrect Member Demographics (Situational)							
		1250	DMG01	Date Time Period Qualifier	83	Required	X	
		1251	DMG02	Date Time Period	84	Required	X	
		1068	DMG03	Gender Code	84	Required	X	
2100C - MEMBER MAILING ADDRESS								
	NM1 - Member Mailing Address (Situational)							
		98	NM101	Entity Identifier Code	86	Required	X	
		1065	NM102	Entity Type Qualifier	86	Required	X	
	N3 - Member Mail Street Address (Situational)							
		166	N301	Subscriber Address Line	87	Required	X	
		166	N302	Subscriber Address Line	87	Situational	X	
	N4 - Member Mail City, State, Zip (Situational)							
		19	N401	City Name	88	Required	X	
		156	N402	State or Province Code	88	Required	X	
		116	N403	Postal Code	88	Required	X	
		26	N404	Country Code	89	Situational	X	

Loop ID	Segment ID	Data Element	Reference Description	HIPAA Guide Name	Page #	HIPAA Usage	Medicaid Note	Medicaid Instruction
2100D - MEMBER EMPLOYER								
	NM1 - Member Employer (Situational)							
		98	NM101	Entity Identifier Code	90	Required	X	
		1065	NM102	Entity Type Qualifier	91	Required	X	
		1035	NM103	Name Last or Organization Name	91	Situational	X	
		1036	NM104	Name First	91	Situational	X	
		1037	NM105	Name Middle	91	Situational	X	
		1038	NM106	Name Prefix	91	Not Used	X	
		1039	NM107	Name Suffix	91	Situational	X	
		66	NM108	Identification Code Qualifier	91	Situational	X	
		67	NM109	Identification Code	91	Situational	X	
	PER - Member Employer Communications Numbers (Situational)							
		366	PER01	Contact Function Code	93	Required	X	
		93	PER02	Name	93	Not Used	X	
		365	PER03	Communication Number Qualifier	93	Required	X	
		364	PER04	Communication Number	93	Required	X	
		365	PER05	Communication Number Qualifier	93	Situational	X	
		364	PER06	Communication Number	94	Situational	X	
		365	PER07	Communication Number Qualifier	94	Situational	X	
		364	PER08	Communication Number	94	Situational	X	
	N3 - Member Employer Street Address (Situational)							
		166	N301	Address Information	95	Required	X	
		166	N302	Address Information	95	Situational	X	
	N4 - Member Employer City, State, ZIP (Situational)							
		19	N401	Insured Employer City Name	96	Required	X	
		156	N402	Insured Employer State Code	96	Required	X	
		116	N403	Insured Employer Postal Zone or Zip Code	97	Required	X	
		26	N404	Country Code	97	Situational	X	
2100E - MEMBER SCHOOL								
	NM1 - Member School (Situational)							
		98	NM101	Entity Identifier Code	98	Required	X	
		1065	NM102	Entity Type Qualifier	99	Required	X	
		1035	NM103	Name Last or Organization Name	99	Required	X	
	PER - Member School Communications Numbers (Situational)							
		366	PER01	Contact Function Code	101	Required	X	
		93	PER02	Name	101	Not Used	X	
		365	PER03	Communication Number Qualifier	101	Required	X	
		364	PER04	Communication Number	101	Required	X	
		365	PER05	Communication Number Qualifier	101	Situational	X	
		364	PER06	Communication Number	102	Situational	X	
		365	PER07	Communication Number Qualifier	102	Situational	X	
		364	PER08	Communication Number	102	Situational	X	
	N3 - Member School Street Address (Situational)							
		166	N301	School Address Line	103	Required	X	
		166	N302	School Address Line	103	Situational	X	
	N4 - Member School City, State, ZIP (Situational)							
		19	N401	School City Name	104	Required	X	
		156	N402	School State Code	104	Required	X	
		116	N403	School Postal Zone or Zip Code	105	Required	X	
		26	N404	Country Code	105	Situational	X	

Loop ID	Segment ID	Data Element	Reference Description	HIPAA Guide Name	Page #	HIPAA Usage	Medicaid Note	Medicaid Instruction
2100F - CUSTODIAL PARENT								
	NM1 - Custodial Parent (Situational)							
		98	NM101	Entity Identifier Code	107	Required	X	
		1065	NM102	Entity Type Qualifier	107	Required	X	
		1035	NM103	Custodial Parent Last Name	107	Required	X	
		1036	NM104	Custodial Parent First Name	107	Required	X	
		1037	NM105	Custodial Parent Middle Name	107	Situational	X	
		1038	NM106	Custodial Parent Name Prefix	107	Situational	X	
		1039	NM107	Custodial Parent Name Suffix	107	Situational	X	
		66	NM108	Identification Code Qualifier	107	Situational	X	
		67	NM109	Custodial Parent Identifier	108	Situational	X	
	PER - Custodial Parent Communications Numbers (Situational)							
		366	PER01	Contact Function Code	110	Required	X	
		93	PER02	Name	110	Not Used	X	
		365	PER03	Communication Number Qualifier	110	Required	X	
		364	PER04	Communication Number	110	Required	X	
		365	PER05	Communication Number Qualifier	110	Situational	X	
		364	PER06	Communication Number	111	Situational	X	
		365	PER07	Communication Number Qualifier	111	Situational	X	
		364	PER08	Communication Number	111	Situational	X	
	N3 - Custodial Parent Street Address (Situational)							
		166	N301	Custodial Parent Address Line	112	Required	X	
		166	N302	Custodial Parent Address Line	112	Situational	X	
	N4 - Custodial Parent City, State, ZIP (Situational)							
		19	N401	Custodial Parent City Name	113	Required	X	
		156	N402	Custodial Parent State Code	113	Required	X	
		116	N403	Custodial Parent Postal Zone or Zip Code	114	Required	X	
		26	N404	Country Code	114	Situational	X	

Loop ID	Segment ID	Data Element	Reference Description	HIPAA Guide Name	Page #	HIPAA Usage	Medicaid Note	Medicaid Instruction
2100G - RESPONSIBLE PERSON								
	NM1 - Responsible Person (Situational)							
		98	NM101	Entity Identifier Code	115	Required	Y	RI Medicaid will send "QD"
		1065	NM102	Entity Type Qualifier	116	Required	N	
		1035	NM103	Responsible Party Name Last or Organization Name	116	Required	Y	RI Medicaid will send head-of-house last name (maximum 15 characters)
		1036	NM104	Responsible Party Name First	116	Required	Y	RI Medicaid will send head-of-house first name (maximum 11 characters)
		1037	NM105	Responsible Party Name Middle	116	Situational	Y	RI Medicaid will send head-of-house middle initial (1 character)
		1038	NM106	Responsible Party Name Prefix	116	Situational	X	
		1039	NM107	Responsible Party Name Suffix	116	Situational	Y	RI Medicaid will send head-of-house name suffix (maximum 3 characters)
		66	NM108	Identification Code Qualifier	117	Situational	Y	RI Medicaid will send "ZZ"
		67	NM109	Responsible Party Identifier	117	Situational	Y	RI Medicaid will send 9-character head-of-house SSN
	PER - Responsible Person Communications Numbers (Situational)							
		366	PER01	Contact Function Code	119	Required	N	
		93	PER02	Name	119	Not Used	X	
		365	PER03	Communication Number Qualifier	119	Required	Y	RI Medicaid will send "TE"
		364	PER04	Communication Number	119	Required	Y	RI Medicaid will send 10-character member phone number (1 of 2)
		365	PER05	Communication Number Qualifier	119	Situational	Y	RI Medicaid will send "TE"
		364	PER06	Communication Number	120	Situational	Y	RI Medicaid will send 10-character member phone number (1 of 2)
		365	PER07	Communication Number Qualifier	120	Situational	X	
		364	PER08	Communication Number	120	Situational	X	
	N3 - Responsible Person Street Address (Situational)							
		166	N301	Responsible Party Address Line	121	Required	Y	RI Medicaid will send head-of-hour address (maximum 25 characters) [1 of 2]
		166	N302	Responsible Party Address Line	121	Situational	Y	RI Medicaid will send head-of-hour address (maximum 25 characters) [2 of 2]
	N4 - Responsible Person City, State, ZIP (Situational)							
		19	N401	Responsible Party City Name	122	Required	Y	RI Medicaid will send head-of-house city name (maximum of 22 characters)
		156	N402	Responsible Party State Code	122	Required	N	RI Medicaid will send head-of-house state code
		116	N403	Responsible Party Postal Zone or Zip Code	123	Required	N	RI Medicaid will send head-of-house zip code (maximum of 9 characters)
		26	N404	Country Code	123	Situational	X	
2200 - DISABILITY INFORMATION								
	DSB - Disability Information (Situational)							**(for Add transaction, if member is pregnant only)**
		1146	DSB01	Disability Type Code	124	Situational	Y	RI Medicaid will send "1" if member being added is pregnant
		380	DSB02	Quantity	125	Not Used	X	
		1149	DSB03	Occupation Code	125	Not Used	X	
		1154	DSB04	Work Intensity Code	125	Not Used	X	
		1161	DSB05	Product Option Code	125	Not Used	X	
		782	DSB06	Monetary Amount	125	Not Used	X	
		235	DSB07	Product/Service ID Qualifier	125	Situational	X	
		1137	DSB08	Medical Code Value	125	Situational	X	
	DTP - Disability Eligibility Dates (Situational)							
		374	DTP01	Date Time Qualifier	126	Required	X	
		1250	DTP02	Date Time Period Format Qualifier	126	Required	X	
		1251	DTP03	Disability Eligibility Date	127	Required	X	

Loop ID	Segment ID	Data Element	Reference Description	HIPAA Guide Name	Page #	HIPAA Usage	Medicaid Note	Medicaid Instruction
2300 - HEALTH COVERAGE								
	HD - Health Coverage (Situational)							
		875	HD01	Maintenance Type Code	128	Required	Y	**For Update transaction,** RI Medicaid will send "021" for additions or "001" for changes. **For Verify transaction,** RI Medicaid will send "030."
		1203	HD02	Maintenance Reason Code	129	Not Used	X	Field Not Used
		1205	HD03	Insurance Line Code	129	Required	Y	RI Medicaid will send "HMO"
		1204	HD04	Plan Coverage Description	130	Situational	Y	If Update-Capitation Code change transaction, RI Medicaid will send 3-character old capitation code; else, RI Medicaid will send spaces.
		1207	HD05	Coverage Level Code	130	Situational	X	
	DTP - Health Coverage Dates (REQUIRED)							**(repeats 2 times for Verify transaction)**
		374	DTP01	Date Time Qualifier	132	Required	Y	**For Update transaction**, RI Medicaid will send 1 segment with "348" for additions or "303" for changes **For Verify transaction**, RI Medicaid will send two segments, one with "348" and another with "349."
		1250	DTP02	Date Time Period Format Qualifier	133	Required	N	
		1251	DTP03	Coverage Period	133	Required	Y	**For Update transaction**, RI Medicaid will send coverage start date or stop date. **For Verify transaction**, RI Medicaid will send two segments, one with coverage start date and another with coverage stop date.
	AMT - Health Coverage Policy (Situational)							
		522	AMT01	Amount Qualifier Code	134	Required	X	
		782	AMT02	Monetary Amount	134	Required	X	
	REF - Health Coverage Policy Number (Situational)							
		128	REF01	Reference Identification Qualifier	135	Required	X	
		127	REF02	Reference Identification	136	Required	X	
	IDC - Identification Card (Situational)							
		1204	IDC01	Plan Coverage Description	137	Required	X	
		1215	IDC02	Identification Card Type Code	137	Required	X	
		380	IDC03	Identification Card Count	138	Situational	X	
		306	IDC04	Action Code	138	Situational	X	

Loop ID	Segment ID	Data Element	Reference Description	HIPAA Guide Name	Page #	HIPAA Usage	Medicaid Note	Medicaid Instruction
Loop 2310 - PROVIDER INFORMATION								**(for Add transaction only - Primary Care Provider information)**
	LX - Provider Information (Situational)							
		554	LX01	Assigned Number	139	Required	X	
	NM1 - Provider Name (REQUIRED)							
		98	NM101	Entity Identifier Code	141	Required	Y	RI Medicaid will send "P3"
		1065	NM102	Entity Type Qualifier	141	Required	Y	RI Medicaid will send "1"
		1035	NM103	Provider Last or Organization Name	141	Situational	Y	RI Medicaid will send concatenated PCP Name (12 characters) + PCP Other Information (18 characters)
		1036	NM104	Provider Name First	141	Situational	X	
		1037	NM105	Provider Name Middle	141	Situational	X	
		1038	NM106	Provider Name Prefix	141	Situational	X	
		1039	NM107	Provider Name Suffix	142	Situational	X	
		66	NM108	Identification Code Qualifier	142	Situational	X	
		67	NM109	Provider Identifier	142	Situational	X	
		706	NM110	Entity Relationship Code	142	Required	N	
	N4 - Provider City, State, ZIP Code (Situational)							
		19	N401	City Name	143	Required	X	
		156	N402	State or Province Code	143	Required	X	
		116	N403	Postal Code	144	Required	X	
		26	N404	Country Code	144	Situational	X	
		309	N405	Location Qualifier	144	Situational	X	
		310	N406	Location Identifier	144	Situational	X	
	PER - Provider Communications Numbers (Situational)							
		366	PER01	Contact Function Code	146	Required	X	
		93	PER02	Name	146	Not Used	X	
		365	PER03	Communication Number Qualifier	146	Required	X	
		364	PER04	Communication Number	146	Required	X	
		365	PER05	Communication Number Qualifier	146	Situational	X	
		364	PER06	Communication Number	146	Situational	X	
		365	PER07	Communication Number Qualifier	147	Situational	X	
		364	PER08	Communication Number	147	Situational	X	
	PLA - PCP Change Reason (Situational)							
		306	PLA01	Action Code	148	Required	X	
		98	PLA02	Entity Identifier Code	148	Required	X	
		373	PLA03	Date	148	Required	X	
		337	PLA04	Time	149	Not Used	X	
		1203	PLA05	Maintenance Reason Code	149	Required	X	

Loop ID	Segment ID	Data Element	Reference Description	HIPAA Guide Name	Page #	HIPAA Usage	Medicaid Note	Medicaid Instruction
2320 - Coordination of Benefits								**(may repeat up to 5 times; for Update-Add and Verify transactions only; for Verify transactionsn, REF, N1, & DTP segments will only be populated if third-party liability information changed since the previous roster)**
	COB - Coordination of Benefits (Situational)							
		1138	COB01	Payer Responsibility Sequence Number Code	150	Required	Y	RI Medicaid will send "U"
		127	COB02	Insured Group or Policy Number	151	Situational	Y	RI Medicaid will send third-party-liability policy number if COB03 is "1" (16 characters)
		1143	COB03	Coordination of Benefits Code	151	Required	Y	RI Medicaid will send "1" or "5"
	REF - Additional Coordination of Benefits Identifiers (Situational)							**(repeats 4 times)**
		128	REF01	Reference Identification Qualifier	152	Required	Y	RI Medicaid will send "60", "6P", "A6", or "ZZ"
		127	REF02	Reference Identification	153	Required	Y	RI Medicaid will send court-order-indicator (1 character), coverage type (2 characters), relationship code (3 characters), or policyholder SSN (9 characters), respectively.
	N1 - Other Insurance Company Name (Situational)							
		98	N101	Entity Identifier Code	154	Required	N	
		93	N102	Insurer Name	154	Situational	Y	RI Medicaid will send insurance carrier code (3 characters) + carrier name (maximum 45 characters)
		66	N103	Identification Code Qualifier	155	Situational	X	
		67	N104	Identification Code	155	Situational	X	
	DTP - Coordination of Benefits Eligibility Dates (Situational)							**(repeats 2 times)**
		374	DTP01	Date/Time Qualifier	156	Required	N	
		1250	DTP02	Date Time Period Format Qualifier	156	Required	N	
		1251	DTP03	Coordination of Benefits Date	157	Required	Y	RI Medicaid will send third-party-liability coverage start or stop date
	SE - Transaction Set Trailer (REQUIRED) -- controlled by Translator							
	GE - Functional Group Trailer (REQUIRED) -- controlled by Translator							
	Trailer Record - IEA Interchange Control Trailer -- controlled by Translator							