

MAXIMUS



Benefit Enrollment and Maintenance (834)

Louisiana Medicaid EDI Transaction Set Companion Guide

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Revision History

Please accept all changes to the previous version before creating a new version. This will allow the readers to quickly identify changes specific to each version.

| Date | Author | Version |
|------------|----------------|--|
| 08/17/2011 | Tina Martinez | 1.00 – Original 5010 Version 834 Guide, initial draft |
| 08/29/2011 | Tina Martinez | 1.01 – Modified Segment Data Requirements |
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| 09/20/2011 | Tina Martinez | 1.03 – Modified examples to match data sent |
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| 09/22/2011 | Tina Martinez | 1.06 – Added 2300 REF segment for Parish, Added Appendix A & B |
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| 10/20/2011 | Heather Babich | 1.10 – Changes to INS08, REF01, Added NM1 2330 |
| 10/21/2011 | Chris Diebold | 1.11 – Added Appendix C |
| 10/21/2011 | Tina Martinez | 2.00 – Reviewed and Minor Edits |
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| 10/23/2011 | Tina Martinez | 2.02 – ISA modifications |
| 10/27/2011 | Tina Martinez | 2.03 – Add 2100A LUI Segment, 2000 Ref Segment, NM110 2310 & 2100G. Minor Edits. |
| 10/31/2011 | Tina Martinez | 2.04 – 2300 |
| 11/02/2011 | Chris Diebold | 2.05 – Added Appendix D and Appendix E |
| 11/11/2011 | Tina Martinez | 2.06 – Modified |
| 11/18/2011 | Tina Martinez | 2.07 – Removal of COB |
| 11/21/2011 | Pinky Patnaik | 2.08 – Updates to GS02,INS08 and HD04 segments |
| 11/23/2011 | Pinky Patnaik | 2.09 – Added the Auto/Choice indicator to HD04 segment |
| 12/07/2011 | Anita Webb | 2.10 – Added sections example diagrams, REF*1L segment to 2000 Loop. |
| 12/08/2011 | Anita Webb | 2.11 – Editing changes after group review. Set Medicare elements to Not Sent. |
| 12/09/2011 | Anita Webb | 2.12 – Modified LOOP 1000A N103, changed to FI, N104, added value |
| 12/13/2011 | Anita Webb | 2.13 – Updated the values of the Federal Tax ID, LA Medicaid Policy number has tax id with “1” prefix. |
| 8/23/2012 | Jeff Hines | 2.14 - Replaced Appendix D with a current code cross reference. |
| 10/17/2012 | Jeff Hines | 2.15 – Per LA DHH suggestion, removed the word “can” from page 6, section 1.2 and added additional verbiage referencing section and page number for ST segment on page 11. Updated ½ in attributes column to read “1/2” on multiple pages, added “024” as a transaction type on page 26, section 2.2.23, corrected “LaHipp” to “LaHiPP” in Appendix D and corrected GS07 and GS08 segments to have a field type of “ID” instead of “DT”. |
| 10/30/2012 | Jeff Hines | 2.16 - Added Appendix G to define EDI element attributes Changed INS segment example in section 2.2.8 to better reflect data sent in production files |
| 11/28/2012 | Jeff Hines | 2.17 – Change 2300 loop HD04 segment |
| 3/8/2013 | Jeff Hines | 2.18 – Added maintenance reason code 917 to Appendix C. |
| 5/13/2013 | T. Martinez | 2.19 - Added 2700 Loop Historical Reporting |
| 6/18/2013 | Jeff Hines | 2.20 - Added mother’s ID information to 2000 loop member supplemental identifier section 2.2.11 on page 17. Added Appendix H on page 44 as a cross reference between the Recipient Header File received from Molina and where the fields are mapped in the MAXIMUS outbound 834 file. |
| 7/16/2003 | Jeff Hines | 2.21 Added verbiage regarding loop 2700 stating that the 2700 loop referenced in sections 2.28 through 2.33 on pages 29 – 32 will only be sent in the monthly recon file and not in daily files. |

| | | |
|------------|-----------------|--|
| 7/26/2013 | Jeff Hines | 2.22 – Validated the 2100A loop residential address in section 2.2.15, page 21 and the 2100C loop mailing address in section 2.2.20, page 25 are correct and in accordance with the X12 834 implementation guide. |
| 8/15/2013 | Jeff Hines | 2.23 - Added description to section 2.2.24 on page 27 that the DTP*348 coverage begin date will serve as the start date for the AC/TC reconciliation transaction. Also added note to this section that it will contain a range of coverage in the reconciliation file, not a month by month listing. Added the RX code to denote a quarterly AC/TC recon file to section 2.2.4 on page 12. |
| 5/5/2014 | Steve Marschall | 2.24 - Added2 date segments In the 2000 Loop for Member PBS begin & end dates. Segments added to section 2.2.12 on page 18. |
| 7/10/2014 | Jeff Hines | 2.25 - Added maintenance reason codes 919-926 to Appendix D. Add new cap codes to Appendix |
| 7/24/2014 | Jeff Hines | 2.26 - Change PBSBEG/END dates to new CCMBEG/END name. Functionality of dates remains the same, the names have changed per DCH. |
| 9/30/2014 | Jeff Hines | 2.27 – Updated appendix F to add new language codes |
| 1/23/2015 | Jeff Hines | 2.28 – Updated capitation code table on page 40 |
| 2/5/2015 | Jeff Hines | 2.29 – Added new HD04 layout on page 28 and addition of email address to member information on page 27 |
| 7/21/2015 | Jeff Hines | 2.30 - Added Behavioral Health and secondary capitation codes to HD04 element on page 28. |
| 8/20/2015 | Jeff Hines | 2.31 - Added verbiage regarding blank secondary cap code to HD04 element on page 29. |
| 9/20/2015 | Jeff Hines | 2.32 – Added REF*ABB segment in loop 2000 for Chisholm case manager on page 18 Added additional HD segments in loop 2300 to contain CSoC type case information on page 31 Added additional DTP segments in loop 2300 to contain CSoC admit and discharge dates on page 32 |
| 3/1/2016 | Jeff Hines | 2.33 - Remove secondary cap code verbiage for HD04 element on page 29. Added description as to why secondary cap code no longer used. |
| 5/10/2016 | Jeff Hines | 2.34 - Added closure code placement and descriptions for the HD04 element on page 29, the REF segment on pages 35&36, and appendix I with MEDS provided closure code descriptions. Added Appendix I to table of contents. |
| 7/26/2016 | Jeff Hines | 2.35 - Added closure codes to Appendix I on page 53. 142-AG Has MCARE, Long Description: Adult Group - entitlement to or enrollment for Medicare Part A or B, and 143 -AG NoDepen Covg Long Description: Adult Group - not having coverage for dependent children living in the home of a parent or caretaker relative |
| 12/2/2016 | Jeff Hines | 2.36 – Updated HD04 description on page 30 to include the renewal date, renewal code, and multiple birth indicator. Added Appendix J for renewal codes definitions and Appendix K for lockin file layout. |
| 12/12/2016 | Jeff Hines | Added renewal code descriptions. Added Appendix J for renewal codes definitions and Appendix K for lockin file layout. |

Signature Page

The following shows the understanding and agreement for the use of this document as the Louisiana EB 834 5010 Guide.

<NAME>

<Title/Role>

Date: _____

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1 Purpose

This companion guide is to be used in implementing the ASC X12N 834 Benefit Enrollment and Maintenance Set for use with the LA Enrollment Broker Project. Trading Partner specific guidelines have been added throughout this guide to assist in use for this project's Trading Partners; for further information please refer to the ASC X12N 834 (005010X220 and 005010X220A1) implementation guides.



Note: This guide is intended only as a supplement to and NOT a replacement for the ASC X12N 834 Benefit Enrollment and Maintenance Implementation Guide as mandated under HIPAA.

1.1 Background

On January 16, 2009, HHS published two final rules to adopt updated HIPAA standards; these rules are available at the Federal Register. One of these rules adopted the new X12 5010 version and set the compliance date for all covered entities to January 1, 2012.

For more information go to www.hhs.gov

1.2 Usage & Special Instructions

Each health plan will receive two types of files, Daily and Monthly Files.

Daily files are transmitted from the enrollment broker to the BAYOU Health Plan's and contain records that have passed application system edits. These transactions include enrollment, disenrollment, or change records for the health plan.

The Monthly file is the Plan's full positive file of enrollments. This file consists of clients enrolled the CCN in the given Month.

All dates are 8 character dates in the format CCYYMMDD. The only date data element that is in YYMMDD is the Interchange date data element in the ISA segment.



Both the Daily and Monthly files need to be processed to ensure that all enrollment transactions are in sync with the Louisiana Medicaid records.

1.3 Definitions

The following table includes definitions for the abbreviations and annotations in this document.

| Element | Definition | Comment |
|----------------------|---|---------|
| Segment Level | | |
| REQUIRED | Segment must be transmitted | |
| SITUATIONAL | Segment may be transmitted if data is available and supports the business or application | |
| Element Level | | |
| REQUIRED | Data element must have valid data and be transmitted | |
| SITUATIONAL | Data element may be transmitted if data is available. If another data element in the same segment exists and follows the current element the character used for missing data should be entered. | |
| NOT USED | Data elements included in the shaded areas of the Implementation Guide are NOT USED according to the standard and no attempt should be made to include these in transmissions. | |
| General | | |
| USAGE | Indicates if the Segment or Element is Required, Situational or Not Used. | |
| REF DES. | Reference designator | |
| Name | Descriptive name of the data element. | |
| Attributes | Indicates the different attributes of the segment or element. Includes the requirement designator, data type and minimum/maximum length. | |



Please review the ASC X12N Implementation Guide for detailed instructions regarding the above.

1.4 Delimiters

A delimiter is a character used to separate two data elements or components elements or it can be used to terminate a segment. Once specified in the interchange header, delimiters are not to be used in a data element value elsewhere in the interchange.

The following delimiters will be used for the Louisiana Medicaid enrollment file.

| Character | Name | Delimiter |
|-----------|----------|-----------------------------|
| * | Asterisk | Data Element Separator |
| ^ | Carat | Repetition Separator |
| : | Colon | Component Element Separator |
| ~ | Tilde | Segment Terminator |

2 Structure

The transmission of the data follows the Interchange control structure as outlined in the ASC X12N/005010X220 guide. Refer to the guide for the Transmission Control Schematic.

2.1 Transaction Set Listing

This section lists the levels, loops, and segments contained in this companion guide. The layout of the table shows the nesting of the different loops. Detailed specifications begin in section 2.2.3 (ST – Transaction Set Header)

2.1.1 Table 1 – Header

See Section 2.2.3 through 2.2.7 for detailed segment specifications.

| POS # | Segment ID | Name | Usage | Repeat | Loop | Repeat |
|-------------------------------------|------------|------------------------|-------------|--------|------|--------|
| 0100 | ST | Transaction Set Header | Required | 1 | | |
| 0200 | BGN | Beginning Segment | Required | 1 | | |
| 0400 | DPT | File Effective Date | Situational | >1 | | |
| LOOP ID – 1000A SPONSOR NAME | | | | | | |
| 0700 | N1 | Sponsor Name | Required | 1 | | 1 |
| LOOP ID – 1000B PAYER | | | | | | |
| 0700 | N1 | Payer | Required | 1 | | 1 |

2.1.2 Table 2 – Detail

See Sections 2.2.8 through 2.2.27 for detailed segment specifications.

| POS # | Segment ID | Name | Usage | Repeat | Loop | Repeat |
|---|------------|---------------------------------|-------------|--------|------|--------|
| LOOP ID – 2000 MEMBER LEVEL DETAIL | | | | | | |
| 0100 | INS | Member Level Detail | Required | 1 | | |
| 0200 | REF | Subscriber Identifier | Required | 1 | | |
| 0200 | REF | Member Supplemental Identifier | Situational | 13 | | |
| 0200 | REF | Member Policy Number | Situational | 1 | | |
| 0250 | DTP | Member Level Dates | Situational | 24 | | |
| LOOP ID – 2100A MEMBER NAME | | | | | | |
| 0300 | NM1 | Member Name | Required | 1 | | 1 |
| 0400 | PER | Member Communications Numbers | Situational | 1 | | |
| 0500 | N3 | Member Residence Street Address | Situational | 1 | | |

| POS # | Segment ID | Name | Usage | Repeat | Loop Repeat |
|---|------------|-----------------------------------|-------------|--------|-------------|
| 0600 | N4 | Member City, State, ZIP Code | Required | 1 | |
| 0800 | DMG | Member Demographics | Situational | 1 | |
| 1500 | LUI | Member Language | Situational | >1 | |
| LOOP ID – 2100C MEMBER MAILING ADDRESS | | | | | 1 |
| 0300 | NM1 | Member Mailing Address | Situational | 1 | |
| 0500 | N3 | Member Mail Street Address | Required | 1 | |
| 0600 | N4 | Member Mail City, State, ZIP Code | Required | 1 | |
| LOOP ID – 2100G RESPONSIBLE PERSON | | | | | 13 |
| 0300 | NM1 | Responsible Person | Situational | 1 | |
| LOOP ID – 2300 HEALTH COVERAGE | | | | | 99 |
| 2600 | HD | Health Coverage | Situational | 1 | |
| 2700 | DTP | Health Coverage Dates | Required | 6 | |
| 2900 | REF | Health Coverage Policy Number | Situational | 14 | |
| LOOP ID – 2310 PROVIDER INFORMATION | | | | | 30 |
| 3100 | LX | Provider Information | Situational | 1 | |
| 3200 | NM1 | Provider Name | Required | 1 | |
| 6900 | SE | Transaction Set Trailer | Required | 1 | |

2.2 834 Segment Detail

This section specifies the loops, segments, data elements, and codes used by the Louisiana EB project.

2.2.1 ISA - Interchange Control Header

| | |
|--------------------------|---|
| X12 Segment Name: | Interchange Control Header |
| X12 Purpose: | To start and identify an interchange of zero or more functional groups and interchange-related control segments |
| Segment Repeat: | 1 |
| Usage: | REQUIRED |
| Example: | ISA*00*.....*00*.....*ZZ*SUBMITTERS.ID..*30* RECEIVERS.ID...*030101*1253*^*00501*000000905*0*T*::~ |

| USAGE | REF. DES. | Name | Attributes | | | | | | |
|-----------------|--------------------------------------|---|-------------------|------------|----------|----|--------------------------------------|----------------------------------|--|
| REQUIRED | ISA01 | Authorization Information Qualifier Code identifying the type of information in the Authorization Information | M ID 2/2 | | | | | | |
| | | <table border="1"> <thead> <tr> <th>Code</th> <th>Definition</th> <th>Comments</th> </tr> </thead> <tbody> <tr> <td>00</td> <td>No Authorization Information Present</td> <td>No Meaningful Information in I02</td> </tr> </tbody> </table> | Code | Definition | Comments | 00 | No Authorization Information Present | No Meaningful Information in I02 | |
| Code | Definition | Comments | | | | | | | |
| 00 | No Authorization Information Present | No Meaningful Information in I02 | | | | | | | |
| REQUIRED | ISA02 | Authorization Information Not used but required. Fill with spaces. | M AN 10/10 | | | | | | |
| REQUIRED | ISA03 | Security Information Qualifier Code identifying the type of information in the Security Information | M ID 2/2 | | | | | | |
| | | <table border="1"> <thead> <tr> <th>Code</th> <th>Definition</th> <th>Comments</th> </tr> </thead> <tbody> <tr> <td>00</td> <td>No Security Information Present</td> <td>No Meaningful Information in I04</td> </tr> </tbody> </table> | Code | Definition | Comments | 00 | No Security Information Present | No Meaningful Information in I04 | |
| Code | Definition | Comments | | | | | | | |
| 00 | No Security Information Present | No Meaningful Information in I04 | | | | | | | |
| REQUIRED | ISA04 | Security Information Not used but required. Fill with spaces. | M AN 10/10 | | | | | | |

| USAGE | REF. DES. | Name | Attributes | | | | | | | | | |
|----------------|--|--|----------------|------------|----------|-------|--|--|---|------|--|--|
| REQUIRED | ISA05 | Interchange ID Qualifier Code indicating the system/method of code structure used to designate the sender or receiver ID element being qualified | M ID 2/2 | | | | | | | | | |
| | | <table border="1"> <thead> <tr> <th>Code</th> <th>Definition</th> <th>Comments</th> </tr> </thead> <tbody> <tr> <td>ZZ</td> <td>Mutually Defined</td> <td></td> </tr> </tbody> </table> | Code | Definition | Comments | ZZ | Mutually Defined | | | | | |
| Code | Definition | Comments | | | | | | | | | | |
| ZZ | Mutually Defined | | | | | | | | | | | |
| REQUIRED | ISA06 | Interchange Sender ID The identification code for the Louisiana Medicaid for routing data is LABAYOUHEALTH | M AN 15/15 | | | | | | | | | |
| REQUIRED | ISA07 | Interchange ID Qualifier Code indicating the system/method of code structure used to designate the sender or receiver ID element being qualified | M ID 2/2 | | | | | | | | | |
| | | <table border="1"> <thead> <tr> <th>Code</th> <th>Definition</th> <th>Comments</th> </tr> </thead> <tbody> <tr> <td>30</td> <td>US Federal Tax Identification Number</td> <td></td> </tr> </tbody> </table> | Code | Definition | Comments | 30 | US Federal Tax Identification Number | | | | | |
| Code | Definition | Comments | | | | | | | | | | |
| 30 | US Federal Tax Identification Number | | | | | | | | | | | |
| REQUIRED | ISA08 | Interchange Receiver ID The Receivers Identification code is CCN Federal Tax ID | M AN 15/15 | | | | | | | | | |
| REQUIRED | ISA09 | Interchange Date Date of the interchange | M DT 6/6 | | | | | | | | | |
| | | <table border="1"> <tr> <td>FORMAT:</td> <td>YYMMDD</td> </tr> </table> | FORMAT: | YYMMDD | | | | | | | | |
| FORMAT: | YYMMDD | | | | | | | | | | | |
| REQUIRED | ISA10 | Interchange Time Time of the interchange | M TM 4/4 | | | | | | | | | |
| | | <table border="1"> <tr> <td>FORMAT:</td> <td>HHMM</td> </tr> </table> | FORMAT: | HHMM | | | | | | | | |
| FORMAT: | HHMM | | | | | | | | | | | |
| REQUIRED | ISA11 | Repetition Separator The Repetition Separator used is ^ | M 1/1 | | | | | | | | | |
| REQUIRED | ISA12 | Interchange Control Version Number Code specifying the version number of the interchange control segments | M ID 5/5 | | | | | | | | | |
| | | <table border="1"> <thead> <tr> <th>Code</th> <th>Definition</th> <th>Comments</th> </tr> </thead> <tbody> <tr> <td>00501</td> <td>Standards Approved for Publication by ASC X12 Procedures Review Board through October 2003</td> <td></td> </tr> </tbody> </table> | Code | Definition | Comments | 00501 | Standards Approved for Publication by ASC X12 Procedures Review Board through October 2003 | | | | | |
| Code | Definition | Comments | | | | | | | | | | |
| 00501 | Standards Approved for Publication by ASC X12 Procedures Review Board through October 2003 | | | | | | | | | | | |
| REQUIRED | ISA13 | Interchange Control Number A control number assigned by the interchange sender. This number must be identical to IEA02 | M NO 9/9 | | | | | | | | | |
| REQUIRED | ISA14 | Acknowledgment Requested Code indicating sender's request for an interchange acknowledgment | M ID 1/1 | | | | | | | | | |
| | | <table border="1"> <thead> <tr> <th>Code</th> <th>Definition</th> <th>Comments</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>No Interchange Acknowledgment Requested</td> <td></td> </tr> </tbody> </table> | Code | Definition | Comments | 0 | No Interchange Acknowledgment Requested | | | | | |
| Code | Definition | Comments | | | | | | | | | | |
| 0 | No Interchange Acknowledgment Requested | | | | | | | | | | | |
| REQUIRED | ISA15 | Interchange Usage Indicator Code indicating whether data enclosed by this interchange envelope is test, production or information | M ID 1/1 | | | | | | | | | |
| | | <table border="1"> <thead> <tr> <th>Code</th> <th>Definition</th> <th>Comments</th> </tr> </thead> <tbody> <tr> <td>P</td> <td>Production</td> <td></td> </tr> <tr> <td>T</td> <td>Test</td> <td></td> </tr> </tbody> </table> | Code | Definition | Comments | P | Production | | T | Test | | |
| Code | Definition | Comments | | | | | | | | | | |
| P | Production | | | | | | | | | | | |
| T | Test | | | | | | | | | | | |
| REQUIRED | ISA16 | Component Element Separator | M 1/1 | | | | | | | | | |

| USAGE | REF. DES. | Name | Attributes |
|-------|-----------|------|------------|
|-------|-----------|------|------------|

The Component Element Separator used is :

2.2.2 GS - Functional Group Header

X12 Segment Name: Functional Group Header
X12 Purpose: To indicate the beginning of a functional group and to provide control information
Segment Repeat: 1
Usage: REQUIRED
Example: GS*BE*SENDER CODE*RECEIVER CODE*19991231*0802*1*X*005010X220A1~

| USAGE | REF. DES. | Name | Attributes | | | | | | |
|--------------|---|--|------------|------------|----------|--------------|---|--|--|
| REQUIRED | GS01 | Functional Identifier Code Code identifying a group of application related transaction sets | M ID 2/2 | | | | | | |
| | | <table border="1"> <thead> <tr> <th>Code</th> <th>Definition</th> <th>Comments</th> </tr> </thead> <tbody> <tr> <td>BE</td> <td>Benefit Enrollment and Maintenance (834)</td> <td></td> </tr> </tbody> </table> | Code | Definition | Comments | BE | Benefit Enrollment and Maintenance (834) | | |
| Code | Definition | Comments | | | | | | | |
| BE | Benefit Enrollment and Maintenance (834) | | | | | | | | |
| REQUIRED | GS02 | Application Sender's Code Sender's Identifications code is LABAYOUHEALTH | M AN 2/15 | | | | | | |
| REQUIRED | GS03 | Application Receiver's Code Code identifying party receiving transmission BAYOU Health Plan's ID Code | M AN 2/15 | | | | | | |
| REQUIRED | GS04 | Date Function Group Creation Date FORMAT: YYMMDD | M DT 8/8 | | | | | | |
| REQUIRED | GS05 | Time Creation Time FORMAT: HHMM | M TM 4/8 | | | | | | |
| REQUIRED | GS07 | Responsible Agency Code Code identifying the issuer of the standard | M ID 1/2 | | | | | | |
| | | <table border="1"> <thead> <tr> <th>Code</th> <th>Definition</th> <th>Comments</th> </tr> </thead> <tbody> <tr> <td>X</td> <td>Accredited Standards Committee X12</td> <td></td> </tr> </tbody> </table> | Code | Definition | Comments | X | Accredited Standards Committee X12 | | |
| Code | Definition | Comments | | | | | | | |
| X | Accredited Standards Committee X12 | | | | | | | | |
| REQUIRED | GS08 | Version / Release / Industry Identifier Code | M ID 1/2 | | | | | | |
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| 005010X220A1 | Standards Approved for Publication by ASC X12 Procedures Review Board | | | | | | | | |

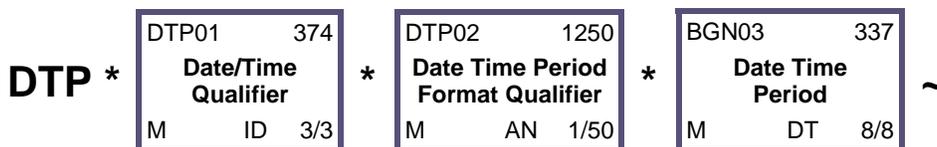
2.2.3 ST - Transaction Set Header

X12 Segment Name: Transaction Set Header
X12 Purpose: To indicate the start of a transaction set and to assign a control number
Segment Repeat: 1
Usage: REQUIRED
Example: ST*834*0001*005010X220A1~

| Usage | REF. DES. | Name | Attributes | | | | | | | | | | | | |
|--------------------|---------------|--|------------------|------------|----------|----|---------------|--|---|--------|---|----|-------------|--|--|
| | | FORMAT: CCYYMMDD | | | | | | | | | | | | | |
| REQUIRED | BGN04 | Time Transaction set creation time | M TM 4/8 | | | | | | | | | | | | |
| | | FORMAT: HHMMSS | | | | | | | | | | | | | |
| SITUATIONAL | BGN05 | Time Code Time Zone | O ID 2/2 | | | | | | | | | | | | |
| | | <table border="1"> <thead> <tr> <th>Code</th> <th>Definition</th> <th>Comments</th> </tr> </thead> <tbody> <tr> <td>CT</td> <td>Central Time</td> <td></td> </tr> </tbody> </table> | Code | Definition | Comments | CT | Central Time | | | | | | | | |
| Code | Definition | Comments | | | | | | | | | | | | | |
| CT | Central Time | | | | | | | | | | | | | | |
| SITUATIONAL | BGN06 | Reference Identification Not Used | O AN 1/50 | | | | | | | | | | | | |
| NOT USED | BGN07 | Transaction Type Code Not Used | O ID 1/50 | | | | | | | | | | | | |
| REQUIRED | BGN08 | Action Code Code indicating type of action | O ID 1/2 | | | | | | | | | | | | |
| | | <table border="1"> <thead> <tr> <th>Code</th> <th>Definition</th> <th>Comments</th> </tr> </thead> <tbody> <tr> <td>2</td> <td>Change/Update</td> <td>Used to identify a transaction of additions, terminations and changes to the current enrollment.</td> </tr> <tr> <td>4</td> <td>Verify</td> <td>Used to identify a full enrollment transaction to verify that the sponsor's and payer's systems are synchronized.</td> </tr> <tr> <td>RX</td> <td>AC/TC Recon</td> <td>Quarterly reconciliation of AC/TC history.</td> </tr> </tbody> </table> | Code | Definition | Comments | 2 | Change/Update | Used to identify a transaction of additions, terminations and changes to the current enrollment. | 4 | Verify | Used to identify a full enrollment transaction to verify that the sponsor's and payer's systems are synchronized. | RX | AC/TC Recon | Quarterly reconciliation of AC/TC history. | |
| Code | Definition | Comments | | | | | | | | | | | | | |
| 2 | Change/Update | Used to identify a transaction of additions, terminations and changes to the current enrollment. | | | | | | | | | | | | | |
| 4 | Verify | Used to identify a full enrollment transaction to verify that the sponsor's and payer's systems are synchronized. | | | | | | | | | | | | | |
| RX | AC/TC Recon | Quarterly reconciliation of AC/TC history. | | | | | | | | | | | | | |

2.2.5 DTP – File Effective Date

X12 Segment Name: Date or Time or Period
X12 Purpose: To specify any or all of a date, a time, or a time period
Segment Repeat: >1
Usage: SITUATIONAL
Example: DTP*007*D8*19960101~

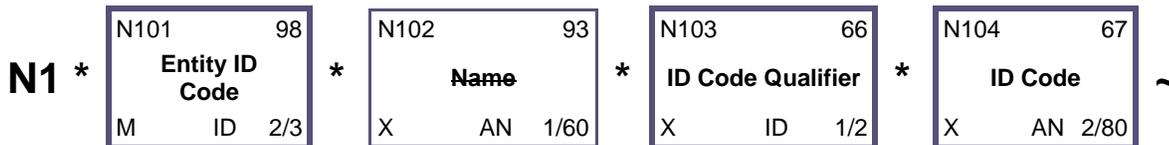


| Usage | REF. DES. | Name | Attributes | | | | | | |
|-----------------|--------------|---|-----------------|------------|----------|-----|-----------|--|--|
| REQUIRED | DTP01 | Date/Time Qualifier Code specifying type of date or time, or both date and time | M ID 3/3 | | | | | | |
| | | <table border="1"> <thead> <tr> <th>Code</th> <th>Definition</th> <th>Comments</th> </tr> </thead> <tbody> <tr> <td>007</td> <td>Effective</td> <td></td> </tr> </tbody> </table> | Code | Definition | Comments | 007 | Effective | | |
| Code | Definition | Comments | | | | | | | |
| 007 | Effective | | | | | | | | |
| REQUIRED | DTP02 | Date Time Period Format Qualifier Code indicating the date format, time format, or date and time format | M ID 2/3 | | | | | | |

| Usage | REF. DES. | Name | Attributes | | | | | | |
|-----------------|-----------------------------------|--|------------------|------------|----------|----|-----------------------------------|--|--|
| | | <table border="1"> <thead> <tr> <th>Code</th> <th>Definition</th> <th>Comments</th> </tr> </thead> <tbody> <tr> <td>D8</td> <td>Date Expressed in Format CCYYMMDD</td> <td></td> </tr> </tbody> </table> | Code | Definition | Comments | D8 | Date Expressed in Format CCYYMMDD | | |
| Code | Definition | Comments | | | | | | | |
| D8 | Date Expressed in Format CCYYMMDD | | | | | | | | |
| REQUIRED | DTP03 | Date Time Period Expression of a date. | M AN 1/35 | | | | | | |

2.2.6 N1 – Sponsor Name

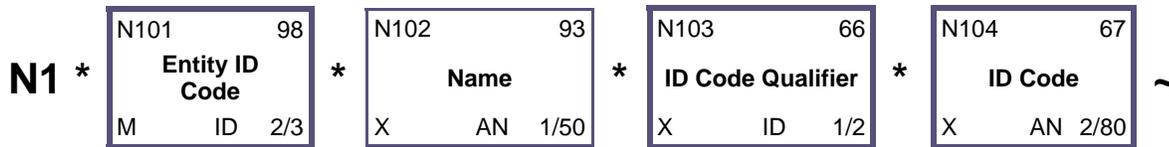
X12 Segment Name: Party Identification
X12 Purpose: To identify a party by type of organization, name, and code
Loop: 1000A
Loop Repeat: 1
Segment Repeat: 1
Usage: REQUIRED
Example: N1 * P5 * * 24 * 12356799~



| Usage | REF. DES. | Name | Attributes | | | | | | |
|--------------------|--|---|------------------|------------|----------|----|--|--|--|
| REQUIRED | N101 | Entity Identifier Code Code identifying an organizational entity, a physical location, property or an individual | M ID 2/3 | | | | | | |
| | | <table border="1"> <thead> <tr> <th>Code</th> <th>Definition</th> <th>Comments</th> </tr> </thead> <tbody> <tr> <td>P5</td> <td>Plan Sponsor</td> <td></td> </tr> </tbody> </table> | Code | Definition | Comments | P5 | Plan Sponsor | | |
| Code | Definition | Comments | | | | | | | |
| P5 | Plan Sponsor | | | | | | | | |
| SITUATIONAL | N102 | Name Not Sent | X AN 1/60 | | | | | | |
| REQUIRED | N103 | Identification Code Qualifier | X ID 1/2 | | | | | | |
| | | <table border="1"> <thead> <tr> <th>Code</th> <th>Definition</th> <th>Comments</th> </tr> </thead> <tbody> <tr> <td>FI</td> <td>Federal Taxpayer's Identification Number</td> <td></td> </tr> </tbody> </table> | Code | Definition | Comments | FI | Federal Taxpayer's Identification Number | | |
| Code | Definition | Comments | | | | | | | |
| FI | Federal Taxpayer's Identification Number | | | | | | | | |
| REQUIRED | N104 | Identification Code Identification Code sent 726011595 | X AN 2/80 | | | | | | |

2.2.7 N1 – Payer

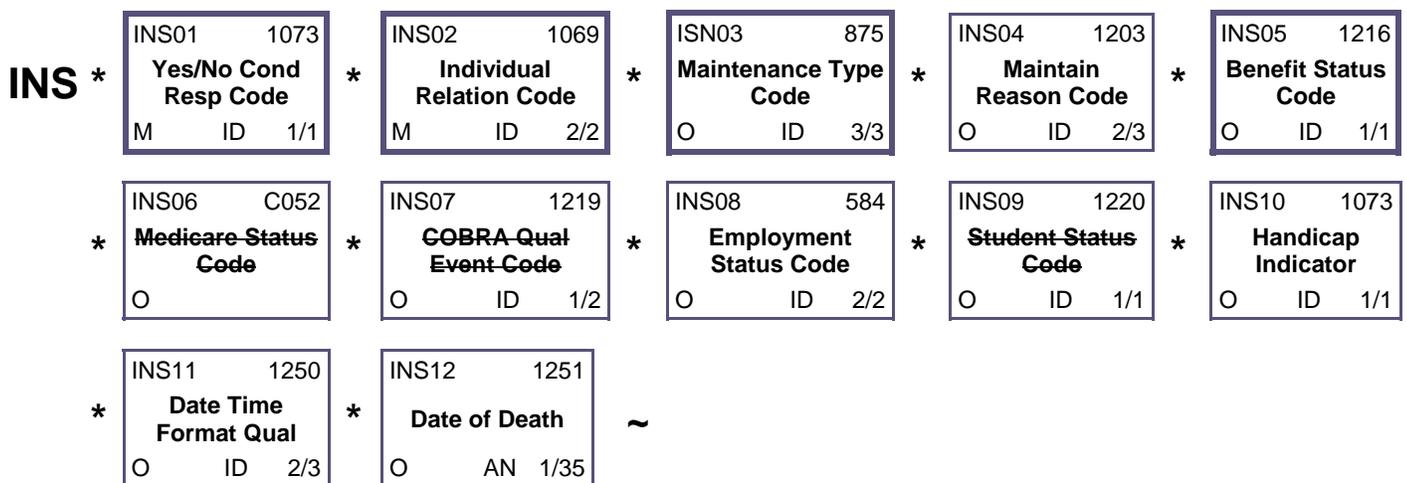
X12 Segment Name: Party Identification
X12 Purpose: To identify a party by type of organization, name, and code
Loop: 1000B
Loop Repeat: 1
Segment Repeat: 1
Usage: REQUIRED
Example: N1 * IN * * FI * 12356789~



| Usage | REF. DES. | Name | Attributes | | | | | | |
|--------------------|--|---|------------------|------------|----------|----|--|--|--|
| REQUIRED | N101 | Entity Identifier Code Code identifying an organizational entity, a physical location, property or an individual | M ID 2/3 | | | | | | |
| | | <table border="1"> <thead> <tr> <th>Code</th> <th>Definition</th> <th>Comments</th> </tr> </thead> <tbody> <tr> <td>IN</td> <td>Insurer</td> <td></td> </tr> </tbody> </table> | Code | Definition | Comments | IN | Insurer | | |
| Code | Definition | Comments | | | | | | | |
| IN | Insurer | | | | | | | | |
| SITUATIONAL | N102 | Name Not Used | X AN 1/60 | | | | | | |
| REQUIRED | N103 | Identification Code Qualifier | X ID 1/2 | | | | | | |
| | | <table border="1"> <thead> <tr> <th>Code</th> <th>Definition</th> <th>Comments</th> </tr> </thead> <tbody> <tr> <td>FI</td> <td>Federal Taxpayer's Identification Number</td> <td></td> </tr> </tbody> </table> | Code | Definition | Comments | FI | Federal Taxpayer's Identification Number | | |
| Code | Definition | Comments | | | | | | | |
| FI | Federal Taxpayer's Identification Number | | | | | | | | |
| REQUIRED | N104 | Identification Code Identification Code sent BAYOU HEALTH PLAN's Federal Tax ID | X AN 2/80 | | | | | | |

2.2.8 INS – Member Level Detail

X12 Segment Name: Insured Benefit
X12 Purpose: To provide benefit information on insured entities
Loop: 2000 - Member Level Detail
Loop Repeat: > 1
Segment Repeat: 1
Usage: REQUIRED
Example: INS*Y*18*024*XT*A***AC**N~



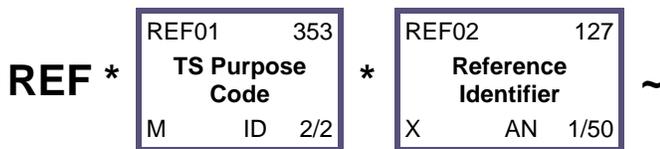
| Usage | REF. DES. | Name | Attributes |
|-----------------|--------------|-------------------------|-----------------|
| REQUIRED | INS01 | Member Indicator | M ID 1/1 |

| Usage | REF. DES. | Name | Attributes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--------------------|--------------------------------------|--|-----------------|------------|----------|-----|--------|--|-----|-------------------------|---|-----|-----------------------|--|-----|-------------------------------------|--|----|-------------------|--|----|---------------------------------|--|----|-----------------|--|----|--------------------------------------|--|----|--------------------------|--|----|-------------------|--|----|----------|--|--|
| | | Indicates the person is a subscriber (all records for Medicaid are subscribers). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | <table border="1"> <thead> <tr> <th>Code</th> <th>Definition</th> <th>Comments</th> </tr> </thead> <tbody> <tr> <td>Y</td> <td>Yes</td> <td>Indicates the person is a subscriber</td> </tr> </tbody> </table> | Code | Definition | Comments | Y | Yes | Indicates the person is a subscriber | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Code | Definition | Comments | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Y | Yes | Indicates the person is a subscriber | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| REQUIRED | INS02 | Individual Relationship Code | M ID 2/2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Code indicating the relationship between two individual entities. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | <table border="1"> <thead> <tr> <th>Code</th> <th>Definition</th> <th>Comments</th> </tr> </thead> <tbody> <tr> <td>18</td> <td>Self</td> <td>Value 18 must be used for a subscriber</td> </tr> </tbody> </table> | Code | Definition | Comments | 18 | Self | Value 18 must be used for a subscriber | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Code | Definition | Comments | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 18 | Self | Value 18 must be used for a subscriber | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| REQUIRED | INS03 | Implementation Convention Reference Maintenance Type Code | O ID 3/3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Code identifying the specific type of item maintenance | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | <table border="1"> <thead> <tr> <th>Code</th> <th>Definition</th> <th>Comments</th> </tr> </thead> <tbody> <tr> <td>001</td> <td>Change</td> <td></td> </tr> <tr> <td>021</td> <td>Addition</td> <td></td> </tr> <tr> <td>024</td> <td>Cancel or Termination</td> <td></td> </tr> <tr> <td>030</td> <td>Audit or Compare</td> <td></td> </tr> </tbody> </table> | Code | Definition | Comments | 001 | Change | | 021 | Addition | | 024 | Cancel or Termination | | 030 | Audit or Compare | | | | | | | | | | | | | | | | | | | | | | | |
| Code | Definition | Comments | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 001 | Change | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 021 | Addition | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 024 | Cancel or Termination | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 030 | Audit or Compare | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SITUATIONAL | INS04 | Maintenance Reason Code | O ID 2/3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Code identifying the reason for the maintenance change (See Appendix D for a full mapping of MAXIMUS enrollment, disenrollment, and maintenance reasons to 834 maintenance reason codes) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | <table border="1"> <thead> <tr> <th>Code</th> <th>Definition</th> <th>Comments</th> </tr> </thead> <tbody> <tr> <td>03</td> <td>Death</td> <td></td> </tr> <tr> <td>07</td> <td>Termination of Benefits</td> <td></td> </tr> <tr> <td>14</td> <td>Voluntary Withdrawal</td> <td></td> </tr> <tr> <td>25</td> <td>Change in Identifying Data Elements</td> <td></td> </tr> <tr> <td>26</td> <td>Declined Coverage</td> <td></td> </tr> <tr> <td>AH</td> <td>Patient Moved to a New Location</td> <td></td> </tr> <tr> <td>AI</td> <td>No Reason Given</td> <td></td> </tr> <tr> <td>AL</td> <td>Algorithm Assigned Benefit Selection</td> <td></td> </tr> <tr> <td>EC</td> <td>Member Benefit Selection</td> <td></td> </tr> <tr> <td>XN</td> <td>Notification Only</td> <td></td> </tr> <tr> <td>XT</td> <td>Transfer</td> <td></td> </tr> </tbody> </table> | Code | Definition | Comments | 03 | Death | | 07 | Termination of Benefits | | 14 | Voluntary Withdrawal | | 25 | Change in Identifying Data Elements | | 26 | Declined Coverage | | AH | Patient Moved to a New Location | | AI | No Reason Given | | AL | Algorithm Assigned Benefit Selection | | EC | Member Benefit Selection | | XN | Notification Only | | XT | Transfer | | |
| Code | Definition | Comments | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 03 | Death | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 07 | Termination of Benefits | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14 | Voluntary Withdrawal | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 25 | Change in Identifying Data Elements | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 26 | Declined Coverage | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| AH | Patient Moved to a New Location | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| AI | No Reason Given | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| AL | Algorithm Assigned Benefit Selection | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| EC | Member Benefit Selection | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| XN | Notification Only | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| XT | Transfer | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| REQUIRED | INS05 | Benefit Status Code | O ID 1/1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | The type of coverage under which benefits are paid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | <table border="1"> <thead> <tr> <th>Code</th> <th>Definition</th> <th>Comments</th> </tr> </thead> <tbody> <tr> <td>A</td> <td>Active</td> <td></td> </tr> </tbody> </table> | Code | Definition | Comments | A | Active | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Code | Definition | Comments | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A | Active | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SITUATIONAL | INS06 | MEDICARE STATUS CODE | O | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Not Sent | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SITUATIONAL | INS07 | Consolidated Omnibus Budget Reconciliation Act (COBRA) Qualifying | O ID 1/2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Not Used | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SITUATIONAL | INS08 | Employment Status Code | O ID 2/2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Required because transaction is for a subscriber. The data element will contain the status of the member in the program, rather than employment status. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | <table border="1"> <thead> <tr> <th>Code</th> <th>Definition</th> <th>Comments</th> </tr> </thead> <tbody> <tr> <td>AC</td> <td>Active</td> <td>Medicaid Managed Care participant</td> </tr> <tr> <td>TE</td> <td>Terminated</td> <td>Not a Medicaid managed Care participant</td> </tr> </tbody> </table> | Code | Definition | Comments | AC | Active | Medicaid Managed Care participant | TE | Terminated | Not a Medicaid managed Care participant | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Code | Definition | Comments | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| AC | Active | Medicaid Managed Care participant | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TE | Terminated | Not a Medicaid managed Care participant | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| Usage | REF. DES. | Name | Attributes | | | | | | | | | |
|---|-----------------------------------|---|------------|------|------------|----------|----|-----------------------------------|--|---|-----|--|
| SITUATIONAL | INS09 | Student Status Code Not Used | O ID 1/1 | | | | | | | | | |
| SITUATIONAL | INS10 | Handicap Indicator Special Needs Indicator | O ID 1/1 | | | | | | | | | |
| <table border="1"> <thead> <tr> <th>Code</th> <th>Definition</th> <th>Comments</th> </tr> </thead> <tbody> <tr> <td>N</td> <td>No</td> <td></td> </tr> <tr> <td>Y</td> <td>Yes</td> <td></td> </tr> </tbody> </table> | | | | Code | Definition | Comments | N | No | | Y | Yes | |
| Code | Definition | Comments | | | | | | | | | | |
| N | No | | | | | | | | | | | |
| Y | Yes | | | | | | | | | | | |
| SITUATIONAL | INS11 | Date Time Period Format Qualifier Code indicating the date format, time format, or date and time format | X ID 2/3 | | | | | | | | | |
| <table border="1"> <thead> <tr> <th>Code</th> <th>Definition</th> <th>Comments</th> </tr> </thead> <tbody> <tr> <td>D8</td> <td>Date Expressed in Format CCYYMMDD</td> <td></td> </tr> </tbody> </table> | | | | Code | Definition | Comments | D8 | Date Expressed in Format CCYYMMDD | | | | |
| Code | Definition | Comments | | | | | | | | | | |
| D8 | Date Expressed in Format CCYYMMDD | | | | | | | | | | | |
| SITUATIONAL | INS12 | Date of Death Member Individual Death Date. Required if the member is deceased. This does not replace the use of the termination date within the 2300 loop. | X AN 1/35 | | | | | | | | | |

2.2.9 REF – Subscriber Identifier

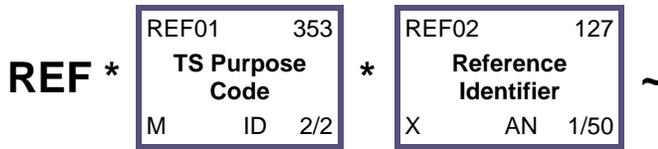
X12 Segment Name: Reference Information
X12 Purpose: To specify identifying information
Loop: 2000 - Member Level Detail
Segment Repeat: 1
Usage: REQUIRED
Example: REF*0F*111111111111~



| Usage | REF. DES. | Name | Attributes | | | | | | |
|--|-------------------|---|------------|------|------------|----------|----|-------------------|--|
| REQUIRED | REF01 | Reference Identification Qualifier Code qualifying the Reference Identification | M ID 2/3 | | | | | | |
| <table border="1"> <thead> <tr> <th>Code</th> <th>Definition</th> <th>Comments</th> </tr> </thead> <tbody> <tr> <td>0F</td> <td>Subscriber Number</td> <td></td> </tr> </tbody> </table> | | | | Code | Definition | Comments | 0F | Subscriber Number | |
| Code | Definition | Comments | | | | | | | |
| 0F | Subscriber Number | | | | | | | | |
| REQUIRED | REF02 | Reference Identification Identifying subscriber identifier is 13-digit Louisiana Medicaid Recipient ID Number | M AN 1/50 | | | | | | |

2.2.10 REF – Member Policy Number

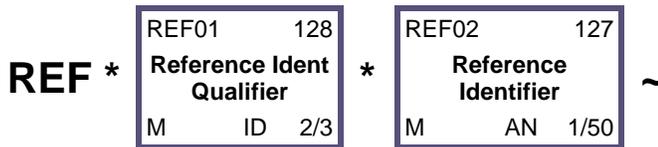
X12 Segment Name: Reference Information
X12 Purpose: To specify identifying information. Required when the policy number applies to all coverage data (all 2300 loops for this member).
Loop: 2000 - Member Level Detail
Segment Repeat: 1
Usage: REQUIRED
Example: REF*1L*1726011595~



| Usage | REF. DES. | Name | Attributes | | | | | | |
|-----------------|------------------------|---|------------|------------|----------|----|------------------------|--|--|
| REQUIRED | REF01 | Reference Identification Qualifier Code qualifying the Reference Identification | M ID 2/3 | | | | | | |
| | | <table border="1"> <thead> <tr> <th>Code</th> <th>Definition</th> <th>Comments</th> </tr> </thead> <tbody> <tr> <td>1L</td> <td>Group or Policy Number</td> <td></td> </tr> </tbody> </table> | Code | Definition | Comments | 1L | Group or Policy Number | | |
| Code | Definition | Comments | | | | | | | |
| 1L | Group or Policy Number | | | | | | | | |
| REQUIRED | REF02 | Reference Identification Policy number with a value of 1726011595 | M AN 1/50 | | | | | | |

2.2.11 REF – Member Supplemental Identifier

X12 Segment Name: Reference Information
X12 Purpose: To specify identifying information
Loop: 2000 - Member Level Detail
Segment Repeat: 13
Usage: SITUATIONAL
Example: REF*23*2222222222222222~



| Usage | REF. DES. | Name | Attributes | | | | | | | | | | | | | | | | | | |
|-----------------|------------------------------------|---|------------|------------|----------|-----|-----------------------|--|----|---------------|--|----|-------------|--|----|------------------------------------|--|----|------------------|------------------------------------|--|
| REQUIRED | REF01 | Reference Identification Qualifier Code qualifying the Reference Identification | M ID 2/3 | | | | | | | | | | | | | | | | | | |
| | | <table border="1"> <thead> <tr> <th>Code</th> <th>Definition</th> <th>Comments</th> </tr> </thead> <tbody> <tr> <td>ABB</td> <td>Chisholm case manager</td> <td></td> </tr> <tr> <td>23</td> <td>Client Number</td> <td></td> </tr> <tr> <td>3H</td> <td>Case Number</td> <td></td> </tr> <tr> <td>6O</td> <td>Cross Reference Number (Type Case)</td> <td></td> </tr> <tr> <td>ZZ</td> <td>Mutually defined</td> <td>Mother's reference ID for newborns</td> </tr> </tbody> </table> | Code | Definition | Comments | ABB | Chisholm case manager | | 23 | Client Number | | 3H | Case Number | | 6O | Cross Reference Number (Type Case) | | ZZ | Mutually defined | Mother's reference ID for newborns | |
| Code | Definition | Comments | | | | | | | | | | | | | | | | | | | |
| ABB | Chisholm case manager | | | | | | | | | | | | | | | | | | | | |
| 23 | Client Number | | | | | | | | | | | | | | | | | | | | |
| 3H | Case Number | | | | | | | | | | | | | | | | | | | | |
| 6O | Cross Reference Number (Type Case) | | | | | | | | | | | | | | | | | | | | |
| ZZ | Mutually defined | Mother's reference ID for newborns | | | | | | | | | | | | | | | | | | | |
| REQUIRED | REF02 | Reference Identification Value to be supplied – to match code definition. | M AN 1/50 | | | | | | | | | | | | | | | | | | |

2.2.12 DTP – Member Level Dates

X12 Segment Name: Date or Time or Period
X12 Purpose: To specify any or all of a date, a time, or a time period
Loop: 2000 - Member Level Detail
Segment Repeat: 3
Usage: SITUATIONAL

Example: DTP*473*D8*19960705~



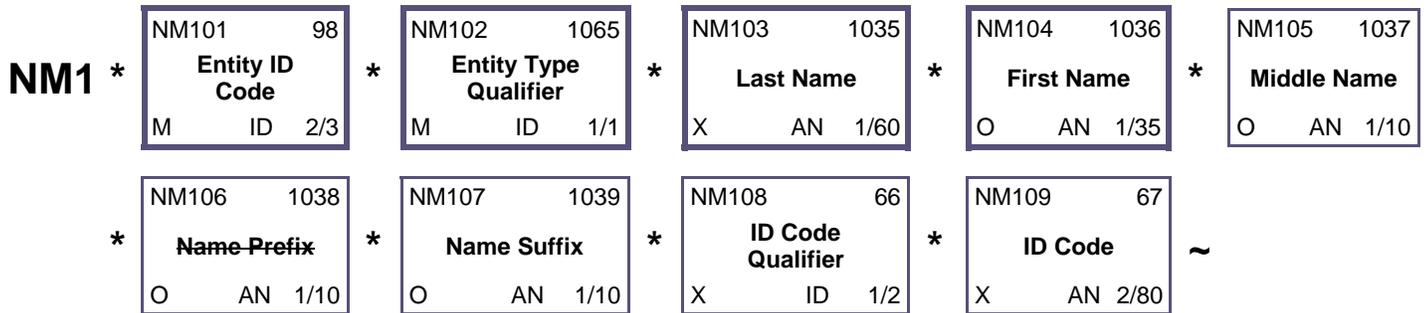
| Usage | REF. DES. | Name | Attributes | | | | | | | | | |
|----------|-----------------------------------|--|------------|------------|----------|-----|-----------------------------------|--|-----|--------------|--|--|
| REQUIRED | DTP01 | Date/Time Qualifier Code specifying type of date or time, or both date and time | M ID 3/3 | | | | | | | | | |
| | | <table border="1"> <thead> <tr> <th>Code</th> <th>Definition</th> <th>Comments</th> </tr> </thead> <tbody> <tr> <td>473</td> <td>Medicaid Begin</td> <td></td> </tr> <tr> <td>474</td> <td>Medicaid End</td> <td></td> </tr> </tbody> </table> | Code | Definition | Comments | 473 | Medicaid Begin | | 474 | Medicaid End | | |
| Code | Definition | Comments | | | | | | | | | | |
| 473 | Medicaid Begin | | | | | | | | | | | |
| 474 | Medicaid End | | | | | | | | | | | |
| REQUIRED | DTP02 | Date Time Period Format Qualifier Code indicating the date format, time format, or date and time format | M ID 2/3 | | | | | | | | | |
| | | <table border="1"> <thead> <tr> <th>Code</th> <th>Definition</th> <th>Comments</th> </tr> </thead> <tbody> <tr> <td>D8</td> <td>Date Expressed in Format CCYYMMDD</td> <td></td> </tr> </tbody> </table> | Code | Definition | Comments | D8 | Date Expressed in Format CCYYMMDD | | | | | |
| Code | Definition | Comments | | | | | | | | | | |
| D8 | Date Expressed in Format CCYYMMDD | | | | | | | | | | | |
| REQUIRED | DTP03 | Date Time Period Status Information Effective Date | M AN 1/35 | | | | | | | | | |



| Usage | REF. DES. | Name | Attributes | | | | | | | | | |
|----------|-----------------------------------|--|------------|------------|----------|-----|-----------------------------------|--|-----|--------------------------|--|--|
| REQUIRED | DTP01 | Date/Time Qualifier Code specifying type of date or time, or both date and time | M ID 3/3 | | | | | | | | | |
| | | <table border="1"> <thead> <tr> <th>Code</th> <th>Definition</th> <th>Comments</th> </tr> </thead> <tbody> <tr> <td>356</td> <td>CCM Eligibility Begin Date</td> <td></td> </tr> <tr> <td>357</td> <td>CCM Eligibility End Date</td> <td></td> </tr> </tbody> </table> | Code | Definition | Comments | 356 | CCM Eligibility Begin Date | | 357 | CCM Eligibility End Date | | |
| Code | Definition | Comments | | | | | | | | | | |
| 356 | CCM Eligibility Begin Date | | | | | | | | | | | |
| 357 | CCM Eligibility End Date | | | | | | | | | | | |
| | | Note: The CCM begin and end dates were previously referred to as PBS begin and end dates. | | | | | | | | | | |
| REQUIRED | DTP02 | Date Time Period Format Qualifier Code indicating the date format, time format, or date and time format | M ID 2/3 | | | | | | | | | |
| | | <table border="1"> <thead> <tr> <th>Code</th> <th>Definition</th> <th>Comments</th> </tr> </thead> <tbody> <tr> <td>D8</td> <td>Date Expressed in Format CCYYMMDD</td> <td></td> </tr> </tbody> </table> | Code | Definition | Comments | D8 | Date Expressed in Format CCYYMMDD | | | | | |
| Code | Definition | Comments | | | | | | | | | | |
| D8 | Date Expressed in Format CCYYMMDD | | | | | | | | | | | |
| REQUIRED | DTP03 | Date Time Period Status Information Effective Date | M AN 1/35 | | | | | | | | | |

2.2.13 NM1 – Member Name

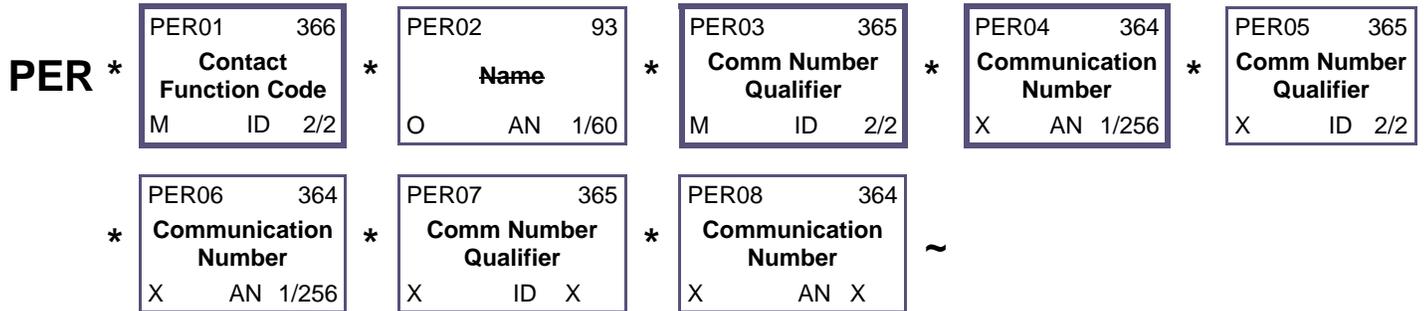
X12 Segment Name: Individual or Organizational Name
X12 Purpose: To supply the full name of an individual or organizational entity
Loop: 2100A - Member Name
Loop Repeat: 1
Segment Repeat: 1
Usage: Required
Example: NM1*IL*1*SMITH*JOHN*M**SR~



| Usage | REF. DES. | Name | Attributes | | | | | | |
|-------------|------------------------|---|------------|------------|----------|----|------------------------|--|--|
| REQUIRED | NM101 | Entity Identifier Code Code specifying type of date or time, or both date and time | M ID 2/3 | | | | | | |
| | | <table border="1"> <thead> <tr> <th>Code</th> <th>Definition</th> <th>Comments</th> </tr> </thead> <tbody> <tr> <td>IL</td> <td>Insured or Subscriber</td> <td></td> </tr> </tbody> </table> | Code | Definition | Comments | IL | Insured or Subscriber | | |
| Code | Definition | Comments | | | | | | | |
| IL | Insured or Subscriber | | | | | | | | |
| REQUIRED | NM102 | Entity Type Qualifier Code qualifying the type of entity | M ID 1/1 | | | | | | |
| | | <table border="1"> <thead> <tr> <th>Code</th> <th>Definition</th> <th>Comments</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Person</td> <td></td> </tr> </tbody> </table> | Code | Definition | Comments | 1 | Person | | |
| Code | Definition | Comments | | | | | | | |
| 1 | Person | | | | | | | | |
| REQUIRED | NM103 | Name Last or Organization Name Member Last Name | X AN 1/60 | | | | | | |
| SITUATIONAL | NM104 | Name First Member First Name | O AN 1/35 | | | | | | |
| SITUATIONAL | NM105 | Name Middle Member Middle Name or Middle Initial | O AN 1/25 | | | | | | |
| SITUATIONAL | NM106 | Name Prefix Not Used | O AN 1/10 | | | | | | |
| SITUATIONAL | NM107 | Name Suffix Suffix to individual name | O AN 1/10 | | | | | | |
| SITUATIONAL | NM108 | Identification Code Qualifier Code designating the system/method of code structure used for Identification Code. | X ID 1/2 | | | | | | |
| | | <table border="1"> <thead> <tr> <th>Code</th> <th>Definition</th> <th>Comments</th> </tr> </thead> <tbody> <tr> <td>34</td> <td>Social Security Number</td> <td></td> </tr> </tbody> </table> | Code | Definition | Comments | 34 | Social Security Number | | |
| Code | Definition | Comments | | | | | | | |
| 34 | Social Security Number | | | | | | | | |
| SITUATIONAL | NM109 | Identification Code Member Social Security Number | X AN 2/80 | | | | | | |

2.2.14 PER – Member Communication Numbers

X12 Segment Name: Administrative Communications Contact
X12 Purpose: To identify a person or office to whom administrative communications should be directed
Loop: 2100A - Member Name
Segment Repeat: 1
Usage: SITUATIONAL
Example: PER*IP**TE*8015554321~



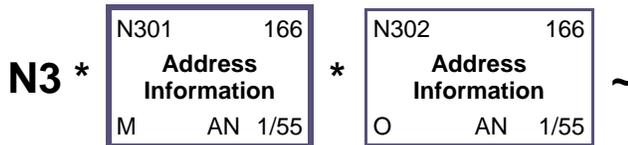
| Usage | REF. DES. | Name | Attributes | | | | | | | | | | | | | | | |
|--------------------|-----------------|---|-------------------|------------|----------|----|-----------------|--|----|------------|--|----|-----------|--|----|-----------------|--|--|
| REQUIRED | PER01 | Contact Function Code Code identifying the major duty or responsibility of the person or group named | M ID 2/2 | | | | | | | | | | | | | | | |
| | | <table border="1"> <thead> <tr> <th>Code</th> <th>Definition</th> <th>Comments</th> </tr> </thead> <tbody> <tr> <td>IP</td> <td>Insured Party</td> <td></td> </tr> </tbody> </table> | Code | Definition | Comments | IP | Insured Party | | | | | | | | | | | |
| Code | Definition | Comments | | | | | | | | | | | | | | | | |
| IP | Insured Party | | | | | | | | | | | | | | | | | |
| NOT USED | PER02 | Name Not Used | O AN 1/60 | | | | | | | | | | | | | | | |
| REQUIRED | PER03 | Communication Number Qualifier Code identifying the type of communication number | X ID 2/2 | | | | | | | | | | | | | | | |
| | | <table border="1"> <thead> <tr> <th>Code</th> <th>Definition</th> <th>Comments</th> </tr> </thead> <tbody> <tr> <td>AP</td> <td>Alternate Phone</td> <td></td> </tr> <tr> <td>HP</td> <td>Home Phone</td> <td></td> </tr> <tr> <td>TE</td> <td>Telephone</td> <td></td> </tr> <tr> <td>EM</td> <td>Electronic mail</td> <td></td> </tr> </tbody> </table> | Code | Definition | Comments | AP | Alternate Phone | | HP | Home Phone | | TE | Telephone | | EM | Electronic mail | | |
| Code | Definition | Comments | | | | | | | | | | | | | | | | |
| AP | Alternate Phone | | | | | | | | | | | | | | | | | |
| HP | Home Phone | | | | | | | | | | | | | | | | | |
| TE | Telephone | | | | | | | | | | | | | | | | | |
| EM | Electronic mail | | | | | | | | | | | | | | | | | |
| REQUIRED | PER04 | Communication Number or Email Address Code identifying the type of communication number | X AN 1/256 | | | | | | | | | | | | | | | |
| SITUATIONAL | PER05 | Communication Number Qualifier Code identifying the type of communication number | X ID 2/2 | | | | | | | | | | | | | | | |
| | | <table border="1"> <thead> <tr> <th>Code</th> <th>Definition</th> <th>Comments</th> </tr> </thead> <tbody> <tr> <td>AP</td> <td>Alternate Phone</td> <td></td> </tr> <tr> <td>HP</td> <td>Home Phone</td> <td></td> </tr> <tr> <td>TE</td> <td>Telephone</td> <td></td> </tr> <tr> <td>EM</td> <td>Electronic mail</td> <td></td> </tr> </tbody> </table> | Code | Definition | Comments | AP | Alternate Phone | | HP | Home Phone | | TE | Telephone | | EM | Electronic mail | | |
| Code | Definition | Comments | | | | | | | | | | | | | | | | |
| AP | Alternate Phone | | | | | | | | | | | | | | | | | |
| HP | Home Phone | | | | | | | | | | | | | | | | | |
| TE | Telephone | | | | | | | | | | | | | | | | | |
| EM | Electronic mail | | | | | | | | | | | | | | | | | |
| SITUATIONAL | PER06 | Communication Number or Email Address Code identifying the type of communication number | X AN 1/256 | | | | | | | | | | | | | | | |
| SITUATIONAL | PER07 | Communication Number Qualifier Code identifying the type of communication number | X ID 2/2 | | | | | | | | | | | | | | | |

| Usage | REF. DES. | Name | Attributes | | | | | | | | | | | | | | | |
|-------|-----------------|---|------------|------------|----------|----|-----------------|--|----|------------|--|----|-----------|--|----|-----------------|--|--|
| | | <table border="1"> <thead> <tr> <th>Code</th> <th>Definition</th> <th>Comments</th> </tr> </thead> <tbody> <tr> <td>AP</td> <td>Alternate Phone</td> <td></td> </tr> <tr> <td>HP</td> <td>Home Phone</td> <td></td> </tr> <tr> <td>TE</td> <td>Telephone</td> <td></td> </tr> <tr> <td>EM</td> <td>Electronic mail</td> <td></td> </tr> </tbody> </table> | Code | Definition | Comments | AP | Alternate Phone | | HP | Home Phone | | TE | Telephone | | EM | Electronic mail | | |
| Code | Definition | Comments | | | | | | | | | | | | | | | | |
| AP | Alternate Phone | | | | | | | | | | | | | | | | | |
| HP | Home Phone | | | | | | | | | | | | | | | | | |
| TE | Telephone | | | | | | | | | | | | | | | | | |
| EM | Electronic mail | | | | | | | | | | | | | | | | | |

SITUATIONAL PER08 Communication Number or Email Address X AN 1/256
Code identifying the type of communication number

2.2.15 N3 – Member Residence Street Address

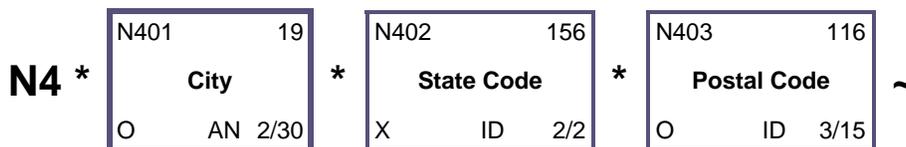
X12 Segment Name: Party Location
X12 Purpose: To specify the location of the named party
Loop: 2100A - Member Name
Segment Repeat: 1
Usage: SITUATIONAL
Example: N3*50 ORCHARD STREET~



| Usage | REF. DES. | Name | Attributes |
|--------------------|-------------|--|------------------|
| REQUIRED | N301 | Address Information Member Address Line | M AN 1/55 |
| SITUATIONAL | N302 | Address Information Second Member Address Line | O AN 1/55 |

2.2.16 N4 – Member City, State, Zip Code

X12 Segment Name: Geographic Location
X12 Purpose: To specify the geographic place of the named party
Loop: 2100A - Member Name
Segment Repeat: 1
Usage: REQUIRED
Example: N4*LAFAYETTE*LA*12345~

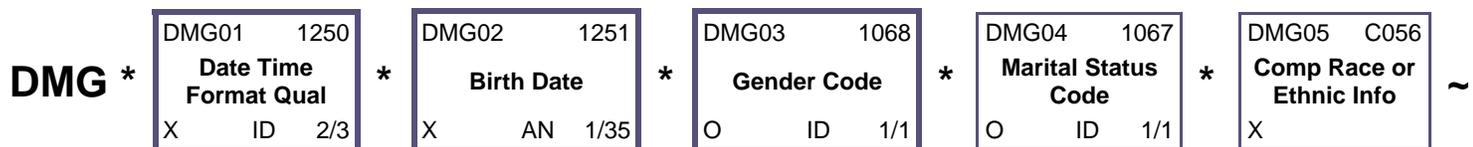


| Usage | REF. DES. | Name | Attributes |
|--------------------|-------------|-------------------------------|------------------|
| REQUIRED | N401 | City Name City Name | O AN 2/30 |
| SITUATIONAL | N402 | State or Province Code | X ID 2/2 |

| Usage | REF. DES. | Name | Attributes |
|--------------------|-------------|--|------------------|
| | | Code (Standard State/Province) as defined by appropriate government agency | |
| SITUATIONAL | N403 | Postal Code | O ID 3/15 |
| | | Code defining international postal zone code excluding punctuation and blanks (zip code for United States) | |

2.2.17 DMG – Member Demographics

X12 Segment Name: Demographic Information
X12 Purpose: To supply demographic information
Loop: 2100A - Member Name
Segment Repeat: 1
Usage: SITUATIONAL
Example: DMG*D8*19450915*F*M~

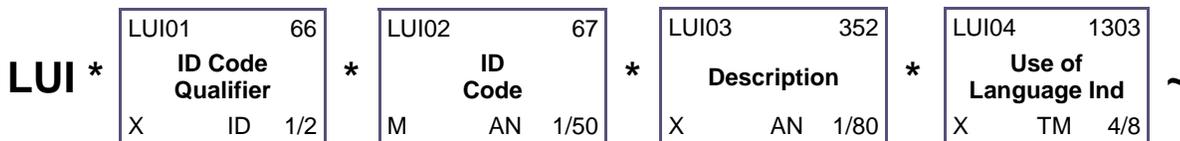


| Usage | REF. DES. | Name | Attributes | | | | | | | | | | | | |
|--------------------|-----------------------------------|--|------------------|------------|----------|-----------|-----------------------------------|--|----------|------|--|----------|---------|--|--|
| REQUIRED | DMG01 | Date Time Period Format Qualifier Code indicating the date format, time format, or date and time format | X ID 2/3 | | | | | | | | | | | | |
| | | <table border="1"> <thead> <tr> <th>Code</th> <th>Definition</th> <th>Comments</th> </tr> </thead> <tbody> <tr> <td>D8</td> <td>Date Expressed in Format CCYYMMDD</td> <td></td> </tr> </tbody> </table> | Code | Definition | Comments | D8 | Date Expressed in Format CCYYMMDD | | | | | | | | |
| Code | Definition | Comments | | | | | | | | | | | | | |
| D8 | Date Expressed in Format CCYYMMDD | | | | | | | | | | | | | | |
| REQUIRED | DMG02 | Date Time Period Member Birth Date | X AN 1/35 | | | | | | | | | | | | |
| REQUIRED | DMG03 | Gender Code Code indicating the sex of the individual | O ID 1/1 | | | | | | | | | | | | |
| | | <table border="1"> <thead> <tr> <th>Code</th> <th>Definition</th> <th>Comments</th> </tr> </thead> <tbody> <tr> <td>F</td> <td>Female</td> <td></td> </tr> <tr> <td>M</td> <td>Male</td> <td></td> </tr> <tr> <td>U</td> <td>Unknown</td> <td></td> </tr> </tbody> </table> | Code | Definition | Comments | F | Female | | M | Male | | U | Unknown | | |
| Code | Definition | Comments | | | | | | | | | | | | | |
| F | Female | | | | | | | | | | | | | | |
| M | Male | | | | | | | | | | | | | | |
| U | Unknown | | | | | | | | | | | | | | |
| SITUATIONAL | DMG04 | Marital Status Not Used | O ID 1/1 | | | | | | | | | | | | |
| SITUATIONAL | DMG05 | Composite Race or Ethnicity Information To send general and detailed information on race or ethnicity | X 10 | | | | | | | | | | | | |
| SITUATIONAL | DMG05-1 | Race or Ethnicity Code Code Indicating Race or Ethnicity. See Appendix A Race Codes and crosswalk to LA specific Race Codes. | O ID 1/1 | | | | | | | | | | | | |
| | | <table border="1"> <thead> <tr> <th>Code</th> <th>Definition</th> <th>Comments</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table> | Code | Definition | Comments | | | | | | | | | | |
| Code | Definition | Comments | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| SITUATIONAL | DMG05-2 | Code List Qualifier Code indicating specific Industry Code List | X ID 1/3 | | | | | | | | | | | | |

| Usage | REF. DES. | Name | Attributes | | | | | | |
|--------------------|-------------------------------------|---|-----------------|------------|----------|-----|-------------------------------------|--|--|
| | | <table border="1"> <thead> <tr> <th>Code</th> <th>Definition</th> <th>Comments</th> </tr> </thead> <tbody> <tr> <td>RET</td> <td>Classification of Race or Ethnicity</td> <td></td> </tr> </tbody> </table> | Code | Definition | Comments | RET | Classification of Race or Ethnicity | | |
| Code | Definition | Comments | | | | | | | |
| RET | Classification of Race or Ethnicity | | | | | | | | |
| SITUATIONAL | DMG05-3 | Industry Code Code indicating specific Industry Code List | X ID 1/3 | | | | | | |

2.2.18 LUI – Member Language

X12 Segment Name: Language Use
X12 Purpose: To specify language, type of usage and proficiency or fluency
Loop: 2100 - Member Name
Segment Repeat: >1
Usage: SITUATIONAL
Example: LUI*LE*EN**7~



| Usage | REF. DES. | Name | Attributes | | | | | | |
|--------------------|------------------------|---|-----------------|------------|----------|----|------------------------|--|--|
| SITUATIONAL | LUI01 | Identification Code Qualifier | X ID 1/2 | | | | | | |
| | | <table border="1"> <thead> <tr> <th>Code</th> <th>Definition</th> <th>Comments</th> </tr> </thead> <tbody> <tr> <td>LE</td> <td>ISO 639 Language Codes</td> <td></td> </tr> </tbody> </table> | Code | Definition | Comments | LE | ISO 639 Language Codes | | |
| Code | Definition | Comments | | | | | | | |
| LE | ISO 639 Language Codes | | | | | | | | |
| SITUATIONAL | LUI02 | Identification Code Language Code, see list. | M ID 2/2 | | | | | | |

| Usage | REF. DES. | Name | Attributes | |
|-------|-----------|-------------|-------------------|----------------|
| | | Code | Definition | LA Code |
| | | EN | English | 01 |
| | | ES | Spanish | 02 |
| | | AR | Arabic | 04 |
| | | HY | Chinese | 19 |
| | | FA | Persian | 07 |
| | | FR | French | 08 |
| | | DE | German | 09 |
| | | EL | Greek | 10 |
| | | HT | Haitian Creole | 11 |
| | | HI | Hindi | 12 |
| | | IT | Italian | 14 |
| | | JA | Japanese | 15 |
| | | KM | Khmer | 16 |
| | | KO | Korean | 17 |
| | | LO | Lao | 18 |
| | | PL | Polish | 20 |
| | | PT | Portuguese | 21 |
| | | RU | Russian | 22 |
| | | SM | Samoan | 23 |
| | | TL | Tagalog | 24 |
| | | VI | Vietnamese | 25 |
| | | YI | Yiddish | 26 |

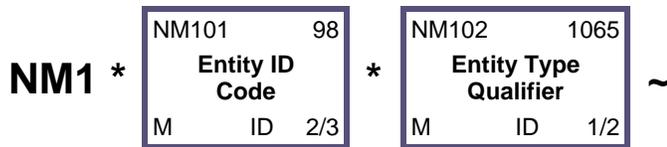
SITUATIONAL LUI03 Description X AN 1/80
Language Description

SITUATIONAL LUI04 Use of Language Indicator O ID 1/2
Code indicator of use of a language

| Code | Definition | Comments |
|------|------------|----------|
| 7 | Speaking | |

2.2.19 NM1 – Member Mailing Address

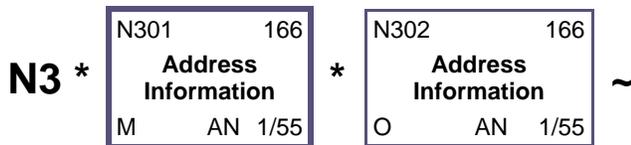
X12 Segment Name: Individual or Organizational Name
X12 Purpose: To supply the full name of an individual or organizational entity
Loop: 2100C - Member Mailing Address
Loop Usage: SITUATIONAL
Loop Repeat: 1
Segment Repeat: 1
Usage: SITUATIONAL
Example: NM1 *31 *1~



| Usage | REF. DES. | Name | Attributes | | | | | | |
|----------|------------------------|---|------------|------------|----------|----|------------------------|--|--|
| REQUIRED | NM101 | Entity Identifier Code Code specifying type of date or time, or both date and time | M ID 2/3 | | | | | | |
| | | <table border="1"> <thead> <tr> <th>Code</th> <th>Definition</th> <th>Comments</th> </tr> </thead> <tbody> <tr> <td>31</td> <td>Postal Mailing Address</td> <td></td> </tr> </tbody> </table> | Code | Definition | Comments | 31 | Postal Mailing Address | | |
| Code | Definition | Comments | | | | | | | |
| 31 | Postal Mailing Address | | | | | | | | |
| REQUIRED | NM102 | Entity Type Qualifier Code qualifying the type of entity | M ID 1/1 | | | | | | |
| | | <table border="1"> <thead> <tr> <th>Code</th> <th>Definition</th> <th>Comments</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Person</td> <td></td> </tr> </tbody> </table> | Code | Definition | Comments | 1 | Person | | |
| Code | Definition | Comments | | | | | | | |
| 1 | Person | | | | | | | | |

2.2.20 N3 – Member Mail Street Address

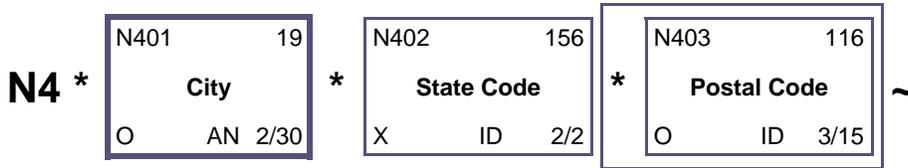
X12 Segment Name: Party Location
X12 Purpose: To specify the location of the named party
Loop: 2100C - Member Mailing Address
Segment Repeat: 1
Usage: REQUIRED
Example: N3*50 ORCHARD STREET~



| USAGE | REF. DES. | Name | Attributes |
|-------------|-----------|--|---------------|
| REQUIRED | N301 | Address Information Member Address Line | M AN 1/5 5 |
| SITUATIONAL | N302 | Address Information Second Member Address Line | O AN 1/5 5 |

2.2.21 N4 – Member Mail City, State, Zip Code

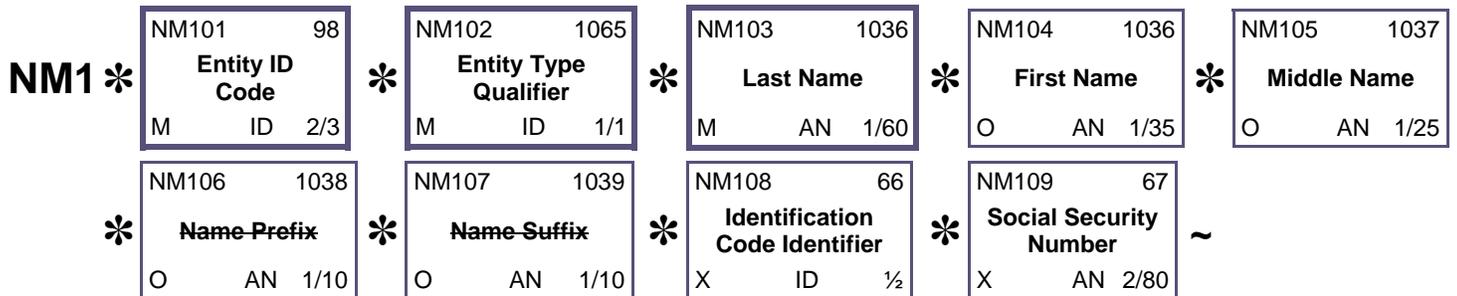
X12 Segment Name: Geographic Location
X12 Purpose: To specify the geographic place of the named party
Loop: 2100C - Member Mailing Address
Segment Repeat: 1
Usage: REQUIRED
Example: N4*LAFAYETTE*LA*12345~



| Usage | REF. DES. | Name | Attributes |
|--------------------|-------------|--|------------------|
| REQUIRED | N401 | City Name City Name | O AN 2/30 |
| SITUATIONAL | N402 | State or Province Code Code (Standard State/Province) as defined by appropriate government agency | X ID 2/2 |
| SITUATIONAL | N403 | Postal Code Code defining international postal zone code excluding punctuation and blanks (zip code for United States) | O ID 3/15 |

2.2.22 NM1 – Responsible Person

X12 Segment Name: Individual or Organizational Name
X12 Purpose: To supply the full name of an individual or organizational entity
Loop: 2100G — RESPONSIBLE PERSON
Loop Usage: SITUATIONAL
Loop Repeat: 1
Segment Repeat: 1
Usage: SITUATIONAL
Example: NM1*QD*1*CASE*JOHN***34*123121234~

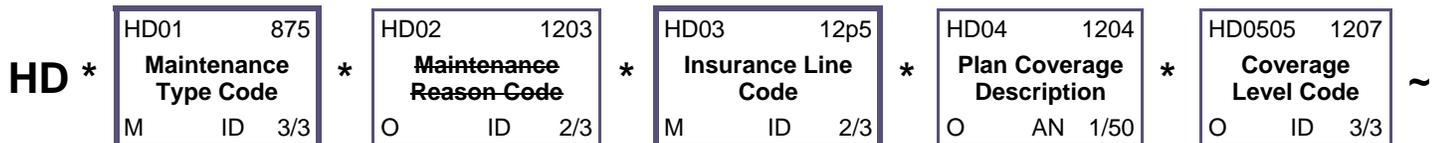


| USAGE | REF. DES. | Name | Attributes | | | | | | |
|-----------------|-------------------|--|------------------|------------|----------|----|-------------------|--|--|
| REQUIRED | NM101 | Entity Identifier Code Code specifying type of date or time, or both date and time | M ID 2/3 | | | | | | |
| | | <table border="1"> <thead> <tr> <th>Code</th> <th>Definition</th> <th>Comments</th> </tr> </thead> <tbody> <tr> <td>QD</td> <td>Responsible Party</td> <td></td> </tr> </tbody> </table> | Code | Definition | Comments | QD | Responsible Party | | |
| Code | Definition | Comments | | | | | | | |
| QD | Responsible Party | | | | | | | | |
| REQUIRED | NM102 | Entity Type Qualifier Code qualifying the type of entity | M ID 1/1 | | | | | | |
| | | <table border="1"> <thead> <tr> <th>Code</th> <th>Definition</th> <th>Comments</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Person</td> <td></td> </tr> </tbody> </table> | Code | Definition | Comments | 1 | Person | | |
| Code | Definition | Comments | | | | | | | |
| 1 | Person | | | | | | | | |
| REQUIRED | NM103 | Name Last or Organization Name | X AN 1/60 | | | | | | |

| USAGE | REF. DES. | Name | Attributes | | | | | | |
|---|------------------------|--|------------|------|------------|----------|----|------------------------|--|
| | | Individual Last Name or organizational name | | | | | | | |
| SITUATIONAL | NM104 | Name First Individual First Name | O AN 1/35 | | | | | | |
| SITUATIONAL | NM105 | Name Middle Individual Middle Initial | O AN 1/25 | | | | | | |
| SITUATIONAL | NM106 | Name Prefix Not Used | O AN 1/10 | | | | | | |
| SITUATIONAL | NM107 | Name Suffix Not Used | O AN 1/10 | | | | | | |
| SITUATIONAL | NM108 | Identification Code Qualifier | X ID 1/2 | | | | | | |
| <table border="1"> <thead> <tr> <th>Code</th> <th>Definition</th> <th>Comments</th> </tr> </thead> <tbody> <tr> <td>34</td> <td>Social Security Number</td> <td></td> </tr> </tbody> </table> | | | | Code | Definition | Comments | 34 | Social Security Number | |
| Code | Definition | Comments | | | | | | | |
| 34 | Social Security Number | | | | | | | | |
| SITUATIONAL | NM109 | Identification Code Responsible Party Identifier | X AN 2/80 | | | | | | |

2.2.23 HD – Health Coverage

X12 Segment Name: Individual or Organizational Name
X12 Purpose: To supply the full name of an individual or organizational entity
Loop: 2300 - HEALTH COVERAGE
Loop Repeat: 99
Segment Repeat: 1
Usage: SITUATIONAL
Example: HD*021**HMO*0105C-C*IND~



| USAGE | REF. DES. | Name | Attributes | | | | | | | | | | | | | | | | | | |
|--|-----------------------------|--|------------|------|------------|----------|-----|--------|--|-----|----------|--|-----|-----------------------------|--|-----|---------------|--|-----|------------------|--|
| REQUIRED | HD01 | Maintenance Type Code Code identifying the specific type of item maintenance | M ID 3/3 | | | | | | | | | | | | | | | | | | |
| <table border="1"> <thead> <tr> <th>Code</th> <th>Definition</th> <th>Comments</th> </tr> </thead> <tbody> <tr> <td>001</td> <td>Change</td> <td></td> </tr> <tr> <td>021</td> <td>Addition</td> <td></td> </tr> <tr> <td>024</td> <td>Cancellation or termination</td> <td></td> </tr> <tr> <td>025</td> <td>Reinstatement</td> <td></td> </tr> <tr> <td>030</td> <td>Audit or Compare</td> <td></td> </tr> </tbody> </table> | | | | Code | Definition | Comments | 001 | Change | | 021 | Addition | | 024 | Cancellation or termination | | 025 | Reinstatement | | 030 | Audit or Compare | |
| Code | Definition | Comments | | | | | | | | | | | | | | | | | | | |
| 001 | Change | | | | | | | | | | | | | | | | | | | | |
| 021 | Addition | | | | | | | | | | | | | | | | | | | | |
| 024 | Cancellation or termination | | | | | | | | | | | | | | | | | | | | |
| 025 | Reinstatement | | | | | | | | | | | | | | | | | | | | |
| 030 | Audit or Compare | | | | | | | | | | | | | | | | | | | | |
| NOT USED | HD02 | Maintenance Reason Code Not Used | O ID 2/3 | | | | | | | | | | | | | | | | | | |
| REQUIRED | HD03 | Insurance Line Code Code identifying a group of insurance products | O ID 2/3 | | | | | | | | | | | | | | | | | | |

| USAGE | REF. DES. | Name | Attributes | | | | | | |
|--------------------|---------------------------------|--|------------------|------------|----------|------------|---------------------------------|--|--|
| | | <table border="1"> <thead> <tr> <th data-bbox="462 241 609 283">Code</th> <th data-bbox="609 241 1031 283">Definition</th> <th data-bbox="1031 241 1323 283">Comments</th> </tr> </thead> <tbody> <tr> <td data-bbox="462 283 609 315">HMO</td> <td data-bbox="609 283 1031 315">Health Maintenance Organization</td> <td data-bbox="1031 283 1323 315"></td> </tr> </tbody> </table> | Code | Definition | Comments | HMO | Health Maintenance Organization | | |
| Code | Definition | Comments | | | | | | | |
| HMO | Health Maintenance Organization | | | | | | | | |
| SITUATIONAL | HD04 | <p>Plan Coverage Description</p> <p>Capitation Code (See Appendix C) and Choice/Auto Enrollment indicator separated by a -. Type of enrollment is only sent on newly added enrollments.</p> | O AN 1/50 | | | | | | |

Choice Code

| Code | Definition | Comments |
|------|-------------------|-----------------------|
| C | Choice Enrollment | |
| A | Auto Enrollment | |
| E | Open Enrollment | Added in version 2.17 |

High Risk Pregnancy Indicator

| Code | Definition | Comments |
|------|---------------------------|----------|
| Y | High risk pregnancy | |
| A | Not a high risk pregnancy | |

Maintenance Reason Code – a three character reason code. Values for this field within HD04 will be one of the codes contained in Appendix D. Reason codes in the appendix with less than three characters will have leading zeros. For example, a maintenance reason code of 7, would be sent as 007.

Behavioral Health Indicator - Identifies client program membership

| Code | Definition | Comments |
|------|---|----------|
| P | Bayou Health and Behavioral Health member | |
| B | Behavioral Health only member | |
| J | Pseudo Acute and BH service | |
| K | Pseudo BH only service eligible linkage | |
| S | Shared | |

Closure Code – A three character code that describes why an eligibility span was closed. This code is received from MEDS by MAXIMUS and is passed through as received.

New layout of the HD04 segment to include with the new fields:

| Description | Length | Begin | End |
|--|--------|-------|-----|
| Capitation Code | 5 | 1 | 5 |
| Hard Coded Dash | 1 | 6 | 6 |
| Choice Code | 1 | 7 | 7 |
| HRP Indicator | 1 | 8 | 8 |
| Maint. Reason Code | 3 | 9 | 11 |
| Blanks – Removed secondary cap code as consolidated information contained in new cap codes implemented 3/2016. | 5 | 12 | 16 |
| Behavioral Health indicator | 1 | 17 | 17 |
| Closure Code - Closure code will be left padded with zeros. (i.e. 001) | 3 | 18 | 20 |
| Renewal Date | 8 | 21 | 28 |
| Renewal Code | 2 | 29 | 30 |
| See appendix I for definitions | | | |
| Multiple Birth Indicator | 1 | 31 | 31 |
| Y = Yes, N = None, Blank = None | | | |

| USAGE | REF. DES. | Name | Attributes | | | | | | |
|-------|------------|--|------------|------------|----------|-----|------------|--|--|
| | | Code identifying a group of insurance products | | | | | | | |
| | | <table border="1"> <thead> <tr> <th>Code</th> <th>Definition</th> <th>Comments</th> </tr> </thead> <tbody> <tr> <td>IND</td> <td>Individual</td> <td></td> </tr> </tbody> </table> | Code | Definition | Comments | IND | Individual | | |
| Code | Definition | Comments | | | | | | | |
| IND | Individual | | | | | | | | |

2.2.24 DTP – Health Coverage Dates

X12 Segment Name: Date or Time or Period
X12 Purpose: To specify any or all of a date, a time, or a time period
Loop: 2300 - HEALTH COVERAGE
Segment Repeat: 6
Usage: REQUIRED
Example: DTP*348*D8*19961001~

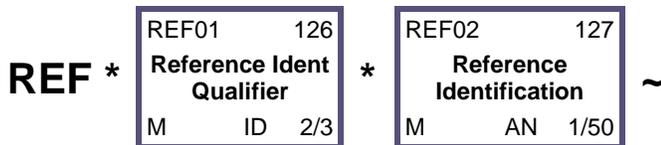
SPECIAL NOTE: The benefits begin and end dates will contain a span of coverage for the quarterly AC/TC reconciliation file and not a month by month listing.



| USAGE | REF. DES. | Name | Attributes | | | | | | | | | |
|----------|-----------------------------------|---|------------|------------|----------|-----|-----------------------------------|---|-----|-------------|--|--|
| REQUIRED | DTP01 | Date/Time Qualifier Code specifying type of date or time, or both date and time | M ID 3/3 | | | | | | | | | |
| | | <table border="1"> <thead> <tr> <th>Code</th> <th>Definition</th> <th>Comments</th> </tr> </thead> <tbody> <tr> <td>348</td> <td>Benefit Begin</td> <td>The 348 date will also be considered as the start date for the AC/TC reconciliation file.</td> </tr> <tr> <td>349</td> <td>Benefit End</td> <td></td> </tr> </tbody> </table> | Code | Definition | Comments | 348 | Benefit Begin | The 348 date will also be considered as the start date for the AC/TC reconciliation file. | 349 | Benefit End | | |
| Code | Definition | Comments | | | | | | | | | | |
| 348 | Benefit Begin | The 348 date will also be considered as the start date for the AC/TC reconciliation file. | | | | | | | | | | |
| 349 | Benefit End | | | | | | | | | | | |
| REQUIRED | DTP02 | Date Time Period Format Qualifier Code indicating the date format, time format, or date and time format | M ID 2/3 | | | | | | | | | |
| | | <table border="1"> <thead> <tr> <th>Code</th> <th>Definition</th> <th>Comments</th> </tr> </thead> <tbody> <tr> <td>D8</td> <td>Date Expressed in Format CCYYMMDD</td> <td></td> </tr> </tbody> </table> | Code | Definition | Comments | D8 | Date Expressed in Format CCYYMMDD | | | | | |
| Code | Definition | Comments | | | | | | | | | | |
| D8 | Date Expressed in Format CCYYMMDD | | | | | | | | | | | |
| REQUIRED | DTP03 | Date Time Period Coverage Period | M AN 1/35 | | | | | | | | | |

2.2.25 REF – Health Coverage Policy Number

X12 Segment Name: Reference Information
X12 Purpose: To specify identifying information
Loop: 2300 – Health Coverage
Segment Repeat: 14
Usage: SITUATIONAL
Example: REF*ZX*1 ~



| USAGE | REF. DES. | Name | Attributes | | | | | | | | | |
|-----------------|-----------------------------|---|------------------|------------|----------|----|-----------------------------|--------------|----|-------------|-------------|--|
| REQUIRED | REF01 | Reference Identification Qualifier Code qualifying the Reference Identification | M ID 2/3 | | | | | | | | | |
| | | <table border="1"> <thead> <tr> <th>Code</th> <th>Definition</th> <th>Comments</th> </tr> </thead> <tbody> <tr> <td>M7</td> <td>Medical Assistance Category</td> <td>Aid Category</td> </tr> <tr> <td>ZX</td> <td>County Code</td> <td>Parish Code</td> </tr> </tbody> </table> | Code | Definition | Comments | M7 | Medical Assistance Category | Aid Category | ZX | County Code | Parish Code | |
| Code | Definition | Comments | | | | | | | | | | |
| M7 | Medical Assistance Category | Aid Category | | | | | | | | | | |
| ZX | County Code | Parish Code | | | | | | | | | | |
| REQUIRED | REF02 | Reference Identification See Appendix B for table of Parish Codes and Appendix E for Aid Category Codes. | M AN 1/50 | | | | | | | | | |

2.2.26 HD – Health Coverage – CSOC Type cases

X12 Segment Name: Health Coverage
X12 Purpose: To provider information on health coverage
Loop: 2300 – Health Coverage
Loop Repeat: 15
Segment Repeat: 1
Usage: SITUATIONAL
Example: HD*001**HMO*03~

***** NOTE – HD04 segments 2 – 17 contain CsoC type cases *****

| USAGE | REF. DES. | Name | Attributes | | | | | | | | | | | | | | | | | | |
|--------------------|---------------------------------|--|------------------|------------|----------|-----|---------------------------------|--|-----|----------|--|-----|-----------------------------|--|-----|---------------|--|-----|------------------|--|--|
| REQUIRED | HD01 | Maintenance Type Code Code identifying the specific type of item maintenance | M ID 3/3 | | | | | | | | | | | | | | | | | | |
| | | <table border="1"> <thead> <tr> <th>Code</th> <th>Definition</th> <th>Comments</th> </tr> </thead> <tbody> <tr> <td>001</td> <td>Change</td> <td></td> </tr> <tr> <td>021</td> <td>Addition</td> <td></td> </tr> <tr> <td>024</td> <td>Cancellation or termination</td> <td></td> </tr> <tr> <td>025</td> <td>Reinstatement</td> <td></td> </tr> <tr> <td>030</td> <td>Audit or Compare</td> <td></td> </tr> </tbody> </table> | Code | Definition | Comments | 001 | Change | | 021 | Addition | | 024 | Cancellation or termination | | 025 | Reinstatement | | 030 | Audit or Compare | | |
| Code | Definition | Comments | | | | | | | | | | | | | | | | | | | |
| 001 | Change | | | | | | | | | | | | | | | | | | | | |
| 021 | Addition | | | | | | | | | | | | | | | | | | | | |
| 024 | Cancellation or termination | | | | | | | | | | | | | | | | | | | | |
| 025 | Reinstatement | | | | | | | | | | | | | | | | | | | | |
| 030 | Audit or Compare | | | | | | | | | | | | | | | | | | | | |
| NOT USED | HD02 | Maintenance Reason Code Not Used | O ID 2/3 | | | | | | | | | | | | | | | | | | |
| REQUIRED | HD03 | Insurance Line Code Code identifying a group of insurance products | O ID 2/3 | | | | | | | | | | | | | | | | | | |
| | | <table border="1"> <thead> <tr> <th>Code</th> <th>Definition</th> <th>Comments</th> </tr> </thead> <tbody> <tr> <td>HMO</td> <td>Health Maintenance Organization</td> <td></td> </tr> </tbody> </table> | Code | Definition | Comments | HMO | Health Maintenance Organization | | | | | | | | | | | | | | |
| Code | Definition | Comments | | | | | | | | | | | | | | | | | | | |
| HMO | Health Maintenance Organization | | | | | | | | | | | | | | | | | | | | |
| SITUATIONAL | HD04 | Type Case The type case associated with this CsoC date range. | O AN 1/50 | | | | | | | | | | | | | | | | | | |

2.2.27 DTP – CSoC admit and discharge dates

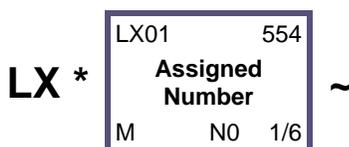
X12 Segment Name: Date or Time or Period
X12 Purpose: To specify any or all of a date, a time, or a time period
Loop: 2300 - HEALTH COVERAGE
Segment Repeat: 1
Usage: REQUIRED
Example: DTP*695*RD8*20101001-20110601~
SPECIAL NOTE: This segment contains CSoC admit and discharge dates.



| USAGE | REF. DES. | Name | Attributes | | | | | | |
|----------|-----------------|--|------------|------------|----------|-----|-----------------|---|--|
| REQUIRED | DTP01 | Date/Time Qualifier Code specifying type of date or time, or both date and time | M ID 3/3 | | | | | | |
| | | <table border="1"> <thead> <tr> <th>Code</th> <th>Definition</th> <th>Comments</th> </tr> </thead> <tbody> <tr> <td>695</td> <td>Previous period</td> <td>The 695 date contains CSoC admit and discharge dates. It can cover both previous and current periods.</td> </tr> </tbody> </table> | Code | Definition | Comments | 695 | Previous period | The 695 date contains CSoC admit and discharge dates. It can cover both previous and current periods. | |
| Code | Definition | Comments | | | | | | | |
| 695 | Previous period | The 695 date contains CSoC admit and discharge dates. It can cover both previous and current periods. | | | | | | | |
| REQUIRED | DTP02 | Date Time Period Format Qualifier Code indicating the date format, time format, or date and time format | M ID 2/3 | | | | | | |
| | | <table border="1"> <thead> <tr> <th>Code</th> <th>Definition</th> <th>Comments</th> </tr> </thead> <tbody> <tr> <td>RD8</td> <td>Date range</td> <td>Signifies that a date range will be sent in the DTP segment.</td> </tr> </tbody> </table> | Code | Definition | Comments | RD8 | Date range | Signifies that a date range will be sent in the DTP segment. | |
| Code | Definition | Comments | | | | | | | |
| RD8 | Date range | Signifies that a date range will be sent in the DTP segment. | | | | | | | |
| REQUIRED | DTP03 | Date Time Period Coverage Period in format CCYYMMDD-CCYYMMDD. Example: 20101001-20110601 | M AN 1/35 | | | | | | |

2.2.28 LX – Provider Information

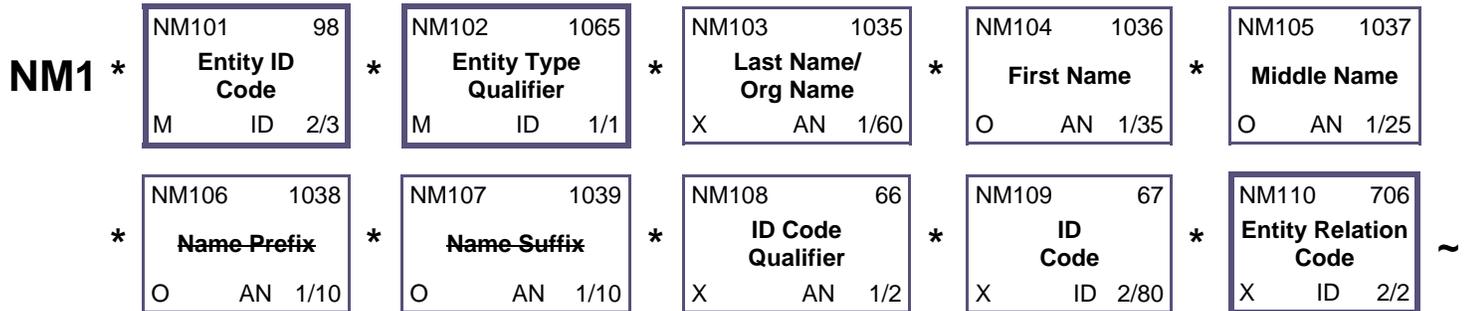
X12 Segment Name: Transaction Set Line Number
X12 Purpose: To reference a line number in a transaction set
Loop: 2310 - Provider Information
Loop Repeat: 30
Segment Repeat: 1
Usage: SITUATIONAL
Example: LX*1~



| USAGE | REF. DES. | Name | Attributes |
|----------|-----------|--|------------|
| REQUIRED | LX01 | Assigned Number Number assigned for differentiation within a transaction set | M NO 1/6 |

2.2.29 NM1 – Provider Name

X12 Segment Name: Individual or Organizational Name
X12 Purpose: To supply the full name of an individual or organizational entity
Loop: 2310 - Provider Information
Segment Repeat: 1
Usage: REQUIRED
Example: NM1*P3*1*OLSON*HENRY*L**XX*25341234567~



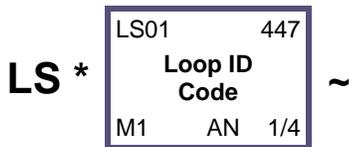
| USAGE | REF. DES. | Name | Attributes | | | | | | | | | |
|-------------|-----------------------|---|------------|------------|----------|----|-----------------------|--|---|-------------------|--|--|
| REQUIRED | NM101 | Entity Identifier Code Code specifying type of date or time, or both date and time | M ID 2/3 | | | | | | | | | |
| | | <table border="1"> <thead> <tr> <th>Code</th> <th>Definition</th> <th>Comments</th> </tr> </thead> <tbody> <tr> <td>P3</td> <td>Primary Care Provider</td> <td></td> </tr> </tbody> </table> | Code | Definition | Comments | P3 | Primary Care Provider | | | | | |
| Code | Definition | Comments | | | | | | | | | | |
| P3 | Primary Care Provider | | | | | | | | | | | |
| REQUIRED | NM102 | Entity Type Qualifier Code qualifying the type of entity | M ID 1/1 | | | | | | | | | |
| | | <table border="1"> <thead> <tr> <th>Code</th> <th>Definition</th> <th>Comments</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Person</td> <td></td> </tr> <tr> <td>2</td> <td>Non-Person Entity</td> <td></td> </tr> </tbody> </table> | Code | Definition | Comments | 1 | Person | | 2 | Non-Person Entity | | |
| Code | Definition | Comments | | | | | | | | | | |
| 1 | Person | | | | | | | | | | | |
| 2 | Non-Person Entity | | | | | | | | | | | |
| REQUIRED | NM103 | Name Last or Organization Name Individual Last Name or organizational name | X AN 1/60 | | | | | | | | | |
| SITUATIONAL | NM104 | Name First Individual First Name | O AN 1/35 | | | | | | | | | |
| SITUATIONAL | NM105 | Name Middle Individual Middle Initial | O AN 1/25 | | | | | | | | | |
| SITUATIONAL | NM106 | Name Prefix Not Used | O AN 1/10 | | | | | | | | | |
| SITUATIONAL | NM107 | Name Suffix Not Used | O AN 1/10 | | | | | | | | | |
| SITUATIONAL | NM108 | Identification Code Qualifier | X ID 1/2 | | | | | | | | | |

| USAGE | REF. DES. | Name | Attributes | | | | | | | | | |
|--------------------|------------------------------|---|------------------|------------|----------|----|-------------------------|--|----|------------------------------|--|--|
| | | <table border="1"> <thead> <tr> <th>Code</th> <th>Definition</th> <th>Comments</th> </tr> </thead> <tbody> <tr> <td>SV</td> <td>Service Provider Number</td> <td></td> </tr> <tr> <td>XX</td> <td>National Provider Identifier</td> <td></td> </tr> </tbody> </table> | Code | Definition | Comments | SV | Service Provider Number | | XX | National Provider Identifier | | |
| Code | Definition | Comments | | | | | | | | | | |
| SV | Service Provider Number | | | | | | | | | | | |
| XX | National Provider Identifier | | | | | | | | | | | |
| SITUATIONAL | NM109 | Identification Code Provider Identifier | X AN 2/80 | | | | | | | | | |
| REQUIRED | NM110 | Entity Relationship Code Code describing entity relationship | X AN 2/80 | | | | | | | | | |
| | | <table border="1"> <thead> <tr> <th>Code</th> <th>Definition</th> <th>Comments</th> </tr> </thead> <tbody> <tr> <td>72</td> <td>Unknown</td> <td></td> </tr> </tbody> </table> | Code | Definition | Comments | 72 | Unknown | | | | | |
| Code | Definition | Comments | | | | | | | | | | |
| 72 | Unknown | | | | | | | | | | | |

2.2.30 LS – Additional Reporting Categories

X12 Segment Name: Loop Header
X12 Purpose: To indicate that the next segment begins a loop
Loop: 2000 – Member Level Detail
Segment Repeat: 1
Usage: SITUATIONAL
 LS*2700~

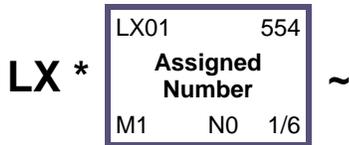
NOTE: The 2700 loop referenced in sections 2.28 through 2.33 will only be sent in the monthly recon file and not in daily files.



| USAGE | REF. DES. | Name | Attributes |
|-----------------|-------------|---|------------------|
| REQUIRED | LS01 | Loop Identifier Code The loop ID number given on the transaction set diagram is the value for this data element in segments LS and LE | M1 AN 1/4 |

2.2.31 LX – Member Reporting Categories

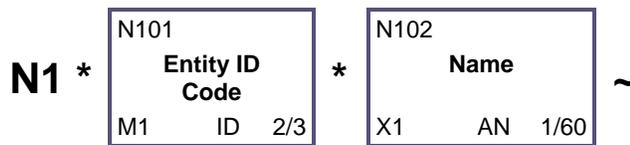
X12 Segment Name: Transaction Set Line Number
X12 Purpose: To reference a line number in a transaction
Loop: 2700 – Member Reporting Categories
Loop Repeat: >1
Segment Repeat: 1
Usage: SITUATIONAL
Example: LX*1~



| USAGE | REF. DES. | Name | Attributes |
|----------|-----------|--|------------|
| REQUIRED | LX01 | Assigned Number Number assigned for differentiation within a transaction set | M1 N0 1/6 |

2.2.32 N1 – Reporting Category

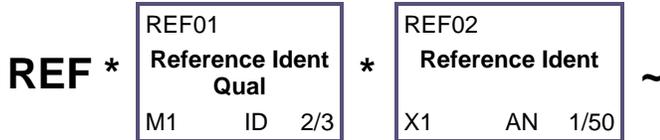
X12 Segment Name: Reporting Category
X12 Purpose: To identify a party by type of organization, name, and code
Loop: 2750 – Reporting Category
Loop Repeat: 1
Segment Repeat: 1
Usage: SITUATIONAL
Example: N1*75*LA Medicaid History~



| USAGE | REF. DES. | Name | Attributes | | | | | | |
|----------|-------------|--|------------|------------|----------|----|-------------|--|--|
| REQUIRED | N101 | Entity ID Code Code Identifying Organization | M1 ID 2/3 | | | | | | |
| | | <table border="1"> <thead> <tr> <th>Code</th> <th>Definition</th> <th>Comments</th> </tr> </thead> <tbody> <tr> <td>75</td> <td>Participant</td> <td></td> </tr> </tbody> </table> | Code | Definition | Comments | 75 | Participant | | |
| Code | Definition | Comments | | | | | | | |
| 75 | Participant | | | | | | | | |
| REQUIRED | N102 | Name Member Reporting Category Name use LA Medicaid History | X1 AN 1/60 | | | | | | |

2.2.33 REF – Reporting Category Reference

X12 Segment Name: Reference Information
X12 Purpose: To specify Identifying information
Segment Repeat: 1
Usage: SITUATIONAL
Example: REF*ZZ*002/03 001~
NOTE: The



| USAGE | REF. DES. | Name | Attributes | | | | | | |
|----------|------------------|---|------------|------------|----------|----|------------------|--|--|
| REQUIRED | REF01 | Reference Identification Qualifier Code qualifying the reference identification | M1 ID 2/3 | | | | | | |
| | | <table border="1"> <thead> <tr> <th>Code</th> <th>Definition</th> <th>Comments</th> </tr> </thead> <tbody> <tr> <td>ZZ</td> <td>Mutually Defined</td> <td></td> </tr> </tbody> </table> | Code | Definition | Comments | ZZ | Mutually Defined | | |
| Code | Definition | Comments | | | | | | | |
| ZZ | Mutually Defined | | | | | | | | |
| REQUIRED | REF02 | Reference Identification Type Case/Aid Category and closure code Closure Code – A three character code that describes why an eligibility span was closed. This code is received from MEDS by MAXIMUS and is passed through as received | X1 AN 1/50 | | | | | | |

2.2.34 DTP – Report Category Date

X12 Segment Name: Date or Time Period
X12 Purpose: To specify any or all of a date, a time, or a time period
Segment Repeat: 1
Usage: SITUATIONAL
Example: DTP*007*RD8*20100101-20120131~



| USAGE | REF. DES. | Name | Attributes | | | | | | |
|----------|---|---|------------|------------|----------|-----|---|--|--|
| REQUIRED | DTP01 | Date/Time Qualifier Code specifying type of date or time, or both date and time | M ID 3/3 | | | | | | |
| | | <table border="1"> <thead> <tr> <th>Code</th> <th>Definition</th> <th>Comments</th> </tr> </thead> <tbody> <tr> <td>007</td> <td>Effective</td> <td></td> </tr> </tbody> </table> | Code | Definition | Comments | 007 | Effective | | |
| Code | Definition | Comments | | | | | | | |
| 007 | Effective | | | | | | | | |
| REQUIRED | DTP02 | Date Time Period Format Qualifier Code indicating the date format, time format, or date and time format | M ID 2/3 | | | | | | |
| | | <table border="1"> <thead> <tr> <th>Code</th> <th>Definition</th> <th>Comments</th> </tr> </thead> <tbody> <tr> <td>RD8</td> <td>Range of Dates Expressed in Format CCYYMMDD- CCYYMMDD</td> <td></td> </tr> </tbody> </table> | Code | Definition | Comments | RD8 | Range of Dates Expressed in Format CCYYMMDD- CCYYMMDD | | |
| Code | Definition | Comments | | | | | | | |
| RD8 | Range of Dates Expressed in Format CCYYMMDD- CCYYMMDD | | | | | | | | |
| REQUIRED | DTP03 | Date Time Period Member Reporting Category Effective Dates | M AN 1/35 | | | | | | |

2.2.35 LE – Additional Reporting Categories Loop Termination

X12 Segment Name: Loop Trailer

X12 Purpose: To indicate the loop immediately preceding this segment is complete
Loop: 2000 – Member Level Detail
Segment Repeat: 1
Usage: SITUATIONAL
Example: LE*2700~

LE *

| |
|-----------|
| LE01 |
| Loop ID |
| M1 AN 1/4 |

 ~

| USAGE | REF. DES. | Name | Attributes |
|----------|-----------|--|------------|
| REQUIRED | LE01 | Loop Identifier Code Use 2700 | M AN ¼ |

2.2.36 SE – Transaction Set Trailer

X12 Segment Name: Transaction Set Trailer
X12 Purpose: To indicate the end of the transaction set and provide the count of the transmitted segments (including the beginning (ST) and ending (SE) segments)
Segment Repeat: 1
Usage: REQUIRED
Example: SE*39*0001~

SE *

| |
|------------------------|
| SE01 |
| Number of Included Seg |
| M NO 1/10 |

 *

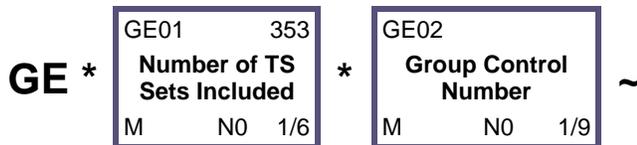
| |
|--------------------------|
| SE02 |
| Trans Set Control Number |
| M AN 4/9 |

 ~

| USAGE | REF. DES. | Name | Attributes |
|----------|-----------|--|------------|
| REQUIRED | SE01 | Number of Included Segments Total number of segments included in a transaction set including ST and SE segments | M NO 1/10 |
| REQUIRED | SE02 | Transaction Set Control Number Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set | M AN 4/9 |

2.2.37 GE –Functional Group Trailer

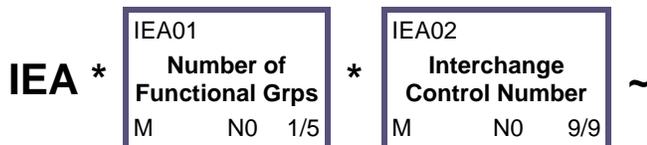
X12 Segment Name: Functional Group Trailer
X12 Purpose: To indicate the end of a functional group and to provide control information
Segment Repeat: 1
Usage: REQUIRED
Example: GE*1*1~



| USAGE | REF. DES. | Name | Attributes |
|-----------------|-------------|--|-----------------|
| REQUIRED | GE01 | Number of Transaction Sets Included Total number of transaction sets included in the functional group or interchange (transmission) group terminated by the trailer containing this data element | M NO 1/6 |
| REQUIRED | GE02 | Group Control Number Assigned number originated and maintained by the sender | M NO 1/9 |

2.2.38 IEA –Interchange Control Trailer

X12 Segment Name: Interchange Control Trailer
X12 Purpose: To define the end of an interchange of zero or more functional groups and interchange-related control segments
Segment Repeat: 1
Usage: REQUIRED
Example: IEA*1*000000905~



| USAGE | REF. DES. | Name | Attributes |
|-----------------|--------------|--|-----------------|
| REQUIRED | IEA01 | Number of Included Functional Groups A count of the number of functional groups included in an interchange | M NO 1/5 |
| REQUIRED | IEA02 | Interchange Control Number A control number assigned by the interchange sender | M NO 9/9 |

3 Testing

Once testing begins, files will be posted on the Xchange website. An email notification will be sent to the email address provided by the Trading Partner.

3.1 Xchange Gateway

All test files will be loaded to the Xchange Gateway for each Trading Partner to download.

3.1.1 Xchange Gateway Server

The Xchange Gateway server is a centralized, secure, external file drop server. Each Trading Partner will have a mailbox and folder directory structure, located on the Xchange Gateway Server; which allows for plans to upload and download files.

3.1.2 Access

The Xchange Gateway server can be accessed through https using a web browser or SFTP using a SFTP client. Although note that changing passwords must be done through the web browser.

3.1.2.1 Using Web Browser

Using Internet Explorer or Firefox go to the following URL.

<https://xchange.maximus.com/>

3.1.2.2 Using SFTP Client

SFTP Clients are supported; FileZilla is a tested and supported option.

3.1.3 User Account Activation

To obtain an Account for the 834 Testing please email Xchange@maximus.com specifying the following information. Accounts are not meant to be shared, so for multiple users, please request multiple logins.

Full Name:

Email Address:

Health Plan:

Purpose: 5010 Testing for the LA EB Project

3.1.4 Self Service Password Administration

Xchange will allow for 5 login attempts before the user is secretly locked out. No indication will be made to the user that their account has been locked out for security purposes; only the Xchange administrative team will be notified. If you believe you have forgotten your password, a password reset can be requested automatically from the Xchange Server Login Web Page.

3.1.5 Connectivity Issues

Please contact Xchange@maximus.com if you experience any difficulty with the Xchange Gateway.

3.1.6 File Locations

Trading Partner's home directory will contain an outbound folder. All X12 test files will be placed in the test folder under the outbound folder.

Appendix A – Ethnicity Codes

Conversion of Ethnicity Codes from the LA MMIS to the 834 Race and Ethnicity Code set. Codes should be interpreted with the LA Description as shown bolded below the 834 code set definition.

| 834 Code | Description | LA Code |
|----------|---|----------|
| 7 | Not Provided (UNKOWN) | 9 |
| A | Asian or Pacific Islander (ASIAN) | 4 |
| B | Black (BLACK OR AFRICAN AMERICAN) | 2 |
| E | Other Race or Ethnicity (MORE THAN ONE RACE INDICATED (AND NOT HISPANIC OR LATINO)) | 8 |
| H | Hispanic (HISPANIC OR LATINO (NO OTHER RACE INFO)) | 5 |
| I | American Indian or Alaskan Native (AMERICAN INDIAN OR ALASKAN NATIVE) | 3 |
| J | Native Hawaiian (NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER) | 6 |
| O | White (Non-Hispanic) (WHITE) | 1 |
| Z | Mutually Defined (HISPANIC OR LATINO AND ONE OR MORE OTHER) | 7 |

Appendix B – Parish Codes

Table consists of Louisiana Parish Codes and their corresponding Medicaid Regions.

| Parish Code | Recipient Parish Description | Recipient Medicaid Region |
|-------------|------------------------------|---------------------------|
| 1 | ACADIA | 4 |
| 2 | ALLEN | 5 |
| 3 | ASCENSION | 2 |
| 4 | ASSUMPTION | 3 |
| 5 | AVOUELLES | 6 |
| 6 | BEAUREGARD | 5 |
| 7 | BIENVILLE | 7 |
| 8 | BOSSIER | 7 |
| 9 | CADDO | 7 |
| 10 | CALCASIEU | 5 |
| 11 | CALDWELL | 8 |
| 12 | CAMERON | 5 |
| 13 | CATAHOULA | 6 |
| 14 | CLAIBORNE | 7 |
| 15 | CONCORDIA | 6 |
| 16 | DESOTO | 7 |
| 17 | EAST BATON ROUGE | 2 |
| 18 | EAST CARROLL | 8 |
| 19 | EAST FELICIANA | 2 |
| 20 | EVANGELINE | 4 |
| 21 | FRANKLIN | 8 |
| 22 | GRANT | 6 |
| 23 | IBERIA | 4 |
| 24 | IBERVILLE | 2 |
| 25 | JACKSON | 8 |
| 26 | JEFFERSON | 1 |
| 27 | JEFFERSON DAVIS | 5 |
| 28 | LAFAYETTE | 4 |
| 29 | LAFOURCHE | 3 |
| 30 | LASALLE | 6 |
| 31 | LINCOLN | 8 |
| 32 | LIVINGSTON | 9 |
| 33 | MADISON | 8 |
| 34 | MOREHOUSE | 8 |
| 35 | NATCHITOCHE | 7 |
| 36 | ORLEANS | 1 |
| 37 | OUACHITA | 8 |
| 38 | PLAQUEMINES | 1 |
| 39 | POINTE COUPEE | 2 |
| 40 | RAPIDES | 6 |
| 41 | RED RIVER | 7 |
| 42 | RICHLAND | 8 |
| 43 | SABINE | 7 |
| 44 | ST BERNARD | 1 |

| Parish Code | Recipient Parish Description | Recipient Medicaid Region |
|-------------|------------------------------|---------------------------|
| 45 | ST CHARLES | 3 |
| 46 | ST HELENA | 9 |
| 47 | ST JAMES | 3 |
| 48 | ST JOHN | 3 |
| 49 | ST LANDRY | 4 |
| 50 | ST MARTIN | 4 |
| 51 | ST MARY | 3 |
| 52 | ST TAMMANY | 9 |
| 53 | TANGIPAHOA | 9 |
| 54 | TENSAS | 8 |
| 55 | TERREBONNE | 3 |
| 56 | UNION | 8 |
| 57 | VERMILION | 4 |
| 58 | VERNON | 6 |
| 59 | WASHINGTON | 9 |
| 60 | WEBSTER | 7 |
| 61 | WEST BATON ROUGE | 2 |
| 62 | WEST CARROLL | 8 |
| 63 | WEST FELICIANA | 2 |
| 64 | WINN | 6 |
| 65 | EAST JEFFERSON | 1 |
| 77 | Out-of-State | n/a |

Appendix C – Capitation codes

| Combined Category of Aid Code | Description | Combined Rate Cell Code | Description | Cap Code |
|-------------------------------|--|-------------------------|--|----------|
| 01 | SSI | N01 | Newborn, 0-2 Months | 01N01 |
| 01 | SSI | N02 | Newborn, 3-11 Months | 01N02 |
| 01 | SSI | CHD | Child, 1-18 Years | 01CHD |
| 01 | SSI | ADT | Adult, 19+ Years | 01ADT |
| 02 | Family and Children | N01 | Newborn, 0-2 Months | 02N01 |
| 02 | Family and Children | N02 | Newborn, 3-11 Months | 02N02 |
| 02 | Family and Children | CHD | Child, 1-18 Years | 02CHD |
| 02 | Family and Children | ADT | Adult, 19+ Years | 02ADT |
| 03 | Breast and Cervical Cancer | BLL | BCC, All Ages Female | 03BLL |
| 04 | LaCHIP Affordable Plan | LLL | All Ages | 04LLL |
| 05 | HCBS Waiver | H01 | 18 & Under, Male and Female | 05H01 |
| 05 | HCBS Waiver | H02 | 19+ Years, Male and Female | 05H02 |
| 06 | Chisholm Class Members | CCM | Chisholm, All Ages Male and Female | 06CCM |
| KI | Maternity Kick Payments | KLL | Maternity Kick Payment, All Ages | 07KLL |
| ED | Early Elective Delivery Kick Payment, All Ages | EED | Early Elective Delivery Kick Payment, All Ages | 07KEE |

Appendix D – Maintenance Reason Codes

Cross reference table for possible maintenance reason codes and the codes sent in the 834.

| MAXIMUS Code | MAXIMUS Reason Description | 834 code | Maintenance Reason description |
|--------------|---|----------|---------------------------------|
| 000 | Not applicable (use when not a disenrollment record) | AI | No Reason Given |
| 009 | Recipient has other health insurance | 7 | Termination of Benefits |
| 018 | Recipient moved out of service area | AH | Patient Moved to a New Location |
| 020 | Recipient does not meet LOC criteria | 7 | Termination of Benefits |
| 040 | Voluntary disenrollment | 14 | Voluntary Withdrawal |
| 048 | Death of recipient, DOD unknown | 3 | Death |
| 068 | Involuntary disenrollment | 7 | Termination of Benefits |
| 077 | Recipient admitted to institution | 7 | Termination of Benefits |
| 078 | Recipient moved out of state | AH | Patient Moved to a New Location |
| 087 | 90 Day Enrollment Grace Period | XT | Transfer |
| 090 | Death of recipient | 3 | Death |
| 100 | Recipient is not categorically eligible | 7 | Termination of Benefits |
| 211 | Retroactively Disenroll Newborns | 7 | Termination of Benefits |
| 310 | DHH special insertion of DE | 7 | Termination of Benefits |
| 311 | DHH special cancellation of IE | 7 | Termination of Benefits |
| 312 | DHH special cancellation of DE | 7 | Termination of Benefits |
| 700 | Member requests to be assigned to the same CCN as family members | AI | No Reason Given |
| 701 | The member needs related services to be performed at the same time | AI | No Reason Given |
| 702 | Poor quality of care | AI | No Reason Given |
| 703 | Lack of access to services covered under the contract | AI | No Reason Given |
| 704 | Documented lack of access to providers experienced in dealing with the member healthcare needs | AI | No Reason Given |
| 801 | To implement the decision of a hearing officer | AI | No Reason Given |
| 802 | Member intentional submission of fraudulent information; | AI | No Reason Given |
| 803 | Member is incarcerated; | AI | No Reason Given |
| 804 | Member is placed in a long term care facility (nursing facility or intermediate care facility for persons with developmental disabilities); | AI | No Reason Given |
| 805 | Member is enrolled in a Medicaid home and community-based services waiver(HDBS) ; | AI | No Reason Given |
| 806 | The entity does not, because of moral or religious objections, cover the service the member seeks; | AI | No Reason Given |
| 807 | The contract between the entity and DHH is terminated; | AI | No Reason Given |
| 808 | The member is placed in a nursing facility or intermediate care facility for individuals with developmental disabilities; | AI | No Reason Given |
| 900 | Opt-out, Native American Tribal Registered | 26 | Declined Coverage |
| 901 | Opt-out, Foster Care individual | 26 | Declined Coverage |
| 902 | Opt-out, OYD/OJJ individual | 26 | Declined Coverage |
| 903 | Opt-out, recipient < 19 with spec serv | 26 | Declined Coverage |
| 904 | Opt-out, SSI recipient | 26 | Declined Coverage |
| 905 | Opt-out, Other reason. | 26 | Declined Coverage |
| 906 | Disenrollment during Annual Enrollment. | 26 | Declined Coverage |

Appendix D – Maintenance Reason Codes – Continued

Cross reference table for possible maintenance reason codes and the codes sent in the 834.

| MAXIMUS Code | MAXIMUS Reason Description | 834 code | Maintenance Reason description |
|--------------|--|----------|--------------------------------|
| 907 | Disenrolled due to Hospice admission | 7 | Termination of Benefits |
| 908 | Disenrolled due to Medicare coverage | 7 | Termination of Benefits |
| 911 | Termination of a future-dated linkage | 14 | Voluntary Withdrawal |
| 912 | Retro Disenrollment | 7 | Termination of Benefits |
| 913 | Cancellation of a Bayou health linkage | 7 | Termination of Benefits |
| 914 | Closure of a Bayou health linkage with a valid end of month date | 7 | Termination of Benefits |
| 915 | Cancellation due to LaHiPP coverage | 7 | Termination of Benefits |
| 916 | Closure due to LaHiPP coverage | 7 | Termination of Benefits |
| 917 | Retro-disenrollment of members due to loss of Medicaid or gain of Medicare | 7 | Termination of Benefits |
| 919 | Administrative Authorization – Cancellation | 7 | Termination of Benefits |
| 920 | Administrative Authorization – Closure | 7 | Termination of Benefits |
| 921 | Cancellation due to LTC admission | 7 | Termination of Benefits |
| 922 | Closure due to LTC admission | 7 | Termination of Benefits |
| 923 | Cancellation due to Excluded Category | 7 | Termination of Benefits |
| 924 | Closure due to Excluded Category | 7 | Termination of Benefits |
| 925 | Cancellation due to Hospice | 7 | Termination of Benefits |
| 926 | Retro-Closure due to Hospice | 7 | Termination of Benefits |
| 931 | Cancellation due to auto transfer | 7 | Termination of Benefits |
| 932 | Closure due to auto transfer | 7 | Termination of Benefits |

Appendix E – Aid Categories

Table contains the list of the Louisiana Medicaid Aid Categories.

| Aid Category | Short Description | Long Description |
|--------------|-----------------------|---|
| 1 | Aged | Persons who are age 65 or older. |
| 2 | Blind | Persons who meet the SSA definition of blindness. |
| 3 | Families and Children | Families with minor or unborn children. |
| 4 | Disabled | Persons who receive disability-based SSI or who meet SSA defined disability requirements. |
| 5 | Refugee Asst | Refugee medical assistance administered by DHH 11/24/2008 retroactive to 10/01/2008. Funded through Title IV of the Immigration and Nationality Act (not the Social Security Act - not Medicaid funds) |
| 6 | OCS Foster Care | Foster children and state adoption subsidy children who are directly served by and determined Medicaid eligible by OCS. |
| 8 | IV-E OCS/OYD | Children eligible under Title IV-E (OCS and OYD whose eligibility is determined by OCS using Title IV-E eligibility policy). |
| 11 | Hurricane Evacuees | Hurricane Katrina Evacuees |
| 13 | LIFC | Individuals who meet all eligibility requirements for LIFC under the AFDC State Plan in effect 7/16/1996. |
| 14 | Med Asst/Appeal | Individuals eligible for state-funded medical benefits as a result of loss of SSI benefits and Medicaid due to a cost-of-living increase in State or local retirement. |
| 15 | OCS/OYD Child | OCS and OYD children whose medical assistance benefits are state-funded. OCS has responsibility for determining eligibility for these cases. These children are not Title XIX Medicaid eligible. |
| 16 | Presumptive Eligible | Women medically verified to be pregnant and presumed eligible for Medicaid CHAMP Pregnant Woman benefits by a Qualified Provider. |
| 17 | QMB | Persons who meet the categorical requirement of enrollment in Medicare Part A including conditional enrollment. |
| 20 | TB | Individuals who have been diagnosed as or are suspected of being infected with Tuberculosis. |
| 22 | OCS/OYD (XIX) | Includes the following children in the custody of OCS: those whose income and resources are at or below the LIFC standard but are not IV-E eligible because deprivation is not met; those whose income and resources are at or below the standards for Regular MNP; those who meet the standards of CHAMP Child or CHAMP PW; and children aged 18-21 who enter the Young Adult Program. |
| 30 | 1115 HIFA Waiver | LaChoice and LHP |
| 40 | CSoC | CSoC |

Appendix F – Language Codes

Codes used to identify Language for the Louisiana Medicaid Program.

| LA Code | Description | 834 Code |
|---------|-----------------|----------|
| 01 | English | EN |
| 02 | Spanish | ES |
| 03 | American Sign | SZ |
| 04 | Arabic | AR |
| 05 | Armenian | HY |
| 06 | Chinese | CT |
| 07 | Farsi | FA |
| 08 | French | FR |
| 09 | German | DE |
| 10 | Greek | EL |
| 11 | Haitian-Creole | HC |
| 12 | Hindi | HI |
| 13 | Hmong | HM |
| 14 | Italian | IT |
| 15 | Japanese | JA |
| 16 | Khmer | KM |
| 17 | Korean | KO |
| 18 | Laotian | LO |
| 20 | Polish | PL |
| 21 | Portuguese | PT |
| 22 | Russian | RU |
| 23 | Samoan | SM |
| 24 | Tagalog | TL |
| 25 | Vietnamese | VI |
| 26 | Yiddish | JI |
| 27 | SDX Other Lang. | 27 |
| 28 | ACA Other | AC |
| 99 | Not declared | 99 |

Appendix G – Companion Guide Attribute Definitions

Codes used to define EDI elements

Attribute Definitions

Required Attribute

| Code | Description |
|------|--------------------------|
| M | Data element is required |
| O | Data element is optional |

Field Type Attribute

| Code | Description |
|------|--|
| AN | Alphanumeric |
| ID | Code or constant value (i.e. 001=change, 021=add,024=delete) |
| DT | Date |
| TM | Time |
| NO | Numeric Only |

Appendix H – Recipient Header Cross Reference

| Nbr | Field | Begin | End | Len | Req? | 834 Loop | Notes/Processing |
|-----|-----------------------------|-------|-----|-----|------|----------------------------|---|
| 1 | RECIP-ID-CURRENT | 1 | 13 | 13 | Y | 2000 - Member level detail | |
| 2 | RECIP-ID-ORIGINAL | 14 | 26 | 13 | N | | Prior CIN may be the same as current CIN |
| 3 | RECIP-HIC | 27 | 38 | 12 | N | | Medicare SSOC Claim Benefits Number |
| 4 | RECIP-SSN | 39 | 47 | 9 | Y | 2100A - Member name | |
| 5 | RECIP-LAST-NAME | 48 | 59 | 12 | Y | 2100A - Member name | |
| 6 | RECIP-FIRST-NAME | 60 | 71 | 12 | Y | 2100A - Member name | |
| 7 | RECIP-MID-INITIAL | 72 | 72 | 1 | N | 2100A - Member name | |
| 8 | RECIP-RECIP-TITLE | 73 | 75 | 3 | N | | |
| 9 | RECIP-RECIP-SUFFIX | 76 | 78 | 3 | N | 2100A - Member name | |
| 10 | RECIP-PREVIOUS-LAST-NAME | 79 | 90 | 12 | N | | |
| 11 | RECIP-PREVIOUS-FIRST-NAME | 91 | 102 | 12 | N | | |
| 12 | RECIP-PREVIOUS-MID-INITIAL | 103 | 103 | 1 | N | | |
| 13 | RECIP-ADDR-LN1 | 104 | 128 | 25 | N | | **No longer used. - Use expanded address |
| 14 | RECIP-ADDR-LN2 | 129 | 153 | 25 | N | | **No longer used. - Use expanded address |
| 15 | RECIP-CITY | 154 | 171 | 18 | N | | **No longer used. - Use expanded address |
| 16 | RECIP-STATE | 172 | 173 | 2 | N | | **No longer used. - Use expanded address |
| 17 | RECIP-ZIP-CODE | 174 | 182 | 9 | N | | **No longer used. - Use expanded address |
| 18 | RECIP-BIRTH-DATE | 183 | 190 | 8 | Y | 2100A - Member name | |
| 19 | RECIP-SEX | 191 | 191 | 1 | Y | 2100A - Member name | 1=M; 2=F; 9=Unknown |
| 20 | RECIP-RACE | 192 | 192 | 1 | N | | |
| 21 | RECIP-DATE-OF-DEATH | 193 | 200 | 8 | N | 2000 - Member level detail | |
| 22 | RECIP-DATE-OF-CERTIF | 201 | 208 | 8 | N | | |
| 23 | RECIP-DATE-OF-APPLIC | 209 | 216 | 8 | N | | |
| 24 | RECIP-DATE-OF-LAST-ACTIVITY | 217 | 224 | 8 | N | | |
| 25 | RECIP-GROSS-INCOME | 225 | 229 | 5 | N | | Not needed for EB |
| 26 | RECIP-FAMILY-SIZE | 230 | 232 | 3 | N | | Not needed for EB |
| 27 | RECIP-SEX-OVERRIDE-IND | 233 | 233 | 1 | N | | Not needed for EB, used in claims processing |
| 28 | RECIP-EPSTD-TACKING-INDIC | 234 | 234 | 1 | N | | Not needed for EB |
| 29 | RECIP-EPSTD-SIGNATURE-DATE | 235 | 242 | 8 | N | | Not needed for EB |
| 30 | RECIP-DX-DISCHRG-DATE | 243 | 250 | 8 | N | | Not needed for EB |
| 31 | RECIP-LTC-REVIEW-DATE | 251 | 258 | 8 | N | | Not needed for EB |
| 32 | RECIP-RECIP-EXCP-IND | 259 | 259 | 1 | N | | Not needed for EB, used to denote exemption from community care |
| 33 | RECIP-SOURCE-OF-INPUT | 260 | 260 | 1 | N | | Not needed for EB |

| Nbr | Field | Begin | End | Len | Req? | 834 Loop | Notes/Processing |
|-----|-----------------------------|-------|-----|-----|------|----------------------------|--|
| 34 | RECIP-TEL-NO | 261 | 270 | 10 | N | 2100A - Member name | Data may not be transmitted form Molina |
| 35 | RECIP-PBS-BEG-DATE | 271 | 278 | 8 | N | | Not needed for EB, used to identify Chisholm-class recipients |
| 36 | RECIP-PBS-END-DATE | 279 | 286 | 8 | N | | Not needed for EB, used to identify Chisholm-class recipients |
| 37 | RECIP-CASE-MANAGER | 287 | 293 | 7 | N | | Not needed for EB |
| 38 | RECIP-PID-CARD-NO | 294 | 309 | 16 | Y | 2000 - Member level detail | 16-digit number in the format 777nnnnnnnnnnss where n is unique and ss is iterative |
| 39 | RECIP-MOTHER-PERSON-ID | 310 | 322 | 13 | N | 2000 - Member level detail | |
| 40 | RECIP-HOH-LAST-NAME | 323 | 334 | 12 | N | 2100G - Responsible person | If populated, concatenate first name, middle initial and last name and update in ML address attention field. |
| 41 | RECIP-HOH-FIRST-NAME | 335 | 346 | 12 | N | 2100G - Responsible person | If populated, concatenate first name, middle initial and last name and update in ML address attention field. |
| 42 | RECIP-HOH-MIDDLE-INIT | 347 | 347 | 1 | N | 2100G - Responsible person | If populated, concatenate first name, middle initial and last name and update in ML address attention field. |
| 43 | RECIP-HEAD-OF-HOUSEHOLD-SSN | 348 | 356 | 9 | N | 2100G - Responsible person | |
| 44 | RECIP-PREFERRED-LANGUAGE-IN | 357 | 358 | 2 | N | | |
| 45 | 05 RECIP-EXP-ADDR-LN1 | 359 | 393 | 35 | Y | 2100C - Member mailing | Add/update as mailing address |
| 46 | 05 RECIP-EXP-ADDR-LN2 | 394 | 428 | 35 | Y | 2100C - Member mailing | Add/update as mailing address |
| 47 | 05 RECIP-EXP-ADDR-LN3 | 429 | 463 | 35 | Y | 2100C - Member mailing | Add/update as mailing address |
| 48 | 05 RECIP-EXP-CITY | 464 | 483 | 20 | Y | 2100C - Member mailing | Add/update as mailing address |
| 49 | 05 RECIP-EXP-STATE | 484 | 485 | 2 | Y | 2100C - Member mailing | Add/update as mailing address |
| 50 | 05 RECIP-EXP-ZIP-CODE | 486 | 494 | 9 | N | | |
| 51 | 05 RECIP-EXP-LAST-NAME | 495 | 519 | 25 | N | | |
| 52 | 05 RECIP-EXP-FIRST-NAME | 520 | 539 | 20 | N | | |
| 53 | 05 RECIP-EXP-MID-INITIAL | 540 | 540 | 1 | N | | |

| Nbr | Field | Begin | End | Len | Req? | 834 Loop | Notes/Processing |
|-----|---------------------------|-------|-----|-----|------|---------------------|---|
| 54 | 05 RECIP-EXP-RECIP-TITLE | 541 | 543 | 3 | N | | |
| 55 | 05 RECIP-EXP-RECIP-SUFFIX | 544 | 546 | 3 | N | | |
| 56 | 05 RECIP-EXTRA-PHONE1 | 547 | 556 | 10 | Y | 2100A - Member name | Add/update as state reported phone number 1 |
| 57 | 05 RECIP-EXTRA-PHONE2 | 557 | 566 | 10 | Y | 2100A - Member name | Add/update as state reported phone number 2 |
| 58 | 05 RECIP-PHY-ADDRESS-1 | 567 | 601 | 35 | Y | 2100A - Member name | Add/update as residential address |
| 59 | 05 RECIP-PHY-ADDRESS-2 | 602 | 636 | 35 | Y | 2100A - Member name | Add/update as residential address |
| 60 | 05 RECIP-PHY-ADDRESS-3 | 637 | 671 | 35 | Y | 2100A - Member name | Add/update as residential address |
| 61 | 05 RECIP-PHY-CITY-REC2 | 672 | 691 | 20 | Y | 2100A - Member name | Add/update as residential address |
| 62 | 05 RECIP-PHY-STATE-REC2 | 692 | 693 | 2 | Y | 2100A - Member name | Add/update as residential address |
| 63 | 05 RECIP-PHY-ZIP-REC2 | 694 | 702 | 9 | Y | 2100A - Member name | Add/update as residential address |

Appendix I – MEDS Closure Codes

| Code | Description | Code | Description |
|------|------------------|------|------------------|
| 002 | Sgmt info Chnge | 050 | SO CLOSURE/TA |
| 004 | Inc Over Limit | 051 | CHGE IN LAW/POL |
| 007 | MUM REACHES 18 | 052 | DECREA MED NEED |
| 008 | CT-ORDERED C/S | 055 | No Citizen Docu |
| 009 | OTHR HEALTH INS | 056 | No Identity Doc |
| 010 | KAT/OUT-OF-STAT | 058 | FAIL COMPLY/STP |
| 011 | AP RETURNED HOM | 059 | REFUGEE CLOSURE |
| 012 | MARRIAGE/REMARR | 061 | STRIKER |
| 013 | NON-COOP W/ SESS | 062 | Nbo Citz/Idn Doc |
| 014 | Discharge | 063 | Change OF PAYEE |
| 016 | NON-PAY PREMIUM | 064 | SSI Elig Closed |
| 018 | M'vd out Serv A | 066 | Open/close cert |
| 020 | LOC Not Met | 067 | SO USE ONLY |
| 021 | VOLUNTARY CS/AP | 068 | PACE Discharge |
| 022 | SUP OUTSIDE HOM | 070 | ORIGINAL INELIG |
| 023 | Chg QMB end dt | 072 | REFUS/ELIG REQU |
| 024 | Max age reached | 073 | No longer disab |
| 025 | IV-E OUT OF ST | 074 | No renew rec'd |
| 026 | MOV OUT OF HOME | 075 | No renew/verif |
| 027 | IN ERROR/BEF SD | 076 | Adult Ineligibl |
| 028 | S.O. USE ONLY | 077 | ADMIT TO INSTIT |
| 029 | S.O. USE ONLY | 078 | OUT OF STATE |
| 030 | ES (PAY 1 DAY) | 079 | Failed to enrol |
| 031 | Incr unearn inc | 080 | Client Req clsr |
| 034 | 180/60 Day Auto | 081 | RECI REACHES 65 |
| 035 | EXCESS RESOURCE | 085 | PRESUMPTIVE ELI |
| 036 | FAIL/LIFC FILT | 086 | CERTIFIED/FC |
| 037 | SUSPEN/EX REDET | 087 | CERTIFIED/SSI |
| 038 | FAIL/FITAP REQU | 089 | S.O USE ONLY |
| 040 | Dsn't want PACE | 090 | DEATH |
| 041 | OTHER INC/RESOU | 091 | REQ CLOSURE |
| 042 | DEC Surrendered | 092 | LAMI/CLT DIED |
| 043 | PROP/INSUFF RET | 093 | INCARCERATION |
| 044 | NOT COST EFFECT | 094 | Unable to locat |
| 047 | 4 MO DISC ENDS | 095 | In Other Cert |
| 048 | DEATH-DATE UNK | 096 | OTHER |
| 049 | BREAK CONT STAY | 097 | SSI CK RETURNED |

| Code | Description | Code | Description |
|------|-----------------|------|-----------------|
| 098 | S.O. USE ONLY | 142 | AG Has MCARE |
| 099 | CONVERS ERROR | 143 | AG NoDepen Covg |
| 100 | NOT CATEG ELIG | 803 | INCARCERATED |
| 101 | Req Clsr/hs ins | 900 | Opt NA/Tribal |
| 102 | INCREASED INCOM | 901 | Opt Foster Care |
| 103 | REAPPLY LATER | 902 | Opt Out OYD OJJ |
| 104 | NO INCOME VERIF | 903 | Opt Out Undr 19 |
| 105 | CHILD HEALTH | 904 | Opt Out SSI |
| 106 | Death of Payee | 905 | Opt Out Other |
| 107 | NO REASON GIVEN | 906 | Reserved |
| 108 | LACHIP TO CHAMP | 907 | Hospice |
| 109 | UNHAPPY W/PROG | 908 | Medicare |
| 110 | Hospice to MMIS | 911 | Emerg/disenroll |
| 111 | Repl into TCP | 912 | Retro Disenroll |
| 112 | 1st Prm Not Rec | 913 | INELIG POP CANC |
| 113 | Post-Partum End | 914 | INELIG POP CLOS |
| 114 | Miscarried | 915 | Cancel due LaHI |
| 115 | Dch fr Nur Fac | 916 | Cl du to LaHIPP |
| 116 | Dsch Fr Waiver | 917 | Rtro Clr mc/c |
| 117 | Waiver to Facil | 919 | Adm-Auth-Cancel |
| 118 | Facil to Waiver | 920 | Adm-Auth-Closur |
| 119 | LTC/SD to Mcare | 921 | Canc-due to LTC |
| 132 | Out of Parish | 922 | Retro-clsr LTC |
| 133 | Med Procedure | 923 | Cncl/excl elig |
| 134 | PregEnd/Medical | 924 | clsr/excl elig |
| 135 | No Medicare | 925 | Cancel hospice |
| 136 | Treatment ended | 926 | rtro clsr hspic |
| 137 | Behavioral Hlth | 931 | BYU-ENRL-canc |
| 138 | OCS Adopt Child | 932 | BYU--ENRL-clsr |
| 139 | Cls Equal Start | 970 | MEM ID INVALID |
| 141 | Returned Mail | | |

Appendix J – Renewal Codes

- 00 - New Certification
- 01 - Renewal Form
- 02 - Adv./Incomplete
- 04 - Adv/Pnd Closure
- 05 - Adv./DHH Appeal
- 06 - LAMI Closure
- 07 - SDX Closure
- 08 - Elig Evaluation
- 09 - Adv./SSA Appeal
- 10 - SDX Mcaid Elg Q
- 11 - Ex Parte
- 12 - 12 Mo Cont Elig
- 13 - OCS Closure
- 14 - Telephone
- 16 - Cit/Id Ver Pend
- 17 - Admin Renewal
- 18 - Online
- 19 - Remain In Coins
- 20 - ELE Renewal
- 21 - SNAP Closure
- 22 - Flood and Snap Renewal

Appendix K – Lockin File Layout

| DataBase Name: | | EB-SURS-LOCKIN-DETAIL | | | |
|---------------------------|---------|-----------------------|-----------|--|---|
| Location: | | File Extract | | | |
| Column Name or Field name | Columns | Length | Data Type | Accepted Values | Description |
| SURS-LOCKIN-ID-CURR | 1-13 | 13 | Numeric | 13-digit Recipient Medicaid ID number | The recipient's current Medicaid ID number |
| SURS-LOCKIN-ID-ORIG | 14-26 | 13 | Numeric | 13-digit Recipient Medicaid ID number | The recipient's original Medicaid ID number |
| SURS-LOCKIN-IND | 27-27 | 1 | CHAR | 1 - Physician and Pharmacy 2 - Managed Care 3 - Pharmacy Only 4 - HCBS Waivers 5 - OJJ Incarcerated Children 6 - Incarcerated - Adult X - Nullified historical Incarcerated Children Y - Nullified historical Incarcerated Adults | |
| SURS-LOCKIN-PHYSICIAN-1 | 28-34 | 7 | Numeric | Medicaid Provider ID number | If not = 0, then this is the 1 st MD Provider ID |
| SURS-LOCKIN-PHYSICIAN-2 | 35-41 | 7 | Numeric | Medicaid Provider ID number | If not = 0, then this is the 2 nd MD Provider ID |
| SURS-LOCKIN-PHYSICIAN-3 | 42-48 | 7 | Numeric | Medicaid Provider ID number | If not = 0, then this is the 3 rd MD Provider ID |
| SURS-LOCKIN-PHYSICIAN-4 | 49-55 | 7 | Numeric | Medicaid Provider ID number | If not = 0, then this is the 4 th MD Provider ID |
| SURS-LOCKIN-PHARMACY-1 | 56-62 | 7 | Numeric | Medicaid Provider ID number | If not = 0, then this is the 1 st RX Provider ID |
| SURS-LOCKIN-PHARMACY-2 | 63-69 | 7 | Numeric | Medicaid Provider ID number | If not = 0, then this is the 2 nd RX Provider ID |
| SURS-LOCKIN-BEGIN-DATE | 70-77 | 8 | Numeric | Format=YYYYMMDD | Begin date of the lockin |
| SURS-LOCKIN-END-DATE | 78-85 | 8 | Numeric | Format=YYYYMMDD | End date of the lockin |
| SURS-LOCKIN-LAST-ACT | 86-93 | 8 | Numeric | Format=YYYYMMDD | Last date of activity on this lockin segment. |
| SURS-PRE-RELEASE-DATE | 94-101 | 8 | Numeric | Format=YYYYMMDD | The recipient's pre-release date from incarceration. Can be > 0 when SURS-LOCKIN-IND = 5 ,6, X, or Y. Can be = 0 , if not provided. |