

MAXIMUS



# Benefit Enrollment and Maintenance (834)

---

## Louisiana Medicaid EDI Transaction Set Companion Guide

**Original Publication: 4/28/2020**

**Latest Update: 11/22/2021  
Version 1.04**

## 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
04/28/2020	Tadarrio Marshall	1.00 – Initial draft
07/20/2020	Tadarrio Marshall	1.01 – Updated Benefit Begin to 348 in section 2.2.24
08/24/2020	Tadarrio Marshall	1.02 – Updated Insurance Line Code in loop 2300 from DMO to DEN
05/19/2021	Tadarrio Marshall	1.03 – Added REF01*ABB segment in loop 2000 for Chisholm case manager on page 18 Added DTP01*356 Chisholm begin date and DTP01*357 Chisholm end date on page 20.
11/22/2021	Mike Polityka	1.04 – Updated Appendix A Ethnicity Codes on page 39.





## 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

<b>SIGNATURE PAGE .....</b>	<b>5</b>
<b>1 PURPOSE .....</b>	<b>8</b>
1.1 BACKGROUND .....	8
1.2 USAGE & SPECIAL INSTRUCTIONS .....	8
1.3 DEFINITIONS .....	8
1.4 DELIMITERS .....	9
<b>2 STRUCTURE .....</b>	<b>9</b>
2.1 TRANSACTION SET LISTING .....	9
2.1.1 Table 1 – Header .....	9
2.1.2 Table 2 – Detail .....	9
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 Header .....	12
2.2.4 BGN - Beginning Segment .....	13
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 Detail .....	16
2.2.9 REF – Subscriber Identifier .....	18
2.2.10 REF – Member Policy Number .....	18
2.2.11 REF – Member Supplemental Identifier .....	19
2.2.12 DTP – Member Level Dates .....	19
2.2.13 NM1 – Member Name .....	20
2.2.14 PER – Member Communication Numbers .....	21
2.2.15 N3 – Member Residence Street Address .....	23
2.2.16 N4 – Member City, State, Zip Code .....	23
2.2.17 DMG – Member Demographics .....	24
2.2.18 LUI – Member Language .....	25
2.2.19 NM1 – Member Mailing Address .....	26
2.2.20 N3 – Member Mail Street Address .....	27
2.2.21 N4 – Member Mail City, State, Zip Code .....	27
2.2.22 NM1 – Responsible Person .....	28
2.2.23 HD – Dental Coverage .....	29
2.2.24 DTP – Dental Coverage Dates .....	30
2.2.25 REF – Dental Coverage Policy Number .....	31
2.2.26 LX – Provider Information .....	31
2.2.27 NM1 – Provider Name .....	32
2.2.28 LS – Additional Reporting Categories .....	33
2.2.29 LX – Member Reporting Categories .....	33
2.2.30 N1 – Reporting Category .....	34
2.2.31 REF – Reporting Category Reference .....	34
2.2.32 DTP – Report Category Date .....	35
2.2.33 LE – Additional Reporting Categories Loop Termination .....	36
2.2.34 SE – Transaction Set Trailer .....	36
2.2.35 GE –Functional Group Trailer .....	37
2.2.36 IEA –Interchange Control Trailer .....	37
<b>3 TESTING .....</b>	<b>38</b>

3.1	XCHANGE GATEWAY .....	38
3.1.1	<i>Xchange Gateway Server</i> .....	38
3.1.2	<i>Access</i> .....	38
3.1.3	<i>User Account Activation</i> .....	38
3.1.4	<i>Self Service Password Administration</i> .....	38
3.1.5	<i>Connectivity Issues</i> .....	38
3.1.6	<i>File Locations</i> .....	38
<b>APPENDIX A – RACE CODES</b> .....		<b>39</b>
<b>APPENDIX B – PARISH CODES</b> .....		<b>40</b>
<b>APPENDIX C – CAPITATION CODES</b> .....		<b>42</b>
<b>APPENDIX D – MAINTENANCE REASON CODES</b> .....		<b>43</b>
<b>APPENDIX D – MAINTENANCE REASON CODES – CONTINUED</b> .....		<b>44</b>
<b>APPENDIX E – AID CATEGORIES</b> .....		<b>45</b>
<b>APPENDIX F – LANGUAGE CODES</b> .....		<b>46</b>
<b>APPENDIX G – COMPANION GUIDE ATTRIBUTE DEFINITIONS</b> .....		<b>46</b>
<b>APPENDIX H – MEDS CLOSURE CODES</b> .....		<b>47</b>
<b>APPENDIX I – LOCKIN FILE LAYOUT</b> .....		<b>49</b>
<b>APPENDIX J – APPROVAL CODES</b> .....		<b>50</b>

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

### 1.2 Usage & Special Instructions

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

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

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

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



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

### 1.3 Definitions

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

Element	Definition	Comment
<b>Segment Level</b>		
<b>REQUIRED</b>	Segment must be transmitted	
<b>SITUATIONAL</b>	Segment may be transmitted if data is available and supports the business or application	
<b>Element Level</b>		
<b>REQUIRED</b>	Data element must have valid data and be transmitted	
<b>SITUATIONAL</b>	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.	
<b>NOT USED</b>	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.	
<b>General</b>		
<b>USAGE</b>	Indicates if the Segment or Element is Required, Situational or Not Used.	
<b>REF DES.</b>	Reference designator	
<b>Name</b>	Descriptive name of the data element.	
<b>Attributes</b>	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	
<b>LOOP ID – 1000A SPONSOR NAME</b>					<b>1</b>
0700	N1	Sponsor Name	Required	1	
<b>LOOP ID – 1000B PAYER</b>					<b>1</b>
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
<b>LOOP ID – 2000 MEMBER LEVEL DETAIL</b>					<b>&gt;1</b>
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	
<b>LOOP ID – 2100A MEMBER NAME</b>					<b>1</b>
0300	NM1	Member Name	Required	1	
0400	PER	Member Communications Numbers	Situational	1	
0500	N3	Member Residence Street Address	Situational	1	

POS #	Segment ID	Name	Usage	Repeat	Loop Repeat
0600	N4	Member City, State, ZIP Code	Required	1	
0800	DMG	Member Demographics	Situational	1	
1500	LUI	Member Language	Situational	>1	
<b>LOOP ID – 2100C MEMBER MAILING ADDRESS</b>					<b>1</b>
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	
<b>LOOP ID – 2100G RESPONSIBLE PERSON</b>					<b>13</b>
0300	NM1	Responsible Person	Situational	1	
<b>LOOP ID – 2300 HEALTH COVERAGE</b>					<b>99</b>
2600	HD	Dental Coverage	Situational	1	
2700	DTP	Dental Coverage Dates	Required	6	
2900	REF	Dental Coverage Policy Number	Situational	14	
<b>LOOP ID – 2310 PROVIDER INFORMATION</b>					<b>30</b>
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

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

USAGE	REF. DES.	Name	Attributes								
REQUIRED	ISA01	<b>Authorization Information Qualifier</b> Code identifying the type of information in the Authorization Information	M	ID	2/2						
		<table><tr><th>Code</th><th>Definition</th><th>Comments</th></tr><tr><td>00</td><td>No Authorization Information Present</td><td>No Meaningful Information in I02</td></tr></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	<b>Authorization Information</b> Not used but required. Fill with spaces.	M	AN	10/10						
REQUIRED	ISA03	<b>Security Information Qualifier</b> Code identifying the type of information in the Security Information	M	ID	2/2						
		<table><tr><th>Code</th><th>Definition</th><th>Comments</th></tr><tr><td>00</td><td>No Security Information Present</td><td>No Meaningful Information in I04</td></tr></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	<b>Security Information</b> Not used but required. Fill with spaces.	M	AN	10/10						
REQUIRED	ISA05	<b>Interchange ID Qualifier</b>	M	ID	2/2						

USAGE	REF. DES.	Name	Attributes											
		Code indicating the system/method of code structure used to designate the sender or receiver ID element being qualified												
		<table><tr><th>Code</th><th>Definition</th><th>Comments</th></tr><tr><td>ZZ</td><td>Mutually Defined</td><td></td></tr></table>	Code	Definition	Comments	ZZ	Mutually Defined							
Code	Definition	Comments												
ZZ	Mutually Defined													
REQUIRED	ISA06	Interchange Sender ID	M	AN	15/15									
		The identification code for the Louisiana Medicaid for routing data is LAMEDICAID												
REQUIRED	ISA07	Interchange ID Qualifier	M	ID	2/2									
		Code indicating the system/method of code structure used to designate the sender or receiver ID element being qualified												
		<table><tr><th>Code</th><th>Definition</th><th>Comments</th></tr><tr><td>30</td><td>US Federal Tax Identification Number</td><td></td></tr></table>	Code	Definition	Comments	30	US Federal Tax Identification Number							
Code	Definition	Comments												
30	US Federal Tax Identification Number													
REQUIRED	ISA08	Interchange Receiver ID	M	AN	15/15									
		The Receivers Identification code is CCN Federal Tax ID												
REQUIRED	ISA09	Interchange Date	M	DT	6/6									
		Date of the interchange												
		<table><tr><td>FORMAT:</td><td>YYMMDD</td></tr></table>	FORMAT:	YYMMDD										
FORMAT:	YYMMDD													
REQUIRED	ISA10	Interchange Time	M	TM	4/4									
		Time of the interchange												
		<table><tr><td>FORMAT:</td><td>HHMM</td></tr></table>	FORMAT:	HHMM										
FORMAT:	HHMM													
REQUIRED	ISA11	Repetition Separator	M		1/1									
		The Repetition Separator used is ^												
REQUIRED	ISA12	Interchange Control Version Number	M	ID	5/5									
		Code specifying the version number of the interchange control segments												
		<table><tr><th>Code</th><th>Definition</th><th>Comments</th></tr><tr><td>00501</td><td>Standards Approved for Publication by ASC X12 Procedures Review Board through October 2003</td><td></td></tr></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	M	NO	9/9									
		A control number assigned by the interchange sender. This number must be identical to IEA02												
REQUIRED	ISA14	Acknowledgment Requested	M	ID	1/1									
		Code indicating sender's request for an interchange acknowledgment												
		<table><tr><th>Code</th><th>Definition</th><th>Comments</th></tr><tr><td>0</td><td>No Interchange Acknowledgment Requested</td><td></td></tr></table>	Code	Definition	Comments	0	No Interchange Acknowledgment Requested							
Code	Definition	Comments												
0	No Interchange Acknowledgment Requested													
REQUIRED	ISA15	Interchange Usage Indicator	M	ID	1/1									
		Code indicating whether data enclosed by this interchange envelope is test, production or information												
		<table><tr><th>Code</th><th>Definition</th><th>Comments</th></tr><tr><td>P</td><td>Production</td><td></td></tr><tr><td>T</td><td>Test</td><td></td></tr></table>	Code	Definition	Comments	P	Production		T	Test				
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	<b>Functional Identifier Code</b> Code identifying a group of application related transaction sets	M	ID	2/2						
<table><tr><th>Code</th><th>Definition</th><th>Comments</th></tr><tr><td>BE</td><td>Benefit Enrollment and Maintenance (834)</td><td></td></tr></table>						Code	Definition	Comments	BE	Benefit Enrollment and Maintenance (834)	
Code	Definition	Comments									
BE	Benefit Enrollment and Maintenance (834)										
REQUIRED	GS02	<b>Application Sender's Code</b> Sender's Identifications code is <b>LADENTAL</b>	M	AN	2/15						
REQUIRED	GS03	<b>Application Receiver's Code</b> Code identifying party receiving transmission <b>DPBM's ID Code</b>	M	AN	2/15						
REQUIRED	GS04	<b>Date</b> Function Group Creation Date <b>FORMAT: YYMMDD</b>	M	DT	8/8						
REQUIRED	GS05	<b>Time</b> Creation Time <b>FORMAT: HHMM</b>	M	TM	4/8						
REQUIRED	GS07	<b>Responsible Agency Code</b> Code identifying the issuer of the standard	M	TM	1/2						
<table><tr><th>Code</th><th>Definition</th><th>Comments</th></tr><tr><td>X</td><td>Accredited Standards Committee X12</td><td></td></tr></table>						Code	Definition	Comments	X	Accredited Standards Committee X12	
Code	Definition	Comments									
X	Accredited Standards Committee X12										
REQUIRED	GS08	<b>Version / Release / Industry Identifier Code</b>	M	TM	1/2						
<table><tr><th>Code</th><th>Definition</th><th>Comments</th></tr><tr><td>005010X220A1</td><td>Standards Approved for Publication by ASC X12 Procedures Review Board</td><td></td></tr></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										

## 2.2.3 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~

ST\*

ST01	143
Trans Set Identifier Code	
M	ID 3/3

\*

ST02	329
Trans Sent Control Number	
M	AN 4/9

\*

ST03	1705
Implement Conv Reference	
O	AN 1/35

~

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

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

Usage	REF. DES.	Name	Attributes								
REQUIRED	BGN01	<b>Transaction Set Purpose Code</b> Code identifying purpose of transaction set	M	ID	2/2						
		<table><tr><th>Code</th><th>Definition</th><th>Comments</th></tr><tr><td>00</td><td>Original</td><td></td></tr></table>	Code	Definition	Comments	00	Original				
Code	Definition	Comments									
00	Original										
REQUIRED	BGN02	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	M	AN	1/50						
REQUIRED	BGN03	<b>Date</b> Functional Group Creation Date <b>FORMAT: CCYYMMDD</b>	M	DT	8/8						
REQUIRED	BGN04	<b>Time</b> Transaction set creation time <b>FORMAT: HHMMSS</b>	M	TM	4/8						

Usage	REF. DES.	Name	Attributes														
SITUATIONAL	BGN05	Time Code	O	ID	2/2												
		Time Zone															
		<table><tr><th>Code</th><th>Definition</th><th>Comments</th></tr><tr><td>CT</td><td>Central Time</td><td></td></tr></table>	Code	Definition	Comments	CT	Central Time										
Code	Definition	Comments															
CT	Central Time																
SITUATIONAL	BGN06	Reference Identification	O	AN	1/50												
		Not Used															
NOT USED	BGN07	Transaction Type Code	O	ID	1/50												
		Not Used															
REQUIRED	BGN08	Action Code	O	ID	1/2												
		Code indicating type of action															
		<table><tr><th>Code</th><th>Definition</th><th>Comments</th></tr><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></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~

**DTP \***

DTP01	374
<b>Date/Time Qualifier</b>	
M	ID 3/3

**\***

DTP02	1250
<b>Date Time Period Format Qualifier</b>	
M	AN 1/50

**\***

BGN03	337
<b>Date Time Period</b>	
M	DT 8/8

**~**

Usage	REF. DES.	Name	Attributes								
REQUIRED	DTP01	Date/Time Qualifier	M	ID	3/3						
Code specifying type of date or time, or both date and time											
<table><tr><th>Code</th><th>Definition</th><th>Comments</th></tr><tr><td>007</td><td>Effective</td><td></td></tr></table>						Code	Definition	Comments	007	Effective	
Code	Definition	Comments									
007	Effective										
REQUIRED	DTP02	Date Time Period Format Qualifier	M	ID	2/3						
Code indicating the date format, time format, or date and time format											
<table><tr><th>Code</th><th>Definition</th><th>Comments</th></tr><tr><td>D8</td><td>Date Expressed in Format CCYYMMDD</td><td></td></tr></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						
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~

**N1** \* 

N101	98
<b>Entity ID Code</b>	
M	ID 2/3

 \* 

N102	93
<b>Name</b>	
X	AN 1/60

 \* 

N103	66
<b>ID Code Qualifier</b>	
X	ID 1/2

 \* 

N104	67
<b>ID Code</b>	
X	AN 2/80

 ~

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

## 2.2.7 N1 – Payer

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

**N1** \* 

N101	98
<b>Entity ID Code</b>	
M	ID 2/3

 \* 

N102	93
<b>Name</b>	
X	AN 1/50

 \* 

N103	66
<b>ID Code Qualifier</b>	
X	ID 1/2

 \* 

N104	67
<b>ID Code</b>	
X	AN 2/80

 ~

Usage	REF. DES.	Name	Attributes
REQUIRED	N101	<b>Entity Identifier Code</b>	M ID 2/3

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

## 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\*021\*28\*A~

INS \*

INS011073

Yes/No Cond  
Resp Code

MID1/1

\*

INS021069

Individual  
Relation Code

MID2/2

\*

ISN03875

Maintenance Type  
Code

OID3/3

\*

INS041203

Maintain  
Reason Code

OID2/3

\*

INS051216

Benefit Status  
Code

OID1/1

INS06C052

Medicare Status  
Code

O

\*

INS071219

COBRA Qual  
Event Code

OID1/2

\*

INS08584

Employment  
Status Code

OID2/2

\*

INS091220

Student Status  
Code

OID1/1

\*

INS101073

Handicap  
Indicator

OID1/1

INS111250

Date Time  
Format Qual

OID2/3

\*

INS111251

Date of Death

OAN1/35

~

Usage	REF. DES.	Name	Attributes								
REQUIRED	INS01	<b>Member Indicator</b> Indicates the person is a subscriber (all records for Medicaid are subscribers).	M	ID	1/1						
		<table><tr><th>Code</th><th>Definition</th><th>Comments</th></tr><tr><td>Y</td><td>Yes</td><td>Indicates the person is a subscriber</td></tr></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	<b>Individual Relationship Code</b> Code indicating the relationship between two individual entities.	M	ID	2/2						



Usage	REF. DES.	Name	Attributes																																						
		<table><tr><th>Code</th><th>Definition</th><th>Comments</th></tr><tr><td>18</td><td>Self</td><td>Value 18 must be used for a subscriber</td></tr></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	<b>Implementation Convention Reference Maintenance Type Code</b> Code identifying the specific type of item maintenance	O	ID	3/3																																				
		<table><tr><th>Code</th><th>Definition</th><th>Comments</th></tr><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></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	<b>Maintenance Reason Code</b> 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)	O	ID	2/3																																				
		<table><tr><th>Code</th><th>Definition</th><th>Comments</th></tr><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></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	<b>Benefit Status Code</b> The type of coverage under which benefits are paid	O	ID	1/1																																				
		<table><tr><th>Code</th><th>Definition</th><th>Comments</th></tr><tr><td>A</td><td>Active</td><td></td></tr></table>	Code	Definition	Comments	A	Active																																		
Code	Definition	Comments																																							
A	Active																																								
SITUATIONAL	INS06	<b>MEDICARE STATUS CODE</b> Not Sent	O																																						
SITUATIONAL	INS07	<b>Consolidated Omnibus Budget Reconciliation Act (COBRA) Qualifying</b> Not Used	O	ID	1/2																																				
SITUATIONAL	INS08	<b>Employment Status Code</b> Required because transaction is for a subscriber. The data element will contain the status of the member in the program, rather than employment status.	O	ID	2/2																																				
		<table><tr><th>Code</th><th>Definition</th><th>Comments</th></tr><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></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	<b>Student Status Code</b> Not Used	O	ID	1/1																																				
SITUATIONAL	INS10	<b>Handicap Indicator</b> Special Needs Indicator	O	ID	1/1																																				

Usage	REF. DES.	Name	Attributes											
		<table><tr><th>Code</th><th>Definition</th><th>Comments</th></tr><tr><td>N</td><td>No</td><td></td></tr><tr><td>Y</td><td>Yes</td><td></td></tr></table>	Code	Definition	Comments	N	No		Y	Yes				
Code	Definition	Comments												
N	No													
Y	Yes													
SITUATIONAL	INS11	<b>Date Time Period Format Qualifier</b> Code indicating the date format, time format, or date and time format	X	ID	2/3									
		<table><tr><th>Code</th><th>Definition</th><th>Comments</th></tr><tr><td>D8</td><td>Date Expressed in Format CCYYMMDD</td><td></td></tr></table>	Code	Definition	Comments	D8	Date Expressed in Format CCYYMMDD							
Code	Definition	Comments												
D8	Date Expressed in Format CCYYMMDD													
SITUATIONAL	INS12	<b>Date of Death</b> 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~

**REF \***

REF01	353
<b>TS Purpose Code</b>	
M	ID 2/2

**\***

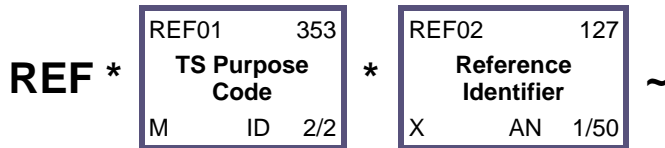
REF02	127
<b>Reference Identifier</b>	
X	AN 1/50

**~**

Usage	REF. DES.	Name	Attributes								
REQUIRED	REF01	Reference Identification Qualifier Code qualifying the Reference Identification	M	ID	2/3						
		<table><tr><th>Code</th><th>Definition</th><th>Comments</th></tr><tr><td>0F</td><td>Subscriber Number</td><td></td></tr></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

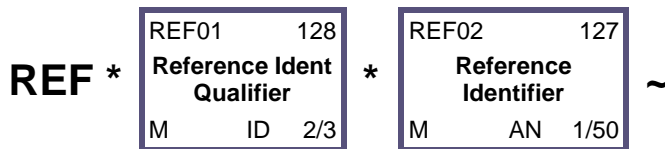
**X12 Segment Name:** Reference Information  
**X12 Purpose:** To specify identifying information. Required when the policy number applies to all coverage data (all 2300 loops for this member).  
**Loop:** 2000 - Member Level Detail  
**Segment Repeat:** 1  
**Usage:** REQUIRED  
**Example:** REF\*1L\*1726011595~



Usage	REF. DES.	Name	Attributes								
REQUIRED	REF01	Reference Identification Qualifier Code qualifying the Reference Identification	M	ID	2/3						
<table><tr><th>Code</th><th>Definition</th><th>Comments</th></tr><tr><td>1L</td><td>Group or Policy Number</td><td></td></tr></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\*22222222222222~



Usage	REF. DES.	Name	Attributes																				
REQUIRED	REF01	Reference Identification Qualifier Code qualifying the Reference Identification	M	ID	2/3																		
<table><tr><th>Code</th><th>Definition</th><th>Comments</th></tr><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></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~

<b>DTP *</b>	DTP	374	*	DTP02	1250	*	DTP03	1251	~
	<b>Date/Time Qualifier</b>			<b>Date Time Format Qualifier</b>			<b>Date</b>		
	M	ID 3/3		M	ID 2/3		M	AN 1/35	

Usage	REF. DES.	Name	Attributes
<b>REQUIRED</b>	<b>DTP01</b>	<b>Date/Time Qualifier</b>	<b>M ID 3/3</b>

Code specifying type of date or time, or both date and time

Code	Definition	Comments
<b>473</b>	Medicaid Begin	
<b>474</b>	Medicaid End	
<b>356</b>	CCM Eligibility Begin Date	
<b>357</b>	CCM Eligibility End Date	

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

<b>REQUIRED</b>	<b>DTP02</b>	<b>Date Time Period Format Qualifier</b>	<b>M ID 2/3</b>
-----------------	--------------	--	-----------------

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

Code	Definition	Comments
<b>D8</b>	Date Expressed in Format CCYYMMDD	

<b>REQUIRED</b>	<b>DTP03</b>	<b>Date Time Period</b>	<b>M AN 1/35</b>
-----------------	--------------	-------------------------	------------------

Status Information Effective Date

## 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~

NM1 \*

NM101	98
Entity ID Code	
M	ID 2/3

\*

NM102	1065
Entity Type Qualifier	
M	ID 1/1

\*

NM103	1035
Last Name	
X	AN 1/60

\*

NM104	1036
First Name	
O	AN 1/35

\*

NM105	1037
Middle Name	
O	AN 1/10

\*

NM106	1038
Name Prefix	
O	AN 1/10

\*

NM107	1039
Name Suffix	
O	AN 1/10

\*

NM108	66
ID Code Qualifier	
X	ID 1/2

\*

NM109	67
ID Code	
X	AN 2/80

~

Usage	REF. DES.	Name	Attributes								
REQUIRED	NM101	Entity Identifier Code Code specifying type of date or time, or both date and time	M	ID	2/3						
<table><tr><th>Code</th><th>Definition</th><th>Comments</th></tr><tr><td>IL</td><td>Insured or Subscriber</td><td></td></tr></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><tr><th>Code</th><th>Definition</th><th>Comments</th></tr><tr><td>1</td><td>Person</td><td></td></tr></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><tr><th>Code</th><th>Definition</th><th>Comments</th></tr><tr><td>34</td><td>Social Security Number</td><td></td></tr></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~

PER \*

PER01	366
Contact	
Function Code	
M	ID 2/2

\*

PER02	93
Name	
O	AN 1/60

\*

PER03	365
Comm Number	
Qualifier	
M	ID 2/2

\*

PER04	364
Communication	
Number	
X	AN 1/256

\*

PER05	365
Comm Number	
Qualifier	
X	ID 2/2

PER06	364
Communication	
Number	
X	AN 1/256

\*

PER07	365
Comm Number	
Qualifier	
X	ID X

\*

PER08	364
Communication	
Number	
X	AN X

~

Usage	REF. DES.	Name	Attributes		
<b>REQUIRED</b>	<b>PER01</b>	<b>Contact Function Code</b> Code identifying the major duty or responsibility of the person or group named	<b>M</b>	<b>ID</b>	<b>2/2</b>

Code	Definition	Comments
IP	Insured Party	

**NOT USED**

<b>PER02</b>	<b>Name</b> Not Used	<b>O</b>	<b>AN</b>	<b>1/60</b>
--------------	-------------------------	----------	-----------	-------------

<b>REQUIRED</b>	<b>PER03</b>	<b>Communication Number Qualifier</b> Code identifying the type of communication number	<b>X</b>	<b>ID</b>	<b>2/2</b>
-----------------	--------------	--	----------	-----------	------------

Code	Definition	Comments
AP	Alternate Phone	
HP	Home Phone	
TE	Telephone	
EM	Electronic mail	

<b>REQUIRED</b>	<b>PER04</b>	<b>Communication Number</b> Code identifying the type of communication number	<b>X</b>	<b>AN</b>	<b>1/256</b>
-----------------	--------------	--	----------	-----------	--------------

<b>SITUATIONAL</b>	<b>PER05</b>	<b>Communication Number Qualifier</b> Code identifying the type of communication number	<b>X</b>	<b>ID</b>	<b>2/2</b>
--------------------	--------------	--	----------	-----------	------------

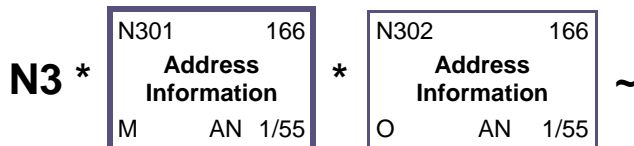
Code	Definition	Comments
AP	Alternate Phone	
HP	Home Phone	
TE	Telephone	
EM	Electronic mail	

<b>SITUATIONAL</b>	<b>PER06</b>	<b>Communication Number</b> Code identifying the type of communication number	<b>X</b>	<b>AN</b>	<b>1/256</b>
--------------------	--------------	--	----------	-----------	--------------

Usage	REF. DES.	Name	Attributes																	
SITUATIONAL	PER07	Communication Number Qualifier	X	ID	2/2															
Code identifying the type of communication number																				
<table><tr><th>Code</th><th>Definition</th><th>Comments</th></tr><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></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	X	AN	1/256															
Code identifying the type of communication number																				

## 2.2.15 N3 – Member Residence Street Address

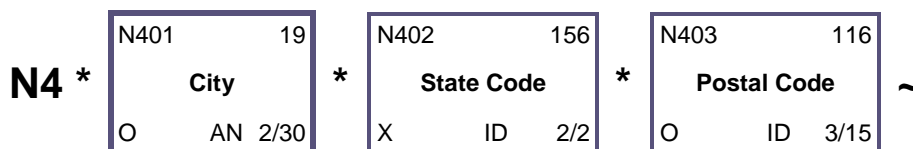
**X12 Segment Name:** Party Location  
**X12 Purpose:** To specify the location of the named party  
**Loop:** 2100A - Member Name  
**Segment Repeat:** 1  
**Usage:** SITUATIONAL  
**Example:** N3\*50 ORCHARD STREET~



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

## 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		
<b>REQUIRED</b>	<b>N401</b>	<b>City Name</b>	<b>O</b>	<b>AN</b>	<b>2/30</b>

Usage	REF. DES.	Name	Attributes		
		City Name			
<b>SITUATIONAL</b>	<b>N402</b>	<b>State or Province Code</b>	<b>X</b>	<b>ID</b>	<b>2/2</b>
		Code (Standard State/Province) as defined by appropriate government agency			
<b>SITUATIONAL</b>	<b>N403</b>	<b>Postal Code</b>	<b>O</b>	<b>ID</b>	<b>3/15</b>
		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~

**DMG** \* 

DMG01	1250
Date Time	Format Qual
X	ID 2/3

 \* 

DMG02	1251
Birth Date	
X	AN 1/35

 \* 

DMG03	1068
Gender Code	
O	ID 1/1

 \* 

DMG04	1067
Marital Status	Code
O	ID 1/1

 \* 

DMG05	C056
Comp Race or	Ethnic Info
X	

 ~

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



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

Code indicating specific Industry Code List

Code	Definition	Comments
RET	Classification of Race	

<b>SITUATIONAL</b>	<b>DMG05-3</b>	<b>Industry Code</b>	<b>X</b>	<b>ID</b>	<b>1/3</b>
--------------------	----------------	----------------------	----------	-----------	------------

Code indicating specific Industry Code List

## 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~

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

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

<b>SITUATIONAL</b>	<b>LUI01</b>	<b>Identification Code Qualifier</b>	<b>X</b> <b>ID</b> <b>1/2</b>
--------------------	--------------	--------------------------------------	-------------------------------

Code	Definition	Comments
LE	ISO 639 Language Codes	

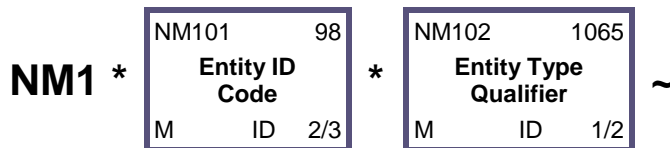
<b>SITUATIONAL</b>	<b>LUI02</b>	<b>Identification Code</b>	<b>M</b> <b>ID</b> <b>2/2</b>
--------------------	--------------	----------------------------	-------------------------------

Language Code, see list.

Usage	REF. DES.	Name	Attributes																																																																							
		<table><tr><th>Code</th><th>Definition</th><th>LA Code</th></tr><tr><td>EN</td><td>English</td><td>01</td></tr><tr><td>ES</td><td>Spanish</td><td>02</td></tr><tr><td>AR</td><td>Arabic</td><td>04</td></tr><tr><td>HY</td><td>Chinese</td><td>19</td></tr><tr><td>FA</td><td>Persian</td><td>07</td></tr><tr><td>FR</td><td>French</td><td>08</td></tr><tr><td>DE</td><td>German</td><td>09</td></tr><tr><td>EL</td><td>Greek</td><td>10</td></tr><tr><td>HT</td><td>Haitian Creole</td><td>11</td></tr><tr><td>HI</td><td>Hindi</td><td>12</td></tr><tr><td>IT</td><td>Italian</td><td>14</td></tr><tr><td>JA</td><td>Japanese</td><td>15</td></tr><tr><td>KM</td><td>Khmer</td><td>16</td></tr><tr><td>KO</td><td>Korean</td><td>17</td></tr><tr><td>LO</td><td>Lao</td><td>18</td></tr><tr><td>PL</td><td>Polish</td><td>20</td></tr><tr><td>PT</td><td>Portuguese</td><td>21</td></tr><tr><td>RU</td><td>Russian</td><td>22</td></tr><tr><td>SM</td><td>Samoan</td><td>23</td></tr><tr><td>TL</td><td>Tagalog</td><td>24</td></tr><tr><td>VI</td><td>Vietnamese</td><td>25</td></tr><tr><td>YI</td><td>Yiddish</td><td>26</td></tr></table>	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			
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 Language Description	X	AN	1/80																																																																					
SITUATIONAL	LUI04	Use of Language Indicator Code indicator of use of a language	O	ID	1/2																																																																					
		<table><tr><th>Code</th><th>Definition</th><th>Comments</th></tr><tr><td>7</td><td>Speaking</td><td></td></tr></table>	Code	Definition	Comments	7	Speaking																																																																			
Code	Definition	Comments																																																																								
7	Speaking																																																																									

## 2.2.19 NM1 – Member Mailing Address

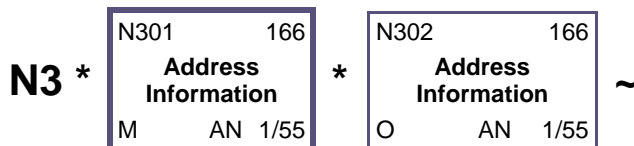
<b>X12 Segment Name:</b>	Individual or Organizational Name
<b>X12 Purpose:</b>	To supply the full name of an individual or organizational entity
<b>Loop:</b>	2100C - Member Mailing Address
<b>Loop Usage:</b>	SITUATIONAL
<b>Loop Repeat:</b>	1
<b>Segment Repeat:</b>	1
<b>Usage:</b>	SITUATIONAL
<b>Example: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



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

## 2.2.20 N3 – Member Mail Street Address

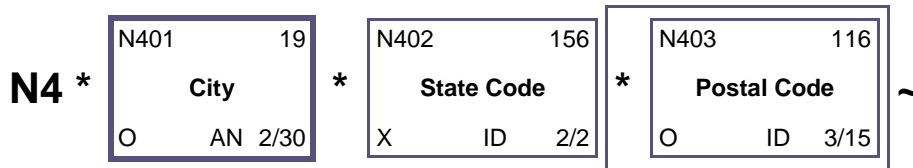
**X12 Segment Name:** Party Location  
**X12 Purpose:** To specify the location of the named party  
**Loop:** 2100C - Member Mailing Address  
**Segment Repeat:** 1  
**Usage:** REQUIRED  
**Example:** N3\*50 ORCHARD STREET~



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

## 2.2.21 N4 – Member Mail City, State, Zip Code

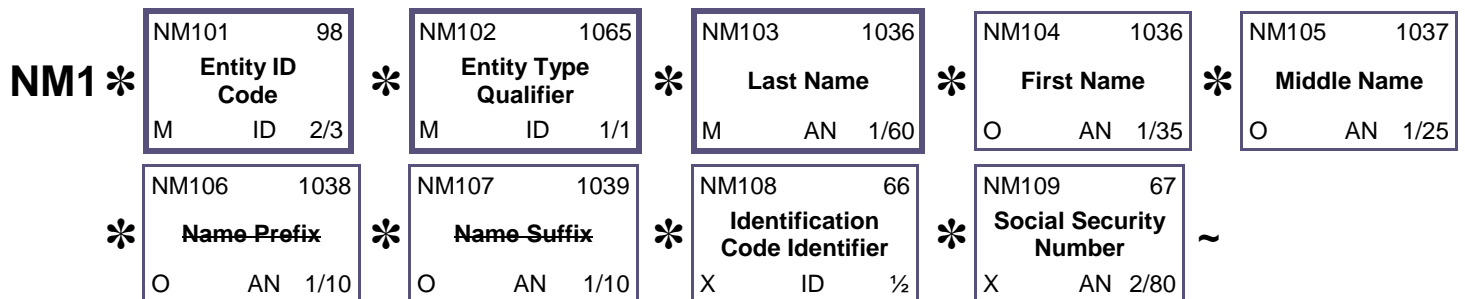
**X12 Segment Name:** Geographic Location  
**X12 Purpose:** To specify the geographic place of the named party  
**Loop:** 2100C - Member Mailing Address  
**Segment Repeat:** 1  
**Usage:** REQUIRED  
**Example:** N4\*LAFAYETTE\*LA\*12345~



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	<b>Entity Identifier Code</b> Code specifying type of date or time, or both date and time	M	ID	2/3						
		<table><tr><th>Code</th><th>Definition</th><th>Comments</th></tr><tr><td>QD</td><td>Responsible Party</td><td></td></tr></table>	Code	Definition	Comments	QD	Responsible Party				
Code	Definition	Comments									
QD	Responsible Party										
REQUIRED	NM102	<b>Entity Type Qualifier</b> Code qualifying the type of entity	M	ID	1/1						
		<table><tr><th>Code</th><th>Definition</th><th>Comments</th></tr><tr><td>1</td><td>Person</td><td></td></tr></table>	Code	Definition	Comments	1	Person				
Code	Definition	Comments									
1	Person										
REQUIRED	NM103	<b>Name Last or Organization Name</b>	X	AN	1/60						

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

## 2.2.23 HD – Dental Coverage

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

HD \* 
 

HD01	875
<b>Maintenance Type Code</b>	
M	ID 3/3

 \* 
 

HD02	1203
<del>Maintenance Reason Code</del>	
O	ID 2/3

 \* 
 

HD03	12p5
<b>Insurance Line Code</b>	
M	ID 2/3

 \* 
 

HD04	1204
<b>Plan Coverage Description</b>	
O	AN 1/50

 \* 
 

HD0505	1207
<b>Coverage Level Code</b>	
O	ID 3/3

 ~

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

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

Code	Definition	Comments
DEN	Dental Maintenance Organization	

**SITUATIONAL HD04**

**Plan Coverage Description**

O AN 1/50

Capitation Code (See Appendix C) and Choice/Auto Enrollment indicator separated by a -. Type of enrollment is only sent on newly added enrollments.

Code	Definition	Comments
C	Choice Enrollment	
A	Auto Enrollment	
E	Open Enrollment	

**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.

Layout of the HD04 segment

Description	Length	Begin	End
Capitation Code	5	1	5
Hard Coded Dash	1	6	6
Choice Code	1	7	7
Maint. Reason Code	3	8	10
Closure Code - Closure code will be left padded with zeros. (i.e. 001)	3	11	13
Approval Code	3	14	16

**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 – Dental 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 - DENTAL COVERAGE  
**Segment Repeat:** 6  
**Usage:** REQUIRED  
**Example:** DTP\*348\*D8\*19961001~

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

**DTP** \* 

DTP	374
Date/Time Qualifier	
M	ID 3/3

 \* 

DTP02	1250
Date Time Format Qualifier	
M	ID 2/3

 \* 

DTP03	1250
Date Time Period	
M	AN 1/35

 ~

USAGE	REF. DES.	Name	Attributes
REQUIRED	DTP01	Date/Time Qualifier	M ID 3/3

USAGE	REF. DES.	Name	Attributes											
		Code specifying type of date or time, or both date and time												
		<table><tr><th>Code</th><th>Definition</th><th>Comments</th></tr><tr><td>348</td><td>Benefit Begin</td><td></td></tr><tr><td>349</td><td>Benefit End</td><td></td></tr></table>	Code	Definition	Comments	348	Benefit Begin		349	Benefit End				
Code	Definition	Comments												
348	Benefit Begin													
349	Benefit End													
REQUIRED	DTP02	Date Time Period Format Qualifier	M	ID	2/3									
		Code indicating the date format, time format, or date and time format												
		<table><tr><th>Code</th><th>Definition</th><th>Comments</th></tr><tr><td>D8</td><td>Date Expressed in Format CCYYMMDD</td><td></td></tr></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									
		Coverage Period												

## 2.2.25 REF – Dental Coverage Policy Number

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

**REF** \* 
 

REF01	126
Reference Ident Qualifier	
M	ID 2/3

 \* 
 

REF02	127
Reference Identification	
M	AN 1/50

 ~

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

## 2.2.26 LX – Provider Information

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

**LX \***

LX01	554
<b>Assigned Number</b>	
M	NO 1/6

~

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

## 2.2.27 NM1 – Provider Name

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

**NM1 \***

NM101	98
<b>Entity ID Code</b>	
M	ID 2/3

\*

NM102	1065
<b>Entity Type Qualifier</b>	
M	ID 1/1

\*

NM103	1035
<b>Last Name/ Org Name</b>	
X	AN 1/60

\*

NM104	1036
<b>First Name</b>	
O	AN 1/35

\*

NM105	1037
<b>Middle Name</b>	
O	AN 1/25

\*

NM106	1038
<b>Name Prefix</b>	
O	AN 1/10

\*

NM107	1039
<b>Name Suffix</b>	
O	AN 1/10

\*

NM108	66
<b>ID Code Qualifier</b>	
X	AN 1/2

\*

NM109	67
<b>ID Code</b>	
X	ID 2/80

\*

NM110	706
<b>Entity Relation Code</b>	
X	ID 2/2

~

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



USAGE	REF. DES.	Name	Attributes											
SITUATIONAL	NM107	<b>Name Suffix</b> Not Used	O	AN	1/10									
SITUATIONAL	NM108	<b>Identification Code Qualifier</b>	X	ID	1/2									
		<table><tr><th>Code</th><th>Definition</th><th>Comments</th></tr><tr><td>SV</td><td>Service Provider Number</td><td></td></tr><tr><td>XX</td><td>National Provider Identifier</td><td></td></tr></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	<b>Identification Code</b> Provider Identifier	X	AN	2/80									
REQUIRED	NM110	<b>Entity Relationship Code</b> Code describing entity relationship	X	AN	2/80									
		<table><tr><th>Code</th><th>Definition</th><th>Comments</th></tr><tr><td>72</td><td>Unknown</td><td></td></tr></table>	Code	Definition	Comments	72	Unknown							
Code	Definition	Comments												
72	Unknown													

## 2.2.28 LS – Additional Reporting Categories

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

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

**LS \***

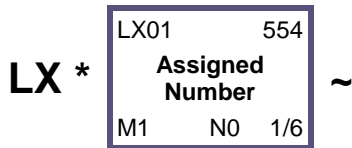
LS01	447
Loop ID Code	
M1	AN 1/4

 ~

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

## 2.2.29 LX – Member Reporting Categories

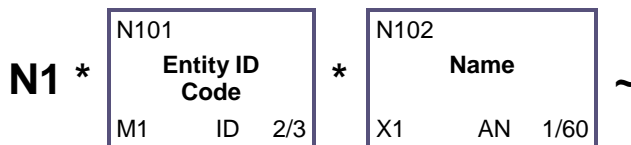
**X12 Segment Name:** Transaction Set Line Number  
**X12 Purpose:** To reference a line number in a transaction  
**Loop:** 2700 – Member Reporting Categories  
**Loop Repeat:** >1  
**Segment Repeat:** 1  
**Usage:** SITUATIONAL  
**Example:** LX\*1~



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

## 2.2.30 N1 – Reporting Category

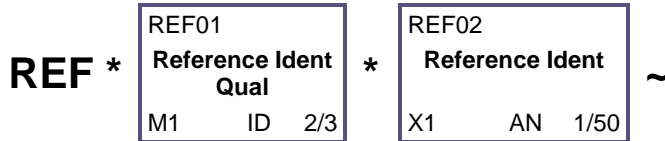
**X12 Segment Name:** Reporting Category  
**X12 Purpose:** To identify a party by type of organization, name, and code  
**Loop:** 2750 – Reporting Category  
**Loop Repeat:** 1  
**Segment Repeat:** 1  
**Usage:** SITUATIONAL  
**Example:** N1\*75\*Medicaid History~



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

## 2.2.31 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	<b>Reference Identification Qualifier</b> Code qualifying the reference identification	M1	ID	2/3																																
<table><tr><th>Code</th><th>Definition</th><th>Comments</th></tr><tr><td>ZZ</td><td>Mutually Defined</td><td></td></tr></table>						Code	Definition	Comments	ZZ	Mutually Defined																											
Code	Definition	Comments																																			
ZZ	Mutually Defined																																				
REQUIRED	REF02	<b>Reference Identification</b>	X1	AN	1/50																																
<table><tr><th>Description</th><th>Length</th><th>Begin</th><th>End</th></tr><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></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																																					

## 2.2.32 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	<b>Date/Time Qualifier</b> Code specifying type of date or time, or both date and time	M ID 3/3

USAGE	REF. DES.	Name			Attributes							
		<table><tr><th>Code</th><th>Definition</th><th>Comments</th></tr><tr><td>007</td><td>Effective</td><td></td></tr></table>	Code	Definition	Comments	007	Effective					
Code	Definition	Comments										
007	Effective											
REQUIRED	DTP02	Date Time Period Format Qualifier			M	ID	2/3					
		Code indicating the date format, time format, or date and time format										
		<table><tr><th>Code</th><th>Definition</th><th>Comments</th></tr><tr><td>RD8</td><td>Range of Dates Expressed in Format CCYYMMDD- CCYYMMDD</td><td></td></tr></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					
		Member Reporting Category Effective Dates										

### 2.2.33 LE – Additional Reporting Categories Loop Termination

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

**LE \***

LE01
Loop ID
M1 AN 1/4

 ~

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

### 2.2.34 SE – Transaction Set Trailer

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

**SE \***

SE01
Number of Included Seg
M NO 1/10

 \*
 

SE02
Trans Set Control Number
M AN 4/9

 ~

USAGE	REF. DES.	Name	Attributes		
REQUIRED	SE01	<b>Number of Included Segments</b> Total number of segments included in a transaction set including ST and SE segments	M	N0	1/10
REQUIRED	SE02	<b>Transaction Set Control Number</b> 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

## 2.2.35 GE –Functional Group Trailer

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

GE \* 

GE01	353
<b>Number of TS Sets Included</b>	
M	N0 1/6

 \* 

GE02	
<b>Group Control Number</b>	
M	N0 1/9

 ~

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

## 2.2.36 IEA –Interchange Control Trailer

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

IEA \* 

IEA01	
<b>Number of Functional Grps</b>	
M	N0 1/5

 \* 

IEA02	
<b>Interchange Control Number</b>	
M	N0 9/9

 ~

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

## 3 Testing

---

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

### 3.1 MoveIT Gateway

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

#### 3.1.1 MoveIT Gateway Server

---

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

#### 3.1.2 Access

---

The MoveIT 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://edi.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 [Edigroup@maximus.com](mailto:Edigroup@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

---

MoveIT 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 MoveIT administrative team will be notified. If you believe you have forgotten your password, a password reset can be requested automatically from the MoveIT Server Login Web Page.

#### 3.1.5 Connectivity Issues

---

Please contact [Edigroup@maximus.com](mailto:Edigroup@maximus.com) if you experience any difficulty with the MoveIT 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 Ethnicity 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	<b>1</b>
N	Black or African American	<b>2</b>
I	American Indian or Alaskan Native	<b>3</b>
D	Asian Indian	<b>4</b>
A	Chinese	<b>5</b>
A	Filipino	<b>6</b>
A	Japanese	<b>7</b>
A	Korean	<b>8</b>
A	Vietnamese	<b>9</b>
A	Other Asian	<b>A</b>
J	Native Hawaiian	<b>C</b>
F	Guamanian or Chamorro	<b>D</b>
P	Samoan	<b>E</b>
A	Other Pacific Islander	<b>F</b>
7	Unspecified	<b>B, G, H</b>

## 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	NATCHITOCHES	7
36	ORLEANS	1
37	OUACHITA	8
38	PLAQUEMINES	1
39	POINTE COUPEE	2
40	RAPIDES	6
41	RED RIVER	7
42	RICHLAND	8
43	SABINE	7
44	ST BERNARD	1



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

Capitation codes derived from aid category, type case, age, and gender.

Cap Code	Category of Aid Description	Rate Cell Description
XDBP2	Prepaid Dental Program	Age 21+
XDBP1 (0-20) or XDBP2 (21+) based upon age	Prepaid Dental Program	Age 0-20, Age 21+
XDBP1	Prepaid Dental Program	Age 0-20
XDBP3	Prepaid Dental Program	All Ages
XDBP4 (0-20) or XDBP5 (21+) based upon age	Prepaid Dental Program	Age 0-20, Age 21+
XDBP4 (19-20) or XDBP5 (21 +) based upon age	Prepaid Dental Program	Age 19-20, Age 21+

## 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
0	Not applicable (use when not a disenrollment record)	AI	No Reason Given
9	Recipient has other health insurance	7	Termination of Benefits
18	Recipient moved out of service area	AH	Patient Moved to a New Location
20	Recipient does not meet LOC criteria	7	Termination of Benefits
40	Voluntary disenrollment	14	Voluntary Withdrawal
48	Death of recipient, DOD unknown	3	Death
68	Involuntary disenrollment	7	Termination of Benefits
77	Recipient admitted to institution	7	Termination of Benefits
78	Recipient moved out of state	AH	Patient Moved to a New Location
87	90 Day Enrollment Grace Period	XT	Transfer
90	Death of recipient	3	Death
100	Recipient is not categorically eligible	7	Termination of Benefits
211	Retroactively Disenroll Newborns	7	Termination of Benefits
310	DHH special insertion of DE	7	Termination of Benefits
311	DHH special cancellation of IE	7	Termination of Benefits
312	DHH special cancellation of DE	7	Termination of Benefits
700	Member requests to be assigned to the same CCN as family members	AI	No Reason Given
701	The member needs related services to be performed at the same time	AI	No Reason Given
702	Poor quality of care	AI	No Reason Given
703	Lack of access to services covered under the contract	AI	No Reason Given
704	Documented lack of access to providers experienced in dealing with the member healthcare needs	AI	No Reason Given
801	To implement the decision of a hearing officer	AI	No Reason Given
802	Member intentional submission of fraudulent information;	AI	No Reason Given
803	Member is incarcerated;	AI	No Reason Given
804	Member is placed in a long term care facility (nursing facility or intermediate care facility for persons with developmental disabilities);	AI	No Reason Given
805	Member is enrolled in a Medicaid home and community-based services waiver(HDBS) ;	AI	No Reason Given
806	The entity does not, because of moral or religious objections, cover the service the member seeks;	AI	No Reason Given
807	The contract between the entity and DHH is terminated;	AI	No Reason Given
808	The member is placed in a nursing facility or intermediate care facility for individuals with developmental disabilities;	AI	No Reason Given
900	Opt-out, Native American Tribal Registered	26	Declined Coverage
901	Opt-out, Foster Care individual	26	Declined Coverage
902	Opt-out, OYD/OJJ individual	26	Declined Coverage
903	Opt-out, recipient < 19 with spec serv	26	Declined Coverage
904	Opt-out, SSI recipient	26	Declined Coverage
905	Opt-out, Other reason.	26	Declined Coverage
906	Disenrollment during Annual Enrollment.	26	Declined Coverage

## Appendix D – Maintenance Reason Codes – Continued

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

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

## Appendix E – Aid Categories

Table contains the list of the Louisiana Medicaid Aid Categories.

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

## Appendix F – Language Codes

Codes used to identify Language for the Louisiana Medicaid Program.

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

## Appendix G – Companion Guide Attribute Definitions

Codes used to define EDI elements

### Attribute Definitions

#### Required Attribute

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

### Field Type Attribute

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

## Appendix H – MEDS Closure Codes

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

043	PROP/INSUFF RET	093	INCARCERATION
044	NOT COST EFFECT	094	Unable to locat
047	4 MO DISC ENDS	095	In Other Cert
048	DEATH-DATE UNK	096	OTHER
049	BREAK CONT STAY	097	SSI CK RETURNED
<b>Code</b>	<b>Description</b>	<b>Code</b>	<b>Description</b>
Code	Description	Code	Description
098	S.O. USE ONLY	142	AG Has MCARE
099	CONVERS ERROR	143	AG NoDepen Covg
100	NOT CATEG ELIG	803	INCARCERATED
101	Req Clsr/hs ins	900	Opt NA/Tribal
102	INCREASED INCOM	901	Opt Foster Care
103	REAPPLY LATER	902	Opt Out OYD OJJ
104	NO INCOME VERIF	903	Opt Out Undr 19
105	CHILD HEALTH	904	Opt Out SSI
106	Death of Payee	905	Opt Out Other
107	NO REASON GIVEN	906	Reserved
108	LACHIP TO CHAMP	907	Hospice
109	UNHAPPY W/PROG	908	Medicare
110	Hospice to MMIS	911	Emerg/disenroll
111	Repl into TCP	912	Retro Disenroll
112	1st Prm Not Rec	913	INELIG POP CANC
113	Post-Partum End	914	INELIG POP CLOS
114	Miscarried	915	Cancel due LaHI
115	Dch fr Nur Fac	916	Cl du to LaHIPP
116	Dsch Fr Waiver	917	Rtro Clr mc/c
117	Waiver to Facil	919	Adm-Auth-Cancel
118	Facil to Waiver	920	Adm-Auth-Closur
119	LTC/SD to Mcare	921	Canc-due to LTC
132	Out of Parish	922	Retro-clsr LTC
133	Med Procedure	923	Cncl/excl elig
134	PregEnd/Medical	924	clsr/excl elig
135	No Medicare	925	Cancel hospice
136	Treatment ended	926	rtro clsr hspic
137	Behavioral Hlth	931	BYU-ENRL-canc
138	OCS Adopt Child	932	BYU--ENRL-clsr
139	Clis Equal Start	970	MEM ID INVALID
141	Returned Mail		



## Appendix I – 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	
SURS-LOCKIN-PHYSICIAN-1	28-34	7	Numeric	Medicaid Provider ID number	If not = 0, then this is the 1 <sup>st</sup> MD Provider ID
SURS-LOCKIN-PHYSICIAN-2	35-41	7	Numeric	Medicaid Provider ID number	If not = 0, then this is the 2 <sup>nd</sup> MD Provider ID
SURS-LOCKIN-PHYSICIAN-3	42-48	7	Numeric	Medicaid Provider ID number	If not = 0, then this is the 3 <sup>rd</sup> MD Provider ID
SURS-LOCKIN-PHYSICIAN-4	49-55	7	Numeric	Medicaid Provider ID number	If not = 0, then this is the 4 <sup>th</sup> MD Provider ID
SURS-LOCKIN-PHARMACY-1	56-62	7	Numeric	Medicaid Provider ID number	If not = 0, then this is the 1 <sup>st</sup> RX Provider ID
SURS-LOCKIN-PHARMACY-2	63-69	7	Numeric	Medicaid Provider ID number	If not = 0, then this is the 2 <sup>ND</sup> RX Provider ID
SURS-LOCKIN-BEGIN-DATE	70-77	8	Numeric	Format=YYYYMMDD	Begin date of the lockin
SURS-LOCKIN-END-DATE	78-85	8	Numeric	Format=YYYYMMDD	End date of the lockin
SURS-LOCKIN-LAST-ACT	86-93	8	Numeric	Format=YYYYMMDD	Last date of activity on this lockin segment.
SURS-PRE-RELEASE-DATE	94-101	8	Numeric	Format=YYYYMMDD	The recipient's pre-release date from incarceration. Can be > 0 when SURS-LOCKIN-IND = 5 or 6. Can be = 0, if not provided.
SURS-DOC-LOCATION-CODE	102-105	4	CHAR	DOC facility location identifier	A code that identifies the location of the facility where the person is incarcerated.

## Appendix J – Approval Codes

Approval Code	Description
002	Deprivation Based on Absence from the Home
003	Deprivation Based on Parent Incapacity
004	Deprivation Based on Death of a Parent
005	Deprivation Based on Under/Unemployment
006	Caretaker Relative for SSI Child(ren)
007	Telephone Renewal Resulting in New Cert
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
028	Single Parent Adoption
029	SSI Eligible with Medicaid Qualifying Trust
030	ExParte Renewal resulting in new cert
031	Mississippi Evacuee
032	Mississippi individual with disabilities
033	Mississippi low income Medicare recipient
034	Hurricane Rita evacuees with existing Medicaid eligibility
035	Hurricane Rita evacuees newly enrolled in Medicaid
036	Mississippi parent of child under age 19
037	Alabama evacuee(for children under age 19, pregnant women, and LTC)
038	QUALIFIED INDIVIDUAL 2
039	QUALIFIED INDIVIDUAL 1
040	SPECIFIED LOW INCOME MEDICARE BENEFICIARY
042	Alabama low income Medicare recipient
043	Alabama parent of child under age 19

044	Hurricane Katrina evacuees with existing Medicaid eligibility
045	Hurricane Katrina evacuees newly enrolled in Medicaid
046	Alabama individual with disabilities
047	Paper Form Renewal resulting in new cert
048	On-Line Renewal resulting in new cert
049	SECTION 4913 CHILD, WALKER VS BAYER/BPL
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
061	OPEN/CLOSED CERTIFICATION
063	Pregnant Woman in a Two-Parent Household (Medicaid coverage for eligible recipients)
064	CHAMP Eligible Child Born After 10-01-83
065	PREGNANT WOMAN IN A ONE-PARENT HOUSEHOLD
066	PREGNANT MINOR LIVING W/PARENT(S)
067	PRIOR PERIOD OF MEDICAID ELIGIBILITY
068	FAILED TO CONVERT - MANUALLY ENTERED
070	NON-CUSTODY CHILD OF FOSTER CHILD
071	RESTRICTION OF STEPPARENT INCOME
072	RESTRCTED SIBLING INCOME + STATE RETIREE
073	RESTRICTION OF GRANDPARENT INCOME
074	IV-E CHILD W/ ADOPTION ASSISTANCE
075	COBRA IV-E ADOPTION SUBSIDY
077	OPTIONAL QUALIFIED ALIENS
078	REFUGEES ELIGIBLE IN CAT E (05)
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.
086	REACHED AGE 65- CATEGORY D TO CATEGORY A
087	State Funded Regular MNP
088	Cases with Conversion Errors
090	OCS/OYD TITLE XIX ELIGIBLES
093	CERT PREVIOUSLY CLOSED IN ERROR
095	Mandatory Qualified Alien (Not for use in E category)
099	USED IF NO THER CODE APPLIES
100	Office of Juvenile Justice Restricted