

# Eligibility Gateway 270/271 Payer Guide Medicaid

**Version 4010/5010**

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# Revision History

Eligibility Gateway 270/271 Medicaid Payer Availability Revision History	
Change	Date
Origination of 5010 Payer Guide	4/24/2012
Alabama Medicaid added	4/24/2012
Arkansas Medicaid added	4/24/2012
Connecticut Medicaid added	4/24/2012
Delaware Medicaid added	4/24/2012
District of Columbia Medicaid added	4/24/2012
Florida Medicaid added	4/24/2012
Georgia Medicaid added	4/24/2012
Indiana Medicaid added	4/24/2012
Kansas Medicaid added	4/24/2012
Kentucky Medicaid added	4/24/2012
Louisiana Medicaid added	4/24/2012
Massachusetts Medicaid added	4/24/2012
Michigan Medicaid added	4/24/2012
Michigan Medicaid Pending Eligibility added	4/24/2012
Minnesota Medicaid added	4/24/2012
Mississippi Medicaid added	4/24/2012
Montana Medicaid added	4/24/2012
New Jersey Medicaid added	4/24/2012
New York Medicaid added	4/24/2012
North Carolina Medicaid added	4/24/2012
Oklahoma Medicaid added	4/24/2012
Pennsylvania Medicaid added	4/24/2012
Tennessee Medicaid added	4/24/2012
Vermont Medicaid added	4/24/2012
Virginia Medicaid added	4/24/2012
Washington Medicaid added	4/24/2012
Wisconsin Medicaid added	4/24/2012
Wyoming Medicaid added	4/24/2012
South Dakota Medicaid added	6/8/2012
CT - updated search option	6/22/2012
North Dakota Medicaid	6/22/2012
Illinois Medicaid added	6/22/2012
Colorado Medicaid added	6/22/2012
DE- added additional search options	6/22/2012
West Virginia Medicaid added	6/22/2012
MN- updated search and added note	6/22/2012
Added South Carolina	8/1/2012
Added Texas	8/1/2012
Added Oregon	8/1/2012
Added Idaho	8/1/2012
Added Ohio	11/5/2012
Updated search options sequence – Texas Medicaid	11/5/2012
Added Maine	11/5/2012
Added Missouri	11/5/2012
Corrected Oregon payer ID	11/5/2012
Adjusted search types for Arkansas Medicaid 00000000695	2/16/2013
Note added to NC Medicaid AID21 regarding provider charge from the payer	2/16/2013
Reformatted payer specific content to align with ASC X12 standards to avoid duplication of standard data requirements published in the standard ASC X12 guides.	3/5/2013
Updated Ohio search options	4/14/2013
Added New Hampshire	4/14/2013

Revision History cont.

Eligibility Gateway 270/271 Medicaid Payer Availability Revision History	
Added Nevada Medicaid	6/17/2013
Added New Mexico Medicaid	6/17/2013
Added/Updated the following Medicaid payers for 5010. They were previously available payers processing 4010 transactions. They have discontinued 4010 processing and only accept 5010. California Medicaid (Medi-Cal) AIDCA added, Iowa Medicaid 00000001264, Maryland Medicaid 00000002257.	11/15/2013
Search options updated for the following payers: Nevada Medicaid, New Hampshire Medicaid, New Mexico Medicaid	11/15/2013
Updated Ohio Medicaid 00000000594 search options	11/15/2013
Update Montana Medicaid 10147 search options	11/15/2013
Added Puerto Rico Medicaid 10173	11/15/2013
Added New Payer Utah Medicaid 10648	11/15/2013
Updated search options for Nevada Medicaid - 2573	11/12/2014
Added Alaska Medicaid 11016	5/13/2015
Added Nebraska Medicaid – 10966	5/26/2015
Changed Nebraska Medicaid Payer ID from 10966 to 10182	8/28/2015
Added PacificSource Community Solutions (Medicaid) – 11091	3/9/2016
Added Texas Medicaid LTC – AIDTXLTC	3/9/2016
Added CHRISTUS Health Plan Medicaid – 11105	3/9/2016
Updated Maintenance Schedule to assure the list of payers matches the contents	3/9/2016
Correct Payer ID numbers that are incorrect and remove invalid min/max	3/14/2016
Corrected Payer ID for Nebraska Medicaid	3/25/2016
Re-verified Eligibility Date Options and updated to reflect valid options	3/25/2016
Updated search option for North Dakota Medicaid - 10157	05/06/2016
Updated Payer id for Indiana Medicaid – 10103	10/07/2016
Updated Search Options for Utah Medicaid – 10648	10/07/2016
Added Arizona Medicaid, migrated from 4010 to 5010 guide	12/30/2016
Rebranding to Conduent applied	12/30/2016
Updated search option for Delaware Medicaid – 3018	05/10/2017
Updated search option for Kansas Medicaid - 1243	05/10/2017
Updated search option for Alaska Medicaid - 11016	11/24/2017
Updated service dates: New York Medicaid 10155	11/24/2017
Updated search option for Texas Medicaid long term care - AIDTLTC	02/16/2018
Updated search option for West Virginia Medicaid - 00000000828	02/16/2018
Updated search option for Pennsylvania Medicaid - AIDPA	06/15/2018
Removed payer Puerto Rico Medicaid - 10173	06/15/2018
Updated search option for Nevada Medicaid-2573	04/12/2019
Added payer notation and segment notation for California Medicaid (Medi-Cal) – AIDCA	04/20/2021
Updated search options for New Hampshire Medicaid – 00000000022	04/20/2021
Added payer notation for New York Medicaid – 10155	04/22/2021
Updated payer search options, accepted STCs, and maintenance schedule for Nevada Medicaid – 2573	04/22/2021
Added payer notation for Alabama Medicaid – 00000000817	04/22/2021
Updated search options for Colorado Medicaid – 00000000968	04/22/2021
Updated search options for Wisconsin Medicaid – 00000000867	04/22/2021
Updated search options: Indiana Medicaid – 10103	04/22/2021
Added payer notation for Illinois Medicaid – 4812	04/22/2021
Updated search options for Pennsylvania Medicaid – AIDPA	04/22/2021
Updated search options for West Virginia Medicaid – 00000000828	04/22/2021
Updated search parameter for Ohio Medicaid – 00000000594	04/22/2021
Added payer notation for South Carolina Medicaid – 1263	04/22/2021
Added payer Hawaii Medicaid from 4010 guide with search option update	04/10/2024
Added payer notation: New Mexico Medicaid 00000001234	04/10/2024
Removed payer Texas Medicaid LTC- AIDTXLTC	04/10/2024
Updated search options Texas Medicaid- AIDTX, Wyoming Medicaid- 77046, West Virginia Medicaid- 00000000828, Maryland Medicaid-00000002257	04/10/2024

*Revision History cont.*

Eligibility Gateway 270/271 Medicaid Payer Availability Revision History	
Updated service date: Florida Medicaid- 77027	04/10/2024

# Introduction

## 5010 Compatibility

This Companion Guide documents only those connections which are currently available in end-to-end 5010 format.

## Enrollment and Data Collection

While Conduent EDI Direct does not require enrollment of your providers with us, some payers do require special enrollment. For those payers, you can work with our customer support team, and they will step you through the process of getting your providers enrolled. You can email them at [egateway@conduent.com](mailto:egateway@conduent.com). We can provide a full list of those payers.



# Payers

# Alabama Medicaid – 00000000817

Search Options			
Option	Element 1	Element 2	Element 3
Subscriber S1	Last Name	First Name	Date of Birth
Subscriber S2	SSN	Date of Birth	
Subscriber S3	Member ID		

**\*Note:** In the event of a provider validation rejection, client may want to send the provider taxonomy code. Including the Provider Taxonomy code with the NPI in the 270 request may resolve AAA\*51 errors. When NPI is enrolled with more than 1 location you may send the Medicaid Provider ID (6-9 characters in length) along with the City/State/Zip+4 in an N4 segment & Taxonomy code (Receiver Provider Taxonomy Code) in PRV\*PXC segment to mitigate errors.

Eligibility Date Options		
Past	Future	Range
1 year	No	90 days

Required		Optional	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 00000000817 Element = [NM108=PI] <b>NM109</b>	Service Type Code	1,2,4,5,6,7,8,12,13,18,20,30,33,35,40,42,45,47,48,50,51,52,53,62,65,68,73,76,80,81,82,86,88,93,98,99, A0,A3,A6,A7,A8,AB,AD,AE, AF,AG,AI,AL,BG, BH,MH,UC.  Supports multiple STC's in a single request.
NPI	Required. No notes specified.	Middle Name	Optional. No notes specified.
Last Name	S1	Medicaid Provider ID	Optional. Including Medicaid Provider Number with the NPI may resolve a AAA51 error.
First Name	S1		
Member ID	S3 Min/Max=13		
SSN	S2,S3		
Date of Birth	S3,S4		

# Alaska Medicaid – 11016

Search Options				
Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	Date of Birth
Subscriber S2	Member ID	Last Name	Date of Birth	

Eligibility Date Options		
Past	Future	Range
18 months	No	No

**Note** - AK Medicaid recommends using the Subscriber ID, Last Name, DOB search if the first name on the member ID card is only 1 letter.

Required		Optional	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 11016 Element = [NM108=PI] <b>NM109</b>	Service Type Code	30
NPI	No notes specified.		
Last Name	S1		
First Name	S1		
Member ID	S1,S2 Min/Max=16		
Date of Birth	S1		

# Arkansas Medicaid – 00000000695

## Search Options

Option	Element 1	Element 2	Element 3	
Subscriber S1	Member ID	Date of Birth		
Subscriber S2	Member ID	First Name	Date of Birth	
Subscriber S3	Member ID	Last Name	First Name	
Subscriber S4	Member ID	Date of Birth	Last Name	First Name
Subscriber S5	Last Name	First Name	Date of Birth	

## Eligibility Date Options

Past	Future	Range
1 year	No	1 year

## Required

Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 00000000695 Element = [NM108=PI] <b>NM109</b>	Service Type Code	30
NPI	Required. No notes specified.		
Last Name	S3,S4,S5		
First Name	S2,S3,S4,S5		
Member ID	S1,S2,S3,S4 Min=2 Max=12		
Date of Birth	S1,S2,S4,S5		

## Optional

# Arizona Medicaid (AHCCCS) – 869

## Search Options

Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	Date of Birth
Subscriber S2	SSN	Last Name	First Name	Date of Birth
Subscriber S3	Member ID	Date of Birth		
Subscriber S4	Last Name	First Name	Date of Birth	
Subscriber S5	Member ID	Last Name	Date of Birth	

## Eligibility Date Options

Past	Future	Range
1 year	No	Yes

Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
<b>Payer</b>					<b>Information Source Level: 2100A</b>		
Payer ID	R	5	5	AN	869	[NM108=PI] <b>NM109</b>	
<b>Provider</b>					<b>Information Receiver Level: 2100B</b>		
NPI	R	10	10	N		[NM108=XX] <b>NM109</b>	
<b>Subscriber</b>					<b>Subscriber Level: 2100C</b>		
Last Name	S1,S2,S4,S5	1	20	AN		<b>NM103</b>	
First Name	S1,S2,S4	1	10	AN		<b>NM104</b>	
Member ID	S1,S3,S5	9	9	AN		[NM108=MI] <b>NM109</b>	AHCCCS Medicaid ID
SSN	S2	9	9	N		[REF01=SY] <b>REF02</b>	
Date of Birth	S1,S2,S3,S4,S5	8	8	DT	CCYYMMDD	<b>DMG02</b>	

**Usage:** R=Required, O=Optional, S=Situational

**Data Type:** N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code

# California Medicaid (Medi-Cal) – AIDCA

## Search Options

Option	Element 1	Element 2	Element 3
Subscriber S1	Member ID	Card Issue Date	Date of Birth

**\*Note:** This element is required but is automatically populated internally by TransUnion for transactions to this payer. Do not send this segment in your 270 request.

**\*Note:** Provider's Pin (6, 7, or 8 digits) is required on all transactions

## Eligibility Date Options

Past	Future	Range
1 year	No	No

Required		Optional	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = AIDCA Element = [NM108=PI] <b>NM109</b>	Service Type Code	30
NPI	Required. No notes specified.	Service Date	Plan Date if DTP01=291
Provider PIN	Min/Max=7 CA Medicaid Provider PIN. A PIN is a six, seven or eight-digit number.		
Member ID	S1 Min/Max=13		
Date of Birth	S1		
Card Issue Date	S1 [DTP01=102]		

# CHRISTUS Health Plan Medicaid – 11105

Search Options			
Option	Element 1	Element 2	Element 3
Subscriber S1	Member ID	Date of Birth	
Subscriber S2	Member ID	Last Name	First Name
Subscriber S3	Last Name	First Name	Date of Birth

Eligibility Date Options		
Past	Future	Range
1 year	No	No

Required		Optional	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 11105 Element = [NM108=PI] <b>NM109</b>	Service Type Code	1, 12, 13, 18, 2, 20, 30, 33, 4, 40, 42, 45, 47, 48, 5, 50, 51, 52, 53, 6, 62, 65, 68, 7, 73, 76, 78, 8, 80, 81, 86, 93, 98, 99, A0, A3, AD, AE, AF, AG, BG, BH, UC
Name Last or Organization Name	Required. No notes specified.		
NPI	Required. No notes specified.		
Last Name	S2,S3		
First Name	S2,S3		
Member ID	S1,S2 Min/Max=13		
Date of Birth	S3		

# Colorado Medicaid – 00000000968

Search Options			
Option	Element 1	Element 2	Element 3
Subscriber S1	SSN	Last Name	First Name
Subscriber S2	Last Name	First Name	Date of Birth
Subscriber S3	Member ID	Date of Birth	

Eligibility Date Options		
Past	Future	Range
1 year	No	Yes

Required		Optional	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 00000000968 Element = [NM108=PI] <b>NM109</b>	Service Type Code	30
NPI	Required. No notes specified.		
Last Name	S1,S2		
First Name	S1,S2		
Member ID	S3 Min=2 Max=12		
SSN	S1		
Date of Birth	S2,S3		



# Connecticut Medicaid – 10067

Search Options				
Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	SSN		
Subscriber S2	Member ID	Date of Birth		
Subscriber S3	SSN	Last Name	First Name	Date of Birth

Eligibility Date Options		
Past	Future	Range
1 year	No	Current month

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10067 Element = [NM108=PI] <b>NM109</b>	Service Type Code	30	NPI	Situational. If NM108 = XX
Name Last or Organization Name	Required. No notes specified.			Provider ID	Min/Max=9. Situational if NM108 = SV
Member ID	S1,S2 Min/Max=9				
SSN	S1,S3				
Last Name	S3				
First Name	S3				
Date of Birth	S2,S3				

# Delaware Medicaid – 3018

## Search Options

Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	Date of Birth	
Subscriber S2	Member ID	Last Name	First Name	
Subscriber S3	Member ID	SSN		
Subscriber S4	Member ID	SSN	Date of Birth	
Subscriber S5	Member ID	Date of Birth		
Subscriber S6	Last Name	First Name	Date of Birth	
Subscriber S7	SSN	Last Name	First Name	Date of Birth
Subscriber S8	SSN	Last Name	Date of Birth	
Subscriber S9	Member ID			

## Eligibility Date Options

Past	Future	Range
1 year	No	Yes

Required		Optional	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 3018 Element = [NM108=PI] <b>NM109</b>	Middle Name	Optional. No notes specified.
Name Last or Organization Name	Required. No notes specified.	Service Type Code	30
NPI	Required. No notes specified.		
Taxonomy Code	Min=1 Max=30 Send with PRV01=LA, PRV02=ZZ		
Last Name	S1,S2,S6, S7, S8		
First Name	S2,S6, S7		
Member ID	S1,S2,S3,S4 S5,S9 Min/Max=13		
SSN	S3,S4,S7,S8		
Date of Birth	S1,S4,S5,S6 S7,S8		

# District of Columbia Medicaid – 77033

Search Options				
Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID			
Subscriber S2	SSN	Date of Birth		
Subscriber S3	SSN	Last Name	First Name	
Subscriber S4	Last Name	First Name	Date of Birth	Gender

Eligibility Date Options		
Past	Future	Range
1 year	No	No

Required		Optional	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 77033 Element = [NM108=PI] <b>NM109</b>	Middle Name	Optional. No notes specified.
Name Last or Organization Name	Required. No notes specified.	Service Type Code	30
NPI	Required. No notes specified.		
Last Name	S3,S4		
First Name	S3,S4		
Member ID	S1 Min/Max=13		
SSN	S2,S3		
Date of Birth	S2,S4		

# Florida Medicaid – 77027

Search Options				
Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID			
Subscriber S2	Card Number			
Subscriber S3	Last Name	First Name	Date of Birth	Gender
Subscriber S4	SSN	Last Name	First Name	
Subscriber S5	SSN	Date of Birth		

Eligibility Date Options		
Past	Future	Range
12 months	No	12 months

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 77027 Element = [NM108=PI] <b>NM109</b>			NPI	Situational. No notes specified.
Name Last or Organization Name	Required. No notes specified.	Service Type Code	30	Provider ID	Min/Max=9
Last Name	S3,S4				
First Name	S3,S4				
Member ID	S1 Min/Max=13				
SSN	S4,S5				
Gender	S3				
Date of Birth	S3,S5				

# Georgia Medicaid – 00000000760

## Search Options

Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID			
Subscriber S2	SSN	Date of Birth		
Subscriber S3	SSN	Last Name	First Name	
Subscriber S4	Last Name	First Name	Date of Birth	Gender

## Eligibility Date Options

Past	Future	Range
1 year	No	1 year

## Required

Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 00000000760 Element = [NM108=PI] <b>NM109</b>	Service Type Code	30
Name Last or Organization Name	Required. No notes specified.		
NPI	Required. No notes specified.		
Last Name	S3,S4		
First Name	S3,S4		
Member ID	S1 Min=2 Max=80		
SSN	SSN		
Date of Birth	Date of Birth		
Gender	Gender		

# Hawaii Medicaid – 6093

## Search Options

Option	Element 1	Element 2	Element 3	Element 4	Element 5
Subscriber S1	Member ID				
Subscriber S2	Card Control Number				
Subscriber S3	SSN				
Subscriber S4	Last Name	First Name	Date of Birth	Gender	
Subscriber S5	Last Name	First Name	Member ID	Date of Birth	Gender

**Notes:** This payer is still transacting in Version 4010

## Eligibility Date Options

Past	Future	Range
1 year	No	1 year

Element Name	Use	Min	Max	Type	Codes and Values	Element	Notes
<b>Payer</b>						<b>Information Source Level: 2100A</b>	
Payer ID	R	5	5	AN	6093	[NM108=PI] NM109	
<b>Provider</b>						<b>Information Receiver Level: 2100B</b>	
NPI	S	10	10	AN		[NM108=XX] NM109	
<b>Subscriber</b>						<b>Subscriber Level: 2100C</b>	
Last Name	S4,S5	1	35	AN		NM103	
First Name	S4,S5	1	25	AN		NM104	
						NM105	
Member ID	S1, S5	10	10	AN		[NM108=MI] NM109	
Card Control Number	S2	10	10	AN		[REF01=HJ] REF02	
SSN	S3	9	9	N		[REF01=SY] REF02	
Date of Birth	S4,S5	8	8	DT	CCYYMMDD	DMG02	
Gender	S4,S5	1	1	ID	M,F	DMG03	
Service Type Code	O	1	2	ID	30	EQ01	

**Usage:** R=Required, O=Optional, S=Situational

**Data Type:** N=Numeric, AN=Alphanumeric, DT=Date Format, ID=Identification Code

# Idaho Medicaid – 2896

## Search Options

Option	Element 1	Element 2	Element 3	
Subscriber S1	Member ID	Date of Birth		
Subscriber S2	Member ID	SSN		
Subscriber S3	Member ID	Last Name	First Name	
Subscriber S4	SSN	Last Name	First Name	
Subscriber S5	SSN	Date of Birth		
Subscriber S6	Last Name	First Name	Date of Birth	

## Eligibility Date Options

Past	Future	Range
1 year	No	Yes

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 2896 Element = [NM108=PI] <b>NM109</b>	Service Type Code	30	Provider ID	Min=9 Max=10
Name Last or Organization Name	Required. No notes specified.			NPI	Situational. No notes specified.
Last Name	S3,S4,S6				
First Name	S3,S4,S6				
Member ID	S1,S2,S3 Min=2 Max=80				
SSN	S4,S5				
Date of Birth	S1,S5,S6				

# Illinois Medicaid – 4812

## Search Options

Option	Element 1	Element 2	Element 3	
Subscriber S1	Member ID			
Subscriber S2	SSN	Last Name	First Name	
Subscriber S3	SSN	Date of Birth		
Subscriber S4	Last Name	First Name	Date of Birth	

**\*Note:** Date range cannot exceed 90 days. Inquiries made prior to the 20th of the current month will only have the ability to return eligibility information through the end of the current month. Inquiries made after the 20th of the current month will have the ability to return eligibility information through the end of the next subsequent month.

## Eligibility Date Options

Past	Future	Range
1 year	Current month	Yes, 90-day maximum

Required		Optional	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 4812 Element = [NM108=PI] <b>NM109</b>	Service Type Code	30, 32
Name Last or Organization Name	Required. No notes specified.		
NPI	Required. No notes specified.		
Last Name	S2,S4		
First Name	S2,S4		
Member ID	S1 Min=2 Max=80  Must be the Recipient's 9-digit number as it is shown on the MediPlan, All Kids or Senior Care Card		
SSN	S2,S3		
Date of Birth	S3,S4		



# Indiana Medicaid – 10103

Search Options			
Option	Element 1	Element 2	Element 3
Subscriber S1	Member ID		
Subscriber S2	Last Name	First Name	Date of Birth
Subscriber S3	SSN	Date of Birth	

Eligibility Date Options		
Past	Future	Range
No	No	Yes

Required		Optional	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10103 Element = [NM108=PI] <b>NM109</b>	Middle Name	Optional. No notes specified.
Name Last or Organization Name	Required. No notes specified.	Service Type Code	4, 12, 18, 23, 24, 25, 28, 30, 33, 34, 35, 41, 56, 71, 93, 94, 98, A8, AB, AD, AE, AF, AI, AL, AM, AO
NPI	Required. No notes specified.		
Last Name	S2		
First Name	S2		
Member ID	S1 Min/Max=12		
SSN	S3		
Date of Birth	S2,S3		

# Iowa Medicaid – 00000001264

Search Options			
Option	Element 1	Element 2	Element 3
Subscriber S1	Member ID		
Subscriber S2	SSN	Date of Birth	
Subscriber S3	Last Name	First Name	Date of Birth

Eligibility Date Options		
Past	Future	Range
3 years	No	No

Required		Optional	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 00000001264 Element = [NM108=PI] <b>NM109</b>	Service Type Code	30
Name Last or Organization Name	Required. No notes specified.		
NPI	Required. No notes specified.		
Last Name	S3		
First Name	S3		
Member ID	S1 Min/Max=9		
SSN	S2		
Date of Birth	S2, S3		

# Kansas Medicaid – 1243

Search Options			
Option	Element 1	Element 2	Element 3
Subscriber S1	Member ID		
Subscriber S2	SSN	Date of Birth	
Subscriber S3	First Name	Last Name	Date of Birth

Eligibility Date Options		
Past	Future	Range
11 months	Future dates allowed up to end of current month.	No

Required		Optional	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 1243 Element = [NM108=PI] <b>NM109</b>	Patient Account Number	Min=1 Max=30
Name Last or Organization Name	Required. No notes specified.	Service Type Code	30
NPI	Required. No notes specified.		
Last Name	S3		
First Name	S3		
Member ID	S1 Min/Max=11		
SSN	S2		
Date of Birth	S2, S3		

# Kentucky Medicaid – 00000000945

Search Options				
Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID			
Subscriber S2	SSN	Last Name	First Name	
Subscriber S3	Last Name	First Name	Date of Birth	Gender

Eligibility Date Options		
Past	Future	Range
1 year	No	Yes

Required		Optional	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 00000000945 Element = [NM108=PI] <b>NM109</b>	Middle Name	Optional. No notes specified.
Name Last or Organization Name	Required. No notes specified.	Service Type Code	30
NPI	Required. No notes specified.		
Last Name	S2,S3		
First Name	S2,S3		
Member ID	S1 Min/Max=13		
SSN	S2		
Date of Birth	S3		

# Louisiana Medicaid – 1164

Search Options			
Option	Element 1	Element 2	Element 3
Subscriber S1	Member ID	SSN	
Subscriber S2	Member ID	Last Name	First Name
Subscriber S3	Member ID	Date of Birth	
Subscriber S4	SSN	Last Name	
Subscriber S5	SSN	Date of Birth	
Subscriber S6	Last Name	First Name	Date of Birth
Subscriber S7	Card Control Number	Card Issue Date	SSN
Subscriber S8	Card Control Number	Card Issue Date	Date of Birth

Eligibility Date Options		
Past	Future	Range
1 year	Current month	No

Required		Optional	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 1164 Element = [NM108=PI] <b>NM109</b>	Middle Name	Optional. No notes specified.
Name Last or Organization Name	Required. No notes specified.	Service Type Code	30
NPI	Required. No notes specified.		
Last Name	S2,S4,S6		
First Name	S2,S4,S6		
Member ID	S1,S2,S3 Min/Max=13		
Card Control Number	S7,S8 Min/Max=16		
SSN	S4,S5		
Date of Birth	S3,S5,S6,S8		
Card Issue Date	S7,S8 Min/Max=8 CCYYMMDD		

# Maine Medicaid – 388

## Search Options

Option	Element 1	Element 2	Element 3	
Subscriber S1	Member ID			
Subscriber S2	SSN	Date of Birth		

## Eligibility Date Options

Past	Future	Range
1 year	No	1 year

Required		Optional	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 388 Element = [NM108=PI] <b>NM109</b>	Service Type Code	30
NPI	Required. No notes specified.		
Last Name	S3,S4		
First Name	S3,S4		
Member ID	S1 Min/Max=9		
SSN	S2,S3		
Date of Birth	S2,S4		

# Maryland Medicaid – 00000002257

Search Options				
Option	Element 1	Element 2	Element 3	
Subscriber S1	Member ID	Last Name		
Subscriber S2	*SSN	Last Name	First Name	
Subscriber S3	Member ID	Last Name	First Name	Date of Birth
Subscriber S4	Member ID	Last Name	First Name	

**Note:** If Medicaid Recipient ID Number is not available, a search can be performed using recipient SSN as the member number, and recipient last/first name. However, not all recipients have SSNs in their records.

**Note:** This payer requires special enrollment.

Eligibility Date Options		
Past	Future	Range
12 months	No	No

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 00000002257 Element = [NM108=PI] <b>NM109</b>	Service Type Code	30	SSN	S2. See note above. Element = [REF01=SY] <b>REF02</b>
NPI	Required. No notes specified.				
Last Name	S1, S2, S3, S4				
First Name	S2, S3, S4				
Date of Birth	S3				
Member ID	S1, S3, S4 Min/Max=11 Element = [NM108=MI] <b>NM109</b>				

# Massachusetts Medicaid – 334

Search Options				
Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID			
Subscriber S2	SSN			
Subscriber S3	Last Name	First Name	Date of Birth	Gender

Eligibility Date Options		
Past	Future	Range
48 months	No	Yes

Required		Optional	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 334 Element = [NM108=PI] <b>NM109</b>	Middle Name	Optional. No notes specified.
Name Last or Organization Name	Required. No notes specified.	Service Type Code	30
NPI	Required. No notes specified.		
Last Name	S3		
First Name	S3		
Member ID	S1 Min/Max=13		
SSN	S2		
Date of Birth	S3		
Gender	S3		



# Michigan Medicaid – 947

## Search Options

Option	Element 1	Element 2	Element 3
Subscriber S1	Member ID		
Subscriber S2	Card Control Number		
Subscriber S3	SSN	Date of Birth	
Subscriber S4	SSN	Last Name	First Name
Subscriber S5	Last Name	First Name	Date of Birth

**Notes:** This payer requires special enrollment.

## Eligibility Date Options

Past	Future	Range
3 months	Up to end of current month	3 months

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 947 Element = [NM108=PI] <b>NM109</b>	Middle Name	Optional. No notes specified.	NPI	Situational. No notes specified.
Name Last or Organization Name	Required. No notes specified.	Service Type Code	30	Provider ID	Min/Max=7
Last Name	S4,S5				
First Name	S4,S5				
Member ID	S1				
SSN	S2,S4				
Card Control Number	S2 Min=1 Max=24				
Date of Birth	S3,S4				

# Michigan Medicaid Pending Eligibility – 10392

Search Options			
Option	Element 1	Element 2	Element 3
Subscriber S1	Member ID		
Subscriber S2	SSN	Date of Birth	
Subscriber S3	SSN	Last Name	First Name
Subscriber S3	Last Name	First Name	Date of Birth

Eligibility Date Options		
Past	Future	Range
1 year	Up to the end of the current month in the future	3 months

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10392 Element = [NM108=PI] <b>NM109</b>	Middle Name	Optional. No notes specified.	NPI	National Provider ID if NM109 = XX  Provider ID if NM108 = SV.  Provider ID format = First 7 digits are Provider ID and last 2 digits are provider ID type
Name Last or Organization Name	Required. No notes specified.	Service Type Code	30	Provider ID	Min/Max=9
Last Name	S3,S4				
First Name	S3,S4				
Member ID	S1 Min/Max=13				
SSN	S2,S3				
Date of Birth	S2,S4				

# Minnesota Medicaid – 00000001257

## Search Options

Option	Element 1	Element 2	Element 3
Subscriber S1	Member ID	Date of Birth	
Subscriber S2	SSN	Date of Birth	
Subscriber S3	SSN	Last Name	First Name
Subscriber S4	Last Name	First Name	Date of Birth

**Note:** This payer may require some providers to submit additional info along with NPI, such as taxonomy code, city and zip.

## Eligibility Date Options

Past	Future	Range
1 year	No	No

Required		Optional	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 00000001257 Element = [NM108=PI] <b>NM109</b>	Middle Name	Optional. No notes specified.
Name Last or Organization Name	Required. No notes specified.	Service Type Code	30
NPI	Required. No notes specified.		
Last Name	S3,S4		
First Name	S3,S4		
Member ID	S1 Min/Max=13		
SSN	S2,S3		
Date of Birth	S1,S2,S4		

# Mississippi Medicaid – 00000000786

Search Options			
Option	Element 1	Element 2	Element 3
Subscriber S1	Member ID		
Subscriber S2	SSN	Last Name	First Name
Subscriber S3	Last Name	First Name	Date of Birth

Eligibility Date Options		
Past	Future	Range
N/A	N/A	No

Required		Optional	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 00000000786 Element = [NM108=PI] <b>NM109</b>	Middle Name	Optional. No notes specified.
Name Last or Organization Name	Required. No notes specified.	Service Type Code	30
NPI	Required. No notes specified.		
Last Name	S2,S3		
First Name	S2,S3		
Member ID	S1 Min/Max=13		
SSN	S2		
Date of Birth	S3		

# Missouri Medicaid – 00000000684

Search Options				
Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID			
Subscriber S2	SSN	Date of Birth		
Subscriber S3	Last Name	First Name	Date of Birth	
Dependent D1	Sub: Member ID	Dep: Date of Birth		

Eligibility Date Options		
Past	Future	Range
1 year	31 days	Yes

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 00000000684 Element = [NM108=PI] <b>NM109</b>	Middle Name	Optional. No notes specified.	NPI	Situational. No notes specified.
Taxonomy Code	Min=1 Max=30 Send with PRV01=LA and PRV02=ZZ	Service Type Code	30		
Last Name	S3				
First Name	S3				
Member ID	S1 Min/Max=8				
SSN	S2				
Date of Birth	S2,S3				
Dependents					
Date of Birth	D1				

# Montana Medicaid – 10147

Search Options			
Option	Element 1	Element 2	Element 3
Subscriber S1	Member ID		
Subscriber S2	Card Control Number		
Subscriber S3	Last Name	First Name	Date of Birth

Eligibility Date Options		
Past	Future	Range
1 year	Current month	No

Required		Optional	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10147 Element = [NM108=PI] <b>NM109</b>	Service Type Code	30
Name Last or Organization Name	Required. No notes specified.		
NPI	Required. No notes specified.		
Member ID	S1 Min/Max=13		
Card Control Number	S2 Min/Max=7		

# Nebraska Medicaid – 101182

Search Options				
Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	Date of Birth
Subscriber S2	SSN	Last Name	First Name	Date of Birth
Subscriber S3	Member ID			

**Note:** Enrollment is required in order to submit to this payer.

Eligibility Date Options		
Past	Future	Range
5 years	No	Current month

Required		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 101182 Element = [NM108=PI] <b>NM109</b>	Service Type Code	Operating Code Set
NPI	Required. No notes specified.		
Member ID	S1,S3 Min/Max=9		
Last Name	S1, S2		
First Name	S1, S2		
SSN	S2		
Date of Birth	S1,S2		

# Nevada Medicaid – 2573

Search Options			
Option	Element 1	Element 2	Element 3
Subscriber S1	Member ID		
Subscriber S2	SSN	Date of Birth	
Subscriber S3	Last Name	First Name	Date of Birth

Eligibility Date Options		
Past	Future	Range
1 year	Up to 1 month in the future	Date ranges allowed within the one-month range

Required		Optional	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 2573 Element = [NM108=PI] <b>NM109</b>	NPI	NPI if NM108 = XX
Member ID	S1 Min/Max=11	Service Type Code	1, 2, 4, 5, 6, 7, 8, 12, 13, 18, 20, 30, 33, 35, 40, 42, 45, 47, 48, 50, 51, 52, 53, 62, 65, 68, 73, 76, 78, 80, 81, 82, 86, 88, 93, 98, 99, A0, A3, A6, A7, A8, AD, AE, AF, AG, AI, AL, BG, BH, MH, U
Last Name	S3		
First Name	S3		
SSN	S2		
Date of Birth	S2, S3		



# New Hampshire Medicaid – 00000000022

## Search Options

Option	Element 1	Element 2	Element 3
Subscriber S1	Member ID	Last Name	First Name
Subscriber S2	Member ID	Last Name	Date of Birth
Subscriber S3	Member ID	First Name	Date of Birth
Subscriber S4	Last Name	First Name	Date of Birth

**\*Note:** Medicaid Provider ID Required in REF\*1D segment when provider has multiple specialties.

## Eligibility Date Options

Past	Future	Range
2 years	No	Yes

Required		Optional	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 00000000022 Element = [NM108=PI] <b>NM109</b>	Service Type Code	30
NPI	Required. No notes specified.	Medicaid Provider Number	Required when provider has multiple specialties (when a AAA03 code 15 is returned on a submitted NPI)
Member ID	S1, S2, S3 Min/Max=11		
Last Name	S1, S2, S4		
First Name	S1, S3, S4		
Date of Birth	S2, S3, S4		

# New Jersey Medicaid – 00000000829

## Search Options

Option	Element 1	Element 2	Element 3
Subscriber S1	Card Control Number	Date of Birth	
Subscriber S2	Member ID		
Subscriber S3	SSN	Date of Birth	
Subscriber S4	SSN	Last Name	First Name
Subscriber S5	Last Name	First Name	Date of Birth

## Eligibility Date Options

Past	Future	Range
1 year	Current month	2 months

## Required

Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 00000000829 Element = [NM108=PI] <b>NM109</b>	Middle Name	Optional. No notes specified.
NPI	Required. No notes specified.	Service Type Code	30
Last Name	S4,S5		
First Name	S4,S5		
Member ID	S2 Min/Max=13		
Card Control Number	S1 Min/Max=16		
SSN	S3,S4		
Date of Birth	S1,S3,S5		

# New Mexico Medicaid – 00000001234

## Search Options

Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID			
Subscriber S2	Last Name	First Name	Date of Birth	Gender
Subscriber S3	SSN	Last Name	First Name	
Subscriber S4	SSN	Date of Birth		

**Notes:** 270 Member Eligibility Timeframe for Providers: Provider type code 201 – 3 years retro. Provider type code 221 – 7 years retro. All other Providers – 1 year retro.

## Eligibility Date Options

Past	Future	Range
1 year	No	Yes

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 00000001234 Element = [NM108=PI] <b>NM109</b>	Service Type Code	30	NPI	Situational. No notes specified.
Member ID	S1 Min/Max=12				
Gender	S2 M = Male F = Female				
Last Name	S2, S3				
First Name	S2, S3				
SSN	S3, S4				
Date of Birth	S2, S4				

# New York Medicaid – 2935

## Search Options

Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID			
Subscriber S2	SSN	Last Name	First Name	Date of Birth

## Eligibility Date Options

Past	Future	Range
12 months	Up to end of current month	No

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 2935 Element = [NM108=PI] <b>NM109</b>	Middle Name	Optional. No notes specified.	Provider ID	Min/Max=8 Provider ID (Legacy) if NM108=SV
Last Name	S2	Service Type Code	30	NPI	National Provider ID if NM108=XX.
First Name	S2			Provider Role Code	Min/Max=2 SB Required if taxonomy submitted
Member ID	S1  Recipient ID = 8 digits Access Number = 13 digits Common Benefit ID Card Number = 19 digits  *Note: Depending on the provider's credentialing/access method, select providers are able to submit a SSN value in the NM109. Please contact the payer directly to determine if the provider is applicable.			Taxonomy Code	Min/Max=10
SSN	S2				
Date of Birth	S2				

# North Carolina Medicaid – AID21

Search Options			
Option	Element 1	Element 2	Element 3
Subscriber S1	Member ID		
Subscriber S2	SSN	Date of Birth	
Subscriber S3	Last Name	First Name	Date of Birth
Subscriber S4	SSN	Last Name	First Name

\*Please note your providers are charged separately by the state for each transaction.

Eligibility Date Options		
Past	Future	Range
12 months	No	1 year

Required		Optional	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = AID21 Element = [NM108=PI] <b>NM109</b>	Middle Name	Optional. No notes specified.
NPI	Required. No notes specified.	Service Type Code	30
Last Name	S3,S4		
First Name	S3,S4		
Member ID	S1 Min/Max=13		
SSN	S2,S4		
Date of Birth	S2,S3		

# North Dakota Medicaid – 10157

## Search Options

Option	Element 1	Element 2	Element 3	
Subscriber S1	Last Name	First Name	Member ID	
Subscriber S2	Last Name	First Name	Date of Birth	

## Eligibility Date Options

Past	Future	Range
1 year	No	No

Required		Optional	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10157 Element = [NM108=PI] <b>NM109</b>	Middle Name	Optional. No notes specified.
Name Last or Organization Name	Required. No notes specified.	Service Type Code	30
NPI	Required. No notes specified.		
Last Name	S1,S2		
First Name	S1,S2		
Member ID	S1 Min/Max=13		
Date of Birth	S1, S2		

# Ohio Medicaid – 00000000594

## Search Options

Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	Date of Birth
Subscriber S2	Member ID	Last Name	First Name	
Subscriber S3	Last Name	First Name	Date of Birth	
Subscriber S4	Member ID	Last Name	Date of Birth	
Subscriber S5	SSN	Last Name	First Name	
Subscriber S6	Member ID	Date of Birth		
Subscriber S7	Member ID	Last Name		
Subscriber S8	Member ID	SSN		
Subscriber S9	SSN	Date of Birth		

## Eligibility Date Options

Past	Future	Range
4 years	Yes	No

Required		Optional/Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 00000000594 Element = [NM108=PI] <b>NM109</b>	Service Type Code	30
Name Last or Organization Name	Required. No notes specified.	Provider ID, NPI	Provider ID if NM108 = SV NPI if NM108 = XX
Last Name	S1,S2,S3,S4,S5,S7		
First Name	S1,S2,S3,S5		
Member ID	S1,S2,S4,S6,S7 Min=2 Max=80		
SSN	S5,S8,S9		
Date of Birth	S1,S3,S4,S6,S9		

# Oklahoma Medicaid – 3411

Search Options			
Option	Element 1	Element 2	Element 3
Subscriber S1	Member ID		
Subscriber S2	SSN	Date of Birth	
Subscriber S3	Last Name	First Name	Date of Birth

Eligibility Date Options		
Past	Future	Range
Yes	Current month	13 months

Required		Optional	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 3411 Element = [NM108=PI] <b>NM109</b>	Middle Name	Optional. No notes specified.
NPI	Required. No notes specified.	Service Type Code	30
Last Name	S3		
First Name	S3		
Member ID	S1 Min/Max=13		
SSN	S2		
Date of Birth	S2,S3		



# Oregon Medicaid – 2434

Search Options			
Option	Element 1	Element 2	Element 3
Subscriber S1	Member ID	Last Name	First Name
Subscriber S2	Member ID	Date of Birth	
Subscriber S3	Last Name	First Name	Date of Birth

Eligibility Date Options		
Past	Future	Range
1 year	No	90 days

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 2434 Element = [NM108=PI] <b>NM109</b>	Service Type Code	30	Provider ID	Min/Max=7 Either NPI or Legacy ID required
Name Last or Organization Name	Required. No notes specified.			NPI	Either NPI or Legacy ID required
Last Name	Last Name				
First Name	First Name				
Member ID	Member ID Min/Max=13				
Date of Birth	Date of Birth				

# PacificSource Community Solutions (Medicaid) – 11091

Search Options				
Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Date of Birth		
Subscriber S2	Member ID	Last Name	First Name	
Subscriber S3	Last Name	First Name	Date of Birth	
Dependent D1	Sub: Member ID	Dep: Date of Birth		
Dependent D2	Sub: Member ID	Dep: Last Name	Dep: First Name	
Dependent D3	Dep: Last Name	Dep: First Name	Dep: Date of Birth	

Eligibility Date Options		
Past	Future	Range
No	No	No

Required		Optional	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 11091 Element = [NM108=PI]NM109	Service Type Code	30
Name Last or Organization	Required. No notes specified.		
NPI	Required. No notes specified.		
Last Name	S2,S3		
First Name	S2,S3		
Member ID	S1,S2, D1, D2		
Date of Birth	S1,S3		
Dependents			
Dep. Last Name	D2, D3		
Dep. First Name	D2, D3		
Dep. Date of Birth	D1, D2		

# Pennsylvania Medicaid – AIDPA

## Search Options

Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	Date of Birth
Subscriber S2	Member ID	Date of Birth		
Subscriber S3	Last Name	First Name	Date of Birth	
Subscriber S4	SSN	Date of Birth		

**Note:** When utilizing the Recipient ID only search, you must send the 12 digit ID consisting of the 10 digit recipient ID with 2 digit card issue number.

## Eligibility Date Options

Past	Future	Range
10 years	No	31 days

Required		Optional	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = AIDPA Element = [NM108=PI] <b>NM109</b>	Middle Name	Optional. No notes specified.
NPI	Required. No notes specified.	Service Type Code	1,2,4,5,6,7,8,12,13,18,20,30,33,35,40,42,45,47,48,50,51,52,53,62,68,73,76,78,80,81,82,86,88,93,98,99,A0,A3,,A6,A7,A8,AD,AE,AF,AG,AI,AL,BG,BH,MH,UC,91,92 AB
Last Name	S1, S3		
First Name	S3, S5		
Member ID	S1, S2, S5 Min/Max=12		
SSN	S4		
Date of Birth	S1, S2, S3, S4		

# South Carolina Medicaid – 1263

Search Options			
Option	Element 1	Element 2	Element 3
Subscriber S1	Member ID		
Subscriber S2	SSN	Date of Birth	
Subscriber S3	Last Name	First Name	Date of Birth

**Note:** When the member's name is included in the 270 request, it must be submitted exactly as South Carolina Medicaid has it noted in their system or you will receive an invalid response.

**Example:** If you send Smith\*John in the request, but the payer has the member listed as Smith\*John\*Michael, you will receive a AAA as the name you sent does not match their records.

Eligibility Date Options		
Past	Future	Range
1 year	No	No

Required		Optional	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 1263 Element = [NM108=PI] <b>NM109</b>	Middle Name	Optional. No notes specified.
NPI	Required. No notes specified.	Service Type Code	30
Last Name	S3		
First Name	S3		
Member ID	S1 Min/Max=13		
SSN	S2		
Date of Birth	S2,S3		

# South Dakota Medicaid – 10180

## Search Options

Option	Element 1	Element 2	Element 3
Subscriber S1	Member ID		

## Eligibility Date Options

Past	Future	Range
Yes	No	No

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10180 Element = [NM108=PI] <b>NM109</b>	Service Type Code	30	NPI	Situational. No notes specified.
Name Last or Organization Name	Required. No notes specified.			Federal Tax ID	Min/Max=9
Member ID	S1 Min=9 Max=11 SSN or TennCare ID				

# Tennessee Medicaid – 00000001139

## Search Options

Option	Element 1	Element 2	Element 3
Subscriber S1	Member ID		
Subscriber S2	SSN	Last Name	
Subscriber S3	Last Name	First Name	Date of Birth

## Eligibility Date Options

Past	Future	Range
Yes	Current	No



TennCare

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 00000001139 Element = [NM108=PI] <b>NM109</b>	Service Type Code	30	NPI	Situational. No notes specified.
Name Last or Organization Name	Required. No notes specified.			Federal Tax ID	Min/Max=9
Member ID	S1 Min=9 Max=11 SSN or TennCare ID				
Last Name	S2,S3				
First Name	S3				
Member ID	S1 Min=9 Max=11				
Date of Birth	S3				
SSN	S2				

# Texas Medicaid – AIDTX

Search Options			
Option	Element 1	Element 2	Element 3
Subscriber S1	Last Name	First Name	Date of Birth
Subscriber S2	SSN	Last Name	
Subscriber S3	SSN	Date of Birth	
Subscriber S4	Member ID	Date of Birth	

Eligibility Date Options		
Past	Future	Range
2 years	No	3 months

Required		Optional	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = AIDTX Element = [NM108=PI] <b>NM109</b>	Service Type Code	30
Name Last or Organization Name	Required. No notes specified.		
NPI	Required. No notes specified.		
Last Name	S2,S3		
First Name	S3		
Member ID	S1 Min/Max=13		
SSN	S2,S4		
Date of Birth	S3,S4		

# Texas Medicaid – AIDTXLTC

## Search Options

Option	Element 1	Element 2	Element 3	
Subscriber S1	Member ID	Last Name	First Name	Date of Birth

**\*Note** - Long Term Care only providers. Acute care providers please submit to Texas Medicaid payer ID – AIDTX. No special enrollment required.

## Eligibility Date Options

Past	Future	Range
1 year	No	No

Required		Optional	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = AIDTXLTC Element = [NM108=PI] <b>NM109</b>	Service Type Code	30
Name Last or Organization Name	Required. No notes specified.		
NPI	Required. No notes specified.		
Last Name	S1		
First Name	S1		
Member ID	S1 Min/Max=13		
SSN	S1		
Date of Birth	S1		



# Utah Medicaid – 10648

Search Options				
Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	Date of birth
Subscriber S2	Member ID	Last Name	First Name	
Subscriber S3	Last Name	First Name	Date of Birth	

**Notes:** This payer requires special enrollment.

Eligibility Date Options		
Past	Future	Range
36 months	Current month	No

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10648 Element = [NM108=PI] <b>NM109</b>	Service Type Code	Multiple STC submission allowed in a single request. 1, 2, 4, 5, 6, 7, 8, 12, 13, 18, 20, 30, 33, 35, 40, 42, 45, 47, 48, 50, 51, 52, 53, 60, 61, 62, 65, 68, 69, 73, 76, 78, 80, 81, 82, 83, 84, 86, 88, 91, 92, 93, 98, 99, A0, A3, A6, A7, A8, AD, AE, AF, AG, AI, AL, BG, BH, UC	NPI	Situational. NPI ID if NM108=XX
Name Last or Organization Name	Required. No notes specified.			Atypical Provider ID	Min=10 Max=12 Situational. Atypical Provider ID if NM108=SV
Member ID	S1,S2 Min/Max=10				
First Name	S1, S2, S3				
Last Name	S1, S2, S3				
Date of Birth	S1, S3				

# Vermont Medicaid – 10197

## Search Options

Option	Element 1	Element 2	Element 3	
Subscriber S1	Member ID			

## Eligibility Date Options

Past	Future	Range
No	9 days	Yes

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 10197 Element = [NM108=PI] <b>NM109</b>	Service Type Code	30	NPI	Situational. No notes specified.
Name Last or Organization Name	Required. No notes specified.			Provider ID	Min/Max=7
Member ID	S1 Min/Max=13				

# Virginia Medicaid – 00000001213

## Search Options

Option	Element 1	Element 2	Element 3	
Subscriber S1	Member ID			
Subscriber S2	SSN	Date of Birth		
Subscriber S3	SSN	Last Name	First Name	
Subscriber S4	Last Name	First Name	Date of Birth	

**Note:** Please refer to the provider manual for co-payment amount.

## Eligibility Date Options

Past	Future	Range
1 year	5 days	1 month

## Required

## Optional

Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 00000001213 Element = [NM108=PI] <b>NM109</b>	Middle Name	Optional. No notes specified.
Name Last or Organization Name	Required. No notes specified.	Service Type Code	30
NPI	Required. No notes specified.		
Last Name	S3,S4		
First Name	S3,S4		
Member ID	S1 Min/Max=13		
SSN	S2,S3		
Date of Birth	S2,S4		

# Washington Medicaid – 00000000693

## Search Options

Option	Element 1	Element 2	Element 3	
Subscriber S1	Member ID			
Subscriber S2	SSN	Date of Birth		
Subscriber S3	SSN	Last Name	First Name	
Subscriber S4	Last Name	First Name	Date of Birth	

**Note:** Washington Medicaid does not validate the SSN, if an invalid SSN is sent that is what will be returned regardless of eligibility.

## Eligibility Date Options

Past	Future	Range
1 year	No	60 days

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 00000000693 Element = [NM108=PI] <b>NM109</b>	Middle Name	Optional. No notes specified.	NPI	Situational. No notes specified.
Last Name	S3,S4	Service Type Code	30	Provider ID	Min/Max= 9 Use "Pay To" ID
First Name	S3,S4				
Member ID	S1 Min/Max=13				
SSN	S2,S3				
Date of Birth	S2,S4				
Member ID	S1				
SSN	S2,S3				

# West Virginia Medicaid – 00000000828

Search Options				
Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	Date of Birth
Subscriber S2	Last Name	First Name	Date of Birth	
Subscriber S3	Member ID	Date of Birth		

Eligibility Date Options		
Past	Future	Range
12 months	1 month	1 month

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 00000000828 Element = [NM108=PI] <b>NM109</b>	Service Type Code	1, 30, 33, 35, 47, 48, 50, 86, 88, 98, AL, MH, UC  Only one service type code allowed per search.	NPI	Situational. No notes specified.
Member ID	S1, S3 Min/Max=11				
Last Name	S1, S2				
First Name	S1, S2				
Date of Birth	S1, S2, S3				

# Wisconsin Medicaid – 00000000867

Search Options				
Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID			
Subscriber S2	SSN Card Control Number			
Subscriber S3	SSN	Last Name	First Name	
Subscriber S4	Last Name	First Name	Date of Birth	
Subscriber S5	SSN	Date of Birth		

**Note:** Cascading logic is performed by Wisconsin Medicaid for this inquiry. The only exception is to this rule is when an invalid Recipient ID number is used in a search.

Eligibility Date Options		
Past	Future	Range
1 year	No	Yes

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 00000000867 Element = [NM108=PI] <b>NM109</b>	Service Type Code	30	NPI	Situational. No notes specified.
Last Name	S3,S4				
First Name	S3,S4				
Card Control Number	S2				
Member ID	S1 Min/Max=10				
SSN	S3,S5				
Date of Birth	S4,S5				

# Wyoming Medicaid – 77046

## Search Options

Option	Element 1	Element 2	Element 3	Element 4
Subscriber S1	Member ID	Last Name	First Name	Date of Birth
Subscriber S2	SSN	Date of Birth		
Subscriber S3	SSN	Last Name	First Name	
Subscriber S4	Last Name	First Name	Date of Birth	

## Eligibility Date Options

Past	Future	Range
1 year	No	No

Required		Optional		Situational	
Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes	Element Name	Specific Data Requirements and/or Notes
Payer ID	Codes and Values = 77046 Element = [NM108=PI] <b>NM109</b>	Service Type Code	30	NPI	Situational. No notes specified.
NPI	Required. No notes specified.	Middle Name	Optional. No notes specified.		
Last Name	S1, S3, S4				
First Name	S1, S3, S4				
Member ID	S1 Min/Max=13				
SSN	S2, S3				
Date of Birth	S1, S2, S4				

# Payer Maintenance Schedule

Payer	Stated Downtime
Alabama Medicaid	Mon – Sun 2:00 am – 5:00 am (Central)
Alaska Medicaid	No Stated Downtime
Arkansas Medicaid	sun 12:01am –sun 10am (Central)
Arizona Medicaid (AHCCCS)	sat 1am – sat 2 am, sun 1am –sun 8am (Central) see also: <a href="ftp://www.ahcccs.state.az.us/content/notice/hplan/hplan.htm#downtime">ftp://www.ahcccs.state.az.us/content/notice/hplan/hplan.htm#downtime</a>
California Medicaid (Medi-Cal)	mon – sun 12am – 2am (Pacific)
CHRISTUS Health Plan Medical	No Stated Downtime
Colorado Medicaid	sun 12am – sun 1am (Mountain)
Connecticut Medicaid	mon 12am – 1am tue 12am – 2:30am wed 12am – 7am thur 12am – 1am fri 12 am – 1am sat 12am – 1am sun 4:55am – 7:10am, Every 2nd Sunday 1am – 8:10am, Every 3rd Saturday 12am – 3am (Eastern)
Delaware Medicaid	No Stated Downtime
District of Columbia Medicaid	Sat 12am – 2am and occasionally 12am – 5am (Eastern)
Florida Medicaid	Bi-Weekly, Friday 1:00 am – 4:00 am (Eastern)
Georgia Medicaid	thu 3:30am – thu 4:30am fri 1:00am – fri 1:30am sat 11:30pm – sun 6am (Eastern)
Hawaii Medicaid	mon – sun 4am – 6am (Central)
Idaho Medicaid	sun 12am-mon 1am (Central)
Illinois Medicaid	mon - sun 3am – 4am (Central)
Indiana Medicaid	sun 7pm – 10pm (Eastern)
Iowa Medicaid	Thurs 12am – 2am. Sun 6am – 12pm (Central)
Kansas Medicaid	tue - sat 12am – 2am, sun 6pm – 11:49pm (Central)
Kentucky Medicaid	sun 12am – sun 4am (Eastern)
Louisiana Medicaid	sat 7pm – sat 9pm (Central)
Maine Medicaid	mon – sun 3am – 3:15am (Central)
Maryland Medicaid	No Stated Downtime
Massachusetts Medicaid	tues – 5am – 7am fri 5am – 7am (Eastern)
Michigan Medicaid	No Stated Downtime
Michigan Medicaid Pending Eligibility	No Stated Downtime
Michigan MIChild	No Stated Downtime
Minnesota Medicaid	No Stated Downtime
Mississippi Medicaid	sun 12am – 1am (Central)
Missouri Medicaid	fri 12am – sat 2am, sun 12am – mon 2am, occasionally mon – fri 5:10 am – 5:30 am (Eastern)
Nebraska Medicaid	No Stated Downtime.
Nevada Medicaid	Mon – Fri 1 AM – 12:30 AM (Pacific) Sun 8 PM – 12:30 AM Mon (Pacific)
New Hampshire Medicaid	Occasionally on Sundays 12am – 5am
New Jersey Medicaid	sun 12 am – 5am (Eastern) – DHS systems updated/unavailable until Sunday at 5pm.
New Mexico Medicaid	mon 1am – mon 1:30am sat 11pm – sun 4am (Mountain)
New York Medicaid	mon – sun 12am – 2am (Eastern)
North Carolina Medicaid	1:00 a.m. to 5:00 a.m. on the first, second, fourth, and fifth Sundays of the month 1:00 a.m. to 7:00 a.m. on the third Sunday of the month. (Eastern)
North Dakota	wed 4am – wed 7am (Central)



Payer	Stated Downtime
Medicaid	
Ohio Medicaid	mon – sat 6pm – 3am; Sun 2pm – mon 12am (Eastern)
Oklahoma Medicaid	mon –fri 1am – 5am; sat 1am – sat 5am sat 7pm – sat 9pm sat 10pm – sun 12am sun 1am – sun 5am (Central)
Oregon Medicaid	No Stated Downtime
PacificSource Community Solutions (Medicaid)	No Stated Downtime
Pennsylvania Medicaid	thur 10pm – fri 2am (Eastern)
Puerto Rico Medicaid	No Stated Downtime
South Carolina Medicaid	No Stated Downtime
South Dakota Medicaid	sun 12am- sun 1am (Central)
Tennessee Medicaid	sun 12am-sun 1am sun 5am – sun 9am sun 4:30pm – sun 6:30pm monthly 1st 5am-6am (Central)
Texas Medicaid	No Stated Downtime
Texas Medicaid LTC	No Stated Downtime
Utah Medicaid	Mon-Saturday 1:00am-5:59am & Sunday 12:00am -11:59pm Mountain Time
Vermont Medicaid	sun 12am- sun 1am (Central)
Virginia Medicaid	Daily: 11pm – 2am (Eastern) Sun 4pm – 7pm (Eastern)
Washington Medicaid	No Stated Downtime
West Virginia Medicaid	mon 1am - mon 1:30am sat 11pm - sun 4am (Eastern)
Wisconsin Medicaid	sun 12am – 4am (Central)
Wisconsin Medicaid Chronic Disease Program	Mon-Thurs 4am-5am, Thurs 11:59pm-4am, Fri 4am-5am, 3rd Sat 11:30p-6am
Wisconsin Medicaid Well Woman Program	Mon-Thurs 4am-5am, Thurs 11:59pm-4am, Fri 4am-5am, 3rd Sat 11:30p-6am
Wyoming Medicaid	sat 12am – 2am, occasionally 12am – 5am (Eastern)