



Benefit Enrollment and Maintenance (834)

Louisiana Medicaid EDI Transaction Set Companion Guide

Original Publication: 12/13/2011

Latest Update: 5/19/2025
Version 2.57

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
09/20/2011	Tina Martinez	1.03 – Modified examples to match data sent
09/21/2011	Tina Martinez	1.04 – Changed Time zone to CT
09/22/2011	Tina Martinez	1.05 – Changes to GS05, BGN05, N04, ISA08, ISA14, NM1
09/22/2011	Tina Martinez	1.06 – Added 2300 REF segment for Parish, Added Appendix A & B
09/22/2011	Daryl Sharp	1.07 – Minor editing changes
09/26/2011	Tina Martinez	1.08 – Minor editing changes
09/29/2011	Tina Martinez	1.09 – Modified Appendix A Ethnicity Codes
10/20/2011	Heather Babich	1.10 – Changes to INS08, REF01, Added NM1 2330
10/21/2011	Chris Diebold	1.11 – Added Appendix C
10/21/2011	Tina Martinez	2.00 – Reviewed and Minor Edits
10/22/2011	Tina Martinez	2.01 – Added 1.9.1 changes to current document, modified 2300 REF codes
10/23/2011	Tina Martinez	2.02 – ISA modifications
10/27/2011	Tina Martinez	2.03 – Add 2100A LUI Segment, 2000 Ref Segment, NM110 2310 & 2100G. Minor Edits.
10/31/2011	Tina Martinez	2.04 – 2300
11/02/2011	Chris Diebold	2.05 – Added Appendix D and Appendix E
11/11/2011	Tina Martinez	2.06 – Modified
11/18/2011	Tina Martinez	2.07 – Removal of COB
11/21/2011	Pinky Patnaik	2.08 – Updates to GS02,INS08 and HD04 segments
11/23/2011	Pinky Patnaik	2.09 – Added the Auto/Choice indicator to HD04 segment
12/07/2011	Anita Webb	2.10 – Added sections example diagrams, REF*1L segment to 2000 Loop.
12/08/2011	Anita Webb	2.11 – Editing changes after group review. Set Medicare elements to Not Sent.
12/09/2011	Anita Webb	2.12 – Modified LOOP 1000A N103, changed to FI, N104, added value
12/13/2011	Anita Webb	2.13 – Updated the values of the Federal Tax ID, LA Medicaid Policy number has tax id with “1” prefix.
8/23/2012	Jeff Hines	2.14 - Replaced Appendix D with a current code cross reference.
10/17/2012	Jeff Hines	2.15 – Per LA DHH suggestion, removed the word “can” from page 6, section 1.2 and added additional verbiage referencing section and page number for ST segment on page 11. Updated ½ in attributes column to read “1/2” on multiple pages, added “024” as a transaction type on page 26, section 2.2.23, corrected “LaHipp” to “ LaHIPP” in Appendix D and corrected GS07 and GS08 segments to have a field type of “ID” instead of “DT”.
10/30/2012	Jeff Hines	2.16 - Added Appendix G to define EDI element attributes Changed INS segment example in section 2.2.8 to better reflect data sent in production files
11/28/2012	Jeff Hines	2.17 – Change 2300 loop HD04 segment
3/8/2013	Jeff Hines	2.18 – Added maintenance reason code 917 to Appendix C.
5/13/2013	T. Martinez	2.19 - Added 2700 Loop Historical Reporting
6/18/2013	Jeff Hines	2.20 - Added mother’s ID information to 2000 loop member supplemental identifier section 2.2.11 on page 17. Added Appendix H on page 44 as a cross reference between the Recipient Header File received from Molina and where the fields are mapped in the MAXIMUS outbound 834 file.
7/16/2003	Jeff Hines	2.21 Added verbiage regarding loop 2700 stating that the 2700 loop referenced in sections 2.28 through 2.33 on pages 29 – 32 will only be sent in the monthly recon file and not in daily files.

7/26/2013	Jeff Hines	2.22 – Validated the 2100A loop residential address in section 2.2.15, page 21 and the 2100C loop mailing address in section 2.2.20, page 25 are correct and in accordance with the X12 834 implementation guide.
8/15/2013	Jeff Hines	2.23 - Added description to section 2.2.24 on page 27 that the DTP*348 coverage begin date will serve as the start date for the AC/TC reconciliation transaction. Also added note to this section that it will contain a range of coverage in the reconciliation file, not a month by month listing. Added the RX code to denote a quarterly AC/TC recon file to section 2.2.4 on page 12.
5/5/2014	Steve Marschall	2.24 - Added2 date segments In the 2000 Loop for Member PBS begin & end dates. Segments added to section 2.2.12 on page 18.
7/10/2014	Jeff Hines	2.25 - Added maintenance reason codes 919-926 to Appendix D. Add new cap codes to Appendix
7/24/2014	Jeff Hines	2.26 - Change PBSBEG/END dates to new CCMBEG/END name. Functionality of dates remains the same, the names have changed per DCH.
9/30/3014	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.
8/17/2017	Jeff Hines	2.39 – Updated Appendix C capitation codes on page 44 from crosswalk provider by LDH on 7/10/17.
8/24/2017	Jeff Hines	2.40 – Updated Appendix C capitation codes on page 44 from crosswalk provider by LDH on 7/21/17.
1/18/2018	Jeff Hines	2.41 – Add approval code to HD04 element on page 30 and in historic reporting in loop 2700 on page 37. Updated recipient file cross reference in Appendix H, page 52. Added Appendix M, DCFS approval code cross reference. Updated approval codes in Appendix L on page 59.
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
11/22/2021	Mike Polityka	2.46 – Updated Appendix A Race Codes Page 41 with new values.
1/7/2022	Mike Polityka	2.47 – Updated Appendix A Race Codes on page 41 with Other Race.

2/8/2022	Mike Polityka	2.48 – Updated Appendix K Lockin File Layout on Page 58 with additional values to the SURS-LOCKIN-IND field.
3/15/22	Jeff Hines	2.49 Updated section 1.2 description of monthly 834 file and added description of quarterly file.
1/19/2023	Jeff Hines	2.50 - Added HD04 descriptions for renewal date, renewal code, multiple birth indicator, and ethnicity code on page 30. Added ethnicity field to HD04 on page 31. Corrected Description verbiage on Appendix A. Added Appendix N - Ethnicity Codes on page 63.
5/4/2023	Mike Polityka	2.51 – Updated the following Appendices with updated values. Appendix I – Closure Codes Page 56-57. Appendix J – Renewal Codes Page 57. Appendix L – Approval Codes Page 60.
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	2.53 - Added additional instructions regarding processing of 001, 021, and 024 transactions. Update made for segment INS03 on page 16.
5/9//2024	Mike Polityka	2.54 – Added Plan Change Code to HD04 segment position 36 on page 33. Added Appendix O – Plan Change Codes on page 63.
9/13/2024	Mike Polityka	2.55 – Appendix H Page 56 – updated Notes/Processing description for PBS Begin and End Dates.
2/11/2025	Mike Polityka	2.56 – Appendix D Page 51 - added Maintenance Reason Code 933
5/19/2025	Mike Polityka	2.57 – Appendix F Language Codes – Page 53 – description for LA Code 06 changed from Chinese to Cantonese. Added LA Code 19 Mandarin (MD).

Signature Page

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

<NAME>

<Title/Role>

Date: _____

<NAME>

<Title/Role>

Date: _____

<NAME>

<Title/Role>

Date: _____

<NAME>

<Title/Role>

Date: _____

TABLE OF CONTENTS

SIGNATURE PAGE4

1 PURPOSE8

 1.1 BACKGROUND8

 1.2 USAGE & SPECIAL INSTRUCTIONS.....8

 1.3 DEFINITIONS.....8

 1.4 DELIMITERS9

2 STRUCTURE.....9

 2.1 TRANSACTION SET LISTING9

 2.1.1 Table 1 – Header.....9

 2.1.2 Table 2 – Detail9

 2.2 834 SEGMENT DETAIL.....10

 2.2.1 ISA - Interchange Control Header.....10

 2.2.2 GS - Functional Group Header.....12

 2.2.3 ST - Transaction Set Header12

 2.2.4 BGN - Beginning Segment13

 2.2.5 DTP – File Effective Date.....14

 2.2.6 N1 – Sponsor Name.....15

 2.2.7 N1 – Payer.....15

 2.2.8 INS – Member Level Detail16

 2.2.9 REF – Subscriber Identifier.....18

 2.2.10 REF – Member Policy Number18

 2.2.11 REF – Member Supplemental Identifier.....19

 2.2.12 DTP – Member Level Dates20

 2.2.13 NM1 – Member Name.....22

 2.2.14 PER – Member Communication Numbers23

 2.2.15 N3 – Member Residence Street Address.....24

 2.2.16 N4 – Member City, State, Zip Code24

 2.2.17 DMG – Member Demographics.....25

 2.2.18 LUI – Member Language26

 2.2.19 NM1 – Member Mailing Address27

 2.2.20 N3 – Member Mail Street Address28

 2.2.21 N4 – Member Mail City, State, Zip Code.....28

 2.2.22 NM1 – Responsible Person.....29

 2.2.23 HD – Health Coverage.....30

 2.2.24 DTP – Health Coverage Dates.....33

 2.2.25 REF – Health Coverage Policy Number34

 2.2.26 HD – Health Coverage – CSoC Type cases35

 2.2.27 DTP – CSoC admit and discharge dates35

 2.2.28 LX – Provider Information.....36

 2.2.29 NM1 – Provider Name.....36

 2.2.30 LS – Additional Reporting Categories.....38

 2.2.31 LX – Member Reporting Categories.....38

 2.2.32 N1 – Reporting Category.....39

 2.2.33 REF – Reporting Category Reference39

 2.2.34 DTP – Report Category Date.....40

 2.2.35 LE – Additional Reporting Categories Loop Termination41

 2.2.36 SE – Transaction Set Trailer41

 2.2.37 GE –Functional Group Trailer.....41

 2.2.38 IEA –Interchange Control Trailer42

3 TESTING	42
3.1 XCHANGE GATEWAY	42
3.1.1 <i>Xchange Gateway Server</i>	42
3.1.2 <i>Access</i>	43
3.1.3 <i>User Account Activation</i>	43
3.1.4 <i>Self Service Password Administration</i>	43
3.1.5 <i>Connectivity Issues</i>	43
3.1.6 <i>File Locations</i>	43
APPENDIX A – RACE CODES	44
APPENDIX B – PARISH CODES	45
APPENDIX C – CAPITATION CODES	47
APPENDIX D – MAINTENANCE REASON CODES	49
APPENDIX D – MAINTENANCE REASON CODES – CONTINUED	51
APPENDIX E – AID CATEGORIES	52
APPENDIX F – LANGUAGE CODES	53
APPENDIX G – COMPANION GUIDE ATTRIBUTE DEFINITIONS	54
APPENDIX H – RECIPIENT HEADER CROSS REFERENCE	55
APPENDIX I – MEDS CLOSURE CODES	58
APPENDIX J – RENEWAL CODES	59
APPENDIX K – LOCKIN FILE LAYOUT	60
APPENDIX L – APPROVAL CODES	62

1 Purpose

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



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

1.1 Background

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

For more information go to www.hhs.gov

1.2 Usage & Special Instructions

Each 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.



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

1.3 Definitions

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

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

Element	Definition	Comment
Attributes	Indicates the different attributes of the segment or element. Includes the requirement designator, data type and minimum/maximum length.	



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

1.4 Delimiters

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

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

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

2 Structure

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

2.1 Transaction Set Listing

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

2.1.1 Table 1 – Header

See Section 2.2.3 through 2.2.7 for detailed segment specifications.

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

2.1.2 Table 2 – Detail

See Sections 2.2.8 through 2.2.27 for detailed segment specifications.

POS #	Segment ID	Name	Usage	Repeat	Loop Repeat
LOOP ID – 2000 MEMBER LEVEL DETAIL					>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	

POS #	Segment ID	Name	Usage	Repeat	Loop Repeat
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	

2.2 834 Segment Detail

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

2.2.1 ISA - Interchange Control Header

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

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

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

USAGE	REF. DES.	Name	Attributes	
		Code	Definition	Comments
		P	Production	
		T	Test	

REQUIRED **ISA16** **Component Element Separator** **M** **1/1**
The Component Element Separator used is :

2.2.2 GS - Functional Group Header

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

USAGE	REF. DES.	Name	Attributes	
REQUIRED	GS01	Functional Identifier Code Code identifying a group of application related transaction sets	M	ID 2/2
		Code	Definition	Comments
		BE	Benefit Enrollment and Maintenance (834)	
REQUIRED	GS02	Application Sender's Code Sender's Identifications code is LAMEDICAID	M	AN 2/15
REQUIRED	GS03	Application Receiver's Code Code identifying party receiving transmission MCO's ID Code	M	AN 2/15
REQUIRED	GS04	Date Function Group Creation Date FORMAT: YYMMDD	M	DT 8/8
REQUIRED	GS05	Time Creation Time FORMAT: HHMM	M	TM 4/8
REQUIRED	GS07	Responsible Agency Code Code identifying the issuer of the standard	M	ID 1/2
		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	

2.2.3 ST - Transaction Set Header

X12 Segment Name: Transaction Set Header
X12 Purpose: To indicate the start of a transaction set and to assign a control number
Segment Repeat: 1
Usage: REQUIRED

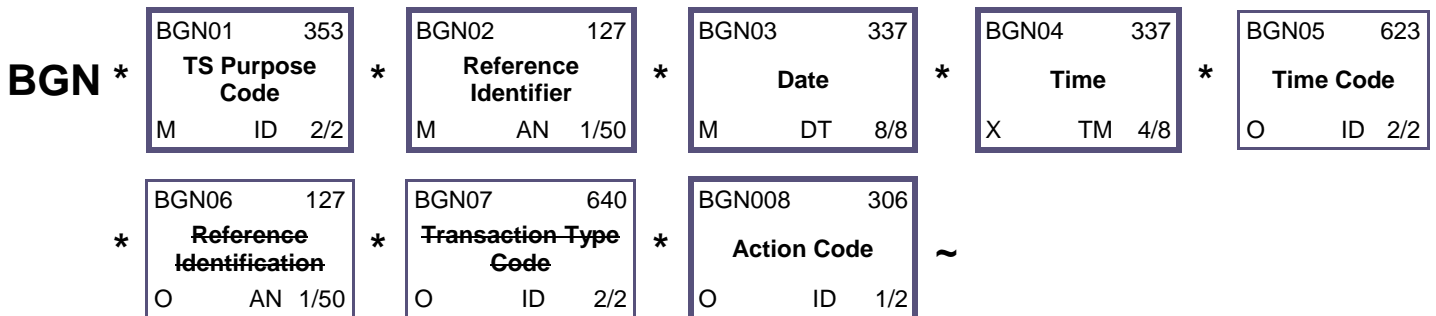
Example: ST*834*0001*005010X220A1~



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

2.2.4 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~

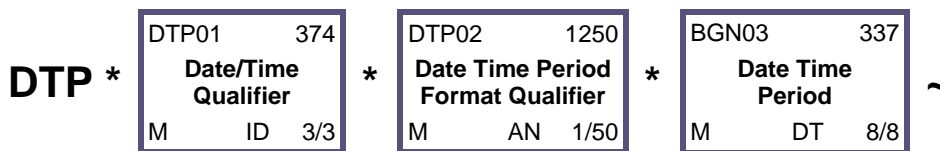


Usage	REF. DES.	Name	Attributes						
REQUIRED	BGN01	Transaction Set Purpose Code Code identifying purpose of transaction set	M ID 2/2						
		<table border="1"> <thead> <tr> <th>Code</th> <th>Definition</th> <th>Comments</th> </tr> </thead> <tbody> <tr> <td>00</td> <td>Original</td> <td></td> </tr> </tbody> </table>	Code	Definition	Comments	00	Original		
Code	Definition	Comments							
00	Original								
REQUIRED	BGN02	Reference Identification Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	M AN 1/50						

Usage	REF. DES.	Name	Attributes												
REQUIRED	BGN03	Date Functional Group Creation Date FORMAT: CCYYMMDD	M DT 8/8												
REQUIRED	BGN04	Time Transaction set creation time FORMAT: HHMMSS	M TM 4/8												
SITUATIONAL	BGN05	Time Code Time Zone	O ID 2/2												
<table border="1"> <thead> <tr> <th>Code</th> <th>Definition</th> <th>Comments</th> </tr> </thead> <tbody> <tr> <td>CT</td> <td>Central Time</td> <td></td> </tr> </tbody> </table>				Code	Definition	Comments	CT	Central Time							
Code	Definition	Comments													
CT	Central Time														
SITUATIONAL	BGN06	Reference Identification Not Used	O AN 1/50												
NOT USED	BGN07	Transaction Type Code Not Used	O ID 1/50												
REQUIRED	BGN08	Action Code Code indicating type of action	O ID 1/2												
<table border="1"> <thead> <tr> <th>Code</th> <th>Definition</th> <th>Comments</th> </tr> </thead> <tbody> <tr> <td>2</td> <td>Change/Update</td> <td>Used to identify a transaction of additions, terminations and changes to the current enrollment.</td> </tr> <tr> <td>4</td> <td>Verify</td> <td>Used to identify a full enrollment transaction to verify that the sponsor's and payer's systems are synchronized.</td> </tr> <tr> <td>RX</td> <td>AC/TC Recon</td> <td>Quarterly reconciliation of AC/TC history.</td> </tr> </tbody> </table>				Code	Definition	Comments	2	Change/Update	Used to identify a transaction of additions, terminations and changes to the current enrollment.	4	Verify	Used to identify a full enrollment transaction to verify that the sponsor's and payer's systems are synchronized.	RX	AC/TC Recon	Quarterly reconciliation of AC/TC history.
Code	Definition	Comments													
2	Change/Update	Used to identify a transaction of additions, terminations and changes to the current enrollment.													
4	Verify	Used to identify a full enrollment transaction to verify that the sponsor's and payer's systems are synchronized.													
RX	AC/TC Recon	Quarterly reconciliation of AC/TC history.													

2.2.5 DTP – File Effective Date

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



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

Usage	REF. DES.	Name	Attributes
-------	-----------	------	------------

Code indicating the date format, time format, or date and time format

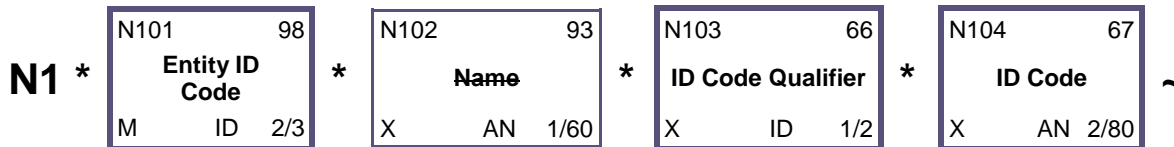
Code	Definition	Comments
D8	Date Expressed in Format CCYYMMDD	

Usage	REF. DES.	Name	Attributes
REQUIRED	DTP03	Date Time Period	M AN 1/35

Expression of a date.

2.2.6 N1 – Sponsor Name

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



Usage	REF. DES.	Name	Attributes
-------	-----------	------	------------

REQUIRED	N101	Entity Identifier Code	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
-----------------	-------------	--------------------------------------	----------

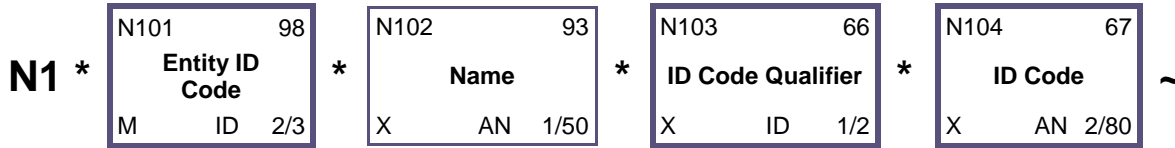
Code	Definition	Comments
FI	Federal Taxpayer's Identification Number	

REQUIRED	N104	Identification Code	X AN 2/80
-----------------	-------------	----------------------------	-----------

Identification Code sent 726011595

2.2.7 N1 – Payer

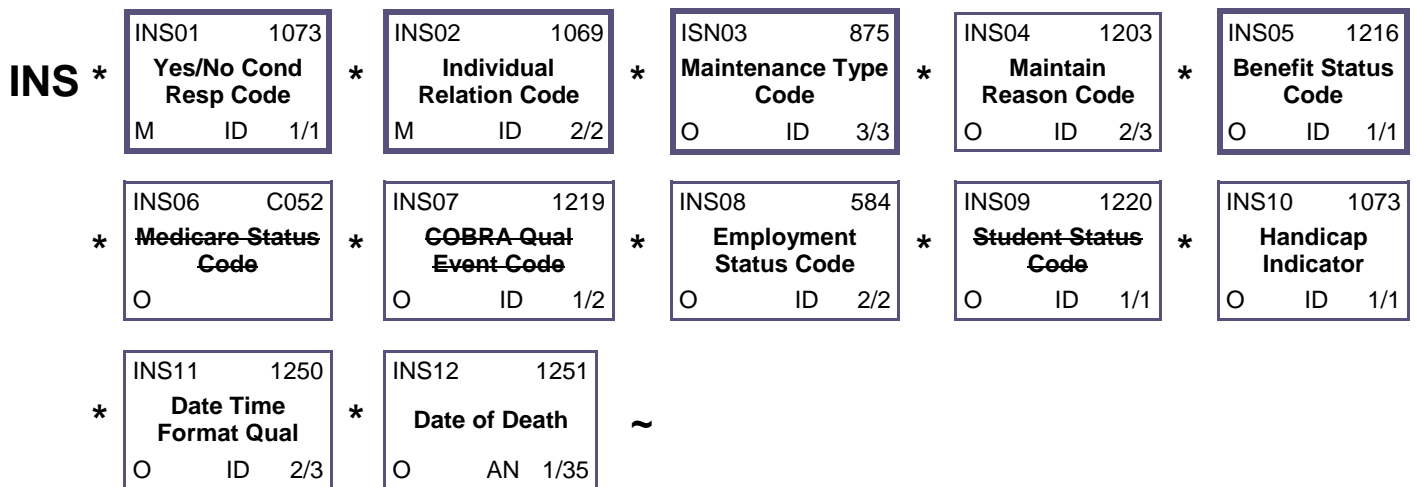
X12 Segment Name: Party Identification
X12 Purpose: To identify a party by type of organization, name, and code
Loop: 1000B
Loop Repeat: 1
Segment Repeat: 1
Usage: REQUIRED
Example: N1 * IN * * FI * 12356789~



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

2.2.8 INS – Member Level Detail

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



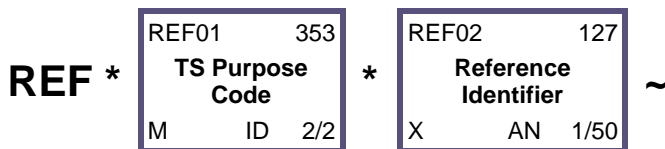
Usage	REF. DES.	Name	Attributes
REQUIRED	INS01	Member Indicator	M ID 1/1

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

Usage	REF. DES.	Name	Attributes									
		Required because transaction is for a subscriber. The data element will contain the status of the member in the program, rather than employment status.										
		<table border="1"> <thead> <tr> <th>Code</th> <th>Definition</th> <th>Comments</th> </tr> </thead> <tbody> <tr> <td>AC</td> <td>Active</td> <td>Medicaid Managed Care participant</td> </tr> <tr> <td>TE</td> <td>Terminated</td> <td>Not a Medicaid managed Care participant</td> </tr> </tbody> </table>	Code	Definition	Comments	AC	Active	Medicaid Managed Care participant	TE	Terminated	Not a Medicaid managed Care participant	
Code	Definition	Comments										
AC	Active	Medicaid Managed Care participant										
TE	Terminated	Not a Medicaid managed Care participant										
SITUATIONAL	INS09	Student Status Code Not Used	O ID 1/1									
SITUATIONAL	INS10	Handicap Indicator Special Needs Indicator	O ID 1/1									
		<table border="1"> <thead> <tr> <th>Code</th> <th>Definition</th> <th>Comments</th> </tr> </thead> <tbody> <tr> <td>N</td> <td>No</td> <td></td> </tr> <tr> <td>Y</td> <td>Yes</td> <td></td> </tr> </tbody> </table>	Code	Definition	Comments	N	No		Y	Yes		
Code	Definition	Comments										
N	No											
Y	Yes											
SITUATIONAL	INS11	Date Time Period Format Qualifier Code indicating the date format, time format, or date and time format	X ID 2/3									
		<table border="1"> <thead> <tr> <th>Code</th> <th>Definition</th> <th>Comments</th> </tr> </thead> <tbody> <tr> <td>D8</td> <td>Date Expressed in Format CCYYMMDD</td> <td></td> </tr> </tbody> </table>	Code	Definition	Comments	D8	Date Expressed in Format CCYYMMDD					
Code	Definition	Comments										
D8	Date Expressed in Format CCYYMMDD											
SITUATIONAL	INS12	Date of Death Member Individual Death Date. Required if the member is deceased. This does not replace the use of the termination date within the 2300 loop.	X AN 1/35									

2.2.9 REF – Subscriber Identifier

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

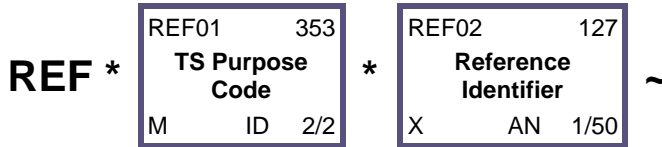


Usage	REF. DES.	Name	Attributes						
REQUIRED	REF01	Reference Identification Qualifier Code qualifying the Reference Identification	M ID 2/3						
		<table border="1"> <thead> <tr> <th>Code</th> <th>Definition</th> <th>Comments</th> </tr> </thead> <tbody> <tr> <td>0F</td> <td>Subscriber Number</td>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

2.2.10 REF – Member Policy Number

X12 Segment Name: Reference Information

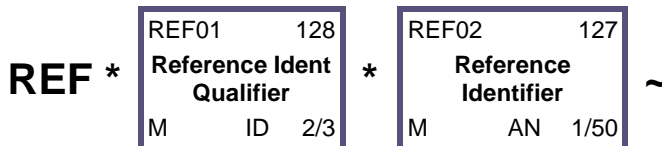
X12 Purpose: To specify identifying information. Required when the policy number applies to all coverage data (all 2300 loops for this member).
Loop: 2000 - Member Level Detail
Segment Repeat: 1
Usage: REQUIRED
Example: REF*1L*1726011595~



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

2.2.11 REF – Member Supplemental Identifier

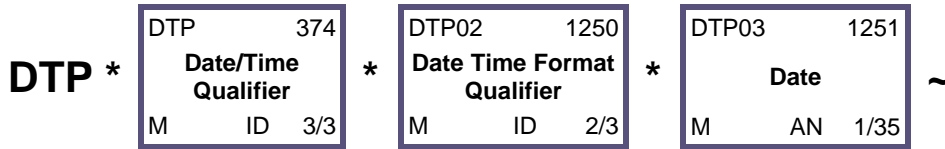
X12 Segment Name: Reference Information
X12 Purpose: To specify identifying information
Loop: 2000 - Member Level Detail
Segment Repeat: 13
Usage: SITUATIONAL
Example: REF*23*2222222222222222~



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

2.2.12 DTP – Member Level Dates

X12 Segment Name: Date or Time or Period
X12 Purpose: To specify any or all of a date, a time, or a time period
Loop: 2000 - Member Level Detail
Segment Repeat: 3
Usage: SITUATIONAL
Example: DTP*473*D8*19960705~

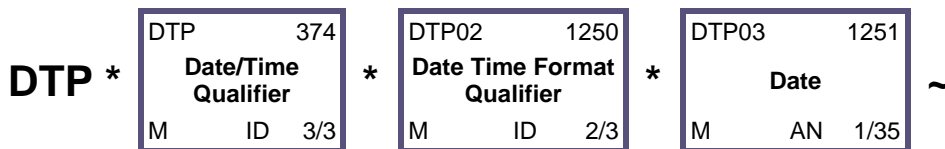


Usage	REF. DES.	Name	Attributes
-------	-----------	------	------------

REQUIRED	DTP01	Date/Time Qualifier	M ID 3/3									
Code specifying type of date or time, or both date and time												
<table border="1"> <thead> <tr> <th>Code</th> <th>Definition</th> <th>Comments</th> </tr> </thead> <tbody> <tr> <td>473</td> <td>Medicaid Begin</td> <td></td> </tr> <tr> <td>474</td> <td>Medicaid End</td> <td></td> </tr> </tbody> </table>				Code	Definition	Comments	473	Medicaid Begin		474	Medicaid End	
Code	Definition	Comments										
473	Medicaid Begin											
474	Medicaid End											

REQUIRED	DTP02	Date Time Period Format Qualifier	M ID 2/3						
Code indicating the date format, time format, or date and time format									
<table border="1"> <thead> <tr> <th>Code</th> <th>Definition</th> <th>Comments</th> </tr> </thead> <tbody> <tr> <td>D8</td> <td>Date Expressed in Format CCYYMMDD</td> <td></td> </tr> </tbody> </table>				Code	Definition	Comments	D8	Date Expressed in Format CCYYMMDD	
Code	Definition	Comments							
D8	Date Expressed in Format CCYYMMDD								

REQUIRED	DTP03	Date Time Period	M AN 1/35
Status Information Effective Date			



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												
<table border="1"> <thead> <tr> <th>Code</th> <th>Definition</th> <th>Comments</th> </tr> </thead> <tbody> <tr> <td>356</td> <td>CCM Eligibility Begin Date</td> <td></td> </tr> <tr> <td>357</td> <td>CCM Eligibility End Date</td> <td></td> </tr> </tbody> </table>				Code	Definition	Comments	356	CCM Eligibility Begin Date		357	CCM Eligibility End Date	
Code	Definition	Comments										
356	CCM Eligibility Begin Date											
357	CCM Eligibility End Date											

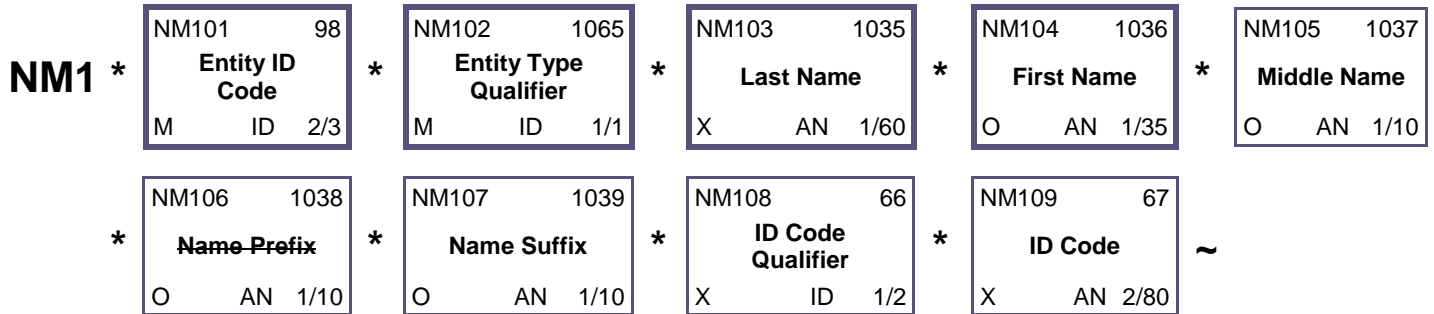
Note: The CCM begin and end dates were previously referred to as PBS begin and end dates.

REQUIRED	DTP02	Date Time Period Format Qualifier	M ID 2/3
Code indicating the date format, time format, or date and time format			

Usage	REF. DES.	Name	Attributes		
			Code	Definition	Comments
			D8	Date Expressed in Format CCYYMMDD	
REQUIRED	DTP03	Date Time Period		Status Information Effective Date	M AN 1/35

2.2.13 NM1 – Member Name

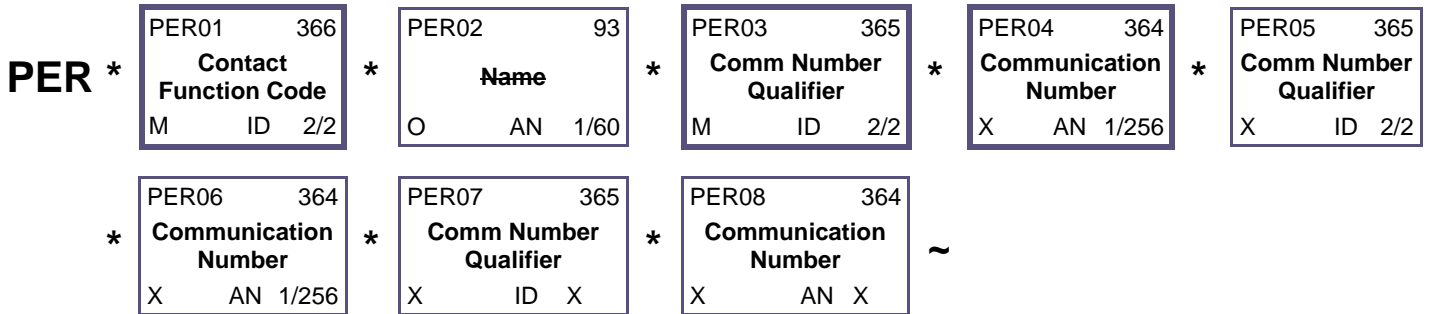
X12 Segment Name: Individual or Organizational Name
X12 Purpose: To supply the full name of an individual or organizational entity
Loop: 2100A - Member Name
Loop Repeat: 1
Segment Repeat: 1
Usage: Required
Example: NM1*IL*1*SMITH*JOHN*M**SR~



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

2.2.14 PER – Member Communication Numbers

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



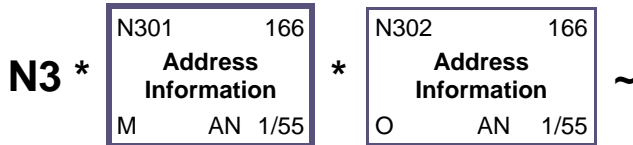
Usage	REF. DES.	Name	Attributes															
REQUIRED	PER01	Contact Function Code Code identifying the major duty or responsibility of the person or group named	M ID 2/2															
		<table border="1"> <thead> <tr> <th>Code</th> <th>Definition</th> <th>Comments</th> </tr> </thead> <tbody> <tr>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

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

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

2.2.15 N3 – Member Residence Street Address

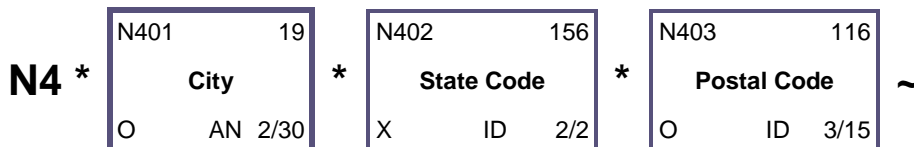
X12 Segment Name: Party Location
X12 Purpose: To specify the location of the named party
Loop: 2100A - Member Name
Segment Repeat: 1
Usage: SITUATIONAL
Example: N3*50 ORCHARD STREET~



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

2.2.16 N4 – Member City, State, Zip Code

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

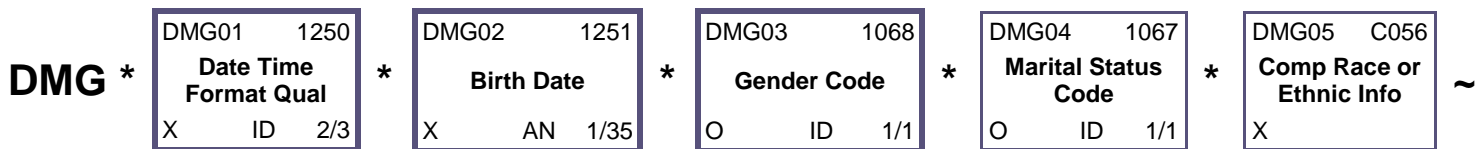


Usage	REF. DES.	Name	Attributes
REQUIRED	N401	City Name City Name	O AN 2/30
SITUATIONAL	N402	State or Province Code	X ID 2/2

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

2.2.17 DMG – Member Demographics

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

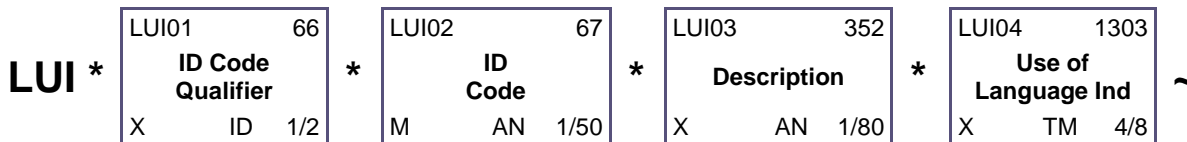


Usage	REF. DES.	Name	Attributes												
REQUIRED	DMG01	Date Time Period Format Qualifier	X ID 2/3												
		Code indicating the date format, time format, or date and time format													
		<table border="1"> <thead> <tr> <th>Code</th> <th>Definition</th> <th>Comments</th> </tr> </thead> <tbody> <tr> <td>D8</td> <td>Date Expressed in Format CCYYMMDD</td> <td></td> </tr> </tbody> </table>	Code	Definition	Comments	D8	Date Expressed in Format CCYYMMDD								
Code	Definition	Comments													
D8	Date Expressed in Format CCYYMMDD														
REQUIRED	DMG02	Date Time Period	X AN 1/35												
		Member Birth Date													
REQUIRED	DMG03	Gender Code	O ID 1/1												
		Code indicating the sex of the individual													
		<table border="1"> <thead> <tr> <th>Code</th> <th>Definition</th> <th>Comments</th> </tr> </thead> <tbody> <tr> <td>F</td> <td>Female</td> <td></td> </tr> <tr> <td>M</td> <td>Male</td> <td></td> </tr> <tr> <td>U</td> <td>Unknown</td> <td></td> </tr> </tbody> </table>	Code	Definition	Comments	F	Female		M	Male		U	Unknown		
Code	Definition	Comments													
F	Female														
M	Male														
U	Unknown														
SITUATIONAL	DMG04	Marital Status	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.													
		<table border="1"> <thead> <tr> <th>Code</th> <th>Definition</th> <th>Comments</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Code	Definition	Comments										
Code	Definition	Comments													
SITUATIONAL	DMG05-2	Code List Qualifier	X ID 1/3												
		Code indicating specific Industry Code List													

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

2.2.18 LUI – Member Language

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



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

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

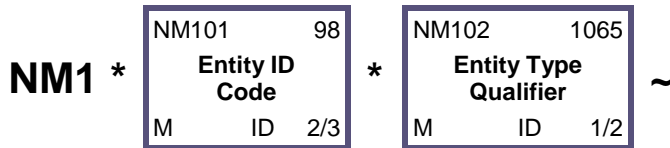
SITUATIONAL LUI03 Description X AN 1/80
Language Description

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

Code	Definition	Comments
7	Speaking	

2.2.19 NM1 – Member Mailing Address

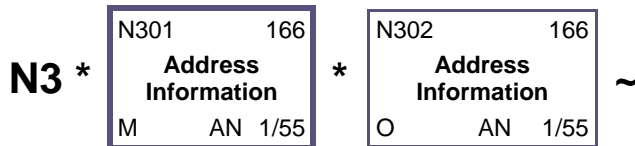
X12 Segment Name: Individual or Organizational Name
X12 Purpose: To supply the full name of an individual or organizational entity
Loop: 2100C - Member Mailing Address
Loop Usage: SITUATIONAL
Loop Repeat: 1
Segment Repeat: 1
Usage: SITUATIONAL
Example: NM1*31*1~



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

2.2.20 N3 – Member Mail Street Address

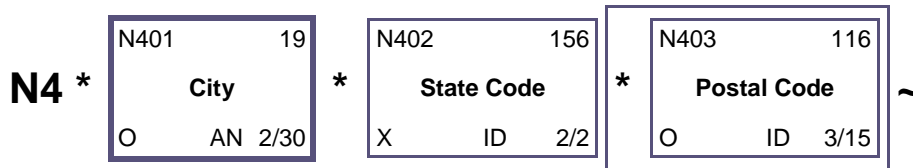
X12 Segment Name: Party Location
X12 Purpose: To specify the location of the named party
Loop: 2100C - Member Mailing Address
Segment Repeat: 1
Usage: REQUIRED
Example: N3*50 ORCHARD STREET~



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

2.2.21 N4 – Member Mail City, State, Zip Code

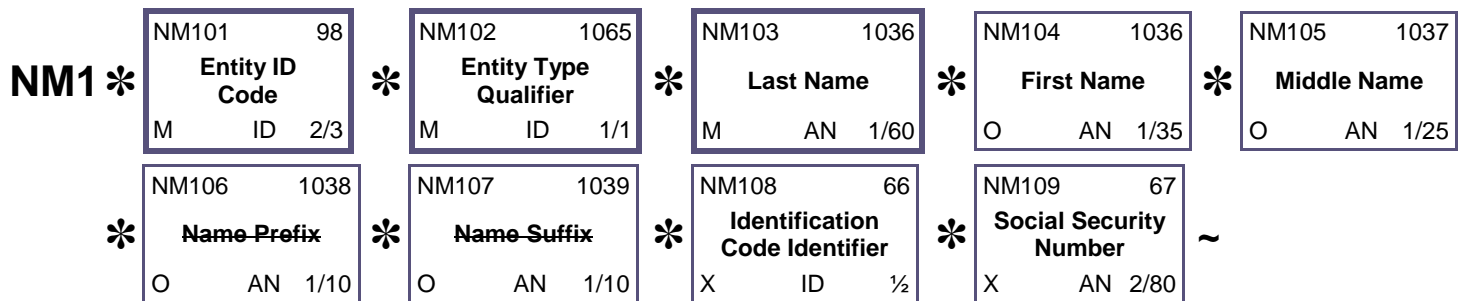
X12 Segment Name: Geographic Location
X12 Purpose: To specify the geographic place of the named party
Loop: 2100C - Member Mailing Address
Segment Repeat: 1
Usage: REQUIRED
Example: N4*LAFAYETTE*LA*12345~



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

2.2.22 NM1 – Responsible Person

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

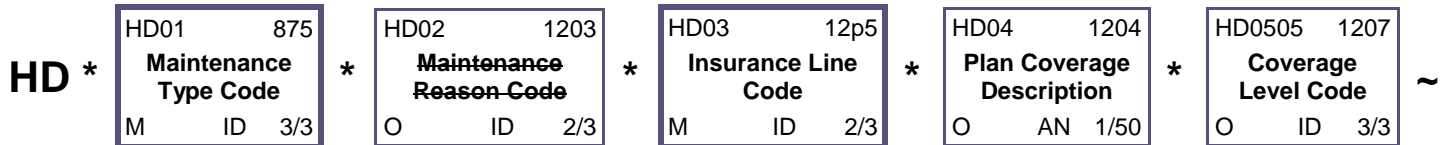


USAGE	REF. DES.	Name	Attributes						
REQUIRED	NM101	Entity Identifier Code Code specifying type of date or time, or both date and time	M ID 2/3						
		<table border="1"> <thead> <tr> <th>Code</th> <th>Definition</th> <th>Comments</th> </tr> </thead> <tbody> <tr> <td>QD</td> <td>Responsible Party</td>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

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

2.2.23 HD – Health Coverage

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



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

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

Code	Definition	Comments
HMO	Health Maintenance Organization	
LTC	Long Term Care	

SITUATIONAL	HD04	Plan Coverage Description Capitation Code (See Appendix C) and Choice/Auto Enrollment indicator separated by a -. Type of enrollment is only sent on newly added enrollments.	O AN 1/50
--------------------	-------------	---	------------------

Choice Code

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

High Risk Pregnancy Indicator

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

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

Behavioral Health Indicator - Identifies client program membership

Code	Definition	Comments
P	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

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

Plan Change Code – The new field will denote what the prior plan was to the new plan and will denote what the new plan is to the prior plan.

Code	Description
A	Aetna
M	AmeriHealth
B	Healthy Blue
H	Humana
L	Louisiana Healthcare
U	United Healthcare
D	DentaQuest
C	MCNA

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
Plan Change Code	1	36	36

SITUATIONAL HD05 **Coverage Level Code** O ID 3/3

Code identifying a group of insurance products

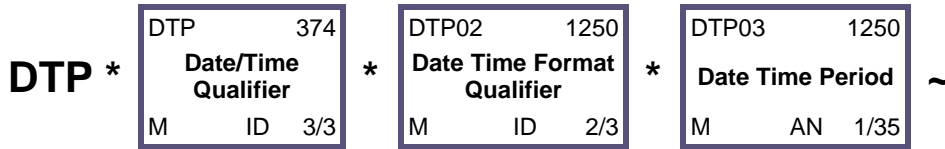
Code	Definition	Comments
IND	Individual	

2.2.24 DTP – Health Coverage Dates

X12 Segment Name: Date or Time or Period

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

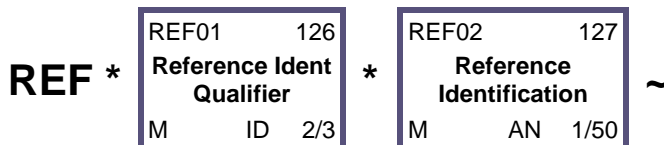
SPECIAL NOTE: The benefits begin and end dates will contain a span of coverage for the quarterly AC/TC reconciliation file and not a month by month listing.



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

2.2.25 REF – Health Coverage Policy Number

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



USAGE	REF. DES.	Name	Attributes
REQUIRED	REF01	Reference Identification Qualifier Code qualifying the Reference Identification	M ID 2/3

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.

2.2.26 HD – Health Coverage – CSoC Type cases

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

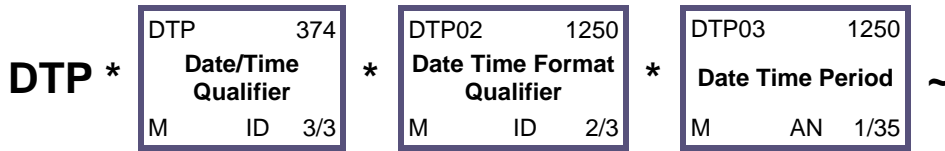
***** NOTE – HD04 segments 2 – 17 contain CsoC type cases *****

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

2.2.27 DTP – CSoC admit and discharge dates

X12 Segment Name: Date or Time or Period
X12 Purpose: To specify any or all of a date, a time, or a time period
Loop: 2300 - HEALTH COVERAGE
Segment Repeat: 1
Usage: REQUIRED
Example: DTP*695*RD8*20101001-20110601~

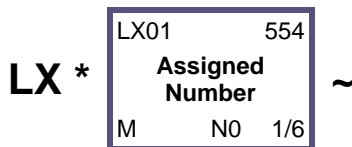
SPECIAL NOTE: This segment contains CSoC admit and discharge dates.



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

2.2.28 LX – Provider Information

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



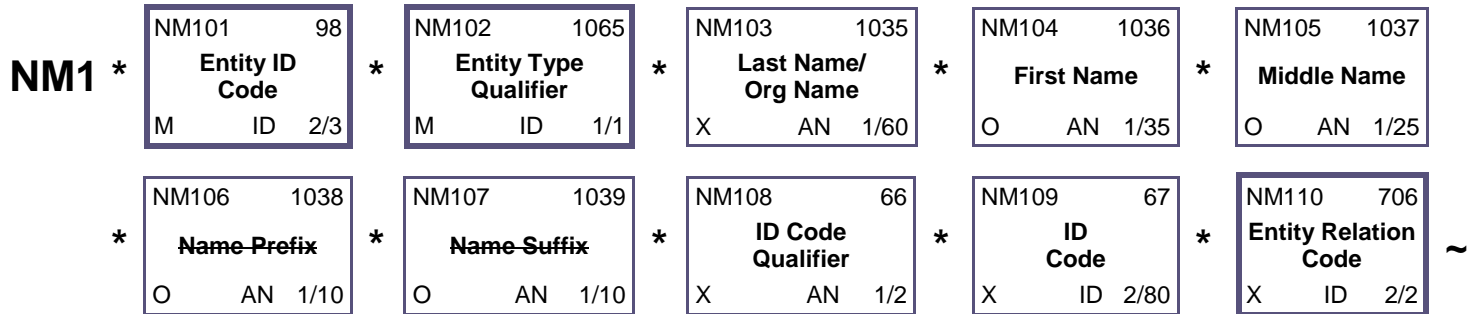
USAGE	REF. DES.	Name	Attributes
REQUIRED	LX01	Assigned Number Number assigned for differentiation within a transaction set	M NO 1/6

2.2.29 NM1 – Provider Name

X12 Segment Name: Individual or Organizational Name
X12 Purpose: To supply the full name of an individual or organizational entity
Loop: 2310 - Provider Information
Segment Repeat: 1

Usage: REQUIRED

Example: NM1*P3*1*OLSON*HENRY*L**XX*25341234567~



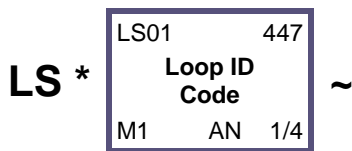
USAGE	REF. DES.	Name	Attributes									
REQUIRED	NM101	Entity Identifier Code Code specifying type of date or time, or both date and time	M ID 2/3									
		<table border="1"> <thead> <tr> <th>Code</th> <th>Definition</th> <th>Comments</th> </tr> </thead> <tbody> <tr> <td>P3</td> <td>Primary Care Provider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

USAGE	REF. DES.	Name	Attributes						
		<table border="1"> <thead> <tr> <th>Code</th> <th>Definition</th> <th>Comments</th> </tr> </thead> <tbody> <tr> <td>72</td> <td>Unknown</td> <td></td> </tr> </tbody> </table>	Code	Definition	Comments	72	Unknown		
Code	Definition	Comments							
72	Unknown								

2.2.30 LS – Additional Reporting Categories

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

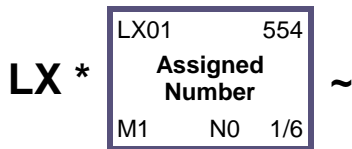
NOTE: The 2700 loop referenced in sections 2.28 through 2.33 will only be sent in the monthly and quarterly recon files and not in daily files.



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			

2.2.31 LX – Member Reporting Categories

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

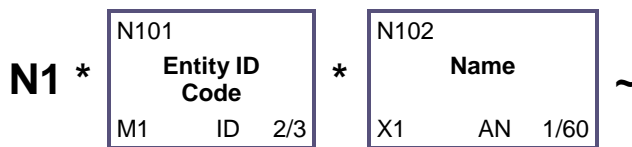


USAGE	REF. DES.	Name	Attributes
REQUIRED	LX01	Assigned Number	M1 N0 1/6

USAGE	REF. DES.	Name	Attributes
		Number assigned for differentiation within a transaction set	

2.2.32 N1 – Reporting Category

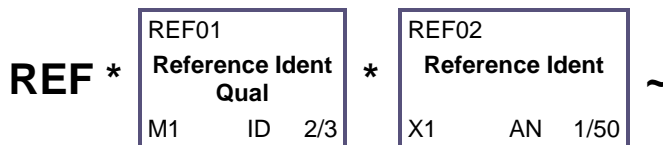
X12 Segment Name: Reporting Category
X12 Purpose: To identify a party by type of organization, name, and code
Loop: 2750 – Reporting Category
Loop Repeat: 1
Segment Repeat: 1
Usage: SITUATIONAL
Example: N1*75*Medicaid History~



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

2.2.33 REF – Reporting Category Reference

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

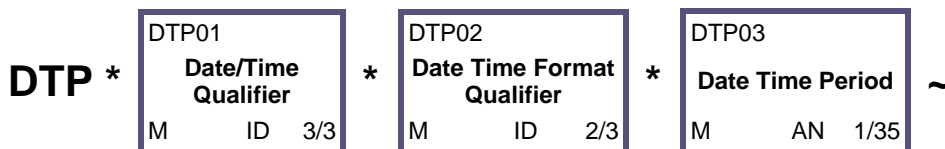


USAGE	REF. DES.	Name	Attributes
REQUIRED	REF01	Reference Identification Qualifier Code qualifying the reference identification	M1 ID 2/3

USAGE	REF. DES.	Name	Attributes																																		
		<table border="1"> <thead> <tr> <th>Code</th> <th>Definition</th> <th>Comments</th> </tr> </thead> <tbody> <tr> <td>ZZ</td> <td>Mutually Defined</td> <td></td> </tr> </tbody> </table>	Code	Definition	Comments	ZZ	Mutually Defined																														
Code	Definition	Comments																																			
ZZ	Mutually Defined																																				
REQUIRED	REF02	Reference Identification	X1	AN	1/50																																
		<table border="1"> <thead> <tr> <th>Description</th> <th>Length</th> <th>Begin</th> <th>End</th> </tr> </thead> <tbody> <tr> <td>Aid Category</td> <td>2</td> <td>1</td> <td>2</td> </tr> <tr> <td>Hard Coded Slash</td> <td>1</td> <td>3</td> <td>3</td> </tr> <tr> <td>Type Case</td> <td>3</td> <td>4</td> <td>6</td> </tr> <tr> <td>Hard Coded Slash</td> <td>1</td> <td>7</td> <td>7</td> </tr> <tr> <td>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</td> <td>3</td> <td>8</td> <td>10</td> </tr> <tr> <td>Hard Coded Slash</td> <td>1</td> <td>11</td> <td>11</td> </tr> <tr> <td>Approval code</td> <td>3</td> <td>12</td> <td>14</td> </tr> </tbody> </table>	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			
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																																			

2.2.34 DTP – Report Category Date

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

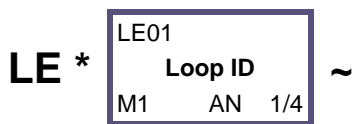


USAGE	REF. DES.	Name	Attributes								
REQUIRED	DTP01	Date/Time Qualifier Code specifying type of date or time, or both date and time	M	ID	3/3						
		<table border="1"> <thead> <tr> <th>Code</th> <th>Definition</th> <th>Comments</th> </tr> </thead> <tbody> <tr> <td>007</td> <td>Effective</td> <td>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

USAGE	REF. DES.	Name	Attributes
		Member Reporting Category Effective Dates	

2.2.35 LE – Additional Reporting Categories Loop Termination

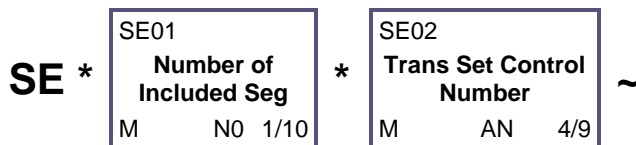
X12 Segment Name: Loop Trailer
X12 Purpose: To indicate the loop immediately preceding this segment is complete
Loop: 2000 – Member Level Detail
Segment Repeat: 1
Usage: SITUATIONAL
Example: LE*2700~



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

2.2.36 SE – Transaction Set Trailer

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

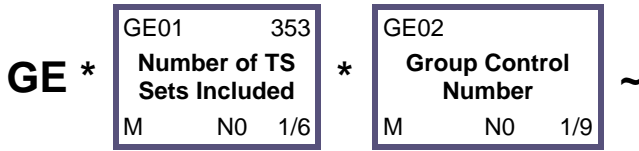


USAGE	REF. DES.	Name	Attributes
REQUIRED	SE01	Number of Included Segments Total number of segments included in a transaction set including ST and SE segments	M NO 1/10
REQUIRED	SE02	Transaction Set Control Number Identifying control number that must be unique within the transaction set functional group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

2.2.37 GE –Functional Group Trailer

X12 Segment Name: Functional Group Trailer
X12 Purpose: To indicate the end of a functional group and to provide control information

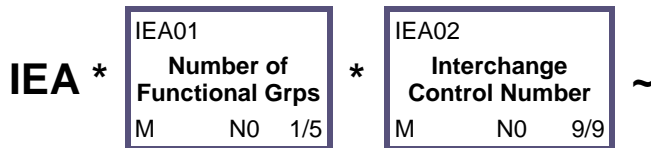
Segment Repeat: 1
Usage: REQUIRED
Example: GE*1*1~



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

2.2.38 IEA –Interchange Control Trailer

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



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

3 Testing

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

3.1 Xchange Gateway

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

3.1.1 Xchange Gateway Server

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

3.1.2 Access

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

3.1.2.1 Using Web Browser

Using Internet Explorer or Firefox go to the following URL.

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

3.1.2.2 Using SFTP Client

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

3.1.3 User Account Activation

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

Full Name:

Email Address:

Health Plan:

Purpose: 5010 Testing for the LA EB Project

3.1.4 Self Service Password Administration

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

3.1.5 Connectivity Issues

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

3.1.6 File Locations

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

Appendix A – 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 Parish Codes and their corresponding Medicaid Regions.

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

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

Appendix C – Capitation codes

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	Termination of Benefits
933	The recipient has a change in the newborn Medicaid Eligibility start date. An existing BYU/BH/Dental linkage is to be cancelled with the BYU/BH/Dental linkage end date being equal to the BYU/BH/Dental linkage begin date.	7	Termination 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 IV of the Immigration and Nationality Act (not the Social Security Act - not Medicaid funds)
6	OCS Foster Care	Foster children and state adoption subsidy children who are directly served by and determined Medicaid eligible by OCS.
8	IV-E OCS/OYD	Children eligible under Title IV-E (OCS and OYD whose eligibility is determined by OCS using Title IV-E eligibility policy).
11	Hurricane Evacuees	Hurricane Katrina Evacuees
13	LIFC	Individuals who meet all eligibility requirements for LIFC under the AFDC State Plan in effect 7/16/1996.
14	Med Asst/Appeal	Individuals eligible for state-funded medical benefits as a result of loss of SSI benefits and Medicaid due to a cost-of-living increase in State or local retirement.
15	OCS/OYD Child	OCS and OYD children whose medical assistance benefits are state-funded. OCS has responsibility for determining eligibility for these cases. These children are not Title XIX Medicaid eligible.
16	Presumptive Eligible	Women medically verified to be pregnant and presumed eligible for Medicaid CHAMP Pregnant Woman benefits by a Qualified Provider.
17	QMB	Persons who meet the categorical requirement of enrollment in Medicare Part A including conditional enrollment.
20	TB	Individuals who have been diagnosed as or are suspected of being infected with Tuberculosis.
22	OCS/OYD (XIX)	Includes the following children in the custody of OCS: those whose income and resources are at or below the LIFC standard but are not IV-E eligible because deprivation is not met; those whose income and resources are at or below the standards for Regular MNP; those who meet the standards of CHAMP Child or CHAMP PW; and children aged 18-21 who enter the Young Adult Program.
30	1115 HIFA Waiver	LaChoice and LHP
40	CSoC	CSoC

Appendix F – Language Codes

Codes used to identify Language for the Louisiana Medicaid Program.

LA Code	Description	834 Code
01	English	EN
02	Spanish	ES
03	American Sign	SZ
04	Arabic	AR
05	Armenian	HY
06	Cantonese	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
19	Mandarin	MD
20	Polish	PL
21	Portuguese	PT
22	Russian	RU
23	Samoan	SM
24	Tagalog	TL
25	Vietnamese	VI
26	Yiddish	JI
27	SDX Other Lang.	27
28	ACA Other	AC
99	Not declared	99

Appendix G – Companion Guide Attribute Definitions

Codes used to define EDI elements

Attribute Definitions

Required Attribute

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

Field Type Attribute

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

Appendix H – Recipient Header Cross Reference

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

Nbr	Field	Begin	End	Len	Req?	834 Loop	Notes/Processing
34	RECIP-TEL-NO	261	270	10	N	2100A - Member name	Data may not be transmitted form Molina
35	RECIP-PBS-BEG-DATE	271	278	8	N	2000 - member level detail	Format YYYYMMDD PBS dates used to determine Chisholm eligibility.
36	RECIP-PBS-END-DATE	279	286	8	N	2000 - member level detail	Format YYYYMMDD PBS dates used to determine Chisholm eligibility.
37	RECIP-CASE-MANAGER	287	293	7	N		This is the case manager for Chisholm recipients, but it is optional. Not all Chisholm-class recipients will be assigned a case manager, and so this value may be 0.
38	RECIP-PID-CARD-NO	294	309	16	Y	2000 - Member level detail	16-digit number in the format 777nnnnnnnnnnss where n is unique and ss is iterative
39	RECIP-MOTHER-PERSON-ID	310	322	13	N	2000 - Member level detail	
40	RECIP-HOH-LAST-NAME	323	334	12	N	2100G - Responsible person	If populated, concatenate first name, middle initial and last name and update in ML address attention field.
41	RECIP-HOH-FIRST-NAME	335	346	12	N	2100G - Responsible person	If populated, concatenate first name, middle initial and last name and update in ML address attention field.
42	RECIP-HOH-MIDDLE-INIT	347	347	1	N	2100G - Responsible person	If populated, concatenate first name, middle initial and last name and update in ML address attention field.
43	RECIP-HEAD-OF-HOUSEHOLD-SSN	348	356	9	N	2100G - Responsible person	
44	RECIP-PREFERRED-LANGUAGE-IN	357	358	2	N		
45	05 RECIP-EXP-ADDR-LN1	359	393	35	Y	2100C - Member mailing	Add/update as mailing address
46	05 RECIP-EXP-ADDR-LN2	394	428	35	Y	2100C - Member mailing	Add/update as mailing address

47	05 RECIP-EXP-ADDR-LN3	429	463	35	Y	2100C - Member mailing	Add/update as mailing address
48	05 RECIP-EXP-CITY	464	483	20	Y	2100C - Member mailing	Add/update as mailing address
49	05 RECIP-EXP-STATE	484	485	2	Y	2100C - Member mailing	Add/update as mailing address
50	05 RECIP-EXP-ZIP-CODE	486	494	9	N		
51	05 RECIP-EXP-LAST-NAME	495	519	25	N		
52	05 RECIP-EXP-FIRST-NAME	520	539	20	N		
53	05 RECIP-EXP-MID-INITIAL	540	540	1	N		

Nbr	Field	Begin	End	Len	Req?	834 Loop	Notes/Processing
54	05 RECIP-EXP-RECIP-TITLE	541	543	3	N		
55	05 RECIP-EXP-RECIP-SUFFIX	544	546	3	N		
56	05 RECIP-EXTRA-PHONE1	547	556	10	Y	2100A - Member name	Add/update as state reported phone number 1
57	05 RECIP-EXTRA-PHONE2	557	566	10	Y	2100A - Member name	Add/update as state reported phone number 2
58	05 RECIP-PHY-ADDRESS-1	567	601	35	Y	2100A - Member name	Add/update as residential address
59	05 RECIP-PHY-ADDRESS-2	602	636	35	Y	2100A - Member name	Add/update as residential address
60	05 RECIP-PHY-ADDRESS-3	637	671	35	Y	2100A - Member name	Add/update as residential address
61	05 RECIP-PHY-CITY-REC2	672	691	20	Y	2100A - Member name	Add/update as residential address
62	05 RECIP-PHY-STATE-REC2	692	693	2	Y	2100A - Member name	Add/update as residential address
63	05 RECIP-PHY-ZIP-REC2	694	702	9	Y	2100A - Member name	Add/update as residential address
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 A. Healthy Blue B. AmeriHealth C. Louisiana HealthCare D. AETNA E. United HealthCare F. Humana	
SURS-LOCKIN-PHYSICIAN-1	28-34	7	Numeric	Medicaid Provider ID number	If not = 0, then this is the 1 st MD Provider ID
SURS-LOCKIN-PHYSICIAN-2	35-41	7	Numeric	Medicaid Provider ID number	If not = 0, then this is the 2 nd MD Provider ID
SURS-LOCKIN-PHYSICIAN-3	42-48	7	Numeric	Medicaid Provider ID number	If not = 0, then this is the 3 rd MD Provider ID
SURS-LOCKIN-PHYSICIAN-4	49-55	7	Numeric	Medicaid Provider ID number	If not = 0, then this is the 4 th MD Provider ID
SURS-LOCKIN-PHARMACY-1	56-62	7	Numeric	Medicaid Provider ID number	If not = 0, then this is the 1 st RX Provider ID
SURS-LOCKIN-PHARMACY-2	63-69	7	Numeric	Medicaid Provider ID number	If not = 0, then this is the 2 ND RX Provider ID
SURS-LOCKIN-BEGIN-DATE	70-77	8	Numeric	Format=YYYYMMDD	Begin date of the lockin
SURS-LOCKIN-END-DATE	78-85	8	Numeric	Format=YYYYMMDD	End date of the lockin
SURS-LOCKIN-LAST-ACT	86-93	8	Numeric	Format=YYYYMMDD	Last date of activity on this lockin segment.
SURS-PRE-RELEASE-DATE	94-101	8	Numeric	Format=YYYYMMDD	The recipient's pre-release date from incarceration. Can be > 0 when SURS-LOCKIN-IND = 5 or 6. Can be = 0, if not provided.
SURS-DOC-LOCATION-	102-105	4	CHAR	DOC facility location identifier	A code that identifies the

CODE					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

Appendix O – Plan Change Codes

Code	Description
A	Aetna
M	AmeriHealth
B	Healthy Blue
H	Humana
L	Louisiana Healthcare
U	United Healthcare
D	DentaQuest
C	MCNA