



# Benefit Enrollment and Maintenance (834)

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## Louisiana Medicaid EDI Transaction Set Companion Guide

**Original Publication: 12/13/2011**

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Version 2.46**

## Revision History

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

Date	Author	Version
08/17/2011	Tina Martinez	1.00 – Original 5010 Version 834 Guide, initial draft
08/29/2011	Tina Martinez	1.01 – Modified Segment Data Requirements
09/11/2011	Tina Martinez	1.02 – Removed SV from NM108
09/20/2011	Tina Martinez	1.03 – Modified examples to match data sent
09/21/2011	Tina Martinez	1.04 – Changed Time zone to CT
09/22/2011	Tina Martinez	1.05 – Changes to GS05, BGN05, N04, ISA08, ISA14, NM1
09/22/2011	Tina Martinez	1.06 – Added 2300 REF segment for Parish, Added Appendix A & B
09/22/2011	Daryl Sharp	1.07 – Minor editing changes
09/26/2011	Tina Martinez	1.08 – Minor editing changes
09/29/2011	Tina Martinez	1.09 – Modified Appendix A Ethnicity Codes
10/20/2011	Heather Babich	1.10 – Changes to INS08, REF01, Added NM1 2330
10/21/2011	Chris Diebold	1.11 – Added Appendix C
10/21/2011	Tina Martinez	2.00 – Reviewed and Minor Edits
10/22/2011	Tina Martinez	2.01 – Added 1.9.1 changes to current document, modified 2300 REF codes
10/23/2011	Tina Martinez	2.02 – ISA modifications
10/27/2011	Tina Martinez	2.03 – Add 2100A LUI Segment, 2000 Ref Segment, NM110 2310 & 2100G. Minor Edits.
10/31/2011	Tina Martinez	2.04 – 2300
11/02/2011	Chris Diebold	2.05 – Added Appendix D and Appendix E
11/11/2011	Tina Martinez	2.06 – Modified
11/18/2011	Tina Martinez	2.07 – Removal of COB
11/21/2011	Pinky Patnaik	2.08 – Updates to GS02, INS08 and HD04 segments
11/23/2011	Pinky Patnaik	2.09 – Added the Auto/Choice indicator to HD04 segment
12/07/2011	Anita Webb	2.10 – Added sections example diagrams, REF*1L segment to 2000 Loop.
12/08/2011	Anita Webb	2.11 – Editing changes after group review. Set Medicare elements to Not Sent.
12/09/2011	Anita Webb	2.12 – Modified LOOP 1000A N103, changed to FI, N104, added value
12/13/2011	Anita Webb	2.13 – Updated the values of the Federal Tax ID, LA Medicaid Policy number has tax id with “1” prefix.
8/23/2012	Jeff Hines	2.14 - Replaced Appendix D with a current code cross reference.
10/17/2012	Jeff Hines	2.15 – Per LA DHH suggestion, removed the word “can” from page 6, section 1.2 and added additional verbiage referencing section and page number for ST segment on page 11. Updated ½ in attributes column to read “1/2” on multiple pages, added “024” as a transaction type on page 26, section 2.2.23, corrected “LaHipp” to “LaHIPP” in Appendix D and corrected GS07 and GS08 segments to have a field type of “ID” instead of “DT”.
10/30/2012	Jeff Hines	2.16 - Added Appendix G to define EDI element attributes Changed INS segment example in section 2.2.8 to better reflect data sent in production files
11/28/2012	Jeff Hines	2.17 – Change 2300 loop HD04 segment
3/8/2013	Jeff Hines	2.18 – Added maintenance reason code 917 to Appendix C.
5/13/2013	T. Martinez	2.19 - Added 2700 Loop Historical Reporting
6/18/2013	Jeff Hines	2.20 - Added mother's ID information to 2000 loop member supplemental identifier section 2.2.11 on page 17. Added Appendix H on page 44 as a cross reference between the Recipient Header File received from Molina and where the fields are mapped in the MAXIMUS outbound 834 file.
7/16/2013	Jeff Hines	2.21 Added verbiage regarding loop 2700 stating that the 2700 loop referenced in sections 2.28 through 2.33 on pages 29 – 32 will only be sent in the monthly recon file and not in daily files.

7/26/2013	Jeff Hines	2.22 – Validated the 2100A loop residential address in section 2.2.15, page 21 and the 2100C loop mailing address in section 2.2.20, page 25 are correct and in accordance with the X12 834 implementation guide.
8/15/2013	Jeff Hines	2.23 - Added description to section 2.2.24 on page 27 that the DTP*348 coverage begin date will serve as the start date for the AC/TC reconciliation transaction. Also added note to this section that it will contain a range of coverage in the reconciliation file, not a month by month listing. Added the RX code to denote a quarterly AC/TC recon file to section 2.2.4 on page 12.
5/5/2014	Steve Marschall	2.24 - Added2 date segments In the 2000 Loop for Member PBS begin & end dates. Segments added to section 2.2.12 on page 18.
7/10/2014	Jeff Hines	2.25 - Added maintenance reason codes 919-926 to Appendix D. Add new cap codes to Appendix
7/24/2014	Jeff Hines	2.26 - Change PBSBEG/END dates to new CCMBEG/END name. Functionality of dates remains the same, the names have changed per DCH.
9/30/2014	Jeff Hines	2.27 – Updated appendix F to add new language codes
1/23/2015	Jeff Hines	2.28 – Updated capitation code table on page 40
2/5/2015	Jeff Hines	2.29 – Added new HD04 layout on page 28 and addition of email address to member information on page 27
7/21/2015	Jeff Hines	2.30 - Added Behavioral Health and secondary capitation codes to HD04 element on page 28.
8/20/2015	Jeff Hines	2.31 - Added verbiage regarding blank secondary cap code to HD04 element on page 29.
9/20/2015	Jeff Hines	2.32 – Added REF*ABB segment in loop 2000 for Chisholm case manager on page 18 Added additional HD segments in loop 2300 to contain CSoC type case information on page 31 Added additional DTP segments in loop 2300 to contain CSoC admit and discharge dates on page 32
3/1/2016	Jeff Hines	2.33 - Remove secondary cap code verbiage for HD04 element on page 29. Added description as to why secondary cap code no longer used.
5/10/2016	Jeff Hines	2.34 - Added closure code placement and descriptions for the HD04 element on page 29, the REF segment on pages 35&36, and appendix I with MEDS provided closure code descriptions. Added Appendix I to table of contents.
7/26/2016	Jeff Hines	2.35 - Added closure codes to Appendix I on page 53. 142-AG Has MCARE, Long Description: Adult Group - entitlement to or enrollment for Medicare Part A or B, and 143 -AG NoDepen Covg Long Description: Adult Group - not having coverage for dependent children living in the home of a parent or caretaker relative
12/2/2016	Jeff Hines	2.36 – Updated HD04 description on page 30 to include the renewal date, renewal code, and multiple birth indicator. Added Appendix J for renewal codes definitions and Appendix K for lockin file layout.
3/31/2017	Tadarrio Marshall	2.37 – Added new manual corrections codes 314 – 317 on page 45
4/28/2017	Jeff Hines	2.38 - Changed ISA06 segment on page 10 to LAMEDICAID from LABAYOUHEALTH per DHH request.
8/17/2017	Jeff Hines	2.39 – Updated Appendix C capitation codes on page 44 from crosswalk provider by LDH on 7/10/17.
8/24/2017	Jeff Hines	2.40 – Updated Appendix C capitation codes on page 44 from crosswalk provider by LDH on 7/21/17.
1/18/2018	Jeff Hines	2.41 – Add approval code to HD04 element on page 30 and in historic reporting in loop 2700 on page 37. Updated recipient file cross reference in Appendix H, page 52. Added Appendix M, DCFS approval code cross reference. Updated approval codes in Appendix L on page 59.
5/17/2018	Tadarrio Marshall	2.42 – Added LTC as an Insurance Line Code item on page 29 in loop 2300 at HD03.
7/3/2018	Kevin Guillory	Updated outdated verbiage
5/20/2019	Tadarrio Marshall	2.44 - Updated Appendix C to add new cap code 90EXP
2/22/2021	Mike Polityka	2.45 – Added ACT 421 – Updated Appendix C page 44 to add new Capitation Codes, Updated Appendix D page 46 to add new Maintenance Reason Codes, Updated Appendix K page 58 Lockin File Layout -Accepted Values
11/22/2021	Mike Polityka	2.46 – Updated Appendix A Ethnicity Codes Page 41 with new values.

## Signature Page

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

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<NAME>

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## 1 Purpose

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



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

### 1.1 Background

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

For more information go to [www.hhs.gov](http://www.hhs.gov)

### 1.2 Usage & Special Instructions

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

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

The Monthly file is the MCO's full positive file of enrollments. 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	Health Coverage	Situational	1	
2700	DTP	Health Coverage Dates	Required	6	
2900	REF	Health 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						

USAGE	REF. DES.	Name	Attributes											
REQUIRED	ISA05	<b>Interchange ID Qualifier</b> Code indicating the system/method of code structure used to designate the sender or receiver ID element being qualified	M	ID	2/2									
		<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	<b>Interchange Sender ID</b> The identification code for the Louisiana Medicaid for routing data is <b>LAMEDICAID</b>	M	AN	15/15									
REQUIRED	ISA07	<b>Interchange ID Qualifier</b> Code indicating the system/method of code structure used to designate the sender or receiver ID element being qualified	M	ID	2/2									
		<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	<b>Interchange Receiver ID</b> The Receivers Identification code is <b>CCN Federal Tax ID</b>	M	AN	15/15									
REQUIRED	ISA09	<b>Interchange Date</b> Date of the interchange	M	DT	6/6									
		<table><tr><td>FORMAT:</td><td>YYMMDD</td></tr></table>	FORMAT:	YYMMDD										
FORMAT:	YYMMDD													
REQUIRED	ISA10	<b>Interchange Time</b> Time of the interchange	M	TM	4/4									
		<table><tr><td>FORMAT:</td><td>HHMM</td></tr></table>	FORMAT:	HHMM										
FORMAT:	HHMM													
REQUIRED	ISA11	<b>Repetition Separator</b> The Repetition Separator used is ^	M		1/1									
REQUIRED	ISA12	<b>Interchange Control Version Number</b> Code specifying the version number of the interchange control segments	M	ID	5/5									
		<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	<b>Interchange Control Number</b> A control number assigned by the interchange sender. This number must be identical to IEA02	M	NO	9/9									
REQUIRED	ISA14	<b>Acknowledgment Requested</b> Code indicating sender's request for an interchange acknowledgment	M	ID	1/1									
		<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	<b>Interchange Usage Indicator</b> Code indicating whether data enclosed by this interchange envelope is test, production or information	M	ID	1/1									
		<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	<b>Component Element Separator</b> The Component Element Separator used is :	M		1/1									

## 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>LAMEDICAID</b>	M	AN	2/15						
REQUIRED	GS03	<b>Application Receiver's Code</b> Code identifying party receiving transmission <b>MCO'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	ID	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	ID	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 the SE02 data element as defined in section 2.2.28 on pages 29 and 30.											
REQUIRED	ST03	Implementation Convention Reference	O	AN	1/35						
		<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~

BGN \*

BGN01	353
TS Purpose Code	
M	ID 2/2

\*

BGN02	127
Reference Identifier	
M	AN 1/50

\*

BGN03	337
Date	
M	DT 8/8

\*

BGN04	337
Time	
X	TM 4/8

\*

BGN05	623
Time Code	
O	ID 2/2

BGN06	127
Reference Identification	
O	AN 1/50

\*

BGN07	640
Transaction Type Code	
O	ID 2/2

\*

BGN008	306
Action Code	
O	ID 1/2

~

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

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 Not Used	X	AN	1/60						
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 Identification Code sent MCO's Federal Tax ID	X	AN	2/80						

## 2.2.8 INS – Member Level Detail

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

INS

INS01	1073
Yes/No Cond Resp Code	
M	ID 1/1

INS02	1069
Individual Relation Code	
M	ID 2/2

INS03	875
Maintenance Type Code	
O	ID 3/3

INS04	1203
Maintain Reason Code	
O	ID 2/3

INS05	1216
Benefit Status Code	
O	ID 1/1

INS06	C052
Medicare Status Code	
O	

INS07	1219
COBRA Qual Event Code	
O	ID 1/2

INS08	584
Employment Status Code	
O	ID 2/2

INS09	1220
Student Status Code	
O	ID 1/1

INS10	1073
Handicap Indicator	
O	ID 1/1

INS11	1250
Date Time Format Qual	
O	ID 2/3

INS12	1251
Date of Death	
O	AN 1/35

~

Usage	REF. DES.	Name	Attributes								
REQUIRED	INS01	<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						

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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

**\***

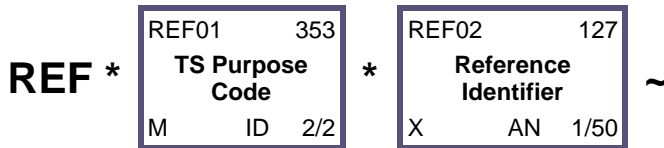
REF02	127
<b>Reference Identifier</b>	
X	AN 1/50

**~**

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

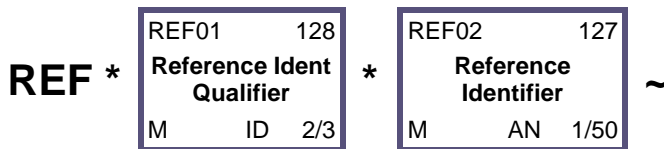
**X12 Segment Name:** Reference Information  
**X12 Purpose:** To specify identifying information. Required when the policy number applies to all coverage data (all 2300 loops for this member).  
**Loop:** 2000 - Member Level Detail  
**Segment Repeat:** 1  
**Usage:** REQUIRED  
**Example:** REF\*1L\*1726011595~



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\*2222222222222222~



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>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	<b>Reference Identification</b> 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~

DTP *	374	Date/Time Qualifier	M	ID	3/3	*	1250	Date Time Format Qualifier	M	ID	2/3	*	1251	Date	M	AN	1/35	~

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

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

Code	Definition	Comments
473	Medicaid Begin	
474	Medicaid End	

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

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

Code	Definition	Comments
D8	Date Expressed in Format CCYYMMDD	

REQUIRED	DTP03	Date Time Period	M	AN	1/35
----------	-------	------------------	---	----	------

Status Information Effective Date

DTP *	374	Date/Time Qualifier	M	ID	3/3	*	1250	Date Time Format Qualifier	M	ID	2/3	*	1251	Date	M	AN	1/35	~

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

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

Code	Definition	Comments
356	CCM Eligibility Begin Date	
357	CCM Eligibility End Date	

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

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

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

Code	Definition	Comments
D8	Date Expressed in Format CCYYMMDD	

REQUIRED	DTP03	Date Time Period	M	AN	1/35
----------	-------	------------------	---	----	------

Status Information Effective Date

## 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~

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

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>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	<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> Member Last Name	X	AN	1/60						
SITUATIONAL	NM104	<b>Name First</b> Member First Name	O	AN	1/35						
SITUATIONAL	NM105	<b>Name Middle</b> Member Middle Name or Middle Initial	O	AN	1/25						
SITUATIONAL	NM106	<b>Name Prefix</b> Not Used	O	AN	1/10						
SITUATIONAL	NM107	<b>Name Suffix</b> Suffix to individual name	O	AN	1/10						
SITUATIONAL	NM108	<b>Identification Code Qualifier</b> 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	<b>Identification Code</b> 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~

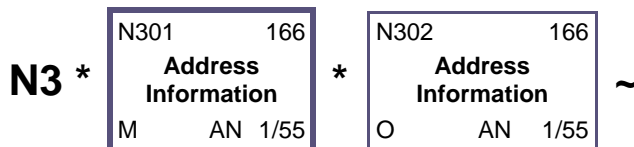
<b>PER *</b>	PER01 366 Contact Function Code M ID 2/2	*	PER02 93 Name O AN 1/60	*	PER03 365 Comm Number Qualifier M ID 2/2	*	PER04 364 Communication Number X AN 1/256	*	PER05 365 Comm Number Qualifier X ID 2/2
	* PER06 364 Communication Number X AN 1/256	*	PER07 365 Comm Number Qualifier X ID X	*	PER08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

Usage	REF. DES.	Name	Attributes																	
REQUIRED	PER01	<b>Contact Function Code</b> Code identifying the major duty or responsibility of the person or group named	M	ID	2/2															
		<table><tr><th>Code</th><th>Definition</th><th>Comments</th></tr><tr><td>IP</td><td>Insured Party</td><td></td></tr></table>	Code	Definition	Comments	IP	Insured Party													
Code	Definition	Comments																		
IP	Insured Party																			
NOT USED	PER02	<b>Name</b> Not Used	O	AN	1/60															
REQUIRED	PER03	<b>Communication Number Qualifier</b> Code identifying the type of communication number	X	ID	2/2															
		<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																			
REQUIRED	PER04	<b>Communication Number or Email Address</b> Code identifying the type of communication number	X	AN	1/256															
SITUATIONAL	PER05	<b>Communication Number Qualifier</b> Code identifying the type of communication number	X	ID	2/2															
		<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	PER06	<b>Communication Number or Email Address</b> Code identifying the type of communication number	X	AN	1/256															
SITUATIONAL	PER07	<b>Communication Number Qualifier</b> Code identifying the type of communication number	X	ID	2/2															

Usage	REF. DES.	Name	Attributes																	
		<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 or Email Address	X	AN	1/256															
		Code identifying the type of communication number																		

## 2.2.15 N3 – Member Residence Street Address

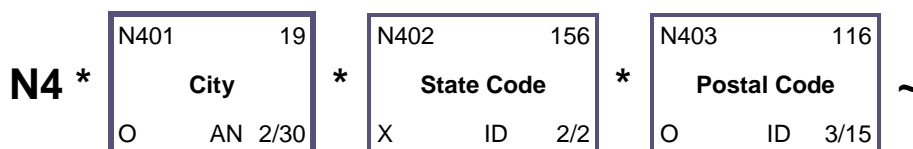
**X12 Segment Name:** Party Location  
**X12 Purpose:** To specify the location of the named party  
**Loop:** 2100A - Member Name  
**Segment Repeat:** 1  
**Usage:** SITUATIONAL  
**Example:** N3\*50 ORCHARD STREET~



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

## 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> City Name	<b>O AN 2/30</b>
<b>SITUATIONAL</b>	<b>N402</b>	<b>State or Province Code</b>	<b>X ID 2/2</b>

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

<b>DMG *</b>	DMG01	1250	*	DMG02	1251	*	DMG03	1068	*	DMG04	1067	*	DMG05	C056	~
	<b>Date Time Format Qual</b>			<b>Birth Date</b>			<b>Gender Code</b>			<b>Marital Status Code</b>			<b>Comp Race or Ethnic Info</b>		
	X	ID 2/3		X	AN 1/35		O	ID 1/1		O	ID 1/1		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> Code indicating specific Industry Code List	X	ID	1/3												

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

## 2.2.18 LUI – Member Language

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

**LUI \***

LUI01	66
<b>ID Code Qualifier</b>	
X	ID 1/2

**\***

LUI02	67
<b>ID Code</b>	
M	AN 1/50

**\***

LUI03	352
<b>Description</b>	
X	AN 1/80

**\***

LUI04	1303
<b>Use of Language Ind</b>	
X	TM 4/8

**~**

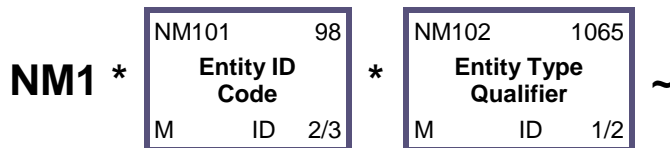
Usage	REF. DES.	Name			Attributes		
SITUATIONAL	LUI01	Identification Code Qualifier			X	ID	1/2
		Code	Definition	Comments			
		LE	ISO 639 Language Codes				
SITUATIONAL	LUI02	Identification Code			M	ID	2/2
		Language Code, see list.					



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

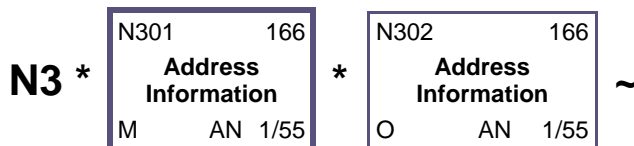
<b>X12 Segment Name:</b>	Individual or Organizational Name
<b>X12 Purpose:</b>	To supply the full name of an individual or organizational entity
<b>Loop:</b>	2100C - Member Mailing Address
<b>Loop Usage:</b>	SITUATIONAL
<b>Loop Repeat:</b>	1
<b>Segment Repeat:</b>	1
<b>Usage:</b>	SITUATIONAL
<b>Example: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

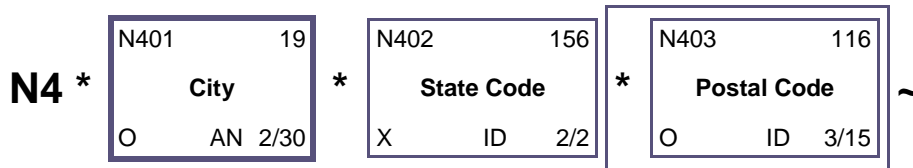
**X12 Segment Name:** Party Location  
**X12 Purpose:** To specify the location of the named party  
**Loop:** 2100C - Member Mailing Address  
**Segment Repeat:** 1  
**Usage:** REQUIRED  
**Example:** N3\*50 ORCHARD STREET~



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

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

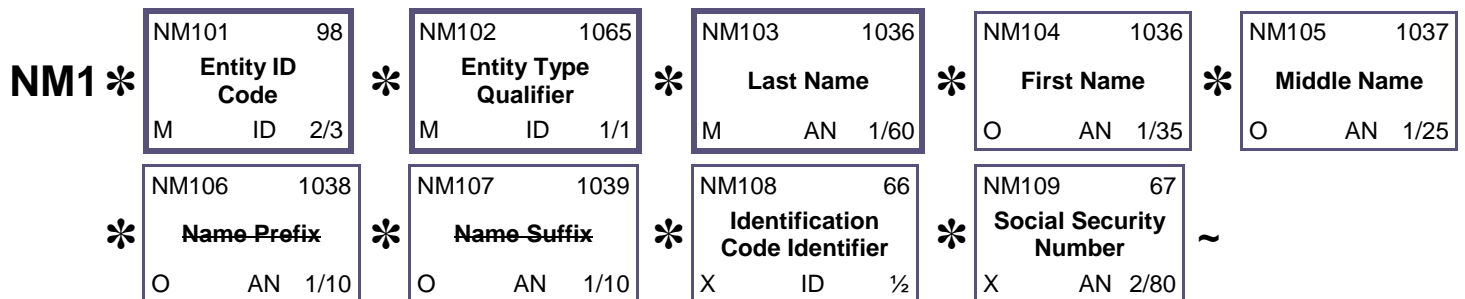
**X12 Segment Name:** Geographic Location  
**X12 Purpose:** To specify the geographic place of the named party  
**Loop:** 2100C - Member Mailing Address  
**Segment Repeat:** 1  
**Usage:** REQUIRED  
**Example:** N4\*LAFAYETTE\*LA\*12345~



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

## 2.2.22 NM1 – Responsible Person

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



USAGE	REF. DES.	Name	Attributes								
REQUIRED	NM101	<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
		Code	Definition	Comments			
		34	Social Security Number				
SITUATIONAL	NM109	Identification Code			X	AN	2/80
		Responsible Party Identifier					

## 2.2.23 HD – Health Coverage

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

**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>Cancellation or termination</td><td></td></tr><tr><td>025</td><td>Reinstatement</td><td></td></tr><tr><td>030</td><td>Audit or Compare</td><td></td></tr></table>	Code	Definition	Comments	001	Change		021	Addition		024	Cancellation or termination		025	Reinstatement		030	Audit or Compare				
Code	Definition	Comments																					
001	Change																						
021	Addition																						
024	Cancellation or termination																						
025	Reinstatement																						
030	Audit or Compare																						
NOT USED	HD02	<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
HMO	Health Maintenance Organization	
LTC	Long Term Care	

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

#### Choice Code

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

#### High Risk Pregnancy Indicator

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

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

#### Behavioral Health Indicator - Identifies client program membership

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

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

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

Description	Length	Begin	End
Capitation Code	5	1	5
Hard Coded Dash	1	6	6
Choice Code	1	7	7
HRP Indicator	1	8	8
Maint. Reason Code	3	9	11
Blanks – Removed secondary cap code as consolidated information contained in new cap codes implemented 3/2016.	5	12	16
Behavioral Health indicator	1	17	17
Closure Code - Closure code will be left padded with zeros. (i.e. 001)	3	18	20
Renewal Date	8	21	28
Renewal Code	2	29	30
See appendix I for definitions			
Multiple Birth Indicator	1	31	31
Y = Yes, N = None, Blank = None			
Approval Code	3	32	34

USAGE	REF. DES.	Name	Attributes		
SITUATIONAL	HD05	Coverage Level Code	O	ID	3/3
Code identifying a group of insurance products					
		Code	Definition	Comments	
		IND	Individual		

## 2.2.24 DTP – Health Coverage Dates

**X12 Segment Name:** Date or Time or Period  
**X12 Purpose:** To specify any or all of a date, a time, or a time period  
**Loop:** 2300 - HEALTH COVERAGE  
**Segment Repeat:** 6  
**Usage:** REQUIRED  
**Example:** DTP\*348\*D8\*19961001~  
**SPECIAL NOTE:** The benefits begin and end dates will contain a span of coverage for the quarterly AC/TC reconciliation file and not a month by month listing.

**DTP \***

DTP	374
Date/Time Qualifier	
M	ID 3/3

**\***

DTP02	1250
Date Time Format Qualifier	
M	ID 2/3

**\***

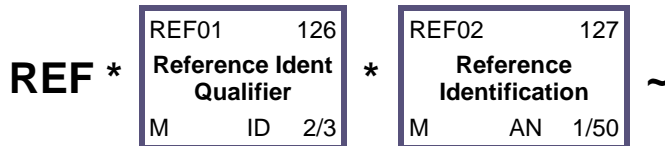
DTP03	1250
Date Time Period	
M	AN 1/35

**~**

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

## 2.2.25 REF – Health Coverage Policy Number

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



USAGE	REF. DES.	Name	Attributes											
REQUIRED	REF01	<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 HD – Health Coverage – CSoC Type cases

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

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

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



## 2.2.27 DTP – CSoC admit and discharge dates

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

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

## 2.2.28 LX – Provider Information

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

**LX \***

LX01	554
Assigned Number	
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

## 2.2.29 NM1 – Provider Name

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

NM1

NM101	98
Entity ID Code	
M	ID 2/3

NM102	1065
Entity Type Qualifier	
M	ID 1/1

NM103	1035
Last Name/ Org Name	
X	AN 1/60

NM104	1036
First Name	
O	AN 1/35

NM105	1037
Middle Name	
O	AN 1/25

NM106	1038
Name Prefix	
O	AN 1/10

NM107	1039
Name Suffix	
O	AN 1/10

NM108	66
ID Code Qualifier	
X	AN 1/2

NM109	67
ID Code	
X	ID 2/80

NM110	706
Entity Relation Code	
X	ID 2/2

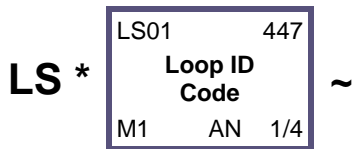
USAGE	REF. DES.	Name	Attributes											
REQUIRED	NM101	<b>Entity Identifier Code</b> Code specifying type of date or time, or both date and time	M	ID	2/3									
		<table><tr><th>Code</th><th>Definition</th><th>Comments</th></tr><tr><td>P3</td><td>Primary Care Provider</td><td></td></tr></table>	Code	Definition	Comments	P3	Primary Care Provider							
Code	Definition	Comments												
P3	Primary Care 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									
SITUATIONAL	NM107	<b>Name Suffix</b> Not Used	O	AN	1/10									
SITUATIONAL	NM108	<b>Identification Code Qualifier</b>	X	ID	1/2									

USAGE	REF. DES.	Name	Attributes											
		<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	Identification Code Provider Identifier	X	AN	2/80									
REQUIRED	NM110	Entity Relationship Code 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													

## 2.2.30 LS – Additional Reporting Categories

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

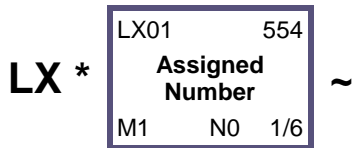
**NOTE: The 2700 loop referenced in sections 2.28 through 2.33 will only be sent in the monthly recon file and not in daily files.**



USAGE	REF. DES.	Name	Attributes		
<b>REQUIRED</b>	<b>LS01</b>	<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	<b>M1</b>	<b>AN</b>	<b>1/4</b>

## 2.2.31 LX – Member Reporting Categories

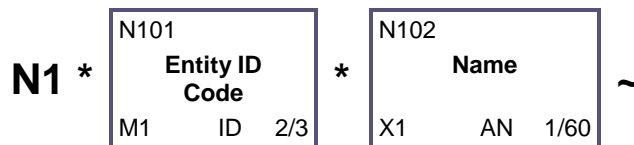
**X12 Segment Name:** Transaction Set Line Number  
**X12 Purpose:** To reference a line number in a transaction  
**Loop:** 2700 – Member Reporting Categories  
**Loop Repeat:** >1  
**Segment Repeat:** 1  
**Usage:** SITUATIONAL  
**Example:** LX\*1~



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

## 2.2.32 N1 – Reporting Category

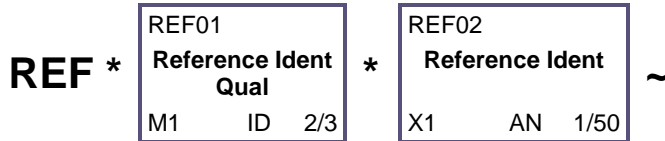
**X12 Segment Name:** Reporting Category  
**X12 Purpose:** To identify a party by type of organization, name, and code  
**Loop:** 2750 – Reporting Category  
**Loop Repeat:** 1  
**Segment Repeat:** 1  
**Usage:** SITUATIONAL  
**Example:** N1\*75\*Medicaid History~



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						

## 2.2.33 REF – Reporting Category Reference

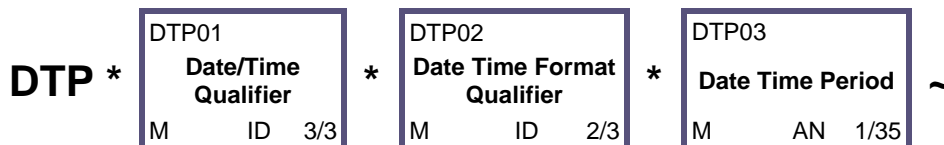
**X12 Segment Name:** Reference Information  
**X12 Purpose:** To specify Identifying information  
**Segment Repeat:** 1  
**Usage:** SITUATIONAL  
**Example:** REF\*ZZ\*50/550/075/002~  
**NOTE:** The



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

## 2.2.34 DTP – Report Category Date

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



USAGE	REF. DES.	Name	Attributes
<b>REQUIRED</b>	<b>DTP01</b>	<b>Date/Time Qualifier</b> Code specifying type of date or time, or both date and time	<b>M ID 3/3</b>

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										

## 2.2.35 LE – Additional Reporting Categories Loop Termination

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

**LE \***

LE01
Loop ID
M1 AN 1/4

 ~

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

## 2.2.36 SE – Transaction Set Trailer

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

**SE \***

SE01
Number of Included Seg
M NO 1/10

 \*
 

SE02
Trans Set Control Number
M AN 4/9

 ~

USAGE	REF. DES.	Name	Attributes		
REQUIRED	SE01	<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

## 2.2.37 GE –Functional Group Trailer

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

<b>GE *</b>	GE01 353			<b>* GE02</b>	GE02			<b>~</b>
	<b>Number of TS Sets Included</b>				<b>Group Control Number</b>			
	M	N0	1/6		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

## 2.2.38 IEA –Interchange Control Trailer

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

IEA *	IEA01			*	IEA02			~
	Number of				Interchange			
	Functional Grps				Control Number			
	M	N0	1/5		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 Xchange website. An email notification will be sent to the email address provided by the Trading Partner.

### 3.1 Xchange Gateway

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

#### 3.1.1 Xchange Gateway Server

---

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

#### 3.1.2 Access

---

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

##### 3.1.2.1 Using Web Browser

---

Using Internet Explorer or Firefox go to the following URL.

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

##### 3.1.2.2 Using SFTP Client

---

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

#### 3.1.3 User Account Activation

---

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

**Full Name:**

**Email Address:**

**Health Plan:**

**Purpose:** 5010 Testing for the LA EB Project

#### 3.1.4 Self Service Password Administration

---

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

#### 3.1.5 Connectivity Issues

---

Please contact [Xchange@maximus.com](mailto:Xchange@maximus.com) if you experience any difficulty with the Xchange Gateway.

#### 3.1.6 File Locations

---

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



## Appendix A – Race Codes

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

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

## Appendix C – Capitation codes

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

93XF3	Medicaid Expansion	Female Age 40 - Age 49
93XM3	Medicaid Expansion	Male Age 40 - Age 49
94XF4	Medicaid Expansion	Female Age 50 - Age 64
94XM4	Medicaid Expansion	Male Age 50 - Age 64
95CCM	Medicaid Expansion	Male and Female, All Ages (SBH Only - Chisholm)
95CCM	Medicaid Expansion - Justice Involved Pop	All Ages (SBH Only - Chisholm)
95OT1	Medicaid Expansion	Male and Female, All Ages (SBH Only - Other)
95OT1	Medicaid Expansion - Justice Involved Pop	All Ages (SBH Only - Other)
95XU5	Medicaid Expansion	Male and Female, All Ages (SBH Only - Dual)
95XU5	Medicaid Expansion - Justice Involved Pop	All Ages (SBH Only - Dual)
96KEE	Medicaid Expansion	All Ages (EED Kick)
96KLL	Medicaid Expansion	All Ages (Kick)
97XU7	Medicaid Expansion - Justice Involved Pop	All Ages
98HIP	Medicaid Expansion	Male and Female, All Ages (SBH Only - LaHIPP)

## Appendix D – Maintenance Reason Codes

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

MAXIMUS Code	MAXIMUS Reason Description	834 code	Maintenance Reason description
000	Not applicable (use when not a disenrollment record)	AI	No Reason Given
009	Recipient has other health insurance	7	Termination of Benefits
018	Recipient moved out of service area	AH	Patient Moved to a New Location
020	Recipient does not meet LOC criteria	7	Termination of Benefits
040	Voluntary disenrollment	14	Voluntary Withdrawal
048	Death of recipient, DOD unknown	3	Death
068	Involuntary disenrollment	7	Termination of Benefits
077	Recipient admitted to institution	7	Termination of Benefits
078	Recipient moved out of state	AH	Patient Moved to a New Location
087	90 Day Enrollment Grace Period	XT	Transfer
090	Death of recipient	3	Death
100	Recipient is not categorically eligible	7	Termination of Benefits
211	Retroactively Disenroll Newborns	7	Termination of Benefits
310	DHH special insertion of DE	7	Termination of Benefits
311	DHH special cancellation of IE	7	Termination of Benefits
312	DHH special cancellation of DE	7	Termination of Benefits
313	DHH special closure of IE	7	Termination of Benefits
314	DHH special insertion of DE	7	Termination of Benefits
315	DHH special cancellation of IE	7	Termination of Benefits
316	DHH special cancellation of DE	7	Termination of Benefits
317	DHH special closure of IE	7	Termination of Benefits
420	ACT 421 Cancellation	7	Termination of Benefits
421	ACT 421 Closure	7	Termination of Benefits
700	Member requests to be assigned to the same CCN as family members	AI	No Reason Given
701	The member needs related services to be performed at the same time	AI	No Reason Given
702	Poor quality of care	AI	No Reason Given
703	Lack of access to services covered under the contract	AI	No Reason Given
704	Documented lack of access to providers experienced in dealing with the member healthcare needs	AI	No Reason Given
801	To implement the decision of a hearing officer	AI	No Reason Given
802	Member intentional submission of fraudulent information;	AI	No Reason Given
803	Member is incarcerated;	AI	No Reason Given
804	Member is placed in a long term care facility (nursing facility or intermediate care facility for persons with developmental disabilities);	AI	No Reason Given
805	Member is enrolled in a Medicaid home and community-based services waiver(HDBS) ;	AI	No Reason Given
806	The entity does not, because of moral or religious objections, cover the service the member seeks;	AI	No Reason Given
807	The contract between the entity and DHH is terminated;	AI	No Reason Given
808	The member is placed in a nursing facility or intermediate care facility for individuals with developmental disabilities;	AI	No Reason Given
900	Opt-out, Native American Tribal Registered	26	Declined Coverage
901	Opt-out, Foster Care individual	26	Declined Coverage

902	Opt-out, OYD/OJJ individual	26	Declined Coverage
903	Opt-out, recipient < 19 with spec serv	26	Declined Coverage
904	Opt-out, SSI recipient	26	Declined Coverage
905	Opt-out, Other reason.	26	Declined Coverage
906	Disenrollment during Annual Enrollment.	26	Declined Coverage

## Appendix D – Maintenance Reason Codes – Continued

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

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



## Appendix E – Aid Categories

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

## Appendix F – Language Codes

Codes used to identify Language for the Louisiana Medicaid Program.

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

## Appendix G – Companion Guide Attribute Definitions

Codes used to define EDI elements

### Attribute Definitions

#### Required Attribute

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

#### Field Type Attribute

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

## Appendix H – Recipient Header Cross Reference

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

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

Nbr	Field	Begin	End	Len	Req?	834 Loop	Notes/Processing
54	05 RECIP-EXP-RECIP-TITLE	541	543	3	N		
55	05 RECIP-EXP-RECIP-SUFFIX	544	546	3	N		
56	05 RECIP-EXTRA-PHONE1	547	556	10	Y	2100A - Member name	Add/update as state reported phone number 1
57	05 RECIP-EXTRA-PHONE2	557	566	10	Y	2100A - Member name	Add/update as state reported phone number 2
58	05 RECIP-PHY-ADDRESS-1	567	601	35	Y	2100A - Member name	Add/update as residential address
59	05 RECIP-PHY-ADDRESS-2	602	636	35	Y	2100A - Member name	Add/update as residential address
60	05 RECIP-PHY-ADDRESS-3	637	671	35	Y	2100A - Member name	Add/update as residential address
61	05 RECIP-PHY-CITY-REC2	672	691	20	Y	2100A - Member name	Add/update as residential address
62	05 RECIP-PHY-STATE-REC2	692	693	2	Y	2100A - Member name	Add/update as residential address
63	05 RECIP-PHY-ZIP-REC2	694	702	9	Y	2100A - Member name	Add/update as residential address
64	05 RECIP-EMAIL-ADDRESS	703	752	50	N	2100A – Email	Member communication PER segment
65	05 RECIP-CURR-PARISH	753	754	2	N	2300-Health coverage	
66	05 RECIP-RENEWAL-DATE	755	762	8	N	2300-Health coverage	
67	05 RECIP-RENEWAL-CODE	763	764	2	N	2300-Health coverage	
68	05 RECIP-MULTI-BIRTH-IND	765	765	1	N	2300-Health coverage	

## Appendix I – MEDS Closure Codes

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

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



## Appendix J – Renewal Codes

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

## Appendix K – Lockin File Layout

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 7- ACT 421 Lockout	
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 L – 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

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

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