



PROVIDER FILE LAYOUTS

Excerpts From:
Healthy Louisiana
Medicaid Managed Care Organizations
System Companion Guide for 2015 Contract

Version 29
September 2017

Appendix G

Provider Directory/Network and Subcontractor Registry

MCOs are required to provide an adequate network of providers including but not limited to PCPs, specialists, hospitals and auxiliary services needed to ensure member access to covered services that meets standards for distance, timeliness, amount, duration and scope as defined in the contract with LDH. Plans are required to provide LDH with a listing of all contracted providers. Providers in an MCO network are not required to be enrolled in Louisiana Medicaid, but all are required to be included in the listing submitted to LDH.

At the onset of the contract and periodically as changes are necessary, LDH shall publish a list of NPIs of Medicaid providers that will include provider types, specialty, and sub-specialty coding schemes to the MCO and/or its contractor. The MCO and/or its contractor shall utilize these codes within their provider file record, at the individual provider level. The objective is to coordinate the provider enrollment records of the MCO with the same provider type, specialty and sub-specialty codes as those used by LDH and the Enrollment Broker.

The MCO listing of contracted providers is to be submitted electronically through the state's Fiscal Intermediary (FI). Only one unique record per combined NPI and Taxonomy should be submitted in the master Provider Registry. If a provider practices at multiple sites the MCO should submit only the primary site in the Provider Registry. Secondary sites for PCPs and specialist can be submitted through the "Provider Registry Site" file, described in this Appendix. Providers that are no longer accepting patients must be clearly identified.

Many of the data elements are publicly available from NPPES through the Freedom of Information Act (FOIA). The complete listing of data elements and file specifications are also detailed in this Appendix.

In addition, the file layout for the Magellan Provider Registry can be found in Appendix X of this guide.

The MCO is responsible for:

- Ensuring the completeness and accuracy of the data submitted
- Timely submission of all updates to the registry to the FI on a weekly basis (each Friday by close of business 5 PM CST).

HEALTHY LOUISIANA MEDICAID MANAGED CARE ORGANIZATION SYSTEM COMPANION GUIDE

Provider Types

The MCO is required to populate the Provider Type field to a LDH valid provider type code as shown in the list below:

Provider Type	Description
01	Fiscal Agent (WVR)
02	Transitional Support (WVR)
03	Children's Choice (WVR)(In-ST)
04	Pediatric Day Health Care
05	Managed Care Organization – Prepaid
06	NOW Professional Services
07	Case Mgmt - Infants & Toddlers
08	Case Mgmt – Elderly
09	Hospice Services
10	Comprehensive Community Support Services
11	Shared Living – Waiver
12	Multi-Systemic Therapy
13	Pre-Vocational Habilitation
14	Day Habilitation - Waiver
15	Environmental Acc Adap – Waiver
16	Personal Emergency Response System – Waiver
17	Assistive Devices – Waiver
18	Comm Mental Health Center/Part Hospital
19	Doctor of Osteopathy (DO) and Doctors of Osteopathy(DO) Group
20	Physician (MD) and Physician (MD) Group
21	Third Party Billing Agent/Submitter
22	Personal Care Attendant – Waiver
23	Independent Lab
24	Personal Care Services (LTC/PCS/PAS)

HEALTHY LOUISIANA MEDICAID MANAGED CARE ORGANIZATION SYSTEM COMPANION GUIDE

Provider Type	Description
25	Mobile X-Ray/Radiation Therapy Center
26	Pharmacy
27	Dentist
28	Optometrist and Optometrist Group
29	Title V Part C Agency Services (EarlySteps)
30	Chiropractor and Chiropractor Group
31	Psychologist
32	Podiatrist and Podiatrist Group
33	Prescribing Only Provider
34	Audiologist
35	Physical Therapist
36	Not Assigned
37	Occupational Therapist
38	School Based Health Center
39	Speech Therapist
40	DME Provider
41	Registered Dietician
42	Non-Emergency Medical Transportation
43	Case Mgmt - Nurse Home Visit - 1st Time Mother
44	Home Health Agency
45	Case Management
46	Case Mgmt – HIV
47	Case Management – CMI

HEALTHY LOUISIANA MEDICAID MANAGED CARE ORGANIZATION SYSTEM COMPANION GUIDE

Provider Type	Description
48	Case Management – Pregnant Women
49	Case Management – Develop Disabled
50	PACE (All-Inclusive Care – Elderly)
51	Ambulance Transportation
52	Co-ordin Care Network – Shared
53	Self Direct/Direct Support
54	Ambulatory Surgery Center
55	Emergency Access Hospital
56	Prescriber Only for MCO
57	OPH Public Health Registered Nurse
58	Not Assigned
59	Neurological Rehabilitation Unit
60	Hospital
61	Venereal Disease Clinic
62	Tuberculosis Clinic
63	Tuberculosis Inpatient Hospital
64	Freestanding Psychiatric Hospital
65	Rehabilitation Center
66	KIDMED Screening Clinic
67	Prenatal Health Care Clinic
68	Substance Abuse and Alcohol Abuse Center (Outpatient)
69	Hospital – Distinct Part Psychiatric Unit

HEALTHY LOUISIANA MEDICAID MANAGED CARE ORGANIZATION SYSTEM COMPANION GUIDE

Provider Type	Description
70	EPSDT Health Services
71	Family Planning Clinic
72	Federally Qualified Health Center
73	Licensed Clinical Social Worker
74	Mental Health Clinic (Legacy MHC) (Reserved for LGEs)
75	Optical Supplier
76	Hemodialysis Center
77	Mental Health Rehabilitation (Legacy MHR)
78	Advanced Practice Registered Nurse
79	Rural Health Clinic (Provider Based)
80	Nursing Facility
81	Case Mgmt - Ventilator Assisted Care Program
82	Personal Care Attendant – Waiver
83	Center-Based Respite Care
84	Substitute Family Care – Waiver
85	Adult Day Health Care – Waiver
86	ICF/DD Rehabilitation
87	Rural Health Clinic (Independent)
88	ICF/DD - Group Home
89	Supervise Independent Living – Waiver
90	Nurse-Midwife
91	CRNA or CRNA Group
92	Private Duty Nurse
93	Clinical Nurse Specialist
94	Physician Assistant

HEALTHY LOUISIANA MEDICAID MANAGED CARE ORGANIZATION SYSTEM COMPANION GUIDE

Provider Type	Description
95	American Indian / Native Alaskan "638" Facilities
96	Psychiatric Residential Treatment Facility
97	Residential Care
98	Supported Employment
99	Greater New Orleans Community Health Connection
AA	Assertive Community Treatment Team
AB	Prepaid Inpatient Health Plan
AC	Family Support Organization
AD	Transition Coordination
AE	Center Based Respite
AF	Crisis Receiving Center
AG	Behavioral Health Rehab Provider Agency (non-Legacy MHR)
AH	Licensed Marriage & Family Therapy
AJ	Licensed Addiction Counselor
AK	Licensed Professional Counselor
AL	Community Choice Waiver – Nurse
AM	Home Delivered Meals
AN	Caregiver Temporary Support
AQ	Non-Medical Group Home
AR	Therapeutic Foster Care
AS	Office of Public Health Clinic
AT	Therapeutic Group Home
AU	Office of Public Health Registered Dietitian
AV	Extended Duty Dental Assistant
AW	Permanent Support Housing Agent
AX	Certified Behavior Analyst
AY	Dental Benefit Plan Manager
AZ	Substance Use Residential Treatment Facility
BC	Birth Center – Free Standing
BI	Behavior Intervention

HEALTHY LOUISIANA MEDICAID MANAGED CARE ORGANIZATION SYSTEM COMPANION GUIDE

Provider Type	Description
IP	HER Incentive Program
MI	Monitored In-Home Caregiving
MW	Licensed Mid-Wife
SP	Super Provider/OHCDS
XX	Error Provider

Provider Specialty Types

For providers registered as individual practitioners, LDH requires the MCO to assign a LDH provider specialty code from the LDH valid list of specialties found below:

Provider Specialty	Description	Associated Provider Types
01	General Practice	19, 20, 33, 93, PO
02	General Surgery	19, 20, 33, 93
03	Allergy	19, 20, 33
04	Otology, Laryngology, Rhinology	20, 33
05	Anesthesiology	19, 20, 33, 91, PO
06	Cardiovascular Disease	19, 20, 33, 93
07	Dermatology	19, 20, 33
08	Family Practice	19, 20, 33, 78, 93
09	Gynecology (DO only)	19
10	Gastroenterology	19, 20, 33
11	Not In Use	n/a
12	Manipulative Therapy (DO only)	19
13	Neurology	20, 33
14	Neurological Surgery	19, 20
15	Obstetrics (DO only)	19
16	OB/GYN	20, 33, 90, IP, PO
17	Ophthalmology, Otology, Laryngology, Rhinology (DO only)	19
18	Ophthalmology	20, 33
19	Orthodontist	27
20	Orthopedic Surgery	19, 20, 33
21	Pathologic Anatomy;	19
20	Clinical Pathology (DO only)	
22	Pathology	20, 33

HEALTHY LOUISIANA MEDICAID MANAGED CARE ORGANIZATION SYSTEM COMPANION GUIDE

Provider Specialty	Description	Associated Provider Types
23	Peripheral Vascular Disease	19
24	Plastic Surgery	19, 20, 33
25	Physical Medicine Rehabilitation	19, 20, 33
26	Psychiatry	20, 33, 78, 93, AX, PO
27	Psychiatry; Neurology (DO only)	19, AX, PO
28	Proctology	20, 33
29	Pulmonary Diseases	19, 20, 33
30	Radiology	20, 25, 33
31	Roentgenology, Radiology (DO only)	19
32	Radiation Therapy (DO only)	19
33	Thoracic Surgery	19, 20, 33
34	Urology	19, 20, 33
35	Chiropractor	30
36	Pre-Vocational Habilitation	13
37	Pediatrics	19, 20, 33, 78, 93, AX, IP
38	Geriatrics	19, 20, 33
39	Nephrology	19, 20, 33
40	Hand Surgery	19, 20, 33
41	Internal Medicine	19, 20, 33, 93, PO
42	Federally Qualified Health	72
43	Not in Use	n/a
44	Public Health	66, 70, 93
45	NEMT - Non-profit	42
46	NEMT - Profit	42
47	NEMT - F+F	42
48	Podiatry - Surgical Chiropody	32, 33, PO
49	Miscellaneous (Admin. Medicine)	20, 33
50	Day Habilitation	14
51	Med Supply / Certified Orthotist	40
52	Med Supply / Certified Prosthetist	40
53	Med Supply / Certified Prosthetist Orthotist	40

HEALTHY LOUISIANA MEDICAID MANAGED CARE ORGANIZATION SYSTEM COMPANION GUIDE

Provider Specialty	Description	Associated Provider Types
54	Med Supply / Not Included in 51, 52, 53	40
55	Indiv Certified Orthotist	40
56	Indiv Certified Protherist	40
57	Indiv Certified Protherist -	40
58	Indiv Not Included in 55, 56, 57	40
59	Ambulance Service	51
60	Public Health or Welfare Agencies & Clinics	57, 61, 62, 66, 67
62	Psychologist Crossovers only	29, 31
63	Portable X-Ray Supplier (Billing Independently)	25
64	Audiologist (Billing	29, 34, 40
65	Indiv Physical Therapist	29
66	Dentist, DDS, DMS	27, IP, PO
67	Oral Surgeon - Dental	27, 33
68	Pedodontist	27, 33
69	Independent Laboratory (Billing Independently)	23
70	Clinic or Other Group Practice	19, 20, 27, 28, 29, 30, 32, 38, 54, 68, 74, 76, 78, 91, AS, BI, BC
71	Speech Therapy	29, AX
72	Diagnostic Laboratory	23
73	Social Worker Enrollment	73, AX
74	Occupational Therapy	29, AX
75	Other Medical Care	65
76	Adult Day Care	85
77	Habilitation	85
78	Mental Health Rehab	77
79	Nurse Practitioner	78, AX, IP, PO
80	Environmental Accessibility Adaptations	15
81	Case Management	07, 08, 45, DC
82	Personal Care Attendant	82
83	Respite Care	83
84	Substitute Family Care	84
85	Extended Care Hospital	60

HEALTHY LOUISIANA MEDICAID MANAGED CARE ORGANIZATION SYSTEM COMPANION GUIDE

Provider Specialty	Description	Associated Provider Types
86	Hospitals and Nursing Homes	60, 64, 69, 80, 88
87	All Other	26, 44, PO
88	Optician / Optometrist	28, 75, IP, PO
89	Supervised Independent Living	89
90	Personal Emergency Response System – Waiver	1
91	Assistive Device	1
92	Prescribing Only Providers/Providers Not Authorized to Bill Medicaid	21, 33, PO
93	Hospice Service for Dual Elig.	09
94	Rural Health Clinic	79,87
95	Psychologist (PBS Program	31
96	Psychologist (PBS Program	31, AX
97	Family Planning Clinic	71
98	Supported Employment	98
99	Provider Pending	1
1A	Adolescent Medicine	19, 20, 33, AX
1B	Diagnostic Lab Immunology	19, 20, 33
1C	Neonatal Perinatal Medicine	19, 20, 33
1D	Pediatric Cardiology	19, 20, 33
1E	Pediatric Critical Care	19, 20, 33
1F	Pediatric Emergency	19, 20, 33
1G	Pediatric Endocrinology	19, 20, 33
1H	Pediatric Gastroenterology	19, 20, 33
1I	Pediatric Hematology –	19, 20, 33
1J	Pediatric Infectious Disease	19, 20, 33
1K	Pediatric Nephrology	19, 20, 33
1L	Pediatric Pulmonology	19, 20, 33
1M	Pediatric Rheumatology	19, 20, 33
1N	Pediatric Sports Medicine	19, 20, 33
1P	Pediatric Surgery	19, 20, 33
1Q	Pediatric Neurology	19, 20, 33, AX
1R	Pediatric Genetics	19, 20, 33
1S	BRG – Med School	19, 20, 33
1T	Emergency Medicine	19, 20, 33
1U	Pediatric Developmental	AX

HEALTHY LOUISIANA MEDICAID MANAGED CARE ORGANIZATION SYSTEM COMPANION GUIDE

Provider Specialty	Description	Associated Provider Types
1Z	Pediatric Day Health Care	4
2A	Cardiac Electrophysiology	19, 20, 33
2B	Cardiovascular Disease	19, 20, 33
2C	Critical Care Medicine	19, 20, 33
2D	Diagnostic Laboratory	19, 20, 33
2E	Endocrinology & Metabolism	19, 20, 33
2F	Gastroenrology	19, 20, 33
2G	Geriatric Medicine	19, 20, 33
2H	Hematology	19, 20, 33
2I	Infectious Disease	19, 20, 33
2J	Medical Oncology	19, 20, 33
2K	Nephrology	19, 20, 33
2L	Pulmonary Disease	19, 20, 33
2M	Rheumatology	19, 20, 33
2N	Surgery – Critical Care	19, 20, 33
2P	Surgery – General Vascular	19, 20, 33
2Q	Nuclear Medicine	19, 20
2R	Physician Assistant	94, AX, IP, PO
2S	LSU Medical Center New Orleans	19, 20, 33
2T	American Indian/Native Alaskan	95
2U	Independent Diagnostic Testing Facility – IDTF	20 Group
2W	Addiction Specialist	19, 20
2X	Local Governing Entity (LGE)	74
2Y	OPH Genetic Disease Program	40
3A	Critical Care Medicine	20, 33
3B	Gynecologic Oncology	20, 33
3C	Maternal & Fetal Medicine	20, 33
3D	Community Choices Waiver – Respiratory Therapy	2
3E	Community Choices Waiver – PT and OT	2
3F	Community Choices Waiver – PT and S/L T	2

HEALTHY LOUISIANA MEDICAID MANAGED CARE ORGANIZATION SYSTEM COMPANION GUIDE

Provider Specialty	Description	Associated Provider Types
3G	Community Choices Waiver – PT and RT	2
3H	Community Choices Waiver – OT and S/L T	2
3J	Community Choices Waiver – OT and RT	2
3K	Community Choices Waiver - /L T and RT	2
3L	Community Choices Waiver – PT, OT & S/L T	2
3M	Community Choices Waiver – PT, OT & RT	2
3N	Community Choices Waiver – PT, S/L T & RT	2
3P	Organized Health Care Delivery System (OHCDS)	SP
3Q	Community Choices Waiver – OT, S/L T & RT	2
3R	Community Choices Waiver – All Skilled Maintenance Therapies (PT, OT, S/L, T, RT)	2
3S	LSU Medical Center Shreveport	19, 20, 33
3T	DBPP – Dental Benefit Plan Prescriber	IP
3U	Community Choices Waiver – Assistive Devices	2
3W	Supportive Housing Agency	AW
3X	Extended Duty Dental Assistant	AB
3Y	DBPM – Dental Benefit Plan Management	AY
3Z	Transportation Subcontractor	TS
4A	Developmentally Disabled	2, 11
4B	NOW RN	1
4C	NOW LPN	1
4D	NOW Psychologist	1
4E	NOW Social Worker	1
4G	New, Provider Domain	11
4H	Conversion, Participant Domain	11

HEALTHY LOUISIANA MEDICAID MANAGED CARE ORGANIZATION SYSTEM COMPANION GUIDE

Provider Specialty	Description	Associated Provider Types
4J	Conversion, Provider Domain	11
4K	Home and Community-Based Services	11
4L	New, Participant Domain	11
4M	EHR Managed Care	IP
4P	OAAS	Not in Use
4R	Registered Dietician	6, 41
4S	Ochsner Med School	19, 20, 33
4U	OPH Registered Dietician	AU
4W	Waiver Services	1
4X	Waiver – Only Transportation	1
4Y	EHR Managed Care (Medical)	IP
5A	PCS-LTC	24
5B	PCS-EPSTD	24
5C	PAS	Not in Use
5D	PCS-LTC, PCS-EPSTD	24
5E	PCS-LTC, PAS	Not in Use
5F	PCS-EPSTD, PAS	Not in Use
5H	Community Mental Health Center	18
5I	Statewide Management Organization (SMO)	AB
5J	Youth Support	AC
5K	Family Support	AC
5L	Both Youth and Family Support	AC
5M	Multi-Systemic Therapy	12
5N	Substance Abuse and Alcohol Abuse Center	Not in Use
5Q	CCN-P (Coordinated Care Network, Pre-paid)	5
5R	CCN-S (Coordinated Care Network, Shared Savings)	52
5S	Tulane Med School	19, 20, 33
5T	Community Choices Waiver	Not in Use
5U	Individual	AD
5V	Agency/Business	AD

HEALTHY LOUISIANA MEDICAID MANAGED CARE ORGANIZATION SYSTEM COMPANION GUIDE

Provider Specialty	Description	Associated Provider Types
5W	Community Choices Waiver – Personal Assistance Service	Not in Use
5X	Therapeutic Group Home	AT
5Y	PRCS Addiction Disorder	20
5Z	Therapeutic Group Home Disorder	AT
6A	Psychologist -Clinical	Not in Use
6B	Psychologist - Counseling	Not in Use
6C	Psychologist - School	Not in Use
6D	Psychologist - Developmental	Not in Use
6E	Psychologist - Non-Declared	Not in Use
6F	Psychologist - All Other	Not in Use
6G	Psychologist – Medical	31, PO
6H	LaPOP	Not in Use
6N	Endodontist	27
6P	Periodontist	27
6S	E Jefferson Family Practice Center – Residency	19, 20, 33
6T	Community Choices Waiver – Physical Therapy	2
6U	Applied Behavioral Analyst	31, AX
6V	Licensed Professional Counselor	AX
6W	Licensed Mid-Wife	MW
6X	Licensed Addiction Counselor	AX
6Y	Licensed Marriage & Family Therapist	AX
7A	SBHC – NP – Part Time – less than 20 hrs week	38
7B	SBHC – NP – Full Time – 20 or more hrs week	38
7C	SBHC – MD – Part Time – less than 20 hrs week	38
7D	SBHC – MD – Full Time – 20 or more hrs week	38
7E	SBHC – NP + MD – Part Time – combined less than 20 hrs week	38

HEALTHY LOUISIANA MEDICAID MANAGED CARE ORGANIZATION SYSTEM COMPANION GUIDE

Provider Specialty	Description	Associated Provider Types
7F	SBHC – NP + MD – Full Time – combined less than 20 hrs week	38
7G	Community Choices Waiver – Speech/Language	2
7H	Community Choices Waiver – Occupational Therapy	2
7M	Retail Convenience Clinics	20 Group
7N	Urgent Care Clinics	20 Group
7P	ABA Therapy Psychologist	2
7R	Aquatic Therapy	35, 37
7S	Leonard J Chabert Med School	19, 20, 33
7T	Art Therapy	35, 37
7U	Art and Music	35, 37
7V	Music Therapy	35, 37
7X	Sensory Integration	35, 37
7Y	Therapeutic Horseback Riding	35, 37, 39
7Z	Hippotherapy	35, 37, 39
8A	Elderly, Community Choices Waiver, DD	82
8B	Elderly, Community Choices Waiver	82
8C	DD Services	82
8D	Community Choices Waiver – Caregiver Temporary Support	1
8E	CSoc/Behavioral Health	1, 77, AE, AF, AA, AG, AJ, AK, AH
8F	Community Choices Waiver – Caregiver Temporary Support – Home Health	2
8G	Community Choices Waiver – Caregiver Temporary Support – Assisted Living	2
8H	Community Choices Waiver – Caregiver Temporary Support – ADHC	2
8J	Community Choices Waiver – Temporary Support – Nursing Facility	2
8K	ADHC HCBS	AL

HEALTHY LOUISIANA MEDICAID MANAGED CARE ORGANIZATION SYSTEM COMPANION GUIDE

Provider Specialty	Description	Associated Provider Types
8L	Hospital-Based PRTF	96
8M	Community Choices Waiver – Home-Delivered Meals	1
8N	Community Choices Waiver – Nursing	2
8O	IP – Doctor of Osteopathic Medicine	IP
8P	IP – Physician – MD	IP
8Q	EAA Assessor, Inspector, Approver	15
8R	Psychiatric Residential Treatment Facility	96
8S	OLOL Med School	19, 20, 33
8U	Residential Treatment Facility – Psychiatric and Substance Abuse	AZ
9A	Community Choices Waiver – Nursing and Personal Assistance Services	2
9B	Psychiatric Residential Treatment Facility	96
9D	Residential Care	97
9E	Children’s Choice Waiver	1
9F	Therapeutic Foster Care (TFC)	AR
9G	Non-Medical Group Home (NMGH)	AQ
9L	RHC/FQHC OPH Certified SBHC	72, 79
9M	Monitored in-Home Caregiving (MIHC)	MI
9P	GNOCHC – Greater New Orleans Community Health Connection	Not in Use
9Q	PT 21 – Third-Party Biller/Submitter	21
9R	Electronic Visit Verification Submitter	21
9S	IP – Optical Supplier	IP
9T	Exempted from State EW	Not in Use
9U	Medicare Advantage Plans	21
9V	OCDD – Point of Entry	21
9W	OAAS – Point of Entry	21

HEALTHY LOUISIANA MEDICAID MANAGED CARE ORGANIZATION SYSTEM COMPANION GUIDE

Provider Specialty	Description	Associated Provider Types
9X	OAD – Point of Entry	21
9Y	Juvenile Court/Drug Treatment Center	21
9Z	Other Contract with a State Agency	21
XX	Error Provider	Used by Molina System Only

HEALTHY LOUISIANA MEDICAID MANAGED CARE ORGANIZATION SYSTEM COMPANION GUIDE

Provider Registry File Layout

The MCO must submit provider information in the registry as indicated in the file layout shown below.

Column(s)	Item	Notes	Length	Format	R=Required O=Optional
NOTE: This record format describes a fixed-format layout. The record size is fixed at 750 bytes. If a field is listed as Optional (O), and the MCO elects not to populate the field, then it should be filled with blanks or zeros as appropriate to the Length and Format definition (character or numeric, respectively).					
1-20	NPI	National Provider ID number	20	First 10 characters should represent the NPI. Last 10 characters should be spaces. If the number has leading zeroes, be sure to include them.	R
21	Delimiter		1	Character, use the ^ character value	
22	Entity Type code	1=Individual, 2=Organization	1		R
23	Delimiter		1	Character, use the ^ character value	
24-43	Replacement NPI	DO NOT USE AT THIS TIME. FOR FUTURE USE.	20	First 10 O characters should represent the NPI. Last 10 characters should be spaces. If the number has leading zeroes, be sure to use them.	
44	Delimiter		1	Character, use the ^ character value	

HEALTHY LOUISIANA MEDICAID MANAGED CARE ORGANIZATION SYSTEM COMPANION GUIDE

Column(s)	Item	Notes	Length	Format	R=Required O=Optional
45-74	Provider Name OR the Legal Business Name for Organizations.		30	Character If the entity type=1 (individual), please format the name in this manner: First 13 positions= provider first name, 14 th position=middle initial (or space), 15-30 th characters=last name, If names do not fit in these positions, please truncate the end of the item so that it fits in the positions. DO NOT include suffixes or titles in the last name see columns 761- 765 Provider Suffix and 767- 776 Provider Title	R
75	Delimiter		1	Character, use the ^ character value	
76-105	Provider Business Mailing Address (First line address)		30	Character	R
106	Delimiter		1	Character, use the ^ character value	
107-136	Provider Business Mailing Address (Second line address)		30	Character	O
137	Delimiter		1	Character, use the ^ character value	

HEALTHY LOUISIANA MEDICAID MANAGED CARE ORGANIZATION SYSTEM COMPANION GUIDE

Column(s)	Item	Notes	Length	Format	R=Required O=Optional
138-167	Provider Business Mailing Address (City,)		30	Character	R
168	Delimiter		1	Character, use the ^ character value	
169-170	Provider Business Mailing Address (State)	USPS state code abbreviation	2	Character	R
171	Delimiter		1	Character, use the ^ character value	
172-181	Provider Business Mailing Address (9-Digit Postal Code)		10	Character, left-justify, right-fill with spaces if necessary	R
182	Delimiter		1	Character, use the ^ character value	
183-192	Provider Business Mailing Address (Country Code if outside U.S.)	Leave blank if business mailing address is not outside the U.S.	10	Character, left-justify, right-fill with spaces if necessary	O
193	Delimiter		1	Character, use the ^ character value	
194-203	Provider Business Mailing Address (Telephone Number)	Do not enter dashes or parentheses.	10	Numeric	R
204	Delimiter		1	Character, use the ^ character value	
205-214	Provider Business Mailing Address (Fax Number)	Do not enter dashes or parentheses.	10	Numeric	O
215	Delimiter		1	Character, use the ^ character value	
216-245	Provider Business Location	No P.O. Box here, please use a physical address.	30	Character	R

HEALTHY LOUISIANA MEDICAID MANAGED CARE ORGANIZATION SYSTEM COMPANION GUIDE

Column(s)	Item	Notes	Length	Format	R=Required O=Optional
	Address (First line address)				
246	Delimiter		1	Character, use the character ^	
247-276	Provider Business Location Address (Second line address)		30	Character	O
277	Delimiter		1	Character, use the character ^	
278-307	Provider Business Location Address (City,)		30	Character	R
308	Delimiter		1	Character, use the character ^	
309-310	Provider Business Location Address (State)		2	USPS state code abbreviation	R
311	Delimiter		1	Character, use the character ^	
312-321	Provider Business Location Address (Postal Code)		10	Character, left-justify, right-fill with spaces if necessary	R
322	Delimiter		1	Character, use the character ^	
323-332	Provider Business Location Address (Country Code if outside U.S)	Leave blank if business mailing address is not outside the U.S.	10	Character, left-justify, right-fill with spaces if necessary	O
333	Delimiter		1	Character, use the character ^	
334-343	Provider Business Location	Do not enter dashes or parentheses.	10	Numeric	R

HEALTHY LOUISIANA MEDICAID MANAGED CARE ORGANIZATION SYSTEM COMPANION GUIDE

Column(s)	Item	Notes	Length	Format	R=Required O=Optional
	Address (Telephone Number)				
344	Delimiter		1	Character, use the character	^
345-354	Provider Business Location Address (Fax	Do not enter dashes or parentheses.	10	Numeric	O
355	Delimiter		1	Character, use the character	^
356-365	Healthcare Provider Taxonomy Code 1		10	Character	R Note: if a single NPI is used for multiple entities then we require at least 1 taxonomy per NPI. For example, if a single NPI is used for an acute care hospital as well as a DPPU in the hospital, then we need taxonomy for both units... each sent in a separate record.
366	Delimiter		1	Character, use the character	^
367-376	Healthcare Provider Taxonomy Code 2	Use if necessary; otherwise leave blank.	10	Character	O
377	Delimiter		1	Character, use the character	^
378-387	Healthcare Provider Taxonomy Code 3	Use if necessary; otherwise leave blank.	10	Character	O

HEALTHY LOUISIANA MEDICAID MANAGED CARE ORGANIZATION SYSTEM COMPANION GUIDE

Column(s)	Item	Notes	Length	Format	R=Required O=Optional
388	Delimiter		1	Character, use the character ^	
389-395	Other Provider Identifier	If available, enter the provider's Louisiana Medicaid Provider ID	7	Numeric, left-fill with zeroes.	R, if provider is already enrolled with Medicaid; otherwise, optional.
396	Delimiter		1	Character, use the character ^	
397-400	Other Provider Identifier Type Code	Provider Type and Provider Specialty	4	1 st 2 characters are provider type; last 2 characters (3-4) are provider specialty. See Companion Guide for list of applicable provider types and	R
401	Delimiter		1	Character, use the character ^	
402-409	Provider Enumeration Date	NPPES enumeration date.	8	Numeric, format YYYYMMDD	O
410	Delimiter		1	Character, use the character ^	
411-418	Last Update Date	NPPES last update date; leave all zeros if not available.	8	Numeric, format YYYYMMDD	O
419	Delimiter		1	Character, use the character ^	
420-439	NPI Deactivation Reason Code	NPPES deactivation reason; leave blank if appropriate.	20	Left justify, right-fill with spaces.	O
440	Delimiter		1	Character, use the character ^	

HEALTHY LOUISIANA MEDICAID MANAGED CARE ORGANIZATION SYSTEM COMPANION GUIDE

Column(s)	Item	Notes	Length	Format	R=Required O=Optional
441-448	NPI Deactivation Date	NPPES deactivation date; leave all zeros if not appropriate.	8	Numeric, format YYYYMMDD	O
449	Delimiter		1	Character, use the character ^	
450-457	NPI Reactivation Date	NPPES reactivation date; leave all zeros if not appropriate.	8	Numeric, format YYYYMMDD	O
458	Delimiter		1	Character, use the character ^	
459	Provider Gender Code	M =Male, F =Female, N =Not applicable	1	Character .	R
460	Delimiter		1	Character, use the character ^	
461-480	Provider License Number		20	Character, left-justified, right-fill with spaces.	R, required when the Provider has a License, otherwise optional
481	Delimiter		1	Character, use the character ^	
482-483	Provider License Number State Code	2-character USPS state code value	2	Character	R
484	Delimiter		1	Character, use the character ^	
485-534	Authorized Official Contact Information (First Name, Middle Name, Last Name)		50	Character, left-justified, right-fill with spaces.	R
535	Delimiter		1	Character, use the character ^	
536-565	Authorized Official Contact Information		30	Character, left-justified, right-fill with spaces.	O

HEALTHY LOUISIANA MEDICAID MANAGED CARE ORGANIZATION SYSTEM COMPANION GUIDE

Column(s)	Item	Notes	Length	Format	R=Required O=Optional
	(Title or Position)				
566	Delimiter		1	Character, use the character	^
567-576	Authorized Official Contact Information (Telephone Number)	Do not enter dashes or parentheses.	10	Numeric	R
577	Delimiter		1	Character, use the character	^
578	Panel Open Indicator	Y =Yes, panel is open. N =No, panel is not open.	1	Character	R for PCPs; otherwise optional.
579	Delimiter		1	Character, use the character	^
580	Language Indicator 1 (this is the primary language indicator)	1=English-speaking patients only 2=Accepts Spanish-speaking patients 3=Accepts Vietnamese-speaking patients 4=Accepts French-speaking patients 5=Accepts Cambodian-speaking patients 6=American Sign Language	1	Character	R for PCPs, specialists and other professionals; otherwise optional.
581	Delimiter		1	Character, use the character	^

HEALTHY LOUISIANA MEDICAID MANAGED CARE ORGANIZATION SYSTEM COMPANION GUIDE

Column(s)	Item	Notes	Length	Format	R=Required O=Optional
582	Language Indicator 2 (this is a secondary language indicator)	0=no other language supported 1= Accepts English-speaking patients 2=Accepts Spanish-speaking patients 3=Accepts Vietnamese-speaking patients 4=Accepts French-speaking patients 5=Accepts Cambodian-speaking patients 6=American Sign Language	1	Character	O
583	Delimiter		1	Character, use the character ^	
584	Language Indicator 3 (this is a secondary language indicator)	0=no other language supported 1=English-speaking patients only 2=Accepts Spanish-speaking patients 3=Accepts Vietnamese-speaking patients 4=Accepts French-speaking patients 5=Accepts Cambodian-speaking patients 6=American Sign Language	1	Character	O
585	Delimiter		1	Character, use the character ^	

HEALTHY LOUISIANA MEDICAID MANAGED CARE ORGANIZATION SYSTEM COMPANION GUIDE

Column(s)	Item	Notes	Length	Format	R=Required O=Optional
586	Language Indicator 4 (this is a secondary language indicator)	0=no other language supported 1=English-speaking patients only 2=Accepts Spanish-speaking patients 3=Accepts Vietnamese- speaking patients 4=Accepts French-speaking patients 5=Accepts Cambodian-speaking patients 6=American Sign Language	1	Character	O
587	Delimiter		1	Character, use the character ^	
588	Language Indicator 5 (this is a secondary language indicator)	0=no other language supported 1=English-speaking patients only 2=Accepts Spanish-speaking patients 3=Accepts Vietnamese- speaking patients 4=Accepts French-speaking patients 5=Accepts Cambodian-speaking patients 6=American Sign Language	1	Character	O
589	Delimiter		1	Character, use the character ^	
590	Age Restriction Indicator	0=no age restrictions 1=adult only 2=pediatric only	1	Character	R for PCPs, specialists and other professionals; otherwise optional.
591	Delimiter		1	Character, use the character ^	

HEALTHY LOUISIANA MEDICAID MANAGED CARE ORGANIZATION SYSTEM COMPANION GUIDE

Column(s)	Item	Notes	Length	Format	R=Required O=Optional
592-596	PCP Linkage Maximum	Numeric	5	Numeric, left fill with zeroes. This number represents the maximum number of patients that can be linked to the PCP within this plan . It should be left all zeroes if the provider is not a	R for PCPs; otherwise optional.
597	Delimiter		1	Character, use the ^ character	
598-602	PCP Actual Linkages with Plan	Numeric	5	Numeric, left fill with zeroes. This number represents the actual number of plan enrollees that are currently linked to the PCP. It should be left all zeroes if the provider is	R for PCPs; otherwise optional.
603	Delimiter		1	Character, use the ^ character value	
604-608	PCP Linkages with all MCOs	Numeric	5	Numeric, left fill with zeroes. Leave this field all	R
609	Delimiter		1	Character, use the ^ character	

HEALTHY LOUISIANA MEDICAID MANAGED CARE ORGANIZATION SYSTEM COMPANION GUIDE

Column(s)	Item	Notes	Length	Format	R=Required O=Optional
610	MCO Enrollment Indicator	N =New enrollment C =Change to existing enrollment D =Disenrollment	1	Use this field to identify new providers, changes to existing providers, disenrolled providers and remove records from	R
611	Delimiter		1	Character, use the character ^	
612-619	MCO Enrollment Indicator Effective	Effective date of Enrollment Indicator above.	8	Numeric, format YYYYMMDD	R
620	Delimiter		1	Character, use the character ^	
621	Family Only Indicator	0 =no restrictions 1 =family members only	1		R for PCPs; otherwise optional.
622	Delimiter		1	Character, use the character ^	
623-624	Provider Sub-Specialty 1	Value set is determined by DHH and is available in the Companion Guide	2		R for PCPs; otherwise optional.
625	Delimiter		1	Character, use the character ^	
626-627	Provider Sub-Specialty 2	If necessary, Value set is determined by DHH and is available in the Companion Guide	2		O
628	Delimiter		1	Character, use the character ^	
629-630	Provider Sub-Specialty 3	If necessary, Value set is determined by DHH and is available in the Companion Guide	2		O

HEALTHY LOUISIANA MEDICAID MANAGED CARE ORGANIZATION SYSTEM COMPANION GUIDE

Column(s)	Item	Notes	Length	Format	R=Required O=Optional
631	Delimiter		1	Character, use the character	^
632-661	MCO Contract Name or Number	This should represent the contract name/number that is established between the MCO and the Provider	30	Character	R, but you may enter 0s or spaces to indicator a non- contracted network provider.
662	Delimiter		1	Character, use the character	^
663-670	MCO Contract Begin Date	Date that the contract between the MCO and the provider started	8	Numeric date value in the form YYYYMMDD	R = Required for participating Providers; O = optional, for non- participating. (eff. 11/1/17)
671	Delimiter		1	Character, use the character	^
672-679	MCO Contract Term Date	Date that the contract between the MCO and the provider was terminated.	8	Numeric date value in the form YYYYMMDD	R = Required for participating providers O = optional for non- participating providers If Contract Begin Date is not 0, then Contract End date must be greater than or equal to Contract Begin Date. Open End Date=20991231 (eff. 11/1/2017)
680	Delimiter		1	Character, use the character	^

HEALTHY LOUISIANA MEDICAID MANAGED CARE ORGANIZATION SYSTEM COMPANION GUIDE

Column(s)	Item	Notes	Length	Format	R=Required O=Optional
681-682	Provider Parish served – 1 st or primary	Parish code value that represents the primary parish that the provider serves	2	2-digit parish code value. See the Companion	R
683	Delimiter		1	Character, use the ^ character value	
684-685	Provider Parish served – 2 nd	Parish code value that represents a secondary or other parish that the provider serves. Use only if necessary; otherwise enter 00.	2	2-digit parish code value. See the Companion Guide.	O
686	Delimiter		1	Character, use the ^ character value	
687-688	Provider Parish served – 3 rd	Parish code value that represents a secondary or other parish that the provider serves. Use only if necessary; otherwise enter 00.	2	2-digit parish code value. See the Companion Guide.	O
689	Delimiter		1	Character, use the ^ character value	
690-691	Provider Parish served – 4 th	Parish code value that represents a secondary or other parish that the provider serves. Use only if necessary; otherwise enter 00.	2	2-digit parish code value. See the Companion Guide.	O
692	Delimiter		1	Character, use the ^ character value	
693-694	Provider Parish served – 5 th	Parish code value that represents a secondary or other parish that the provider serves. Use only if necessary; otherwise enter 00.	2	2-digit parish code value. See the Companion Guide.	O

HEALTHY LOUISIANA MEDICAID MANAGED CARE ORGANIZATION SYSTEM COMPANION GUIDE

Column(s)	Item	Notes	Length	Format	R=Required O=Optional
695	Delimiter		1	Character, use the ^ character value	
696-697	Provider Parish served – 6 th	Parish code value that represents a secondary or other parish that the provider serves. Use only if necessary; otherwise enter 00.	2	2-digit parish code value. See the Companion Guide.	O
698	Delimiter		1	Character, use the ^ character value	
699-700	Provider Parish served – 7 th	Parish code value that represents a secondary or other parish that the provider serves. Use only if necessary; otherwise enter 00.	2	2-digit parish code value. See the Companion Guide.	O
701	Delimiter		1	Character, use the ^ character value	
702-703	Provider Parish served – 8 th	Parish code value that represents a secondary or other parish that the provider serves. Use only if necessary; otherwise enter 00.	2	2-digit parish code value. See the Companion Guide.	O
704	Delimiter		1	Character, use the ^ character value	
705-706	Provider Parish served – 9 th	Parish code value that represents a secondary or other parish that the provider serves. Use only if necessary; otherwise enter 00.	2	2-digit parish code value. See the Companion Guide.	O
707	Delimiter		1	Character, use the ^ character value	

HEALTHY LOUISIANA MEDICAID MANAGED CARE ORGANIZATION SYSTEM COMPANION GUIDE

Column(s)	Item	Notes	Length	Format	R=Required O=Optional
708-709	Provider Parish served – 10 th	Parish code value that represents a secondary or other parish that the provider serves. Use only if necessary; otherwise e	2	2-digit parish code value. See the Companion Guide.	O
710	Delimiter		1	Character, use the ^ character value	
711-712	Provider Parish served – 11 th	Parish code value that represents a secondary or other parish that the provider serves. Use only if necessary; otherwise enter 00.	2	2-digit parish code value. See the Companion Guide.	O
713	Delimiter		1	Character, use the ^ character value	
714-715	Provider Parish served – 12 th	Parish code value that represents a secondary or other parish that the provider serves. Use only if necessary; otherwise enter 00.	2	2-digit parish code value. See the Companion Guide.	O
716	Delimiter		1	Character, use the ^ character value	
717-718	Provider Parish served – 13 th	Parish code value that represents a secondary or other parish that the provider serves. Use only if necessary; otherwise enter 00.	2	2-digit parish code value. See the Companion Guide.	O
719	Delimiter		1	Character, use the ^ character value	

HEALTHY LOUISIANA MEDICAID MANAGED CARE ORGANIZATION SYSTEM COMPANION GUIDE

Column(s)	Item	Notes	Length	Format	R=Required O=Optional
720-721	Provider Parish served – 14 th	Parish code value that represents a secondary or other parish that the provider serves. Use only if necessary; otherwise enter 00.	2	2-digit parish code value. See the Companion Guide.	O
722	Delimiter		1	Character, use the ^ character value	
723-724	Provider Parish served – 15 th	Parish code value that represents a secondary or other parish that the provider serves. Use only if necessary; otherwise enter 00.	2	2-digit parish code value. See the Companion Guide.	O
725	Delimiter		1	Character, use the ^ character value	
726	PCP Indicator	0=Not a PCP. 1=Regularly serves as a PCP for a general population group (i.e. can have age or gender limits, but not other specialized limitations on populations served) This would include appropriate provider types and have agreed to fulfill PCP responsibilities for general populations. 2=PCP Extenders – must be linked to a supervising PCP 3=PCP Specialized – for designated individuals only (would not show up as a PCP in any registry or directory).	1	Numeric, value 0, 1, 2 or 3.	R

HEALTHY LOUISIANA MEDICAID MANAGED CARE ORGANIZATION SYSTEM COMPANION GUIDE

Column(s)	Item	Notes	Length	Format	R=Required O=Optional
727	Delimiter		1	Character, use the ^ character	
728	Display Online indicator	0=don't display on EB website 1=display on EB website.		Numeric, value 0 or 1	R
729	Delimiter		1	Character, use the ^ character	
730-759	Expanded Age Restriction	To allow free-form entry for provider to <u>expand for their</u>	30	Character	O

HEALTHY LOUISIANA MEDICAID MANAGED CARE ORGANIZATION SYSTEM COMPANION GUIDE

Column(s)	Item	Notes	Length	Format	R=Required O=Optional
		practice			
760	Delimiter		1	Character, use the ^ character	
761-765	Provider Suffix	Example: JR, SR, etc.	5	Character	O
766	Delimiter		1	Character, use the ^ character	
767-776	Provider Title	Example: MD, RN, etc.	10	Character	O
777	Delimiter		1	Character, use the ^ character	
778	Prescriber Indicator	Used for Prescriber types: Medical Psychologists, Physicians, Psychiatrists, etc. Valid values are: Blank = not applicable or no prescriptive authority 0 = Full Rx authority 1 = Resident with Rx authority 2 = Limited Rx authority (PA, NP, Medical Psychologist) 3 = Sanctioned 4 = Full Rx authority plus ability to Rx Suboxone (opioid dependents) 5 = Pharmacist who can Rx Immunizations			R for Prescriber types; otherwise, leave blank
779	Space	End of record filler	1	Character, enter a space value	
780	End of record	End of record delimiter	1	Character, use the ^ character value	

HEALTHY LOUISIANA MEDICAID MANAGED CARE ORGANIZATION SYSTEM COMPANION GUIDE

Provider Registry Edit Report (sample)

LMMIS
LOUISIANA DEPARTMENT OF HEALTH - MEDICAL (BHSF)
WEEKLY CCN PROVIDER REGISTRY EDTI/UPDATE REPORT
REPORTING PERIOD: Week ending MM/DD/YY

REPORT NO. MW-W-06
Page No. 1
MM/DD/YYYY HH:MM

CCN ID: NNNNNNN - PROVIDER NAME FROM LMMIS PROVIDER FILE

SUBMISSION SUMMARY:

Total records submitted: NNN,NNN
Total records in error: NNN,NNN
Total records accepted: NNN,NNN

ERROR RECORDS DETAIL:

Prov ID	Provider NPI	Taxonomy 1	Edit Codes
XXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXX	XXX
XXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXX	XXX
XXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXX	XXX
XXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXX	XXX
XXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXX	XXX

Error Codes (A=Accepted, R=Rejected):

- 000= (A) No errors found
- 001=(R) Missing/Invalid NPI (not 10 digits)
- 002=(R) Missing/Invalid Entity Type (must be 1 or 2)
- 003=(R) Provider record must include taxonomy
- 004=(R) Missing required information (name, address, contact name, etc.)
- 005=(R) Missing/Invalid provider type or specialty
- 006=(R) Invalid provider sub-specialty (if one is submitted and it is not a valid value)

HEALTHY LOUISIANA MEDICAID MANAGED CARE ORGANIZATION SYSTEM COMPANION GUIDE

- 007=(R) Missing/Invalid enrollment indicator (must be N, C, D or X)
- 008=(R) Missing/Invalid enrollment effective date
- 009=(R) Invalid panel open indicator value (must be Y, N)
- 010=(R) Invalid Language indicator value (must be 0, 1, 2, 3, 4, or 5)
- 011=(R) Invalid Age Restriction indicator value (must be 0, 1, 2)
- 012=(R) Invalid PCP Linkage Maximum value (must be numeric or zeros)
- 013=(R) Invalid PCP Linkage BAYOU HEALTH value (must be numeric or zeros)
- 014=(R) Invalid PCP Linkage Other value (must be numeric or zeros)
- 015=(R) Invalid Family-Only indicator value (must be 0, 1)
- 016=(R) Missing BAYOU HEALTH Contract Name or Number (found only spaces)
- 017=(R) Missing/Invalid BAYOU HEALTH Contract begin date
- 018=(R) Missing/Invalid BAYOU HEALTH Contract termination date
- 019=(R) Missing provider parish (at least 1 must be submitted)
- 020=(R) Invalid provider parish value (for a submitted value)
- 021=(R) Duplicate NPI records found. Only first one in the file is accepted
- 022=(R) Medicaid Provider ID (Other Provider Identifier) is not found on MMIS Provider File
- 023=(R) Missing/Invalid NPPES Enum Date
- 024=(R) Missing/Invalid Provider License Data
- 025= (A) NPI not found on LMMIS Provider Enrollment File
- 026=(R) BAYOU HEALTH provider not found on LMMIS Provider Enrollment File

HEALTHY LOUISIANA MEDICAID MANAGED CARE ORGANIZATION SYSTEM COMPANION GUIDE

- 027=(R) Unable to assign a Medicaid provider... too many collisions
- 028=(R) Enrollment Ind=N (new), but provider already exists on registry
- 029=(R) Enrollment Ind=C or D, but provider does not exist on registry
- 030=(R) Invalid taxonomy format (Special characters not allowed)
- 031=(R) Missing Replacement NPI for an atypical provider
- 032=(R) Shared Plan providers must be actively enrolled in LA Medicaid
- 033=(R) Shared Plan Fiscal Agent-Waiver, EDI Billing Agent and Prescribing Only providers not allowed
- 034=(R) Shared Plan Other Provider Type does not match MMIS enrollment file
- 035= (A) Non-Par Contractor
- 036= (A) Shared Plan Other Provider Specialty does not match MMIS enrollment file
- 037= (R) Invalid PCP Indicator Field (must be 0, 1, 2 or 3)
- 038= (R) Invalid Display Online field (must be 0, 1)
- 039= (R) Zip Codes must be numeric without a hyphen
- 040= (R) A ^, CR, TAB or LF was found in a text field. Please verify the positions of the delimiter fields
- 041= (R) Invalid value for prescriber indicator field: valid values are space, 0, 1, 2, 3, 4, 5, 6, 7, 8

END OF REPORT

HEALTHY LOUISIANA MEDICAID MANAGED CARE ORGANIZATION SYSTEM COMPANION GUIDE

Provider Registry Edit File Layout

Columns	Field Name	Format	Size	Comments
1-7	MCO Plan ID number	Numeric	7 digits	This is the plan ID.
8	Delimiter	Character	1	Value is ^ character.
9	Enroll Code	Character	1	Submitted by plan: N=New C=Change D=Disenroll X=Remove.
10	Delimiter	Character	1	Value is ^ character.
11-17	Provider ID	Numeric	7 digits	This is the provider's LA Medicaid ID number
18	Delimiter	Character	1	Value is ^ character.
19-28	Provider NPI	Character	10	
29	Delimiter	Character	1	Value is ^ character.
30-59	Provider Name	Character	30	
60	Delimiter	Character	1	Value is ^ character.
61-70	Provider Taxonomy	Character	10	
71	Delimiter	Character	1	Value is ^ character.
72-78	Provider ID	Numeric	7 digits	
79	Delimiter	Character	1	Value is ^ character.
80	Molina Accept/Reject Indicator	Character	1	A=Accepted R=Rejected
81	Delimiter	Character	1	Value is ^ character.
82-84	Edit Code 1	Character	3	
85	Delimiter	Character	1	Value is ^ character.
86-88	Edit Code 2	Character	3	
89	Delimiter	Character	1	Value is ^ character.
90-92	Edit Code 3	Character	3	
93	Delimiter	Character	1	Value is ^ character.
94-96	Edit Code 4	Character	3	
97	Delimiter	Character	1	Value is ^ character.
98-100	Edit Code 5	Character	3	

HEALTHY LOUISIANA MEDICAID MANAGED CARE ORGANIZATION SYSTEM COMPANION GUIDE

101	Delimiter	Character	1	Value is ^ character.
102-104	Edit Code 6	Character	3	
105	Delimiter	Character	1	Value is ^ character.
106-108	Edit Code 7	Character	3	
109	Delimiter	Character	1	Value is ^ character.
110-112	Edit Code 8	Character	3	
113	Delimiter	Character	1	Value is ^ character.
114-116	Edit Code 9	Character	3	
117	Delimiter	Character	1	Value is ^ character.
118-120	Edit Code 10	Character	3	
121	Delimiter	Character	1	Value is ^ character.

HEALTHY LOUISIANA MEDICAID MANAGED CARE ORGANIZATION SYSTEM COMPANION GUIDE

Provider Registry Site File

MCOs have access to the Site Provider Registry link on the BYU menu web page:

www.lamedicaid.com

The MCO must log in to this website before being allowed to get to the menu page. The process for using the site is similar to the Provider Registry where the plan will upload their site file updates to Molina using the naming schema “YYYYMMDD_NNNNNNNN_Site_PR.txt”, where YYYYMMDD is the date of the submission (YMD) and NNNNNNNN is their assigned Medicaid check digit provider ID.

If an MCO makes a change to a provider on the Provider Registry master file, then it is the MCO’s responsibility to make the corresponding change to their site file. Molina will not manually make this change. If the MCO makes a change to the master registry record for a provider, the MCO must also send the provider’s site record(s). The reason for this is because Molina utilizes information from the master registry record on the site record that is sent to Maximus. If the MCO makes a change to provider type, specialty, max linkages, etc., then the site record(s) must be submitted so that these changes are propagated to.

The Provider Registry Site File Format can be found on the following pages.

HEALTHY LOUISIANA MEDICAID MANAGED CARE ORGANIZATION SYSTEM COMPANION GUIDE

Site File Format

Note that the first three data items (MCO Plan ID, Provider NPI and Provider Taxonomy) make up the key fields by which this information will be matched to the Provider Registry information. If Molina is not able to find a match on the Provider Registry, the submitted record will be rejected.

Column ID	Field Position in record	Field	Type	Length	Required or Optional	Valid values	Other notes	Applicable Error Code(s) (see table below).
1	1-7	MCO Plan ID	Numeric	7	Required	Must be your assigned Plan ID	Use your Plan ID formatted 2162nnn, where nnn is your specific assigned number. Once, assigned It must remain consistent.	016
2	8	Delimiter	Character	1	Required	^		023
3	9-18	Provider NPI	Numeric	10	Required	Must be the provider's NPI		001, 004, 013, 015 017. (015 is not a rejection error for Pre-Paid plans),
4	19	Delimiter	Character	1	Required	^		023
5	20-29	Provider Taxonomy	Character	10	Required	Must be a valid Taxonomy		002, 020
6	30	Delimiter	Character	1	Required	^		023
7	31-37	LMMIS Medicaid Provider ID	Numeric	7	Optional	If not available then place all zeros in this field.	This is the assigned Louisiana Medicaid Provider ID. It is the <u>check-digit</u> number. Check-digit provider numbers begin with 1 or 2, not with 00 or 01.	014 . (014 is not a rejection error for Pre-Paid plans).
8	38	Delimiter	Character	1	Required	^		023
9	39-41	Site Number	Numeric	3	Required	Must be a number between 001 and 998. May not be 000 or 999. Be sure to left-fill with zeros, if appropriate. Plan's MUST maintain consistency with this number by NPI and Taxonomy.	Site Number should be a unique number for each practice site/location by Provider (NPI and Taxonomy). For a specific provider, it should start with 001 for the first site, then 002, etc.	003, 022
10	42	Delimiter	Character	1	Required	^		023
11	43-92	Practice/Site Street Address 1	Character	50	Required		Do not use a PO Box.	003, 013, 021

HEALTHY LOUISIANA MEDICAID MANAGED CARE ORGANIZATION SYSTEM COMPANION GUIDE

							Do not send multiple site records that share the exact same address, based on columns 11, 13, 15, and 17.	
12	93	Delimiter	Character	1	Required	^		023
13	94-143	Practice/Site Street Address 2	Character	50	Optional	If not used, then place spaces in this field.	Do not use a PO Box.	003, 013, 021
14	144	Delimiter	Character	1	Required	^		023
15	145-194	City	Character	50	Required	Must not be all spaces.		003
16	195	Delimiter	Character	1	Required	^		023
17	196-197	State Abbreviation	Character	2	Required	Must use the appropriate USPS State or Territory abbreviation.		003
18	198	Delimiter	Character	1	Required	^		023
19	199-207	Zip Code	Numeric	9	Required	Must use the USPS ZIP+4 format. If the last 4 digits are not available, then code them with 0000.		003
20	208	Delimiter	Character	1	Required	^		023
21	209-210	Parish Code	Numeric	2	Required	Must use a valid Louisiana Medicaid parish code value between '01' and '64' if in-state or '99' if out-of-state.		011, 012
22	211	Delimiter	Character	1	Required	^		023
23	212-261	Contact Name	Character	50	Required	Must not be all spaces.		003
24	262	Delimiter	Character	1	Required	^		023
25	263-272	Contact Phone Number	Numeric	10	Required	Must be 10 numeric digits		003
26	273	Delimiter	Character	1	Required	^		023
27	274-283	Contact Fax Number	Numeric	10	Optional	Must be 10 numeric digits. If not available, then use 0000000000.		003
28	284	Delimiter	Character	1	Required	^		023
29	285	PCP Indicator	Character	1	Required	Y or N. Blank/space value will cause an error.		008
30	286	Delimiter	Character	1	Required	^		023
31	287	Accepting New Patients Indicator	Character	1	Optional	Y or N. If not known, then use N. If you send a blank/space value, it will be interpreted as Y.		007
32	288	Delimiter	Character	1	Required	^		023
33	289-318	Age Restriction Information	Character	30	Optional	If not known, then place all spaces in this field.	This is a text field that may be used by the plan to represent age restrictions at the practice site/location. If	

HEALTHY LOUISIANA MEDICAID MANAGED CARE ORGANIZATION SYSTEM COMPANION GUIDE

							there are no age restrictions, you may enter the value NONE.	
34	319	Delimiter	Character	1	Required	^		023
35	320-369	Group Affiliation Information	Character	50	Optional	If not used, then place all spaces in this field.	This is a text field that the plan may use to identify a group or clinic for which the provider site is affiliated. Examples are: LSU Healthcare Network Ochsner Clinics We request that the plan maintain consistency in this field.	
36	370	Delimiter	Character	1	Required	^		023
37	371	Submission Type / Enrollment Indicator	Character	1	Required	N =New Site Record C =Change to Existing Site Record D =Disenrollment of Site Record X =Remove	For changes and dis-enrollments, this record (identified by Plan ID, NPI, Taxonomy and Site Number) must already exist on the site registry. For new records, the record must not already exist on the site registry.	005, 018, 019
38	372	Delimiter	Character	1	Required	^		023
39	373-380	Submission Date	Numeric	8	Required	Must be a numeric date value in the format YYYYMMDD.	This is the date that you are submitting the record.	006
40	381	Delimiter	Character	1	Required	^		023
41	382-389	Site Enrollment Effective Begin Date	Numeric	8	Required	Must be a numeric date value in the format YYYYMMDD.	This is the effective begin date of the practice/site enrollment. You may not use zeros, and it must represent a valid date.	009
42	390	Delimiter	Character	1	Required	^		023
43	391-398	Site Enrollment Effective End Date	Numeric	8	Required	Must be a numeric date value in the format YYYYMMDD.	This is the effective end date of the practice/site enrollment. You may not use zeros, and it must represent a valid date.	010

HEALTHY LOUISIANA MEDICAID MANAGED CARE ORGANIZATION SYSTEM COMPANION GUIDE

							Do not use zeros to indicate open-end; instead, use 20991231 to indicate open-end. The enrollment end date must be greater than or equal to the enrollment begin date.	
44	399	END OF RECORD INDICATOR	Character	1	Required	^	If not present, the record will be rejected.	023

Error Messages

'000'='No errors found'

'001'='Missing/Invalid NPI (not 10 digits)'

'002'='Provider record must include taxonomy'

'003'='Missing required information (site number, name, address, phone, etc.)' '004'='Only provider types 19, 20, 78, 92, 94, 72, 79, 87 allowed on site

registry' '005'='Missing/Invalid submission type (must be N, C, D or X)'

'006'='Missing/Invalid submission date'

'007'='Invalid Accepting New Patients value (must be Y,

N)' '008'='Invalid PCP Indicator value (must be Y, N)'

'009'='Missing/Invalid effective begin date'

'010'='Missing/Invalid effective end date'

'011'='Missing provider site parish'

'012'='Invalid provider site parish value (for a submitted value)'

'013'='Duplicate NPI/site records found. Only first one in the file is

accepted' '014'='LMMIS Provider ID not found on MMIS Provider File'

'015'='NPI not found in LMMIS Provider Enrollment File'

'016'='BAYOU HEALTH **Plan** ID not found on LMMIS Provider Enrollment File'

HEALTHY LOUISIANA MEDICAID MANAGED CARE ORGANIZATION SYSTEM COMPANION GUIDE

'017'='Provider does not exist on provider registry or was dis-enrolled'

'018'='Enrollment Ind=N (new), but provider already exists on site registry'

'019'='Enrollment Ind=C or D, but provider does not exist on site registry'

'020'='Invalid taxonomy format (Special characters not allowed)'

'021'='Same site practice address found on provider registry'

'022'='Site number cannot be **000** or 999'

'023'='Record format is not delimited or end-of-record indicator is missing/invalid'.

HEALTHY LOUISIANA MEDICAID MANAGED CARE ORGANIZATION SYSTEM COMPANION GUIDE

Error File Format

Column	Name	Size	Type
1	MCO Plan ID	7	Numeric
8	Delimiter	1	^
9	Submission Type	1	Alphanumeric
10	Delimiter	1	^
11	Provider NPI	10	Numeric
21	Delimiter	1	^
22	Provider Name	30	Alphanumeric
52	Delimiter	1	^
53	Provider Taxonomy	10	Alphanumeric
63	Delimiter	1	^
64	Site Number	3	Numeric
67	Delimiter	1	^
68	Error Indicator	1	Alphanumeric
69	Delimiter	1	^
70	Error 1	3	Numeric
73	Delimiter	1	^
74	Error 2	3	Numeric
77	Delimiter	1	^
78	Error 3	3	Numeric
81	Delimiter	1	^
82	Error 4	3	Numeric
85	Delimiter	1	^
86	Error 5	3	Numeric
89	Delimiter	1	^
90	Error 6	3	Numeric
93	Delimiter	1	^
94	Error 7	3	Numeric
97	Delimiter	1	^
98	Error 8	3	Numeric
101	Delimiter	1	^
102	Error 9	3	Numeric
105	Delimiter	1	^
106	Error 10	3	Numeric
109	Delimiter	1	^

Primary Care Physician (PCP) Linkage Directory

MCOs are required to send to the FI, along with the Weekly Provider Registry File, a full replacement recipient Primary Care Physician Linkage Directory. The format for the PCP Linkage File Layout, along with instructions, can be found on the following pages.

HEALTHY LOUISIANA MEDICAID MANAGED CARE ORGANIZATION SYSTEM COMPANION GUIDE

MCO Batch Electronic File Layout for PCP Linkage

Subject to Change

PART 1: PLAN FILE SUBMISSIONS

File submissions should occur once per week on or before Friday COB (5:00 p.m. CT) unless it is a holiday and then the MCO may submit the file on the previous applicable work day. If the MCO chooses to do so because it is applicable to its processing environment, a file may be submitted on Friday if it is a holiday.

The MCO may submit only one file per week, and this file should contain all records that you expect to submit during that week.

The weekly file should be a full file representing all PCP-to-recipient linkages (current and historical) that the MCO has in its system. There is no incremental update process; instead, the FI will perform a full replacement from the MCOs weekly file submission.

File submissions should utilize Molina's non-EDI FTP service.

Plan File submission naming convention: PCP-BATCH-NNNNNNN-YYYYMMDD.txt Where NNNNNNN is the MCO Plan ID and YYYYMMDD is the date of submission.

The submission file has a fixed-length record format. Each record is 100 characters in length, and uses the following record layout. As noted, all fields are required (R). The file does not use delimiters and is formatted as an ASCII text file.

<i>Field Nbr</i>	<i>Column(s)</i>	<i>Field</i>	<i>Format/Length</i>	<i>R=Required O=Optional</i>	<i>Notes</i>
001	1-7	PCP_LINKAGE_PLAN_ID	number(7)	R	Use your assigned plan ID
002	8-17	PCP_LINKAGE_PCP_NPI	number(10)	R	10-digit NPI of the PCP.
003	18-27	PCP_LINKAGE_PCP_TAXONOMY	char(10)	R	10-character taxonomy of the PCP.
004	28-40	PCP_LINKAGE_RECIPIENT_MEDICAID_ID	char(13)	R	13-digit Medicaid ID number of the Recipient. Left-fill with zero(s).
005	41-49	PCP_LINKAGE_RECIPIENT_SSN	char(9)	R	9-digit Social Security Number of the Recipient. Left-fill with zero(s).
006	50-57	PCP_LINKAGE_RECIPIENT_DOB	number(8)	R	Recipient Date of Birth. Format=YYYYMMDD.
007	58-65	PCP_LINKAGE_BEGIN_DATE_YYMMDD	number(8)	R	Beginning date of Recipient's Linkage to PCP. Format=YYYYMMDD.

HEALTHY LOUISIANA MEDICAID MANAGED CARE ORGANIZATION SYSTEM COMPANION GUIDE

Value should not precede 20120201.

<i>Field Nbr</i>	<i>Column(s)</i>	<i>Field</i>	<i>Format/Length</i>	<i>R=Required O=Optional</i>	<i>Notes</i>
----	-----	-----	-----	-----	-----
008	66-73	PCP_LINKAGE_END_DATE_YYMMDD	number(8)	R	Ending date of Recipient's Linkage to PCP. Format=YYYYMMDD. Value for an open-ended linkage should be 99991231.
009	74-100	FILLER	char(27)	R	Leave all spaces.

END OF RECORD LAYOUT

HEALTHY LOUISIANA MEDICAID MANAGED CARE ORGANIZATION SYSTEM COMPANION GUIDE

PART 2: SUBMISSION EDIT PROCESS

Molina will capture the MCOs file, archive it, edit it, and use it to update Molina's Data Warehouse. Molina's update process performs edits and produces an error text file that they will send back to the MCO via your FTP server (showing only your submitted records, if they hit an edit). If none of the MCO's records hit an edit, Molina will send back an empty error text file.

The error text file will use the naming convention: **PCP-ERROR-NNNNNNN-YYYYMMDD.txt**
Where NNNNNNN is the MCO Plan ID and YYYYMMDD is the date from your submission file.

The error text file will have this layout:

<i>Field Nbr</i>	<i>Column(s)</i>	<i>Field</i>	<i>Format/Length</i>	<i>Notes</i>
1	1-100	PCP_LINKAGE_RECORD	char(100)	The record you sent.
2	101-103	ERROR CODE 1	number(3)	3-digit number representing error code (see below).
3	104-106	ERROR CODE 2	number(3)	2 nd 3-digit error code, if necessary. May be 000.
4	107-109	ERROR CODE 3	number(3)	3 rd 3-digit error code, if necessary. May be 000.
5	110-112	ERROR CODE 4	number(3)	4 th 3-digit error code, if necessary. May be 000.
6	113-115	ERROR CODE 5	number(3)	5 th 3-digit error code, if necessary. May be 000.
7	116	END-OF-RECORD INDICATOR	char(1)	Value is "#".

HEALTHY LOUISIANA MEDICAID MANAGED CARE ORGANIZATION SYSTEM COMPANION GUIDE

ERROR CODES

Error codes are associated with the Field values identified in the submission record layout shown above, and are:

- 001 Invalid value for Field 001 (PCP_LINKAGE_PLAN_ID).
- 21 Invalid value for Field 002 (PCP_LINKAGE_PCP_NPI). The NPI value submitted does not have 10 digits.
- 22 Invalid value for Field 002 (PCP_LINKAGE_PCP_NPI). The NPI value submitted is zero or the value is not numeric.
- 23 Invalid value for Field 002 (PCP_LINKAGE_PCP_NPI). The NPI value submitted is not found on your plan's provider registry for the given Taxonomy value.
- 31 Invalid value for Field 003 (PCP_LINKAGE_PCP_TAXONOMY). Taxonomy value submitted does not have 10 characters.
- 32 Invalid value for Field 003 (PCP_LINKAGE_PCP_TAXONOMY). Taxonomy value submitted is not found on your plan's provider registry for the given NPI value.
- 41 Invalid value for Field 004 (PCP_LINKAGE_RECIPIENT_MEDICAID_ID). Recipient ID submitted is not 13 digits.
- 42 Invalid value for Field 004 (PCP_LINKAGE_RECIPIENT_MEDICAID_ID). Recipient ID submitted is zero or the value is not numeric.
- 43 Invalid value for Field 004 (PCP_LINKAGE_RECIPIENT_MEDICAID_ID). Recipient ID submitted is not found in the LMMIS Medicaid Recipient File.
- 043 Invalid value for Field 004 (PCP_LINKAGE_RECIPIENT_MEDICAID_ID). Recipient ID submitted is not linked to the plan.
- 51 Invalid value for Field 005 (PCP_LINKAGE_RECIPIENT_SSN). Recipient SSN submitted is not 9 digits.
- 52 Invalid value for Field 005 (PCP_LINKAGE_RECIPIENT_SSN). Recipient SSN submitted is zero or the value is not numeric.
- 53 Invalid value for Field 005 (PCP_LINKAGE_RECIPIENT_SSN). Recipient SSN submitted is not found in the LMMIS Medicaid Recipient File for the submitted Recipient ID.
- 54 Invalid value for Field 005 (PCP_LINKAGE_RECIPIENT_SSN). Recipient SSN submitted is not equal to the one in the LMMIS Medicaid Recipient File for the submitted Recipient ID.
- 61 Invalid value for Field 006 (PCP_LINKAGE_RECIPIENT_DOB). DOB value submitted is zero or the value is not numeric.
- 62 Invalid value for Field 006 (PCP_LINKAGE_RECIPIENT_DOB). DOB value submitted is too far in the past or is in the future.
- 63 Invalid value for Field 006 (PCP_LINKAGE_RECIPIENT_DOB). DOB value submitted is not a valid date value.
- 64 Invalid value for Field 006 (PCP_LINKAGE_RECIPIENT_DOB). DOB value submitted is not found in the LMMIS Medicaid Recipient File for the submitted Recipient ID.
- 65 Invalid value for Field 006 (PCP_LINKAGE_RECIPIENT_DOB). DOB value submitted is not equal to the one in the LMMIS Medicaid Recipient File for the submitted Recipient ID.
- 71 Invalid value for Field 007 (PCP_LINKAGE_BEGIN_DATE_YYMMDD). The Begin Date value submitted is zero or the value is not numeric.
- 72 Invalid value for Field 007 (PCP_LINKAGE_BEGIN_DATE_YYMMDD). The Begin Date value submitted is before 20120201 or is after 99991231.
- 73 Invalid value for Field 007 (PCP_LINKAGE_BEGIN_DATE_YYMMDD). The Begin Date value submitted is after the End Date value submitted.
- 74 Invalid value for Field 007 (PCP_LINKAGE_BEGIN_DATE_YYMMDD). The Begin Date value submitted is not a valid date value.
- 81 Invalid value for Field 008 (PCP_LINKAGE_END_DATE_YYMMDD). The End Date value submitted is zero or the value is not numeric.
- 82 Invalid value for Field 008 (PCP_LINKAGE_END_DATE_YYMMDD). The End Date value submitted is before 20120201 or is after 99991231.

HEALTHY LOUISIANA MEDICAID MANAGED CARE ORGANIZATION SYSTEM COMPANION GUIDE

- 83 Invalid value for Field 008 (PCP_LINKAGE_END_DATE_YYMMDD). The End Date value submitted is before the Begin Date value submitted.
84 Invalid value for Field 008 (PCP_LINKAGE_END_DATE_YYMMDD). The End Date value submitted is not a valid date value.

Anytime you receive a record in the edit text file, it indicates that the associated record in your submission file failed to update the LMMIS PCP Linkage File. If you receive no error record for a submitted record, you may assume that the record passed all edits and was applied to the LMMIS PCP Linkage File.

If you receive an edit record, you may correct the issue and resubmit the record in a future full-file submission.

END OF SECTION

HEALTHY LOUISIANA MEDICAID MANAGED CARE ORGANIZATION SYSTEM COMPANION GUIDE

Provider Supplemental Record Layout

Column(s)	Item	Notes	Length	Format	R=Required O=Optional
NOTE: This record format describes a fixed-format layout. The record size is fixed at 683 bytes. If a field is listed as Optional (O), and the MCO elects not to populate the field, then it should be filled with blanks as appropriate to the Length. *Note: Numeric values will be filled with blanks, if missing.					
1-7	MCO-Plan ID	Managed Care Provider ID	7	Numeric	R
8-8	Delimiter	Use the ^ character value	1	Character	R
9-18	NPI	National Provider Identification number. If the NPI does not exist, use the Replacement NPI submitted on the Provider Registry. It will never contain the Medicaid-Assigned-ID	10	Numeric	R
19-19	Delimiter	Use the ^ character value	1	Character	R
20-26	Medicaid Assigned ID	Managed Care Medicaid Assigned ID Not the Medicaid Legacy ID, but the ID assigned to the provider for the MCO. Note that the provider will have a different ID for each MCO.	7	Numeric	R
27-27	Delimiter	Use the ^ character value	1	Character	R
28-36	SSN	Provider Social Security Number	9	Numeric	O R if Tax ID is blank
37-37	Delimiter	Use the ^ character value	1	Character	R
38-46	Tax ID	Provider Tax ID	9	Numeric	O R if SSN is blank
47-47	Delimiter	Use the ^ character value	1	Character	R
48-55	Date of Birth	Provider Date of Birth	8	Date	O
56-56	Delimiter	Use the ^ character value	1	Character	R

HEALTHY LOUISIANA MEDICAID MANAGED CARE ORGANIZATION SYSTEM COMPANION GUIDE

Column(s)	Item	Notes	Length	Format	R=Required O=Optional
57-58	Ownership-Code	<p>A code denoting the ownership interest and/or managing control information. The valid values list is a Medicare standard list.</p> <p>01 Voluntary – Non-Profit – Religious Organizations</p> <p>02 Voluntary – Non-Profit – Other</p> <p>03 Voluntary – multiple owners</p> <p>04 Proprietary – Individual</p> <p>05 Proprietary – Corporation</p> <p>06 Proprietary – Partnership</p> <p>07 Proprietary – Other</p> <p>08 Proprietary – multiple owners</p> <p>09 Government – Federal</p> <p>10 Government – State</p> <p>11 Government – City</p> <p>12 Government – County</p> <p>13 Government – City-County</p> <p>14 Government – Hospital District</p> <p>15 Government – State and City/County</p> <p>16 Government – other multiple owners</p> <p>17 Voluntary /Proprietary</p> <p>18 Proprietary/Government</p> <p>19 Voluntary/Government</p> <p>88 N/A – The individual only practices as part of a group, e.g., as an employee</p>	2	Numeric	R
59-59	Delimiter	Use the ^ character value	1	Character	R
60-61	FIPS State	<p>The FIPS State code is a 2-digit code developed by the US Census Bureau for state designation.</p> <p>To obtain the correct state designation, please click the name of the field.</p>	2	Numeric	O

HEALTHY LOUISIANA MEDICAID MANAGED CARE ORGANIZATION SYSTEM COMPANION GUIDE

Column(s)	Item	Notes	Length	Format	R=Required O=Optional
62-62	Delimiter	Use the ^ character value	1	Character	R
63-65	FIPS Parish/County	The FIPS County code is a 3-digit code developed by the US Census Bureau for county designation within a state. To obtain the correct county designation, please click the name of the field.	3	Numeric	O
66-66	Delimiter	Use the ^ character value	1	Character	R
67-126	Provider Business Mailing Email Address	The email address associated with the provider's billing address. Blank (Space filled) if no email address exists.	60	Character	O
127-127	Delimiter	Use the ^ character value	1	Character	R
128-187	Provider Business Location Email Address	The email address associated with the provider's physical address. Blank (Space filled) if no email address exists.	60	Character	O
188-188	Delimiter	Use the ^ character value	1	Character	R
189-189	License Type 1	1 State, county, or municipality professional or business license 2 DEA license 3 Professional society accreditation 4 CLIA accreditation 5 Other	1	Numeric	R
190-190	Delimiter	Use the ^ character value	1	Character	R
191-210	License Or Accreditation-Number 1	A data element to capture the license or accreditation number issued to the provider by the licensing entity or accreditation body.	20	Character	R
211-211	Delimiter	Use the ^ character value	1	Character	R

HEALTHY LOUISIANA MEDICAID MANAGED CARE ORGANIZATION SYSTEM COMPANION GUIDE

Column(s)	Item	Notes	Length	Format	R=Required O=Optional
212-271	License issuing ID 1	A free text field to capture the identity of the entity issuing the license or accreditation.	60	Character	R
272-272	Delimiter	Use the ^ character value	1	Character	R
273-280	License effective date 1	The beginning effective date of the license	8	Date	R
281-281	Delimiter	Use the ^ character value	1	Character	R
282-289	License End date 1	The last date the license was active. (20991231 for open and unknown)	8	Date	R
290-290	Delimiter	Use the ^ character value	1	Character	R
291-291	License Type 2	1 State, county, or municipality professional or business license 2 DEA license 3 Professional society accreditation 4 CLIA accreditation 5 Other Blank (Space filled) if no additional license or accreditation	1	Numeric	O
292-292	Delimiter	Use the ^ character value	1	Character	R
293-312	License Or Accreditation-Number 2	A data element to capture the license or accreditation number issued to the provider by the licensing entity or accreditation body.	20	Character	O
313-313	Delimiter	Use the ^ character value	1	Character	R
314-373	License issuing ID 2	A free text field to capture the identity of the entity issuing the license or accreditation.	60	Character	O
374-374	Delimiter	Use the ^ character value	1	Character	R

HEALTHY LOUISIANA MEDICAID MANAGED CARE ORGANIZATION SYSTEM COMPANION GUIDE

Column(s)	Item	Notes	Length	Format	R=Required O=Optional
375-382	License effective date 2	The beginning effective date of the license	8	Date	O
383-383	Delimiter	Use the ^ character value	1	Character	R
384-391	License End date 2	The last date the license was active. (20991231 for open and unknown)	8	Date	R
392-392	Delimiter	Use the ^ character value	1	Character	R
393-393	License Type 3	1 State, county, or municipality professional or business license 2 DEA license 3 Professional society accreditation 4 CLIA accreditation 5 Other Blank (Space filled) if no additional license or accreditation	1	Numeric	O
394-394	Delimiter	Use the ^ character value	1	Character	R
395-414	License Or Accreditation-Number 3	A data element to capture the license or accreditation number issued to the provider by the licensing entity or accreditation body.	20	Character	O
415-415	Delimiter	Use the ^ character value	1	Character	R
416-475	License issuing ID 3	A free text field to capture the identity of the entity issuing the license or accreditation.	60	Character	O
476-476	Delimiter	Use the ^ character value	1	Character	R
477-484	License effective date 3	The beginning effective date of the license	8	Date	O
485-485	Delimiter	Use the ^ character value	1	Character	R
486-493	License End date 3	The last date the license was active. (20991231 for open and unknown)	8	Date	R

HEALTHY LOUISIANA MEDICAID MANAGED CARE ORGANIZATION SYSTEM COMPANION GUIDE

Column(s)	Item	Notes	Length	Format	R=Required O=Optional
494-494	Delimiter	Use the ^ character value	1	Character	R
495-495	License Type 4	1 State, county, or municipality professional or business license 2 DEA license 3 Professional society accreditation 4 CLIA accreditation 5 Other Blank (Space filled) if no additional license or accreditation	1	Numeric	O
496-496	Delimiter	Use the ^ character value	1	Character	R
497-516	License Or Accreditation-Number 4	A data element to capture the license or accreditation number issued to the provider by the licensing entity or accreditation body.	20	Character	O
517-517	Delimiter	Use the ^ character value	1	Character	R
518-577	License issuing ID 4	A free text field to capture the identity of the entity issuing the license or accreditation.	60	Character	O
578-578	Delimiter	Use the ^ character value	1	Character	R
579-586	License effective date 4	The beginning effective date of the license	8	Date	O
587-587	Delimiter	Use the ^ character value	1	Character	R
588-595	License End date 4	The last date the license was active. (20991231 for open and unknown)	8	Date	R
596-596	Delimiter	Use the ^ character value	1	Character	R

HEALTHY LOUISIANA MEDICAID MANAGED CARE ORGANIZATION SYSTEM COMPANION GUIDE

Column(s)	Item	Notes	Length	Format	R=Required O=Optional
597-597	License Type 5	1 State, county, or municipality professional or business license 2 DEA license 3 Professional society accreditation 4 CLIA accreditation 5 Other Blank (Space filled) if no additional license or accreditation	1	Numeric	O
598-598	Delimiter	Use the ^ character value	1	Character	R
599-618	License Or Accreditation-Number 5	A data element to capture the license or accreditation number issued to the provider by the licensing entity or accreditation body.	20	Character	O
619-619	Delimiter	Use the ^ character value	1	Character	R
620-679	License issuing ID 5	A free text field to capture the identity of the entity issuing the license or accreditation.	60	Character	O
680-680	Delimiter	Use the ^ character value	1	Character	R
681-688	License effective date 5	The beginning effective date of the license	8	Date	O
689-689	Delimiter	Use the ^ character value	1	Character	R
690-697	License End date 5	The last date the license was active. (20991231 for open and unknown)	8	Date	R
698-698	Delimiter	Use the ^ character value	1	Character	R
699-706	MCO Enrollment Begin Date 1	Effective beginning date of services which can be paid by MCO	8	Date	R
707-707	Delimiter	Use the ^ character value	1	Character	R

HEALTHY LOUISIANA MEDICAID MANAGED CARE ORGANIZATION SYSTEM COMPANION GUIDE

Column(s)	Item	Notes	Length	Format	R=Required O=Optional
708-715	MCO Enrollment End Date 1	Effective ending date of services of which can be paid by MCO 20991231 if no ending date is available.	8	Date	R
716-716	Delimiter	Use the ^ character value	1	Character	R

HEALTHY LOUISIANA MEDICAID MANAGED CARE ORGANIZATION SYSTEM COMPANION GUIDE

Column(s)	Item	Notes	Length	Format	R=Required O=Optional
717-718	MCO Enrollment Termination Code 1	60 Term - Abuse of billing privileges 61 Term - Action Taken by Medicaid/CHIP 62 Term - Action Taken by Medicare 63 Term - Change of Ownership 64 Term - Failure to report a change of address/ownership 65 Term - False or misleading information 66 Term - Federal exclusion/ debarment, etc. 67 Term - Felony conviction 68 Term - Involuntary Termination 69 Term - License Expired 70 Term - License Revoked 71 Term - Loss of license or other State action 72 Term - Medicare/Medicaid Exclusion 73 Term - Medicaid Authority 74 Term - Medicare Termination 75 Term - Misuse of billing number 76 Term - No Claims Activity 77 Term - Non-Compliance 78 Term - Onsite review/ Provider is no longer operational 79 Term - Other 80 Term - Provider Deceased 81 Term - State exclusion/ debarment, etc. 82 Term - Unknown 83 Term - Voluntary Termination Blank if contract is still enforce	2	Numeric	R
719-719	Delimiter	Use the ^ character value	1	Character	R
720-727	MCO Enrollment Begin Date 2	Effective beginning date of services which can be paid by MCO	8	Date	O

HEALTHY LOUISIANA MEDICAID MANAGED CARE ORGANIZATION SYSTEM COMPANION GUIDE

Column(s)	Item	Notes	Length	Format	R=Required O=Optional
728-728	Delimiter	Use the ^ character value	1	Character	R
729-736	MCO Enrollment End Date 2	Effective ending date of services of which can be paid by MCO 20991231 if no ending date is available.	8	Date	O
737-737	Delimiter	Use the ^ character value	1	Character	R

HEALTHY LOUISIANA MEDICAID MANAGED CARE ORGANIZATION SYSTEM COMPANION GUIDE

Column(s)	Item	Notes	Length	Format	R=Required O=Optional
738-739	MCO Enrollment Termination Code 2	60 Term - Abuse of billing privileges 61 Term - Action Taken by Medicaid/CHIP 62 Term - Action Taken by Medicare 63 Term - Change of Ownership 64 Term - Failure to report a change of address/ownership 65 Term - False or misleading information 66 Term - Federal exclusion/ debarment, etc. 67 Term - Felony conviction 68 Term - Involuntary Termination 69 Term - License Expired 70 Term - License Revoked 71 Term - Loss of license or other State action 72 Term - Medicare/Medicaid Exclusion 73 Term - Medicaid Authority 74 Term - Medicare Termination 75 Term - Misuse of billing number 76 Term - No Claims Activity 77 Term - Non-Compliance 78 Term - Onsite review/ Provider is no longer operational 79 Term - Other 80 Term - Provider Deceased 81 Term - State exclusion/ debarment, etc. 82 Term - Unknown 83 Term - Voluntary Termination Blank if contract is still enforce	2	Numeric	O
740-740	Delimiter	Use the ^ character value	1	Character	R

HEALTHY LOUISIANA MEDICAID MANAGED CARE ORGANIZATION SYSTEM COMPANION GUIDE

Column(s)	Item	Notes	Length	Format	R=Required O=Optional
741-748	MCO Enrollment Begin Date 3	Effective beginning date of services which can be paid by MCO	8	Date	O
749-749	Delimiter	Use the ^ character value	1	Character	R
750-757	MCO Enrollment End Date 3	Effective ending date of services of which can be paid by MCO 20991231 if no ending date is available.	8	Date	O
758-758	Delimiter	Use the ^ character value	1	Character	R

HEALTHY LOUISIANA MEDICAID MANAGED CARE ORGANIZATION SYSTEM COMPANION GUIDE

Column(s)	Item	Notes	Length	Format	R=Required O=Optional
759-760	MCO Enrollment Termination Code 3	60 Term - Abuse of billing privileges 61 Term - Action Taken by Medicaid/CHIP 62 Term - Action Taken by Medicare 63 Term - Change of Ownership 64 Term - Failure to report a change of address/ownership 65 Term - False or misleading information 66 Term - Federal exclusion/ debarment, etc. 67 Term - Felony conviction 68 Term - Involuntary Termination 69 Term - License Expired 70 Term - License Revoked 71 Term - Loss of license or other State action 72 Term - Medicare/Medicaid Exclusion 73 Term - Medicaid Authority 74 Term - Medicare Termination 75 Term - Misuse of billing number 76 Term - No Claims Activity 77 Term - Non-Compliance 78 Term - Onsite review/ Provider is no longer operational 79 Term - Other 80 Term - Provider Deceased 81 Term - State exclusion/ debarment, etc. 82 Term - Unknown 83 Term - Voluntary Termination Blank if contract is still enforce	2	Numeric	O
761-761	Delimiter	Use the ^ character value	1	Character	R

HEALTHY LOUISIANA MEDICAID MANAGED CARE ORGANIZATION SYSTEM COMPANION GUIDE

Column(s)	Item	Notes	Length	Format	R=Required O=Optional
762-769	MCO Enrollment Begin Date 4	Effective beginning date of services which can be paid by MCO	8	Date	O
770-770	Delimiter	Use the ^ character value	1	Character	R
771-778	MCO Enrollment End Date 4	Effective ending date of services of which can be paid by MCO 20991231 if no ending date is available.	8	Date	O
779-779	Delimiter	Use the ^ character value	1	Character	R

HEALTHY LOUISIANA MEDICAID MANAGED CARE ORGANIZATION SYSTEM COMPANION GUIDE

Column(s)	Item	Notes	Length	Format	R=Required O=Optional
780-781	MCO Enrollment Termination Code 4	60 Term - Abuse of billing privileges 61 Term - Action Taken by Medicaid/CHIP 62 Term - Action Taken by Medicare 63 Term - Change of Ownership 64 Term - Failure to report a change of address/ownership 65 Term - False or misleading information 66 Term - Federal exclusion/ debarment, etc. 67 Term - Felony conviction 68 Term - Involuntary Termination 69 Term - License Expired 70 Term - License Revoked 71 Term - Loss of license or other State action 72 Term - Medicare/Medicaid Exclusion 73 Term - Medicaid Authority 74 Term - Medicare Termination 75 Term - Misuse of billing number 76 Term - No Claims Activity 77 Term - Non-Compliance 78 Term - Onsite review/ Provider is no longer operational 79 Term - Other 80 Term - Provider Deceased 81 Term - State exclusion/ debarment, etc. 82 Term - Unknown 83 Term - Voluntary Termination Blank if contract is still enforce	2	Numeric	O
782-782	Delimiter	Use the ^ character value	1	Character	R

HEALTHY LOUISIANA MEDICAID MANAGED CARE ORGANIZATION SYSTEM COMPANION GUIDE

Column(s)	Item	Notes	Length	Format	R=Required O=Optional
783-790	MCO Enrollment Begin Date 5	Effective beginning date of services which can be paid by MCO	8	Date	O
791-791	Delimiter	Use the ^ character value	1	Character	R
792-799	MCO Enrollment End Date 5	Effective ending date of services of which can be paid by MCO 20991231 if no ending date is available.	8	Date	O
800-800	Delimiter	Use the ^ character value	1	Character	R

HEALTHY LOUISIANA MEDICAID MANAGED CARE ORGANIZATION SYSTEM COMPANION GUIDE

Column(s)	Item	Notes	Length	Format	R=Required O=Optional
801-802	MCO Enrollment Termination Code 5	60 Term - Abuse of billing privileges 61 Term - Action Taken by Medicaid/CHIP 62 Term - Action Taken by Medicare 63 Term - Change of Ownership 64 Term - Failure to report a change of address/ownership 65 Term - False or misleading information 66 Term - Federal exclusion/ debarment, etc. 67 Term - Felony conviction 68 Term - Involuntary Termination 69 Term - License Expired 70 Term - License Revoked 71 Term - Loss of license or other State action 72 Term - Medicare/Medicaid Exclusion 73 Term - Medicaid Authority 74 Term - Medicare Termination 75 Term - Misuse of billing number 76 Term - No Claims Activity 77 Term - Non-Compliance 78 Term - Onsite review/ Provider is no longer operational 79 Term - Other 80 Term - Provider Deceased 81 Term - State exclusion/ debarment, etc. 82 Term - Unknown 83 Term - Voluntary Termination Blank if contract is still enforce	2	Numeric	O
803-803	Delimiter	Use the ^ character value	1	Character	R
804-813	Taxonomy 01	Primary (Current) Taxonomy	10	Character	O

HEALTHY LOUISIANA MEDICAID MANAGED CARE ORGANIZATION SYSTEM COMPANION GUIDE

Column(s)	Item	Notes	Length	Format	R=Required O=Optional
814-814	Delimiter	Use the ^ character value	1	Character	R
815-824	Taxonomy 02	Secondary taxonomy	10	Character	O
825-825	Delimiter	Use the ^ character value	1	Character	R
826-835	Taxonomy 03	Tertiary taxonomy	10	Character	O
836-836	Delimiter	Use the ^ character value	1	Character	R
837-846	Taxonomy 04	Additional taxonomy	10	Character	O
847-847	Delimiter	Use the ^ character value	1	Character	R
848-857	Taxonomy 05	Additional taxonomy	10	Character	O
858-858	Delimiter	Use the ^ character value	1	Character	R
859-868	Taxonomy 06	Additional taxonomy	10	Character	O
869-869	Delimiter	Use the ^ character value	1	Character	R
870-879	Taxonomy 07	Additional taxonomy	10	Character	O
880-880	Delimiter	Use the ^ character value	1	Character	R
881-890	Taxonomy 08	Additional taxonomy	10	Character	O
891-891	Delimiter	Use the ^ character value	1	Character	R
892-901	Taxonomy 09	Additional taxonomy	10	Character	O
902-902	Delimiter	Use the ^ character value	1	Character	R
903-912	Taxonomy 10	Additional taxonomy	10	Character	O
913-913	Delimiter	Use the ^ character value	1	Character	R
914-923	Taxonomy 11	Additional taxonomy	10	Character	O
924-924	Delimiter	Use the ^ character value	1	Character	R
925-934	Taxonomy 12	Additional taxonomy	10	Character	O
935-935	Delimiter	Use the ^ character value	1	Character	R
936-945	Taxonomy 13	Additional taxonomy	10	Character	O
946-946	Delimiter	Use the ^ character value	1	Character	R
947-956	Taxonomy 14	Additional taxonomy	10	Character	O

HEALTHY LOUISIANA MEDICAID MANAGED CARE ORGANIZATION SYSTEM COMPANION GUIDE

Column(s)	Item	Notes	Length	Format	R=Required O=Optional
957-957	Delimiter	Use the ^ character value	1	Character	R
958-967	Taxonomy 15	Additional taxonomy	10	Character	O
968-968	Delimiter	Use the ^ character value	1	Character	R
969-978	Taxonomy 16	Additional taxonomy	10	Character	O
979-979	Delimiter	Use the ^ character value	1	Character	R
980-989	Taxonomy 17	Additional taxonomy	10	Character	O
990-990	Delimiter	Use the ^ character value	1	Character	R
991-1000	Taxonomy 18	Additional taxonomy	10	Character	O
1001-1001	Delimiter	Use the ^ character value	1	Character	R
1002-1011	Taxonomy 19	Additional taxonomy	10	Character	O
1012-1012	Delimiter	Use the ^ character value	1	Character	R
1013-1022	Taxonomy 20	Additional taxonomy	10	Character	O
1023-1023	Delimiter	Use the ^ character value	1	Character	R
1024-1048	Filler	spaces	25	Character	O
1049-1049	Delimiter	Use the ^ character value	1	Character	R

HEALTHY LOUISIANA MEDICAID MANAGED CARE ORGANIZATION SYSTEM COMPANION GUIDE

Provider Supplemental Record Layout Error Codes

Error codes are associated with the Field values identified in the submission record layout shown above, and are:

Error Codes (A=Accepted, R=Rejected):

- 000=(A) No errors found
- 001=(R) Missing/Invalid NPI
- 003=(R) Provider record must include taxonomy
- 004=(R) Numeric field contains characters
- 005=(R) Invalid Ownership Code. Must be 01-19, 88.
- 006=(R) Invalid Business Email Address format. Must contain "@" and ".".
- 007=(R) Invalid Physical Location Email Address format. Must contain "@" and ".".
- 009=(R) Invalid Plan ID
- 010=(R) Invalid License Type (must be 1, 2, 3, 4, 5.)
- 011=(R) Missing License or Accreditation Number
- 012=(R) Missing License Issuing ID
- 013=(R) Invalid License Effective Date
- 014=(R) Invalid License End Date or License End Date before License Effective Date
- 015=(R) Invalid MCO Enrollment Begin Date
- 016=(R) Invalid MCO Enrollment End Date or MCO Enrollment End Date before MCO Enrollment Begin Date
- 017=(R) Invalid MCO Enrollment Termination Code
- 018=(R) Invalid FIPS State or Parish
- 022=(R) Medicaid Assigned ID was not found on Provider Registry File
- 023=(R) Invalid Date of Birth Date
- 029=(R) Provider does not exist on Provider Registry
- 030=(R) Duplicate record was submitted

END OF SECTION