

| Page # | Loop ID | Reference | Name                                       | Codes                      | Length  | Notes/Comments   |
|--------|---------|-----------|--|----------------------------|---------|--|
| C-7    | None    | GS        | Functional Group Header                    |                            |         |  |
| C-8    | None    | GS08      | Version / Release                          | 005010X279A1               |         |  |
| 69     | 2100A   | NM1       | Information Source Name                    |                            |         |  |
| 69     | 2100A   | NM101     | Entity Identifier Code                     | PR                         |         | DSS will provide a response for this code only.  |
| 71     | 2100A   | NM108     | Identification Code Qualifier              | PI                         |         | All transactions should contain this designation to identify the ID established by DSS. Any transaction received without this designation will be rejected.  |
| 71     | 2100A   | NM109     | Information Source Primary Identifier      | SD48MED                    |         | All transactions should contain the ID "SD48MED" to identify the OMS as the information source. Any transaction received without this ID will be rejected.   |
| 75     | 2100B   | NM1       | Information Receiver Name                  |                            |         |  |
| 75     | 2100B   | NM101     | Entity Identifier Code                     | 1P, 2B, 80, FA, GP, P5, PR |         | Transactions containing the qualifier "36 – Employer" will be rejected.  |
| 77     | 2100B   | NM108     | Identification Code Qualifier              | XX, SV                     |         | "XX" National Provider ID (NPI) should be used. If the receiver doesn't have an NPI then "SV" the South Dakota Medicaid provider Id will be accepted.  |
| 78     | 2100B   | NM109     | Information Receiver Identification Number |                            | 7 or 10 | This element may contain the South Dakota Medicaid Provider ID or National Provider ID depending on the value in NM-108. (The returned 271 2100B NM-109 will contain both of these values if available.)         |
| 87     | 2000C   | HL        | Subscriber Level                           |                            |         | The department supports the 270/271 Eligibility Benefit Inquiry and Response Transaction set in a real time mode. Therefore, trading partners are restricted to sending only one patient request per transaction |
| 89     | 2000C   | HL04      | Hierarchical Child Code                    |                            | 0       | Dependent eligibility is not supported under Medicaid. Any eligibility verification request that contains dependent level information will be rejected.  |
| 92     | 2100C   | NM1       | Subscriber Name                            |                            |         |  |
| 95     | 2100C   | NM108     | Identification Code Qualifier              | MI                         |         | The department requires the Recipient ID on every eligibility request it receives.   |
| 96     | 2100C   | NM109     | Subscriber Primary Identifier              |                            | 9       | This element should contain the South Dakota Medicaid Recipient ID assigned to each recipient known to the DSS   |
| 122    | 2100C   | DTP       | Subscriber Date                            |                            |         |  |
| 123    | 2100C   | DTP01     | Date Time Qualifier                        |                            | 291     | Code 102 - Card Issue Date is not relevant to eligibility verification. If present, "issue" date requests are ignored.   |

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| 124    | 2110C   | EQ        | Subscriber Eligibility or Benefit Inquiry Information |       |        |  |
| 125    | 2110C   | EQ01      | Service Type Code                                     |       |        | If a request contains a Type of Service Code within the segment, the request will be treated as a normal request (30) for eligibility verification.  |
| 146    | 2000D   | HL        | Dependent Level                                       |       |        | Because every person within the South Dakota Medicaid Program is covered under his or her own Individual ID, dependent coverage is not applicable. Any request that includes dependent level information will be rejected. |