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| Benefit Enrollment and Maintenance (834) |
| Louisiana Medicaid EDI Transaction Set  Companion Guide |
|  |
| **Original Publication: 12/13/2011** |
| **Latest Update: 1/15/2024**  **Version 2.53** |

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| --- |
| This guide to be used in conjunction with the X12N/005010X220A1 Implementation Guide, published June 2010. |

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 |
| 09/11/2011 | Tina Martinez | 1.02 – Removed SV from NM108 |
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| 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. |
| 9/30/3014 | 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. |
| 3/31/2017 | Tadarrio Marshall | 2.37 – Added new manual corrections codes 314 – 317 on page 45 |
| 4/28/2017 | Jeff Hines | 2.38 - Changed ISA06 segment on page 10 to LAMEDICAID from LABAYOUHEALTH per DHH request. |
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| 8/24/2017 | Jeff Hines | 2.40 – Updated Appendix C capitation codes on page 44 from crosswalk provider by LDH on 7/21/17. |
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| 5/17/2018 | Tadarrio Marshall | 2.42 – Added LTC as an Insurance Line Code item on page 29 in loop 2300 at HD03. |
| 7/3/2018 | Kevin Guillory | Updated outdated verbiage |
| 5/20/2019 | Tadarrio Marshall | 2.44 - Updated Appendix C to add new cap code 90EXP |
| 2/22/2021 | Mike Polityka | 2.45 – Added ACT 421 – Updated Appendix C page 44 to add new Capitation Codes, Updated Appendix D page 46 to add new Maintenance Reason Codes, Updated Appendix K page 58 Lockin File Layout -Accepted Values |
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| 6/14/2023 | Mike Polityka | 2.52 – Updated Appendix I – Closure Codes Page 56-57 to add Closure Code - 970 Mem ID Invalid |
| 1/15/2024 | Jeff Hines | Added additional instructions regarding processing of 001, 021, and 024 transactions. Update made for segment INS03 on page 16. |

# Signature Page

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

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TABLE OF CONTENTS

[Signature Page 4](#_Toc505154490)

[1 Purpose 7](#_Toc505154491)

[1.1 Background 7](#_Toc505154492)

[1.2 Usage & Special Instructions 7](#_Toc505154493)

[1.3 Definitions 7](#_Toc505154494)

[1.4 Delimiters 8](#_Toc505154495)

[2 Structure 8](#_Toc505154496)

[2.1 Transaction Set Listing 8](#_Toc505154497)

[2.1.1 Table 1 – Header 8](#_Toc505154498)

[2.1.2 Table 2 – Detail 8](#_Toc505154499)

[2.2 834 Segment Detail 9](#_Toc505154500)

[2.2.1 ISA - Interchange Control Header 9](#_Toc505154501)

[2.2.2 GS - Functional Group Header 11](#_Toc505154502)

[2.2.3 ST - Transaction Set Header 11](#_Toc505154503)

[2.2.4 BGN - Beginning Segment 12](#_Toc505154504)

[2.2.5 DTP – File Effective Date 13](#_Toc505154505)

[2.2.6 N1 – Sponsor Name 14](#_Toc505154506)

[2.2.7 N1 – Payer 14](#_Toc505154507)

[2.2.8 INS – Member Level Detail 15](#_Toc505154508)

[2.2.9 REF – Subscriber Identifier 17](#_Toc505154509)

[2.2.10 REF – Member Policy Number 17](#_Toc505154510)

[2.2.11 REF – Member Supplemental Identifier 18](#_Toc505154511)

[2.2.12 DTP – Member Level Dates 18](#_Toc505154512)

[2.2.13 NM1 – Member Name 20](#_Toc505154513)

[2.2.14 PER – Member Communication Numbers 21](#_Toc505154514)

[2.2.15 N3 – Member Residence Street Address 22](#_Toc505154515)

[2.2.16 N4 – Member City, State, Zip Code 22](#_Toc505154516)

[2.2.17 DMG – Member Demographics 23](#_Toc505154517)

[2.2.18 LUI – Member Language 24](#_Toc505154518)

[2.2.19 NM1 – Member Mailing Address 25](#_Toc505154519)

[2.2.20 N3 – Member Mail Street Address 26](#_Toc505154520)

[2.2.21 N4 – Member Mail City, State, Zip Code 26](#_Toc505154521)

[2.2.22 NM1 – Responsible Person 27](#_Toc505154522)

[2.2.23 HD – Health Coverage 28](#_Toc505154523)

[2.2.24 DTP – Health Coverage Dates 31](#_Toc505154524)

[2.2.25 REF – Health Coverage Policy Number 31](#_Toc505154525)

[2.2.26 HD – Health Coverage – CSoC Type cases 32](#_Toc505154526)

[2.2.27 DTP – CSoC admit and discharge dates 33](#_Toc505154527)

[2.2.28 LX – Provider Information 33](#_Toc505154528)

[2.2.29 NM1 – Provider Name 34](#_Toc505154529)

[2.2.30 LS – Additional Reporting Categories 35](#_Toc505154530)

[2.2.31 LX – Member Reporting Categories 35](#_Toc505154531)

[2.2.32 N1 – Reporting Category 36](#_Toc505154532)

[2.2.33 REF – Reporting Category Reference 36](#_Toc505154533)

[2.2.34 DTP – Report Category Date 37](#_Toc505154534)

[2.2.35 LE – Additional Reporting Categories Loop Termination 38](#_Toc505154535)

[2.2.36 SE – Transaction Set Trailer 38](#_Toc505154536)

[2.2.37 GE –Functional Group Trailer 39](#_Toc505154537)

[2.2.38 IEA –Interchange Control Trailer 39](#_Toc505154538)

[3 Testing 40](#_Toc505154539)

[3.1 Xchange Gateway 40](#_Toc505154540)

[3.1.1 Xchange Gateway Server 40](#_Toc505154541)

[3.1.2 Access 40](#_Toc505154542)

[3.1.3 User Account Activation 40](#_Toc505154543)

[3.1.4 Self Service Password Administration 40](#_Toc505154544)

[3.1.5 Connectivity Issues 40](#_Toc505154545)

[3.1.6 File Locations 40](#_Toc505154546)

[Appendix A – RACE Codes 41](#_Toc505154547)

[Appendix B – Parish Codes 42](#_Toc505154548)

[Appendix C – Capitation codes 44](#_Toc505154549)

[Appendix D – Maintenance Reason Codes 46](#_Toc505154550)

[Appendix D – Maintenance Reason Codes – Continued 48](#_Toc505154551)

[Appendix E – Aid Categories 49](#_Toc505154552)

[Appendix F – Language Codes 50](#_Toc505154553)

[Appendix G – Companion Guide Attribute Definitions 51](#_Toc505154554)

[Appendix H – Recipient Header Cross Reference 52](#_Toc505154555)

[Appendix I – MEDS Closure Codes 55](#_Toc505154556)

[Appendix J – Renewal Codes 57](#_Toc505154557)

[Appendix K – Lockin File Layout 58](#_Toc505154558)

[Appendix L – Approval Codes 59](#_Toc505154559)

# 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.

|  |  |
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|  | ***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.*** |

## 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](http://www.hhs.gov)

## Usage & Special Instructions

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

Daily files are transmitted from the enrollment broker to the MCO’s and contain records that have passed application system edits. These transactions include enrollment, disenrollment, or change records for the MCO.

The Monthly file is the MCO’s full positive file of enrollments. The file includes a record for each MCO member with information on that member’s current eligibility and enrollment.

The Quarterly file includes a record for each member that was enrolled with a CMO during the previous quarter including the span of that member’s coverage.

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.

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

## 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. |  |

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

## 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 |

# 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.

## 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)

### 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** |  |  |  |  |  | **1** |
| 0700 | N1 | Sponsor Name | Required | 1 |  | | | |
|  |  |  |  |  |  | | | |
|  |  | **LOOP ID – 1000B PAYER** |  |  |  |  |  | **1** |
| 0700 | N1 | Payer | Required | 1 |  | | | |
|  |  |  |  |  |  | | | |

### 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** |  |  |  |  |  | **>1** |
| 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** |  |  |  |  | **1** |  |
| 0300 | NM1 | Member Name | Required | 1 |  |  |  |  |
| 0400 | PER | Member Communications Numbers | Situational | 1 |  |  |  |  |
| 0500 | N3 | Member Residence Street Address | Situational | 1 |  |  |  |  |
| 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 |  |  |  |  |

## 834 Segment Detail

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

### 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** | | | | **M** | **ID** | **2/2** |
|  |  | Code identifying the type of information in the Authorization Information | | | |  |  |  |
|  |  | |  |  |  | | --- | --- | --- | | **Code** | **Definition** | **Comments** | | **00** | No Authorization Information Present | No Meaningful Information in I02 | | | | |  |  |  |
| **REQUIRED** | **ISA02** | **Authorization Information** | | | | **M** | **AN** | **10/10** |
|  |  | Not used but required. Fill with spaces. | | | |  |  |  |
| **REQUIRED** | **ISA03** | **Security Information Qualifier** | | | | **M** | **ID** | **2/2** |
|  |  | Code identifying the type of information in the Security Information | | | |  |  |  |
|  |  | |  |  |  | | --- | --- | --- | | **Code** | **Definition** | **Comments** | | **00** | No Security Information Present | No Meaningful Information in I04 | | | | |  |  |  |
| **REQUIRED** | **ISA04** | **Security Information** | | | | **M** | **AN** | **10/10** |
|  |  | Not used but required. Fill with spaces. | | | |  |  |  |
| **REQUIRED** | **ISA05** | **Interchange ID Qualifier** | | | | **M** | **ID** | **2/2** |
|  |  | Code indicating the system/method of code structure used to designate the sender or receiver ID element being qualified | | | |  |  |  |
|  |  | |  |  |  | | --- | --- | --- | | **Code** | **Definition** | **Comments** | | **ZZ** | Mutually Defined |  | | | | |  |  |  |
| **REQUIRED** | **ISA06** | **Interchange Sender ID** | | | | **M** | **AN** | **15/15** |
|  |  | The identification code for the Louisiana Medicaid for routing data is **LAMEDICAID** | | | |  |  |  |
| **REQUIRED** | **ISA07** | **Interchange ID Qualifier** | | | | **M** | **ID** | **2/2** |
|  |  | Code indicating the system/method of code structure used to designate the sender or receiver ID element being qualified | | | |  |  |  |
|  |  | |  |  |  | | --- | --- | --- | | **Code** | **Definition** | **Comments** | | **30** | US Federal Tax Identification Number |  | | | | |  |  |  |
| **REQUIRED** | **ISA08** | **Interchange Receiver ID** | | | | **M** | **AN** | **15/15** |
|  |  | The Receivers Identification code is **CCN Federal Tax ID** | | | |  |  |  |
| **REQUIRED** | **ISA09** | **Interchange Date** | | | | **M** | **DT** | **6/6** |
|  |  | Date of the interchange | | | |  |  |  |
|  |  | |  |  | | --- | --- | | **FORMAT:** | YYMMDD | | | |  | |  |  | |
| **REQUIRED** | **ISA10** | **Interchange Time** | | | | **M** | **TM** | **4/4** |
|  |  | Time of the interchange | | | |  |  |  |
|  |  | |  |  | | --- | --- | | **FORMAT:** | HHMM | | | |  | |  |  |
| **REQUIRED** | **ISA11** | **Repetition Separator** | | | | **M** |  | **1/1** |
|  |  | The Repetition Separator used is **^** | |  | |  |  |  |
| **REQUIRED** | **ISA12** | **Interchange Control Version Number** | | | | **M** | **ID** | **5/5** |
|  |  | Code specifying the version number of the interchange control segments | | | |  |  |  |
|  |  | |  |  |  | | --- | --- | --- | | **Code** | **Definition** | **Comments** | | **00501** | Standards Approved for Publication by ASC X12 Procedures Review Board through October 2003 |  | | | | |  |  |  |
| **REQUIRED** | **ISA13** | **Interchange Control Number** | | | | **M** | **NO** | **9/9** |
|  |  | A control number assigned by the interchange sender. This number must be identical to IEA02 | | | |  |  |  |
| **REQUIRED** | **ISA14** | **Acknowledgment Requested** | | | | **M** | **ID** | **1/1** |
|  |  | Code indicating sender’s request for an interchange acknowledgment | | | |  |  |  |
|  |  | |  |  |  | | --- | --- | --- | | **Code** | **Definition** | **Comments** | | **0** | No Interchange Acknowledgment Requested |  | | | | |  |  |  |
| **REQUIRED** | **ISA15** | **Interchange Usage Indicator** | | | | **M** | **ID** | **1/1** |
|  |  | Code indicating whether data enclosed by this interchange envelope is test, production or information | | | |  |  |  |
|  |  | |  |  |  | | --- | --- | --- | | **Code** | **Definition** | **Comments** | | **P** | Production |  | | **T** | Test |  | | | | |  |  |  |
| **REQUIRED** | **ISA16** | **Component Element Separator** | | | | **M** |  | **1/1** |
|  |  | The Component Element Separator used is **:** |  | | |  |  |  |

### 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** | **M** | **ID** | **2/2** |
|  |  | Code identifying a group of application related transaction sets |  |  |  |
|  |  | |  |  |  | | --- | --- | --- | | **Code** | **Definition** | **Comments** | | **BE** | Benefit Enrollment and Maintenance (834) |  | |  |  |  |
| **REQUIRED** | **GS02** | **Application Sender’s Code** | **M** | **AN** | **2/15** |
|  |  | Sender's Identifications code is **LAMEDICAID** |  |  |  |
| **REQUIRED** | **GS03** | **Application Receiver’s Code** | **M** | **AN** | **2/15** |
|  |  | Code identifying party receiving transmission  **MCO’s ID Code** |  |  |  |
| **REQUIRED** | **GS04** | **Date** | **M** | **DT** | **8/8** |
|  |  | Function Group Creation Date |  |  |  |
|  |  | **FORMAT: YYMMDD** |  |  |  |
| **REQUIRED** | **GS05** | **Time** | **M** | **TM** | **4/8** |
|  |  | Creation Time |  |  |  |
|  |  | **FORMAT: HHMM** |  |  |  |
| **REQUIRED** | **GS07** | **Responsible Agency Code** | **M** | **ID** | **1/2** |
|  |  | Code identifying the issuer of the standard |  |  |  |
|  |  | |  |  |  | | --- | --- | --- | | **Code** | **Definition** | **Comments** | | **X** | Accredited Standards Committee X12 |  | |  |  |  |
| **REQUIRED** | **GS08** | **Version / Release / Industry Identifier Code** | **M** | **ID** | **1/2** |
|  |  | |  |  |  | | --- | --- | --- | | **Code** | **Definition** | **Comments** | | **005010X220A1** | Standards Approved for Publication by ASC X12 Procedures Review Board |  | |  |  |  |

### 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~ |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **ST**✽ | |  |  |  | | --- | --- | --- | | ST01 |  | 143 | | **Trans Set Identifier Code** | | | | M | ID | 3/3 | | ✽ | |  |  |  | | --- | --- | --- | | ST02 |  | 329 | | **Trans Sent Control Number** | | | | M | AN | 4/9 | | ✽ | |  |  |  | | --- | --- | --- | | ST03 |  | 1705 | | **Implement Conv Reference** | | | | O | AN | 1/35 | | **~** |

| **USAGE** | **REF. DES.** | **Name** | **Attributes** | | |
| --- | --- | --- | --- | --- | --- |
| **REQUIRED** | **ST01** | **Transaction Set Identifier Code** | **M** | **ID** | **3/3** |
|  |  | Code uniquely identifying a Transaction Set |  |  |  |
|  |  | |  |  |  | | --- | --- | --- | | **Code** | **Definition** | **Comments** | | **834** | Benefit Enrollment and Maintenance |  | |  |  |  |
| **REQUIRED** | **ST02** | **Transaction Set Control Number** | **M** | **AN** | **4/9** |
|  |  | Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set. The number must be identical to the SE02 data element as defined in section 2.2.28 on pages 29 and 30. |  |  |  |
| **REQUIRED** | **ST03** | **Implementation Convention Reference** | **O** | **AN** | **1/35** |
|  |  | |  |  |  | | --- | --- | --- | | **Code** | **Definition** | **Comments** | | **005010X220A1** | Standards Approved for Publication by ASC X12 Procedures Review Board |  | |  |  |  |

### BGN - Beginning Segment

|  |  |
| --- | --- |
| **X12 Segment Name:** | Beginning Segment |
| **X12 Purpose:** | To indicate the beginning of a transaction set |
| **Segment Repeat:** | 1 |
| **Usage:** | REQUIRED |
| **Example:** | BGN✽00✽XXXX✽19970920✽120001✽CT✽✽✽2~ |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **BGN \*** | |  |  |  | | --- | --- | --- | | BGN01 | | 353 | | **TS Purpose Code** | | | | M | ID | 2/2 | | **\*** | |  |  |  | | --- | --- | --- | | BGN02 | | 127 | | **Reference Identifier** | | | | M | AN | 1/50 | | **\*** | |  |  |  | | --- | --- | --- | | BGN03 | | 337 | | **Date** | | | | M | DT | 8/8 | | **\*** | |  |  |  | | --- | --- | --- | | BGN04 | | 337 | | **Time** | | | | X | TM | 4/8 | | **\*** | |  |  |  | | --- | --- | --- | | BGN05 | | 623 | | **Time Code** | | | | O | ID | 2/2 | |
| **\*** | |  |  |  | | --- | --- | --- | | BGN06 | | 127 | | **~~Reference Identification~~** | | | | O | AN | 1/50 | | **\*** | |  |  |  | | --- | --- | --- | | BGN07 | | 640 | | **~~Transaction Type Code~~** | | | | O | ID | 2/2 | | **\*** | |  |  |  | | --- | --- | --- | | BGN008 | | 306 | | **Action Code** | | | | O | ID | 1/2 | | **~** |  |  |  |

| **Usage** | | **REF. DES.** | **Name** | | | **Attributes** | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **REQUIRED** | **BGN01** | | **Transaction Set Purpose Code** | | | **M** | **ID** | **2/2** |
|  |  | | Code identifying purpose of transaction set | | |  |  |  |
|  |  | | |  |  |  | | --- | --- | --- | | **Code** | **Definition** | **Comments** | | **00** | Original |  | | | |  |  |  |
| **REQUIRED** | **BGN02** | | **Reference Identification** | | | **M** | **AN** | **1/50** |
|  |  | | Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier | | |  |  |  |
| **REQUIRED** | **BGN03** | | **Date** | | | **M** | **DT** | **8/8** |
|  |  | | Functional Group Creation Date | | |  |  |  |
|  |  | | **FORMAT:** | **CCYYMMDD** | |  |  |  |
| **REQUIRED** | **BGN04** | | **Time** | | | **M** | **TM** | **4/8** |
|  |  | | Transaction set creation time | | |  |  |  |
|  |  | | **FORMAT:** | | **HHMMSS** |  |  |  |
| **SITUATIONAL** | **BGN05** | | **Time Code** | | | **O** | **ID** | **2/2** |
|  |  | | Time Zone | | |  |  |  |
|  |  | | |  |  |  | | --- | --- | --- | | **Code** | **Definition** | **Comments** | | **CT** | Central Time |  | | | |  |  |  |
| **SITUATIONAL** | **BGN06** | | **Reference Identification** | | | **O** | **AN** | **1/50** |
|  |  | | Not Used | | |  |  |  |
| **NOT USED** | **BGN07** | | **Transaction Type Code** | | | **O** | **ID** | **1/50** |
|  |  | | Not Used | | |  |  |  |
| **REQUIRED** | **BGN08** | | **Action Code** | | | **O** | **ID** | **1/2** |
|  |  | | Code indicating type of action | | |  |  |  |
|  |  | | |  |  |  | | --- | --- | --- | | **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. | | | |  |  |  |

### 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~ |
|  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **DTP \*** | |  |  |  | | --- | --- | --- | | DTP01 | | 374 | | **Date/Time Qualifier** | | | | M | ID | 3/3 | | **\*** | |  |  |  | | --- | --- | --- | | DTP02 | | 1250 | | **Date Time Period Format Qualifier** | | | | M | AN | 1/50 | | **\*** | |  |  |  | | --- | --- | --- | | BGN03 | | 337 | | **Date Time**  **Period** | | | | M | DT | 8/8 | | **~** |

| **Usage** | | **REF. DES.** | **Name** | **Attributes** | | |
| --- | --- | --- | --- | --- | --- | --- |
| **REQUIRED** | **DTP01** | | **Date/Time Qualifier** | **M** | **ID** | **3/3** |
|  |  | | Code specifying type of date or time, or both date and time |  |  |  |
|  |  | | |  |  |  | | --- | --- | --- | | **Code** | **Definition** | **Comments** | | **007** | Effective |  | |  |  |  |
| **REQUIRED** | **DTP02** | | **Date Time Period Format Qualifier** | **M** | **ID** | **2/3** |
|  |  | | Code indicating the date format, time format, or date and time format |  |  |  |
|  |  | | |  |  |  | | --- | --- | --- | | **Code** | **Definition** | **Comments** | | **D8** | Date Expressed in Format CCYYMMDD |  | |  |  |  |
| **REQUIRED** | **DTP03** | | **Date Time Period** | **M** | **AN** | **1/35** |
|  |  | | Expression of a date. |  |  |  |

### 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~ |
|  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **N1 \*** | |  |  |  | | --- | --- | --- | | N101 | | 98 | | **Entity ID**  **Code** | | | | M | ID | 2/3 | | **\*** | |  |  |  | | --- | --- | --- | | N102 | | 93 | | **~~Name~~** | | | | X | AN | 1/60 | | **\*** | |  |  |  | | --- | --- | --- | | N103 | | 66 | | **ID Code Qualifier** | | | | X | ID | 1/2 | | **\*** | |  |  |  | | --- | --- | --- | | N104 | | 67 | | **ID Code** | | | | X | AN | 2/80 | | **~** |  |

| **Usage** | **REF. DES.** | **Name** | **Attributes** | | |
| --- | --- | --- | --- | --- | --- |
| **REQUIRED** | **N101** | **Entity Identifier Code** | **M** | **ID** | **2/3** |
|  |  | Code identifying an organizational entity, a physical location, property or an individual |  |  |  |
|  |  | |  |  |  | | --- | --- | --- | | **Code** | **Definition** | **Comments** | | **P5** | Plan Sponsor |  | |  |  |  |
| **SITUATIONAL** | **N102** | **Name** | **X** | **AN** | **1/60** |
|  |  | Not Sent |  |  |  |
| **REQUIRED** | **N103** | **Identification Code Qualifier** | **X** | **ID** | **1/2** |
|  |  | |  |  |  | | --- | --- | --- | | **Code** | **Definition** | **Comments** | | **FI** | Federal Taxpayer’s Identification Number |  | |  |  |  |
| **REQUIRED** | **N104** | **Identification Code** | **X** | **AN** | **2/80** |
|  |  | Identification Code sent **726011595** |  |  |  |

### 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~ |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **N1 \*** | |  |  |  | | --- | --- | --- | | N101 | | 98 | | **Entity ID**  **Code** | | | | M | ID | 2/3 | | **\*** | |  |  |  | | --- | --- | --- | | N102 | | 93 | | **Name** | | | | X | AN | 1/50 | | **\*** | |  |  |  | | --- | --- | --- | | N103 | | 66 | | **ID Code Qualifier** | | | | X | ID | 1/2 | | **\*** | |  |  |  | | --- | --- | --- | | N104 | | 67 | | **ID Code** | | | | X | AN | 2/80 | | **~** |  |

| **Usage** | **REF. DES.** | **Name** | **Attributes** | | |
| --- | --- | --- | --- | --- | --- |
| **REQUIRED** | **N101** | **Entity Identifier Code** | **M** | **ID** | **2/3** |
|  |  | Code identifying an organizational entity, a physical location, property or an individual |  |  |  |
|  |  | |  |  |  | | --- | --- | --- | | **Code** | **Definition** | **Comments** | | **IN** | Insurer |  | |  |  |  |
| **SITUATIONAL** | **N102** | **Name** | **X** | **AN** | **1/60** |
|  |  | Not Used |  |  |  |
| **REQUIRED** | **N103** | **Identification Code Qualifier** | **X** | **ID** | **1/2** |
|  |  | |  |  |  | | --- | --- | --- | | **Code** | **Definition** | **Comments** | | **FI** | Federal Taxpayer’s Identification Number |  | |  |  |  |
| **REQUIRED** | **N104** | **Identification Code** | **X** | **AN** | **2/80** |
|  |  | Identification Code sent  **MCO’s Federal Tax ID** |  |  |  |

### 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~ |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **INS \*** | |  |  |  | | --- | --- | --- | | INS01 | | 1073 | | **Yes/No Cond Resp Code** | | | | M | ID | 1/1 | | **\*** | |  |  |  | | --- | --- | --- | | INS02 | | 1069 | | **Individual Relation Code** | | | | M | ID | 2/2 | | **\*** | |  |  |  | | --- | --- | --- | | ISN03 | | 875 | | **Maintenance Type Code** | | | | O | ID | 3/3 | | **\*** | |  |  |  | | --- | --- | --- | | INS04 | | 1203 | | **Maintain Reason Code** | | | | O | ID | 2/3 | | **\*** | |  |  |  | | --- | --- | --- | | INS05 | | 1216 | | **Benefit Status Code** | | | | O | ID | 1/1 | |
| **\*** | |  |  |  | | --- | --- | --- | | INS06 | | C052 | | **~~Medicare Status Code~~** | | | | O |  |  | | **\*** | |  |  |  | | --- | --- | --- | | INS07 | | 1219 | | **~~COBRA Qual Event Code~~** | | | | O | ID | 1/2 | | **\*** | |  |  |  | | --- | --- | --- | | INS08 | | 584 | | **Employment Status Code** | | | | O | ID | 2/2 | | **\*** | |  |  |  | | --- | --- | --- | | INS09 | | 1220 | | **~~Student Status Code~~** | | | | O | ID | 1/1 | | **\*** | |  |  |  | | --- | --- | --- | | INS10 | | 1073 | | **Handicap Indicator** | | | | O | ID | 1/1 | |
| **\*** | |  |  |  | | --- | --- | --- | | INS11 | | 1250 | | **Date Time Format Qual** | | | | O | ID | 2/3 | | **\*** | |  |  |  | | --- | --- | --- | | INS12 | | 1251 | | **Date of Death** | | | | O | AN | 1/35 | | **~** |  |  |  |  |  |

| **Usage** | | **REF. DES.** | **Name** | | **Attributes** | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **REQUIRED** | **INS01** | | | **Member Indicator** | **M** | **ID** | **1/1** | |
|  |  | | | Indicates the person is a subscriber (all records for Medicaid are subscribers). |  |  |  | |
|  |  | | | |  |  |  | | --- | --- | --- | | **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. |  |  |  | |
|  |  | | | |  |  |  | | --- | --- | --- | | **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  **Processing Note:** 001 change transaction are to be used for demographic updates only and should not be used to update Medicaid eligibility or benefit begin/end dates. Only 021 and 024 transactions should be used to add or update dates. |  |  |  | |
|  |  | | | |  |  |  | | --- | --- | --- | | **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) |  |  |  | |
|  |  | | | |  |  |  | | --- | --- | --- | | **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 |  |  |  | |
|  |  | | | |  |  |  | | --- | --- | --- | | **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. |  |  |  | |
|  |  | | | |  |  |  | | --- | --- | --- | | **Code** | **Definition** | **Comments** | | **AC** | Active | Medicaid Managed Care participant | | **TE** | Terminated | Not a Medicaid managed Care participant | |  |  |  | |
| **SITUATIONAL** | **INS09** | | | **Student Status Code** | **O** | **ID** | **1/1** | |
|  |  | | | Not Used |  |  |  | |
| **SITUATIONAL** | **INS10** | | | **Handicap Indicator** | **O** | **ID** | **1/1** | |
|  |  | | | Special Needs Indicator |  |  |  | |
|  |  | | | |  |  |  | | --- | --- | --- | | **Code** | **Definition** | **Comments** | | **N** | No |  | | **Y** | Yes |  | |  |  |  | |
| **SITUATIONAL** | **INS11** | | | **Date Time Period Format Qualifier** | **X** | **ID** | **2/3** | |
|  |  | | | Code indicating the date format, time format, or date and time format |  |  |  | |
|  |  | | | |  |  |  | | --- | --- | --- | | **Code** | **Definition** | **Comments** | | **D8** | Date Expressed in Format CCYYMMDD |  | |  |  |  | |
| **SITUATIONAL** | **INS12** | | | **Date of Death** | **X** | **AN** | **1/35** | |
|  |  | | | Member Individual Death Date. Required if the member is deceased. This does not replace the use of the termination date within the 2300 loop. |  |  |  | |

### 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✽1111111111111~ |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **REF \*** | |  |  |  | | --- | --- | --- | | REF01 | | 353 | | **TS Purpose Code** | | | | M | ID | 2/2 | | **\*** | |  |  |  | | --- | --- | --- | | REF02 | | 127 | | **Reference Identifier** | | | | X | AN | 1/50 | | **~** |  |  |  |  |  |

| **Usage** | | **REF. DES.** | **Name** | | **Attributes** | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **REQUIRED** | **REF01** | | | **Reference Identification Qualifier** | **M** | **ID** | **2/3** |
|  |  | | | Code qualifying the Reference Identification |  |  |  |
|  |  | | | |  |  |  | | --- | --- | --- | | **Code** | **Definition** | **Comments** | | **0F** | Subscriber Number |  | |  |  |  |
| **REQUIRED** | **REF02** | | | **Reference Identification** | **M** | **AN** | **1/50** |
|  |  | | | Identifying subscriber identifier is 13-digit Louisiana Medicaid Recipient ID Number |  |  |  |

### 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~ |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **REF \*** | |  |  |  | | --- | --- | --- | | REF01 | | 353 | | **TS Purpose Code** | | | | M | ID | 2/2 | | **\*** | |  |  |  | | --- | --- | --- | | REF02 | | 127 | | **Reference Identifier** | | | | X | AN | 1/50 | | **~** |  |  |  |  |  |

| **Usage** | | **REF. DES.** | **Name** | | **Attributes** | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **REQUIRED** | **REF01** | | | **Reference Identification Qualifier** | **M** | **ID** | **2/3** |
|  |  | | | Code qualifying the Reference Identification |  |  |  |
|  |  | | | |  |  |  | | --- | --- | --- | | **Code** | **Definition** | **Comments** | | **1L** | Group or Policy Number |  | |  |  |  |
| **REQUIRED** | **REF02** | | | **Reference Identification** | **M** | **AN** | **1/50** |
|  |  | | | Policy number with a value of **1726011595** |  |  |  |

### 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~ |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **REF \*** | |  |  |  | | --- | --- | --- | | REF01 | | 128 | | **Reference Ident Qualifier** | | | | M | ID | 2/3 | | **\*** | |  |  |  | | --- | --- | --- | | REF02 | | 127 | | **Reference Identifier** | | | | M | AN | 1/50 | | **~** |  |  |  |  |  |

| **Usage** | | **REF. DES.** | **Name** | | **Attributes** | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **REQUIRED** | **REF01** | | | **Reference Identification Qualifier** | **M** | **ID** | **2/3** |
|  |  | | | Code qualifying the Reference Identification |  |  |  |
|  |  | | | |  |  |  | | --- | --- | --- | | **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** | **M** | **AN** | **1/50** |
|  |  | | | Value to be supplied – to match code definition. |  |  |  |

### 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~ |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **DTP \*** | |  |  |  | | --- | --- | --- | | DTP | | 374 | | **Date/Time Qualifier** | | | | M | ID | 3/3 | | **\*** | |  |  |  | | --- | --- | --- | | DTP02 | | 1250 | | **Date Time Format Qualifier** | | | | M | ID | 2/3 | | **\*** | |  |  |  | | --- | --- | --- | | DTP03 | | 1251 | | **Date** | | | | M | AN | 1/35 | | **~** |  |  |  |

| **Usage** | | | **REF. DES.** | **Name** | | | | | | | | | **Attributes** | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **REQUIRED** | | **DTP01** | | | **Date/Time Qualifier** | | | | | | | | **M** | | **ID** | **3/3** | |
|  | |  | | | Code specifying type of date or time, or both date and time | | | | | | | |  | |  |  | |
|  | |  | | | |  |  |  | | --- | --- | --- | | **Code** | **Definition** | **Comments** | | **473** | Medicaid Begin |  | | **474** | Medicaid End |  | | | | | | | | |  | |  |  | |
| **REQUIRED** | | **DTP02** | | | **Date Time Period Format Qualifier** | | | | | | | | **M** | | **ID** | **2/3** | |
|  | |  | | | Code indicating the date format, time format, or date and time format | | | | | | | |  | |  |  | |
|  | |  | | | |  |  |  | | --- | --- | --- | | **Code** | **Definition** | **Comments** | | **D8** | Date Expressed in Format CCYYMMDD |  | | | | | | | | |  | |  |  | |
| **REQUIRED** | | **DTP03** | | | **Date Time Period** | | | | | | | | **M** | | **AN** | **1/35** | |
|  | |  | | | Status Information Effective Date | | | | | | | |  | |  |  | |
| **DTP \*** | |  |  |  | | --- | --- | --- | | DTP | | 374 | | **Date/Time Qualifier** | | | | M | ID | 3/3 | | | | | | **\*** | |  |  |  | | --- | --- | --- | | DTP02 | | 1250 | | **Date Time Format Qualifier** | | | | M | ID | 2/3 | | **\*** | |  |  |  | | --- | --- | --- | | DTP03 | | 1251 | | **Date** | | | | M | AN | 1/35 | | **~** |  |  | |  | | |

| **Usage** | | **REF. DES.** | **Name** | | **Attributes** | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **REQUIRED** | **DTP01** | | | **Date/Time Qualifier** | **M** | **ID** | **3/3** |
|  |  | | | Code specifying type of date or time, or both date and time |  |  |  |
|  |  | | | |  |  |  | | --- | --- | --- | | **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** | **M** | **ID** | **2/3** |
|  |  | | | Code indicating the date format, time format, or date and time format |  |  |  |
|  |  | | | |  |  |  | | --- | --- | --- | | **Code** | **Definition** | **Comments** | | **D8** | Date Expressed in Format CCYYMMDD |  | |  |  |  |
| **REQUIRED** | **DTP03** | | | **Date Time Period** | **M** | **AN** | **1/35** |
|  |  | | | Status Information Effective Date |  |  |  |

### 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~ |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **NM1 \*** | |  |  |  | | --- | --- | --- | | NM101 | | 98 | | **Entity ID**  **Code** | | | | M | ID | 2/3 | | **\*** | |  |  |  | | --- | --- | --- | | NM102 | | 1065 | | **Entity Type Qualifier** | | | | M | ID | 1/1 | | **\*** | |  |  |  | | --- | --- | --- | | NM103 | | 1035 | | **Last Name** | | | | X | AN | 1/60 | | **\*** | |  |  |  | | --- | --- | --- | | NM104 | | 1036 | | **First Name** | | | | O | AN | 1/35 | | **\*** | |  |  |  | | --- | --- | --- | | NM105 | | 1037 | | **Middle Name** | | | | O | AN | 1/10 | |
| **\*** | |  |  |  | | --- | --- | --- | | NM106 | | 1038 | | **~~Name Prefix~~** | | | | O | AN | 1/10 | | **\*** | |  |  |  | | --- | --- | --- | | NM107 | | 1039 | | **Name Suffix** | | | | O | AN | 1/10 | | **\*** | |  |  |  | | --- | --- | --- | | NM108 | | 66 | | **ID Code**  **Qualifier** | | | | X | ID | 1/2 | | **\*** | |  |  |  | | --- | --- | --- | | NM109 | | 67 | | **ID Code** | | | | X | AN | 2/80 | | **~** |  |

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

### 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~ |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PER \*** | |  |  |  | | --- | --- | --- | | PER01 | | 366 | | **Contact Function Code** | | | | M | ID | 2/2 | | **\*** | |  |  |  | | --- | --- | --- | | PER02 | | 93 | | **~~Name~~** | | | | O | AN | 1/60 | | **\*** | |  |  |  | | --- | --- | --- | | PER03 | | 365 | | **Comm Number Qualifier** | | | | M | ID | 2/2 | | **\*** | |  |  |  | | --- | --- | --- | | PER04 | | 364 | | **Communication Number** | | | | X | AN | 1/256 | | **\*** | |  |  |  | | --- | --- | --- | | PER05 | | 365 | | **Comm Number Qualifier** | | | | X | ID | 2/2 | |
| **\*** | |  |  |  | | --- | --- | --- | | PER06 | | 364 | | **Communication Number** | | | | X | AN | 1/256 | | **\*** | |  |  |  | | --- | --- | --- | | PER07 | | 365 | | **Comm Number Qualifier** | | | | X | ID | X | | **\*** | |  |  |  | | --- | --- | --- | | PER08 | | 364 | | **Communication Number** | | | | X | AN | X | | **~** |  |  |  |

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

### 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~ |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **N3 \*** | |  |  |  | | --- | --- | --- | | N301 | | 166 | | **Address Information** | | | | M | AN | 1/55 | | **\*** | |  |  |  | | --- | --- | --- | | N302 | | 166 | | **Address Information** | | | | O | AN | 1/55 | | **~** |  |  |  |  |  |

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

### 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~ |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **N4 \*** | |  |  |  | | --- | --- | --- | | N401 | | 19 | | **City** | | | | O | AN | 2/30 | | **\*** | |  |  |  | | --- | --- | --- | | N402 | | 156 | | **State Code** | | | | X | ID | 2/2 | | **\*** | |  |  |  | | --- | --- | --- | | N403 | | 116 | | **Postal Code** | | | | O | ID | 3/15 | | **~** |  |  |  |

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

### 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~ |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **DMG \*** | |  |  |  | | --- | --- | --- | | DMG01 | | 1250 | | **Date Time Format Qual** | | | | X | ID | 2/3 | | **\*** | |  |  |  | | --- | --- | --- | | DMG02 | | 1251 | | **Birth Date** | | | | X | AN | 1/35 | | **\*** | |  |  |  | | --- | --- | --- | | DMG03 | | 1068 | | **Gender Code** | | | | O | ID | 1/1 | | **\*** | |  |  |  | | --- | --- | --- | | DMG04 | | 1067 | | **Marital Status Code** | | | | O | ID | 1/1 | | **\*** | |  |  |  | | --- | --- | --- | | DMG05 | | C056 | | **Comp Race or Ethnic Info** | | | | X |  |  | | **~** |

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

### 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~ |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **LUI \*** | |  |  |  | | --- | --- | --- | | LUI01 | | 66 | | **ID Code Qualifier** | | | | X | ID | 1/2 | | **\*** | |  |  |  | | --- | --- | --- | | LUI02 | | 67 | | **ID**  **Code** | | | | M | AN | 1/50 | | **\*** | |  |  |  | | --- | --- | --- | | LUI03 | | 352 | | **Description** | | | | X | AN | 1/80 | | **\*** | |  |  |  | | --- | --- | --- | | LUI04 | | 1303 | | **Use of Language Ind** | | | | X | TM | 4/8 | | **~** |

| **Usage** | **REF. DES.** | **Name** | | | **Attributes** | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **SITUATIONAL** | **LUI01** | | **Identification Code Qualifier** | | **X** | **ID** | **1/2** |
|  |  | | |  |  |  | | --- | --- | --- | | **Code** | **Definition** | **Comments** | | **LE** | ISO 639 Language Codes |  | | |  |  |  |
| **SITUATIONAL** | **LUI02** | | **Identification Code** | | **M** | **ID** | **2/2** |
|  |  | | Language Code, see list. | |  |  |  |
|  |  | | |  |  |  | | --- | --- | --- | | **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 |  | | |  |  |  |

### 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~ |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **NM1 \*** | |  |  |  | | --- | --- | --- | | NM101 | | 98 | | **Entity ID**  **Code** | | | | M | ID | 2/3 | | **\*** | |  |  |  | | --- | --- | --- | | NM102 | | 1065 | | **Entity Type Qualifier** | | | | M | ID | 1/2 | | **~** |  |  |  |  |  |

| **Usage** | | **REF. DES.** | **Name** | | **Attributes** | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **REQUIRED** | **NM101** | | | **Entity Identifier Code** | **M** | **ID** | **2/3** |
|  |  | | | Code specifying type of date or time, or both date and time |  |  |  |
|  |  | | | |  |  |  | | --- | --- | --- | | **Code** | **Definition** | **Comments** | | **31** | Postal Mailing Address |  | |  |  |  |
| **REQUIRED** | **NM102** | | | **Entity Type Qualifier** | **M** | **ID** | **1/1** |
|  |  | | | Code qualifying the type of entity |  |  |  |
|  |  | | | |  |  |  | | --- | --- | --- | | **Code** | **Definition** | **Comments** | | **1** | Person |  | |  |  |  |

### 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~ |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **N3 \*** | |  |  |  | | --- | --- | --- | | N301 | | 166 | | **Address Information** | | | | M | AN | 1/55 | | **\*** | |  |  |  | | --- | --- | --- | | N302 | | 166 | | **Address Information** | | | | O | AN | 1/55 | | **~** |  |  |  |  |  |

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

### 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~ |
|  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **N4 \*** | |  |  |  | | --- | --- | --- | | N401 | | 19 | | **City** | | | | O | AN | 2/30 | | **\*** | |  |  |  | | --- | --- | --- | | N402 | | 156 | | **State Code** | | | | X | ID | 2/2 | | **\*** | |  |  |  | | --- | --- | --- | | N403 | | 116 | | **Postal Code** | | | | O | ID | 3/15 | | **~** |  |  |  |

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

### 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~ |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **NM1**✽ | |  |  |  | | --- | --- | --- | | NM101 | | 98 | | **Entity ID**  **Code** | | | | M | ID | 2/3 | | ✽ | |  |  |  | | --- | --- | --- | | NM102 | | 1065 | | **Entity Type Qualifier** | | | | M | ID | 1/1 | | ✽ | |  |  |  | | --- | --- | --- | | NM103 | | 1036 | | **Last Name** | | | | M | AN | 1/60 | | ✽ | |  |  |  | | --- | --- | --- | | NM104 | | 1036 | | **First Name** | | | | O | AN | 1/35 | | ✽ | |  |  |  | | --- | --- | --- | | NM105 | | 1037 | | **Middle Name** | | | | O | AN | 1/25 | |
| ✽ | |  |  |  | | --- | --- | --- | | NM106 | | 1038 | | **~~Name Prefix~~** | | | | O | AN | 1/10 | | ✽ | |  |  |  | | --- | --- | --- | | NM107 | | 1039 | | **~~Name Suffix~~** | | | | O | AN | 1/10 | | ✽ | |  |  |  | | --- | --- | --- | | NM108 | | 66 | | **Identification Code Identifier** | | | | X | ID | ½ | | ✽ | |  |  |  | | --- | --- | --- | | NM109 | | 67 | | **Social Security Number** | | | | X | AN | 2/80 | | **~** |  |

| **USAGE** | **REF. DES.** | **Name** | **Attributes** | | | |
| --- | --- | --- | --- | --- | --- | --- |
| **REQUIRED** | **NM101** | **Entity Identifier Code** | **M** | **ID** | | **2/3** |
|  |  | Code specifying type of date or time, or both date and time |  |  | |  |
|  |  | |  |  |  | | --- | --- | --- | | **Code** | **Definition** | **Comments** | | **QD** | Responsible Party |  | |  |  | |  |
| **REQUIRED** | **NM102** | **Entity Type Qualifier** | **M** | **ID** | **1/1** | |
|  |  | Code qualifying the type of entity |  |  |  | |
|  |  | |  |  |  | | --- | --- | --- | | **Code** | **Definition** | **Comments** | | **1** | Person |  | |  |  |  | |
| **REQUIRED** | **NM103** | **Name Last or Organization Name** | **X** | **AN** | **1/60** | |
|  |  | Individual Last Name or organizational name |  |  |  | |
| **SITUATIONAL** | **NM104** | **Name First** | **O** | **AN** | **1/35** | |
|  |  | Individual First Name |  |  |  | |
| **SITUATIONAL** | **NM105** | **Name Middle** | **O** | **AN** | **1/25** | |
|  |  | Individual Middle Initial |  |  |  | |
| **SITUATIONAL** | **NM106** | **Name Prefix** | **O** | **AN** | **1/10** | |
|  |  | Not Used |  |  |  | |
| **SITUATIONAL** | **NM107** | **Name Suffix** | **O** | **AN** | **1/10** | |
|  |  | Not Used |  |  |  | |
| **SITUATIONAL** | **NM108** | **Identification Code Qualifier** | **X** | **ID** | **1/2** | |
|  |  | |  |  |  | | --- | --- | --- | | **Code** | **Definition** | **Comments** | | **34** | Social Security Number |  | |  |  |  | |
| **SITUATIONAL** | **NM109** | **Identification Code** | **X** | **AN** | **2/80** | |
|  |  | Responsible Party Identifier |  |  |  | |

### 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~ |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **HD \*** | |  |  |  | | --- | --- | --- | | HD01 | | 875 | | **Maintenance Type Code** | | | | M | ID | 3/3 | | **\*** | |  |  |  | | --- | --- | --- | | HD02 | | 1203 | | **~~Maintenance Reason Code~~** | | | | O | ID | 2/3 | | **\*** | |  |  |  | | --- | --- | --- | | HD03 | | 12p5 | | **Insurance Line Code** | | | | M | ID | 2/3 | | **\*** | |  |  |  | | --- | --- | --- | | HD04 | | 1204 | | **Plan Coverage Description** | | | | O | AN | 1/50 | | **\*** | |  |  |  | | --- | --- | --- | | HD0505 | | 1207 | | **Coverage Level Code** | | | | O | ID | 3/3 | | **~** |

| **USAGE** | **REF. DES.** | **Name** | **Attributes** | | |
| --- | --- | --- | --- | --- | --- |
| **REQUIRED** | **HD01** | **Maintenance Type Code** | **M** | **ID** | **3/3** |
|  |  | Code identifying the specific type of item maintenance |  |  |  |
|  |  | |  |  |  | | --- | --- | --- | | **Code** | **Definition** | **Comments** | | **001** | Change |  | | **021** | Addition |  | | **024** | Cancellation or termination |  | | **025** | Reinstatement |  | | **030** | Audit or Compare |  | |  |  |  |
| **NOT USED** | **HD02** | **Maintenance Reason Code** | **O** | **ID** | **2/3** |
|  |  | Not Used |  |  |  |
| **REQUIRED** | **HD03** | **Insurance Line Code** | **O** | **ID** | **2/3** |
|  |  | Code identifying a group of insurance products |  |  |  |
|  |  | |  |  |  | | --- | --- | --- | | **Code** | **Definition** | **Comments** | | **HMO** | Health Maintenance Organization |  | | **LTC** | Long Term Care |  | |  |  |  |
| **SITUATIONAL** | **HD04** | **Plan Coverage Description** | **O** | **AN** | **1/50** |
|  |  | Capitation Code (See Appendix C) and Choice/Auto Enrollment indicator separated by a -. Type of enrollment is only sent on newly added enrollments. |  |  |  |
|  |  | **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** | Physical 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.  **Renewal Date** – The date a member needs to renew Medicaid eligibility. This date is sent via MEDS and MMIS to Maximus. Maximus then sends to the plans to alert that a member should be renewed.  **Renewal Code –** The reason a member needs to renew their eligibility. See appendix J for code values.  **Multiple Birth Indicator** – “Y” if member has a multiple birth. “N” or blank if not.  **Ethnicity Code –** A members self-reported ethnicity   |  |  | | --- | --- | | **Code** | **Description** | | 0 | Not of Hispanic, Latino/a, or Spanish origin | | 1 | Mexican, Mexican American, Chicano/a | | 2 | Puerto Rican | | 3 | Cuban | | 4 | Another Latino, Hispanic, or Spanish origin | | 5 | Hispanic or Latino origin | | 6 | Ethnicity unspecified |   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  See appendix I for definitions | 2 | 29 | 30 | | Multiple Birth Indicator  Y = Yes, N = None, Blank = None | 1 | 31 | 31 | | Approval Code | 3 | 32 | 34 | | Ethnicity Code | 1 | 35 | 35 | |  |  |  |
| **SITUATIONAL** | **HD05** | **Coverage Level Code** | **O** | **ID** | **3/3** |
|  |  | Code identifying a group of insurance products |  |  |  |
|  |  | |  |  |  | | --- | --- | --- | | **Code** | **Definition** | **Comments** | | **IND** | Individual |  | |  |  |  |

### 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. |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **DTP \*** | |  |  |  | | --- | --- | --- | | DTP | | 374 | | **Date/Time Qualifier** | | | | M | ID | 3/3 | | **\*** | |  |  |  | | --- | --- | --- | | DTP02 | | 1250 | | **Date Time Format Qualifier** | | | | M | ID | 2/3 | | **\*** | |  |  |  | | --- | --- | --- | | DTP03 | | 1250 | | **Date Time Period** | | | | M | AN | 1/35 | | **~** |  |  |  |

| **USAGE** | **REF. DES.** | **Name** | **Attributes** | | |
| --- | --- | --- | --- | --- | --- |
| **REQUIRED** | **DTP01** | **Date/Time Qualifier** | **M** | **ID** | **3/3** |
|  |  | Code specifying type of date or time, or both date and time |  |  |  |
|  |  | |  |  |  | | --- | --- | --- | | **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** | **M** | **ID** | **2/3** |
|  |  | Code indicating the date format, time format, or date and time format |  |  |  |
|  |  | |  |  |  | | --- | --- | --- | | **Code** | **Definition** | **Comments** | | **D8** | Date Expressed in Format CCYYMMDD |  | |  |  |  |
| **REQUIRED** | **DTP03** | **Date Time Period** | **M** | **AN** | **1/35** |
|  |  | Coverage Period |  |  |  |

### 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** ~ |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **REF \*** | |  |  |  | | --- | --- | --- | | REF01 | | 126 | | **Reference Ident Qualifier** | | | | M | ID | 2/3 | | **\*** | |  |  |  | | --- | --- | --- | | REF02 | | 127 | | **Reference Identification** | | | | M | AN | 1/50 | | **~** |

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

### 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** | **M** | **ID** | **3/3** |
|  |  | Code identifying the specific type of item maintenance |  |  |  |
|  |  | |  |  |  | | --- | --- | --- | | **Code** | **Definition** | **Comments** | | **001** | Change |  | | **021** | Addition |  | | **024** | Cancellation or termination |  | | **025** | Reinstatement |  | | **030** | Audit or Compare |  | |  |  |  |
| **NOT USED** | **HD02** | **Maintenance Reason Code** | **O** | **ID** | **2/3** |
|  |  | Not Used |  |  |  |
| **REQUIRED** | **HD03** | **Insurance Line Code** | **O** | **ID** | **2/3** |
|  |  | Code identifying a group of insurance products |  |  |  |
|  |  | |  |  |  | | --- | --- | --- | | **Code** | **Definition** | **Comments** | | **HMO** | Health Maintenance Organization |  | |  |  |  |
| **SITUATIONAL** | **HD04** | **Type Case** | **O** | **AN** | **1/50** |
|  |  | The type case associated with this CsoC date range. |  |  |  |

### 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. |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **DTP \*** | |  |  |  | | --- | --- | --- | | DTP | | 374 | | **Date/Time Qualifier** | | | | M | ID | 3/3 | | **\*** | |  |  |  | | --- | --- | --- | | DTP02 | | 1250 | | **Date Time Format Qualifier** | | | | M | ID | 2/3 | | **\*** | |  |  |  | | --- | --- | --- | | DTP03 | | 1250 | | **Date Time Period** | | | | M | AN | 1/35 | | **~** |  |  |  |

| **USAGE** | **REF. DES.** | **Name** | **Attributes** | | |
| --- | --- | --- | --- | --- | --- |
| **REQUIRED** | **DTP01** | **Date/Time Qualifier** | **M** | **ID** | **3/3** |
|  |  | Code specifying type of date or time, or both date and time |  |  |  |
|  |  | |  |  |  | | --- | --- | --- | | **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** | **M** | **ID** | **2/3** |
|  |  | Code indicating the date format, time format, or date and time format |  |  |  |
|  |  | |  |  |  | | --- | --- | --- | | **Code** | **Definition** | **Comments** | | **RD8** | Date range | Signifies that a date range will be sent in the DTP segment. | |  |  |  |
| **REQUIRED** | **DTP03** | **Date Time Period** | **M** | **AN** | **1/35** |
|  |  | Coverage Period in format CCYYMMDD-CCYYMMDD. Example: 20101001-20110601 |  |  |  |

### 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~ |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **LX \*** | |  |  |  | | --- | --- | --- | | LX01 | | 554 | | **Assigned Number** | | | | M | N0 | 1/6 | | **~** |  |  |  |  |  |  |  |

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

### 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~ |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **NM1 \*** | |  |  |  | | --- | --- | --- | | NM101 | | 98 | | **Entity ID**  **Code** | | | | M | ID | 2/3 | | **\*** | |  |  |  | | --- | --- | --- | | NM102 | | 1065 | | **Entity Type Qualifier** | | | | M | ID | 1/1 | | **\*** | |  |  |  | | --- | --- | --- | | NM103 | | 1035 | | **Last Name/**  **Org Name** | | | | X | AN | 1/60 | | **\*** | |  |  |  | | --- | --- | --- | | NM104 | | 1036 | | **First Name** | | | | O | AN | 1/35 | | **\*** | |  |  |  | | --- | --- | --- | | NM105 | | 1037 | | **Middle Name** | | | | O | AN | 1/25 | |  |
| **\*** | |  |  |  | | --- | --- | --- | | NM106 | | 1038 | | **~~Name Prefix~~** | | | | O | AN | 1/10 | | **\*** | |  |  |  | | --- | --- | --- | | NM107 | | 1039 | | **~~Name Suffix~~** | | | | O | AN | 1/10 | | **\*** | |  |  |  | | --- | --- | --- | | NM108 | | 66 | | **ID Code**  **Qualifier** | | | | X | AN | 1/2 | | **\*** | |  |  |  | | --- | --- | --- | | NM109 | | 67 | | **ID**  **Code** | | | | X | ID | 2/80 | | **\*** | |  |  |  | | --- | --- | --- | | NM110 | | 706 | | **Entity Relation Code** | | | | X | ID | 2/2 | | **~** |

| **USAGE** | **REF. DES.** | **Name** | **Attributes** | | |
| --- | --- | --- | --- | --- | --- |
| **REQUIRED** | **NM101** | **Entity Identifier Code** | **M** | **ID** | **2/3** |
|  |  | Code specifying type of date or time, or both date and time |  |  |  |
|  |  | |  |  |  | | --- | --- | --- | | **Code** | **Definition** | **Comments** | | **P3** | Primary Care Provider |  | |  |  |  |
| **REQUIRED** | **NM102** | **Entity Type Qualifier** | **M** | **ID** | **1/1** |
|  |  | Code qualifying the type of entity |  |  |  |
|  |  | |  |  |  | | --- | --- | --- | | **Code** | **Definition** | **Comments** | | **1** | Person |  | | **2** | Non-Person Entity |  | |  |  |  |
| **REQUIRED** | **NM103** | **Name Last or Organization Name** | **X** | **AN** | **1/60** |
|  |  | Individual Last Name or organizational name |  |  |  |
| **SITUATIONAL** | **NM104** | **Name First** | **O** | **AN** | **1/35** |
|  |  | Individual First Name |  |  |  |
| **SITUATIONAL** | **NM105** | **Name Middle** | **O** | **AN** | **1/25** |
|  |  | Individual Middle Initial |  |  |  |
| **SITUATIONAL** | **NM106** | **Name Prefix** | **O** | **AN** | **1/10** |
|  |  | Not Used |  |  |  |
| **SITUATIONAL** | **NM107** | **Name Suffix** | **O** | **AN** | **1/10** |
|  |  | Not Used |  |  |  |
| **SITUATIONAL** | **NM108** | **Identification Code Qualifier** | **X** | **ID** | **½** |
|  |  | |  |  |  | | --- | --- | --- | | **Code** | **Definition** | **Comments** | | **SV** | Service Provider Number |  | | **XX** | National Provider Identifier |  | |  |  |  |
| **SITUATIONAL** | **NM109** | **Identification Code** | **X** | **AN** | **2/80** |
|  |  | Provider Identifier |  |  |  |
| **REQUIRED** | **NM110** | **Entity Relationship Code** | **X** | **AN** | **2/80** |
|  |  | Code describing entity relationship |  |  |  |
|  |  | |  |  |  | | --- | --- | --- | | **Code** | **Definition** | **Comments** | | **72** | Unknown |  | |  |  |  |

### 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 and quarterly recon files and not in daily files.**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **LS \*** | |  |  |  | | --- | --- | --- | | LS01 | | 447 | | **Loop ID**  **Code** | | | | M1 | AN | 1/4 | | **~** |

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

### 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~ |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **LX \*** | |  |  |  | | --- | --- | --- | | LX01 | | 554 | | **Assigned Number** | | | | M1 | N0 | 1/6 | | **~** |

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

### 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\*Medicaid History~ |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **N1 \*** | |  |  |  | | --- | --- | --- | | N101 | |  | | **Entity ID**  **Code** | | | | M1 | ID | 2/3 | | **\*** | |  |  |  | | --- | --- | --- | | N102 | |  | | **Name** | | | | X1 | AN | 1/60 | | **~** |  |  |  |  |  |

| **USAGE** | **REF. DES.** | **Name** | **Attributes** | | |
| --- | --- | --- | --- | --- | --- |
| **REQUIRED** | **N101** | **Entity ID Code** | **M1** | **ID** | **2/3** |
|  |  | Code Identifying Organization |  |  |  |
|  |  | |  |  |  | | --- | --- | --- | | **Code** | **Definition** | **Comments** | | **75** | Participant |  | |  |  |  |
| **REQUIRED** | **N102** | **Name** | **X1** | **AN** | **1/60** |
|  |  | Member Reporting Category Name use **Medicaid History** |  |  |  |

### REF – Reporting Category Reference

|  |  |
| --- | --- |
| **X12 Segment Name:** | Reference Information |
| **X12 Purpose:** | To specify Identifying information |
| **Segment Repeat:** | 1 |
| **Usage:** | SITUATIONAL |
| **Example:** | REF\*ZZ\*50/550/075/002~ |
| **NOTE: The** |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **REF \*** | |  |  |  | | --- | --- | --- | | REF01 | |  | | **Reference Ident Qual** | | | | M1 | ID | 2/3 | | **\*** | |  |  |  | | --- | --- | --- | | REF02 | |  | | **Reference Ident** | | | | X1 | AN | 1/50 | | **~** |  |  |  |  |  |

| **USAGE** | **REF. DES.** | **Name** | **Attributes** | | |
| --- | --- | --- | --- | --- | --- |
| **REQUIRED** | **REF01** | **Reference Identification Qualifier** | **M1** | **ID** | **2/3** |
|  |  | Code qualifying the reference identification |  |  |  |
|  |  | |  |  |  | | --- | --- | --- | | **Code** | **Definition** | **Comments** | | **ZZ** | Mutually Defined |  | |  |  |  |
| **REQUIRED** | **REF02** | **Reference Identification** | **X1** | **AN** | **1/50** |
|  |  | |  |  |  |  | | --- | --- | --- | --- | | **Description** | **Length** | **Begin** | **End** | | Aid Category | 2 | 1 | 2 | | Hard Coded Slash | 1 | 3 | 3 | | Type Case | 3 | 4 | 6 | | Hard Coded Slash | 1 | 7 | 7 | | 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 | 3 | 8 | 10 | | Hard Coded Slash | 1 | 11 | 11 | | Approval code | 3 | 12 | 14 |   **\*\*\*Note – All fields are left padded with zeros** |  |  |  |

### 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~ |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **DTP \*** | |  |  |  | | --- | --- | --- | | DTP01 | |  | | **Date/Time Qualifier** | | | | M | ID | 3/3 | | **\*** | |  |  |  | | --- | --- | --- | | DTP02 | |  | | **Date Time Format Qualifier** | | | | M | ID | 2/3 | | **\*** | |  |  |  | | --- | --- | --- | | DTP03 | |  | | **Date Time Period** | | | | M | AN | 1/35 | | **~** |  |  |  |

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

### 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** | **M** | **AN** | **¼** |
|  |  | Use **2700** |  |  |  |

### 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 | N0 | 1/10 | | **\*** | |  |  |  | | --- | --- | --- | | SE02 | |  | | **Trans Set Control Number** | | | | M | AN | 4/9 | | **~** |  |  |  |  |  |

| **USAGE** | **REF. DES.** | **Name** | **Attributes** | | |
| --- | --- | --- | --- | --- | --- |
| **REQUIRED** | **SE01** | **Number of Included Segments** | **M** | **N0** | **1/10** |
|  |  | Total number of segments included in a transaction set including ST and SE segments |  |  |  |
| **REQUIRED** | **SE02** | **Transaction Set Control Number** | **M** | **AN** | **4/9** |
|  |  | Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set |  |  |  |

### 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~ |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **GE \*** | |  |  |  | | --- | --- | --- | | GE01 | | 353 | | **Number of TS Sets Included** | | | | M | N0 | 1/6 | | **\*** | |  |  |  | | --- | --- | --- | | GE02 | |  | | **Group Control Number** | | | | M | N0 | 1/9 | | **~** |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **USAGE** | **REF. DES.** | **Name** | **Attributes** | | |
| **REQUIRED** | **GE01** | **Number of Transaction Sets Included** | **M** | **N0** | **1/6** |
|  |  | Total number of transaction sets included in the functional group or interchange (transmission) group terminated by the trailer containing this data element |  |  |  |
| **REQUIRED** | **GE02** | **Group Control Number** | **M** | **N0** | **1/9** |
|  |  | Assigned number originated and maintained by the sender |  |  |  |

### 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~ |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **IEA \*** | |  |  |  | | --- | --- | --- | | IEA01 | |  | | **Number of Functional Grps** | | | | M | N0 | 1/5 | | **\*** | |  |  |  | | --- | --- | --- | | IEA02 | |  | | **Interchange Control Number** | | | | M | N0 | 9/9 | | **~** |  |  |  |  |  |

| **USAGE** | **REF. DES.** | **Name** | **Attributes** | | |
| --- | --- | --- | --- | --- | --- |
| **REQUIRED** | **IEA01** | **Number of Included Functional Groups** | **M** | **N0** | **1/5** |
|  |  | A count of the number of functional groups included in an interchange |  |  |  |
| **REQUIRED** | **IEA02** | **Interchange Control Number** | **M** | **N0** | **9/9** |
|  |  | A control number assigned by the interchange sender |  |  |  |

# 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.

## Xchange Gateway

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

### 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.

### 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.

#### Using Web Browser

Using Internet Explorer or Firefox go to the following URL.

https://xchange.maximus.com/

#### Using SFTP Client

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

### 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 |

### 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.

### Connectivity Issues

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

### 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 – Race Codes

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

| **834 Code** | **Description** | **LA Code** |
| --- | --- | --- |
| O | White | **1** |
| N | Black or African American | **2** |
| I | American Indian or Alaskan Native | **3** |
| D | Asian Indian | **4** |
| A | Chinese | **5** |
| A | Filipino | **6** |
| A | Japanese | **7** |
| A | Korean | **8** |
| A | Vietnamese | **9** |
| A | Other Asian | **A** |
| J | Native Hawaiian | **C** |
| F | Guamanian or Chamorro | **D** |
| P | Samoan | **E** |
| A | Other Pacific Islander | **F** |
| 7 | Unspecified | **B, G, H** |
| E | Other Race | **J** |

# Appendix B – Parish Codes

Table consists of Louisiana Paris 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 | AVOYELLES | 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 | NATCHITOCHES | 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 |
| 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

|  |  |  |
| --- | --- | --- |
| **Cap Code** | **Category of Aid Description** | **Rate Cell Description** |
| 11ADT | SSI | Adult 21+ |
| 11CHD | SSI | Child 1 - 20 |
| 11N01 | SSI | 0 - 2 Months |
| 11N02 | SSI | 3 - 11 Months |
| 12ADT | Family & Children | Adult 21+ |
| 12CHD | Family & Children | Child 1 - 20 |
| 12N01 | Family & Children | 0 - 2 Months |
| 12N02 | Family & Children | 3 - 11 Months |
| 13BLL | BCC | BCC, All Ages |
| 14LLL | LAP | LAP, All Ages |
| 15ADT | HCBS | Adult 21+ |
| 15CHD | HCBS | Child 0 - 20 |
| 16CCM | CCM | CCM, All Ages |
| 17FLL | Foster Care Children | Foster Care, All Ages Male & Female |
| 18HIP | SBH - LaHIPP | SBH - LaHIPP , All Ages |
| 19COA | Children's Medicaid Option- LaHIPP | 0 - 2 Months |
| 19CO1 | Children's Medicaid Option- LaHIPP | 3 - 11 Months |
| 19CO2 | Children's Medicaid Option- LaHIPP | Age 1 - 18 |
| 19COB | Children's Medicaid Option- Non-LaHIPP TPL | 0 - 2 Months |
| 19CO3 | Children's Medicaid Option- Non-LaHIPP TPL | 3 - 11 Months |
| 19CO4 | Children's Medicaid Option- Non-LaHIPP TPL | Age 1 - 18 |
| 19COC | Children's Medicaid Option- Non-TPL | 0 - 2 Months |
| 19CO5 | Children's Medicaid Option- Non-TPL | 3 - 11 Months |
| 19CO6 | Children's Medicaid Option- Non-TPL | Age 1 - 18 |
| 31KEE | EED Kick Payment | EED Kick Payment |
| 31KLL | Maternity Kick Payment | Maternity Kick Payment |
| 51CCM | SBH - Chisholm Class Members | SBH - Chisholm, All Ages Male & Female |
| 52DE1 | SBH - Dual Eligible | SBH - Dual Eligible, All Ages |
| 53ADT | SBH - HCBS Waiver | SBH - 21+ Years, Male and Female |
| 53CHD | SBH - HCBS Waiver | SBH - 20 & Under, Male and Female |
| 53CHD | SBH -HCBS Waiver | SBH - 20 & Under, Male and Female |
| 54OT1 | SBH -Other | SBH - Other, All Ages |
| 90EXP | Medicaid Expansion | Male and Female, Age 19 – Age 64 |
| 91XF1 | Medicaid Expansion | Female Age 19 - Age 24 |
| 91XM1 | Medicaid Expansion | Male Age 19 - Age 24 |
| 92XF2 | Medicaid Expansion | Female Age 25 - Age 39 |
| 92XM2 | Medicaid Expansion | Male Age 25 - Age 39 |
| 93XF3 | Medicaid Expansion | Female Age 40 - Age 49 |
| 93XM3 | Medicaid Expansion | Male Age 40 - Age 49 |
| 94XF4 | Medicaid Expansion | Female Age 50 - Age 64 |
| 94XM4 | Medicaid Expansion | Male Age 50 - Age 64 |
| 95CCM | Medicaid Expansion | Male and Female, All Ages (SBH Only - Chisholm) |
| 95CCM | Medicaid Expansion - Justice Involved Pop | All Ages (SBH Only - Chisholm |
| 95OT1 | Medicaid Expansion | Male and Female, All Ages (SBH Only - Other) |
| 95OT1 | Medicaid Expansion - Justice Involved Pop | All Ages (SBH Only - Other) |
| 95XU5 | Medicaid Expansion | Male and Female, All Ages (SBH Only - Dual) |
| 95XU5 | Medicaid Expansion - Justice Involved Pop | All Ages (SBH Only - Dual) |
| 96KEE | Medicaid Expansion | All Ages (EED Kick) |
| 96KLL | Medicaid Expansion | All Ages (Kick) |
| 97XU7 | Medicaid Expansion - Justice Involved Pop | All Ages |
| 98HIP | Medicaid Expansion | Male and Female, All Ages (SBH Only - LaHIPP) |

# 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 |
| 313 | DHH special closure of IE | 7 | Termination of Benefits |
| 314 | DHH special insertion of DE | 7 | Termination of Benefits |
| 315 | DHH special cancellation of IE | 7 | Termination of Benefits |
| 316 | DHH special cancellation of DE | 7 | Termination of Benefits |
| 317 | DHH special closure of IE | 7 | Termination of Benefits |
| 420 | ACT 421 Cancellation | 7 | Termination of Benefits |
| 421 | ACT 421 Closure | 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 | Terminatrion of Benefits |

# Appendix E – 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 !V 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 add  ress |
| 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-EPSDT-TRACKING-INDIC | 234 | 234 | 1 | N |  | Not needed for EB |
| 29 | RECIP-EPSDT-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 777nnnnnnnnnnnss 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 |
| 64 | 05 RECIP-EMAIL-ADDRESS | 703 | 752 | 50 | N | 2100A – Email | Member communication PER segment |
| 65 | 05 RECIP-CURR-PARISH | 753 | 754 | 2 | N | 2300-Health coverage |  |
| 66 | 05 RECIP-RENEWAL-DATE | 755 | 762 | 8 | N | 2300-Health coverage |  |
| 67 | 05 RECIP-RENEWAL-CODE | 763 | 764 | 2 | N | 2300-Health coverage |  |
| 68 | 05 RECIP-MULTI-BIRTH-IND | 765 | 765 | 1 | N | 2300-Health coverage |  |

# Appendix I – MEDS Closure Codes

|  |  |
| --- | --- |
| Code | Description |
| 002 | Segment info Change |
| 004 | Inc Over Limit |
| 009 | OTHR HEALTH INS |
| 013 | NON-COOP W/ SESS |
| 014 | Discharge |
| 016 | NON-PAY PREMIUM |
| 020 | LOC Not Met |
| 024 | Max age reached |
| 025 | IV-E OUT OF ST |
| 026 | MOV OUT OF HOME |
| 027 | IN ERROR/BEF SD |
| 028 | S.O. USE ONLY |
| 029 | S.O. USE ONLY |
| 031 | Increase Unearned Income |
| 035 | Excess Resource |
| 048 | DEATH-DATE UNK |
| 049 | BREAK CONT STAY |
| 062 | Nbo Citz/Idn Doc |
| 073 | No longer disable |
| 075 | No renew/verification |
| 076 | Adult Ineligible |
| 078 | OUT OF STATE |
| 079 | Failed to enroll |
| 085 | PRESUMPTIVE ELI |
| 086 | CERTIFIED/FC |
| 087 | CERTIFIED/SSI |
| 090 | DEATH |
| 091 | REQ CLOSURE |
| 093 | INCARCERATION |
| 094 | Unable to locate |
| 095 | In Other Cert |
| 096 | OTHER |
| 101 | Req Clsr/hs ins |
| 102 | INCREASED INCOM |
| 113 | Post-Partum End |
| 114 | Miscarried |
| 115 | Dch fr Nur Fac |
| 116 | Dsch Fr Waiver |
| 117 | Waiver to Facilitate |
| 118 | Facilitate to Waiver |
| 121 | Transferred to Medicare Skilled Unit |
| 122 | MPP – No longer meets work requirement |
| 123 | Acute Care - left the hospital |
| 124 | Did not respond to renewal request |
| 125 | Eligibility period exhausted |
| 133 | Med Procedure |
| 135 | No Medicare |
| 136 | Treatment ended |
| 138 | OCS Adopt Child |
| 145 | CHIPRA Closure |
| 933 | Closure-Due-To-Refusal-To-Consent |
| 970 | Mem ID Invalid |

# 

# Appendix J – Renewal Codes

|  |  |
| --- | --- |
| Code | Description |
| 00 | New Certification |
| 01 | Renewal Form |
| 11 | Ex Parte (Streamline) |
| 14 | Telephone |
| 18 | Online |
| 20 | ELE Renewal |

# Appendix K – Lockin File Layout

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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   1. Healthy Blue 2. AmeriHealth 3. Louisiana HealthCare 4. AETNA 5. United HealthCare 6. Humana |  |
| SURS-LOCKIN-PHYSICIAN-1 | 28-34 | 7 | Numeric | Medicaid Provider ID number | If not = 0, then this is the 1st MD Provider ID |
| SURS-LOCKIN-PHYSICIAN-2 | 35-41 | 7 | Numeric | Medicaid Provider ID number | If not = 0, then this is the 2nd MD Provider ID |
| SURS-LOCKIN-PHYSICIAN-3 | 42-48 | 7 | Numeric | Medicaid Provider ID number | If not = 0, then this is the 3rd MD Provider ID |
| SURS-LOCKIN-PHYSICIAN-4 | 49-55 | 7 | Numeric | Medicaid Provider ID number | If not = 0, then this is the 4th MD Provider ID |
| SURS-LOCKIN-PHARMACY-1 | 56-62 | 7 | Numeric | Medicaid Provider ID number | If not = 0, then this is the 1st RX Provider ID |
| SURS-LOCKIN-PHARMACY-2 | 63-69 | 7 | Numeric | Medicaid Provider ID number | If not = 0, then this is the 2ND 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 or 6. Can be = 0 , if not provided. |
| SURS-DOC-LOCATION-CODE | 102-105 | 4 | CHAR | DOC facility location identifier | A code that identifies the location of the facility where the person is incarcerated. |

# Appendix L – Approval Codes

|  |  |
| --- | --- |
| **Approval Code** | **Description** |
| 009 | Manual Certification for SSI Eligible |
| 010 | Auto-Eligible for SSI |
| 011 | LIS Batch |
| 012 | Facility in Denial of Payment |
| 013 | Late Packet |
| 014 | Affordable Care Act - Batch |
| 016 | Kinshipcare Subsidy Program Referral |
| 017 | Qualified Medicare Beneficiary |
| 018 | Cat 15 OCS Child - LA Funded Med Benefits |
| 019 | OCS Champ, Otherwise IV-E Eligible Child |
| 020 | Out-Of-State Adoption, XIX Eligible |
| 023 | OYD Custody, IV-E Eligible |
| 024 | IV-E/SSI Adoption Subsidy Not Verified |
| 025 | IV-E/SSI Adoption Subsidy SDX Verified |
| 026 | In-State Adoption, State Funded |
| 027 | Cat 22 Type Case 7 OYD CHIP Certs |
| 029 | SSI Eligible with Medicaid Qualifying Trust |
| 040 | SPECIFIED LOW INCOME MEDICARE BENEFICIARY |
| 053 | DISABLED ADULT CHILD/EARLY WIDOW(ER) |
| 054 | Extended Medicaid - Disabled Widow(er) |
| 056 | Extended Medicaid - Pickle |
| 058 | Refugee Medical Assistance Only (Category 05) |
| 060 | Deemed Eligible Child |
| 064 | CHAMP Eligible Child Born After 10-01-83 |
| 065 | PREGNANT WOMAN IN A ONE-PARENT HOUSEHOLD |
| 066 | PREGNANT MINOR LIVING W/PARENT(S) |
| 070 | NON-CUSTODY CHILD OF FOSTER CHILD |
| 074 | IV-E CHILD W/ ADOPTION ASSISTANCE |
| 075 | COBRA IV-E ADOPTION SUBSIDY |
| 079 | COBRA IV-E FOSTER CARE |
| 081 | INCREASED NEED FOR MEDICAL CARE/ MNP |
| 085 | Only for Type Case 21. It is limited to one month from the start date. |
| 090 | OCS/OYD TITLE XIX ELIGIBLES |
| 099 | USED IF NO THER CODE APPLIES |
| 146 | CHIPRA |

# Appendix M – DCFS – Aid Category/Type Case Cross Reference

|  |  |  |  |
| --- | --- | --- | --- |
| **Aid Category** | **Type Case** | **Approval Code** | **Description** |
| 06 | 07 | 64 | LACHIP |
| 06 | 13 | 66 | CHAMP, PREGNANT WOMAN |
| 06 | 14 | 19 | CHAMP (O/W IV-E) |
| 06 | 14 | 64 | CHAMP |
| 06 | 78 | 09 | SSI |
| 08 | 29 | 90 | SUSPENDED SSI, OCS/OJJ |
| 08 | 31 | 70 | NON-CUSTODY CHILD OF IV-E FOSTER CHILD |
| 08 | 31 | 90 | OCS |
| 08 | 78 | 09 | SSI |

# Appendix N – Ethnicity Codes

| **834 Code** | **Description** | **LA Code** |
| --- | --- | --- |
| 0 | Not of Hispanic or, Latino/a, or Spanish origin | **0** |
| 1 | Mexican, Mexican American, Chicano/a | **1** |
| 2 | Puerto Rican | **2** |
| 3 | Cuban | **3** |
| 4 | Another Hispanic, Latino, or Spanish origin | **4** |
| 5 | Hispanic or Latino Unknown | **5** |
| 6 | Ethnicity Unspecified | **6** |