



Louisiana Medicaid Management Information System (LMMIS)

Data Element Dictionary (DED) Training Guide

October 6, 2009

LIFTS: 2351 and 4847

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Foreword

This training guide is divided into sections, as noted below. Each section is identified by section number and title and each includes a brief description of the type of information contained in that section:

SECTION NUMBER	TITLE	DESCRIPTION
1.0	Overview	Summarizes the capabilities of the DED
2.0	How to Access the LMMIS DED	Outlines how to access the DED
3.0	How to Use the LMMIS DED	Provides step-by-step instructions on how to use the DED
4.0	Glossary	A list of DED and related terms and their associated definitions

DOCUMENT REVISION HISTORY LOG

Document Title	Louisiana Medicaid Management Information System (LMMIS) Data Element Dictionary (DED) Training Guide	
Author	QA Technical Communications Group, Unisys LMMIS Site	
	Document Revision History	
Date	Description of Change	By
06/16/2006	First draft	Steve Brunet
09/26/2008	Second draft to incorporate changes and enhancements made to the DED since the first draft of this training guide.	Steve Brunet
09/21/2009	Third draft to incorporate changes and enhancements made to the DED since the second draft of this training guide and since the application was put into production on 08/19/2009.	Steve Brunet
09/28/2009	Fourth draft to incorporate changes requested by DHH-Allison Shortess in her email of 09/24/2009.	Steve Brunet
09/29/2009	Fifth draft to incorporate minor changes requested by DHH-Allison Shortess in her email of 9/29/2009.	Steve Brunet

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1.0 OVERVIEW

1.1 What is the LMMIS Data Element Dictionary?

The LMMIS Data Element Dictionary (DED) is a dictionary that identifies and describes the data elements/fields contained in the files/databases that are used by LMMIS mainframe subsystems and Web and client server applications.

The information the Data Element Dictionary provides for each data element/field includes Data Element ID, Name, Description (definition), Subsystem/Application name, Data Type (SQL, .NET, or COBOL) information, Usage Notes and Source (when applicable and available). The Data Element Dictionary also includes valid values/codes (including common codes like Provider Type, Claim Type, Provider Specialties, etc) and cross references to similar data elements in other LMMIS subsystems/applications.

In short, the LMMIS Data Element Dictionary is a handy information resource that helps you understand the data elements/fields used throughout LMMIS' subsystems and applications.

1.2 Purpose, Benefits, and Capabilities of the LMMIS DED

The purpose of the LMMIS DED is to provide the Louisiana Department of Health and Hospitals (DHH) and Unisys with the following:

- Intranet access to the DED
- DED information organized by LMMIS subsystem/application
- Centralized storage of data elements in a SQL database in one location
- Online search capabilities
- Common Code Sets and Descriptions (Global Valid Values)
- Drill-down capabilities for detail information

1.3 LMMIS DED Organization

The LMMIS DED is organized by the following:

1. Its User Interface
2. Descriptive information about individual data elements
3. Global Valid Value codes and related information common to more than one LMMIS data element in more than one subsystem/application

Each of these is explained below:

1.3.1 User Interface

The DED user interface is organized horizontally into two panes within the user's Web browser. The left-hand pane is called the "Navigation Pane" and allows a user to 1) access Code Sets and Descriptions (Global Valid Values) and 2) browse Data Elements via an alphabetical list of LMMIS subsystems and applications folders.

NOTE: *The Navigation Pane structure is comprised of "nodes". Higher level nodes are referred to as "Parent Nodes". The individual items listed within these parent nodes are referred to as "Child Nodes". Parent nodes may be expanded to display any child nodes they contain by clicking the "+" sign to the left of the node. When expanded, the "+" sign changes to a "-" sign. The user may then contract the node again by clicking the "-" sign and the child nodes will no longer be displayed. By expanding or contracting various nodes in this manner, the user is able to limit the list to only the information relevant to their search.*

In the Navigation Pane, each subsystem/application stored within the DED is listed as a parent node. When expanded, child nodes are displayed that describe the type of detailed information available in the DED for the expanded subsystem/application. Available child nodes may vary by subsystem/application and will depend on the types of detailed information available for a given subsystem/application. At this time, the "Data Elements" child node is the only node available under a parent subsystem/application. However, future functionality may expand the types of detailed information available for each subsystem/application and, therefore, increase the number and types of child nodes displayed when a parent subsystem/application node is expanded.

Information displayed in the right pane, or “Data Pane” is dependent upon and related to the node selected in the Navigation Pane.

For example, selecting the “Data Elements” child node under the “Claims” node/folder will cause the Data Pane to display the list of Data Elements contained in the Claims subsystem, as illustrated below:

The screenshot displays the LHMIS DED User Interface. On the left is the **Navigation Pane**, which shows a tree structure of folders and files. The 'Claims' folder is expanded, and the 'Data Elements' sub-folder is selected, indicated by a red arrow. The main area on the right is the **Data Pane**, which displays a list of data elements for the 'Claims' subsystem. The pane includes a header 'Subsystem/Application: Claims' and a 'Data Pane' label. Below this, it shows 'Record 1 to 10 of 571 Records' and a 'Sort Order' dropdown set to 'Data Element ID - ascending'. A table lists the data elements with columns for Data Element ID, Name, Description, COBOL Type, SQL Type, and DOT NET Type. The table contains five rows of data elements.

Data Element ID	Name	Description	COBOL Type	SQL Type	DOT NET Type
A-ACCID-IND	A-ACCID-IND	Accident Indicator: indicates claim has been submitted for a condition related to on-the-job injury, accidental injury or auto accident and therefore may be subject to third party liability. 8371 claim form condition code of '02' or occurrence code 01-06. Typically only applicable to 8371 claims (CT=01, 14).	PIC X	(Not Applicable)	(Not Applicable)
A-ADJ-CR-IND	A-ADJ-CR-IND	Indicator represents a payment (debit) or a recoupment (credit), applicable on adjustments and voids only.	PIC X	(Not Applicable)	(Not Applicable)
A-ADJ-FISCAL-YEAR	A-ADJ-FISCAL-YEAR	the 2-digit fiscal year of the claims adjustment	PIC 99	(Not Applicable)	(Not Applicable)
A-ADJ-REASON	A-ADJ-REASON	A code specifying the reason for adjusting or voiding an individual claim.	PIC XX	(Not Applicable)	(Not Applicable)
A-ADULT-CHILD-IND	A-ADULT-CHILD-IND	This indicates whether or not the recipient is processed as an adult or child.	PIC X	(Not Applicable)	(Not Applicable)

DED User Interface: Navigation and Data Panes

1.3.2 Data Elements

Data Elements are organized in the DED, as follows:

- Alphabetically by LMMIS subsystem/application name, then
- Alphabetically by Data Element ID (default)

This organization is illustrated below:

Subsystem/Application: MEVS

Record 1 to 6 of 6 Records

Display 100 Records Per Page

Sort Order Data Element ID - ascending

Page 1 of 1 Pages

Data Element ID	Name	Description	COBOL Type	SQL Type	DOT NET Type
ALT_KEY_IND	ALT_KEY_IND	Identifies additional information that will provide a link between NPI and Provider ID.	(Not Applicable)	VARCHAR2 (1)	(Not Applicable)
NPI	NPI	The 10-digit National Provider Identifier.	(Not Applicable)	VARCHAR2 (10)	(Not Applicable)
PROV_ID	PROV_ID	The seven-digit Provider ID or the ten-digit NPI to identify providers.	(Not Applicable)	VARCHAR2 (10)	(Not Applicable)
TAXONOMY_CODE	TAXONOMY_CODE	Identifies additional information (a specific taxonomy code for a provider) that will provide a link between NPI and Provider ID.	(Not Applicable)	VARCHAR2 (10)	(Not Applicable)
TIEBREAKER_ID	TIEBREAKER_ID	An additional data element to more uniquely identify the link between NPI and Provider ID. This element's value will be the Medicaid Provider ID, Taxonomy Code, or Zip Code.	(Not Applicable)	VARCHAR2 (10)	(Not Applicable)
ZIP_CODE	ZIP_CODE	The 'zip + four' formatted zip code associated to an NPI.	(Not Applicable)	VARCHAR2 (9)	(Not Applicable)

Record 1 to 6 of 6 Records

Display 100 Records Per Page

Sort Order Data Element ID - ascending

Page 1 of 1 Pages

Subsystems/Applications Listed Alphabetically

Data Elements Sorted Alphabetically

LMMIS DED Organization: Data Elements

NOTE: In addition to the default listing of data elements alphabetically (ascending order) by Data Element ID, elements can alternatively be sorted by ID in descending order, as well as in ascending/descending order by data element Name, Description, or COBOL/SQL/DOT NET Type. Additional information about data elements, including how to search, sort, and view detail information is provided in the [‘How to Use the LMMIS DED’](#) section, discussed later in this training guide.

1.3.3 Code Sets and Descriptions (Global Valid Values)

Global Valid Values are common LMMIS codes that apply to more than one LMMIS data element in more than one LMMIS subsystem/application. For example, a common set of Provider Type codes apply to data elements used in the Provider, EPSDT, Reference, and Claims subsystems, among others. These common codes, by default, are listed alphabetically by 'Valid Value Set ID', as illustrated below:

Record 1 to 10 of 52 Records
 Display 10 Records Per Page
 Sort Order: Valid Value Set ID - ascending
 Page 1 of 6 Pages

Valid Value Set ID	Name	Description
Aid Category Codes	Louisiana Medicaid Recipient Aid Category Codes	The designation in which a person is eligible for medical and health care under Medicaid.
Bill Frequency Codes	Bill Frequency Bill Type Codes	Bill Frequency codes are part of the NUBC (National Uniform Billing Committee) Bill Type codes that indicate the specific type of facility, the bill classification, and the frequency. This code can be used to identify admissions, discharges, and interim billings. Applicable to UB92 (837) claim types: 01 (inpatient hosp), 02 (LTC/NH), 03 (outpatient), 06 (Home Health), 14 (Medicare cross-over institutional), and 16 (HCBS services).
Bill Type/Class Codes	Louisiana Medicaid Bill Type/Class Codes	Bill Type/Class Codes are part of an NUBC (National Uniform Billing Committee) code indicating the specific type of facility, bill classification, and frequency. This code can be used to identify admissions, discharges, and interim billings. Applicable to UB92 (837) claim types: 01 (inpatient hosp), 02 (LTC/NH), 03 (outpatient), 06 (Home Health), 14 (Medicare cross-over institutional), and 16 (HCBS services).
Claim Condition Codes	Louisiana Medicaid Claim Condition Codes	NUBC Claim Condition Code: the code that identifies conditions relating to the hospital stay.
Claim Hospital Value Codes	Claim Hospital Value Codes	Claim Value Code: a code identifying data of a monetary nature which relates to the hospital stay.
Claim Modifier	Claim Type Modifier	Identifies different types of paid or adjustment claims as established by the LMMIS Claims Processing Subsystem.
Claim Status	Claim Status	Claim Status
Claim Type	Claim Type	Claim Type
COS - Budget	Budget Category of Service Codes	Recipient Budget Category of Service. Derived from MDW data element CLC_SPC_COST_CENTER (SPC=State Paid Claims). This Valid Value is derived in the MDW Claims Extract program by using the A-ISIS-COST-CENTER (ISIS=Integrated Statewide Information System) to read the ISIS-to-BCOS look-up table (mainframe) to determine the BCOS.
COS - State	State Category of Service	The Louisiana Medicaid State Category of Service Codes. Formerly also known as the Claim Category of Service Codes.

LMMIS DED Organization: Global Valid Value Sets

NOTE: In addition to the default listing of Valid Value Sets alphabetically (ascending order) by Valid Value Set ID, they can alternatively be sorted by ID in descending order, as well as in ascending/descending order by Valid Value Set 'Name' and 'Description'. Additional information about global valid values, including how to access, sort, and view detailed information is provided in the '[How to Use the LMMIS DED](#)' section, discussed later in this training guide.

2.0 HOW TO ACCESS THE LMMIS DED

2.1 Security and Access Rights

The DED web application is available for viewing by all DHH Medicaid-related staff and Unisys-LMMIS personnel who have access to the LMMIS Intranet. Access to the LMMIS Intranet is typically provided automatically to DHH Medicaid and Unisys-LMMIS personnel upon hire. DHH or Unisys employees who do not have (but need) access to the LMMIS Intranet need to contact their department manager and request access.

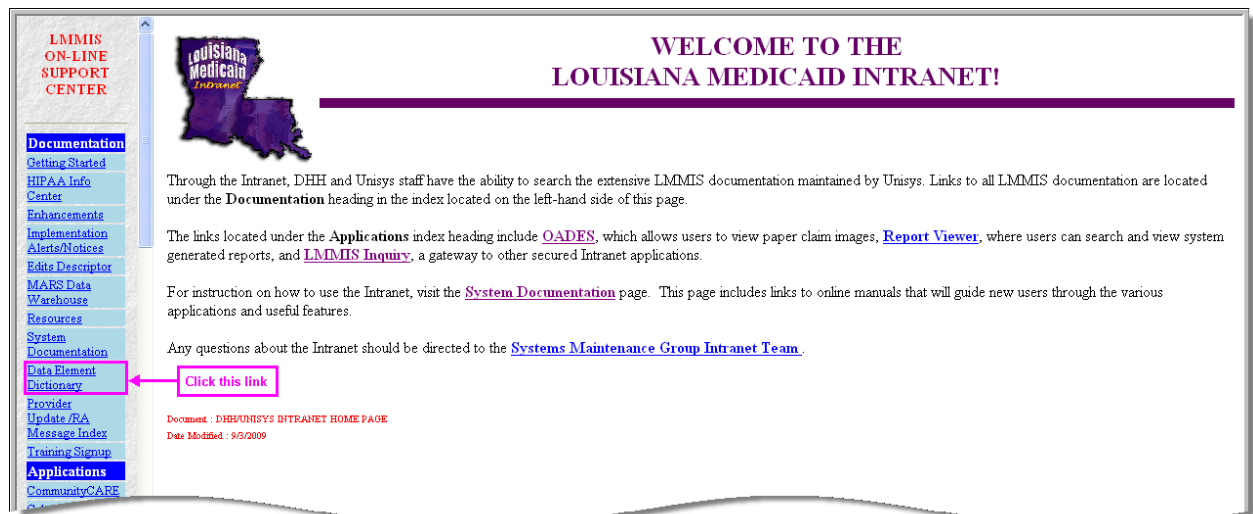
There are two ways to access the LMMIS DED:

1. Via the LMMIS Intranet Home Page
2. Via the LMMIS Intranet System Documentation Home Page

Each method of access is described and illustrated below:

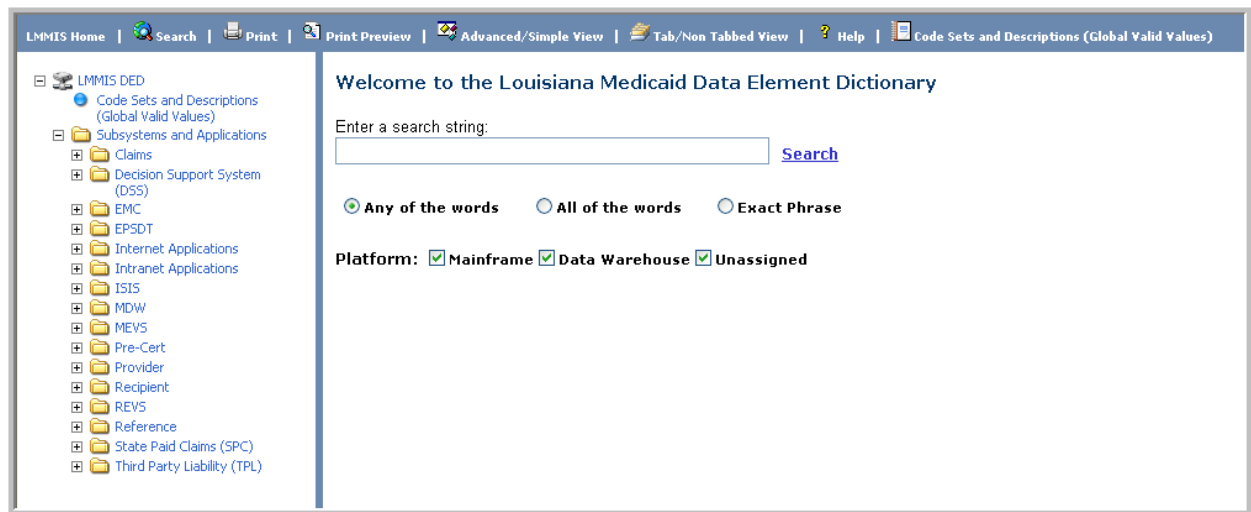
2.2 Accessing the DED via the LMMIS Intranet Home Page

1. From the LMMIS Intranet Home Page, click the 'Data Element Dictionary' link located under the 'Documentation' heading of the navigation index on the left side of the page, as illustrated below:



LMMIS Intranet Home Page: Data Element Dictionary Link

After clicking the “Data Element Dictionary” link on the LMMIS Intranet Home Page, the LMMIS DED Home Page is displayed, as illustrated below:

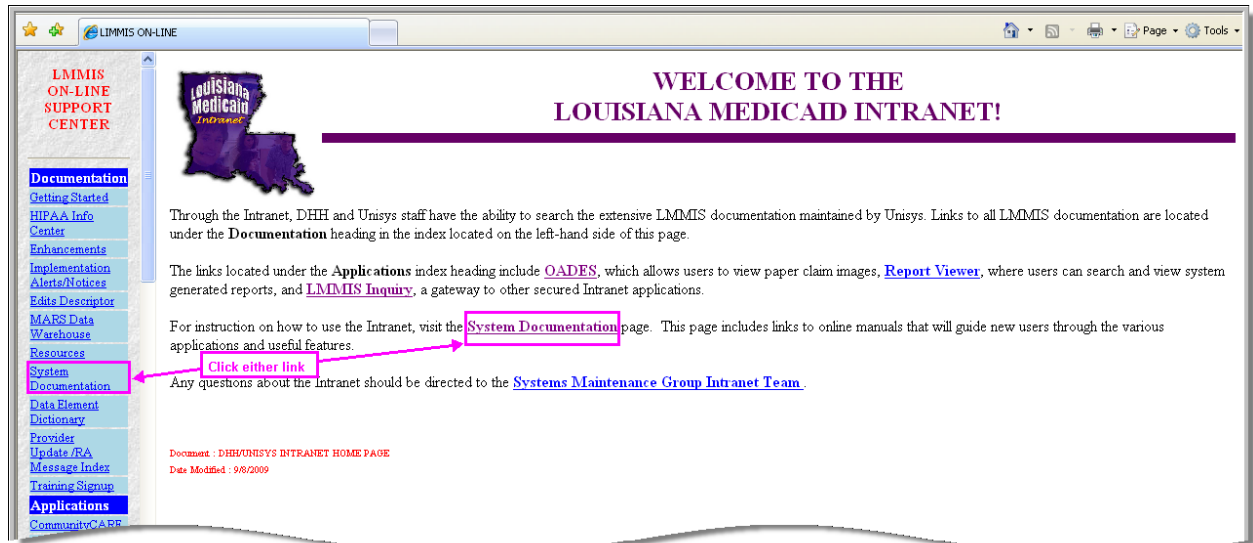


Louisiana Medicaid Data Element Dictionary (DED) Home Page

2. From the DED home page, you can perform the following functions:
 - a. Click links located in the tool bar at the top of the page (and at the top of any DED Web page) to perform the following functions:
 - Return to the LMMIS Intranet Home Page
 - Search for a particular data element
 - Print the currently-viewed DED Web page
 - Online preview what a DED Web page would look like if printed
 - Toggle between Advanced View (Navigation Pane displayed on the left side and the Data Pane displayed on the right side of the Web page) and Simple View (without the Navigation Pane displayed on the left side of the Web page)
 - Toggle between Tab View (viewing detail information horizontally via Tabs) and Non Tabbed View (viewing detail information vertically down a Web page without Tabs)
 - Access online help (the current version of this training guide) in Adobe PDF (Portable Document Format).
 - View available LMMIS Global Valid Value Sets
 - b. From the Navigation Pane on the left side of the page (and on any DED Web page when in Advanced View):
 - View available LMMIS Global Valid Value Sets
 - View available LMMIS subsystems and applications and their associated data elements

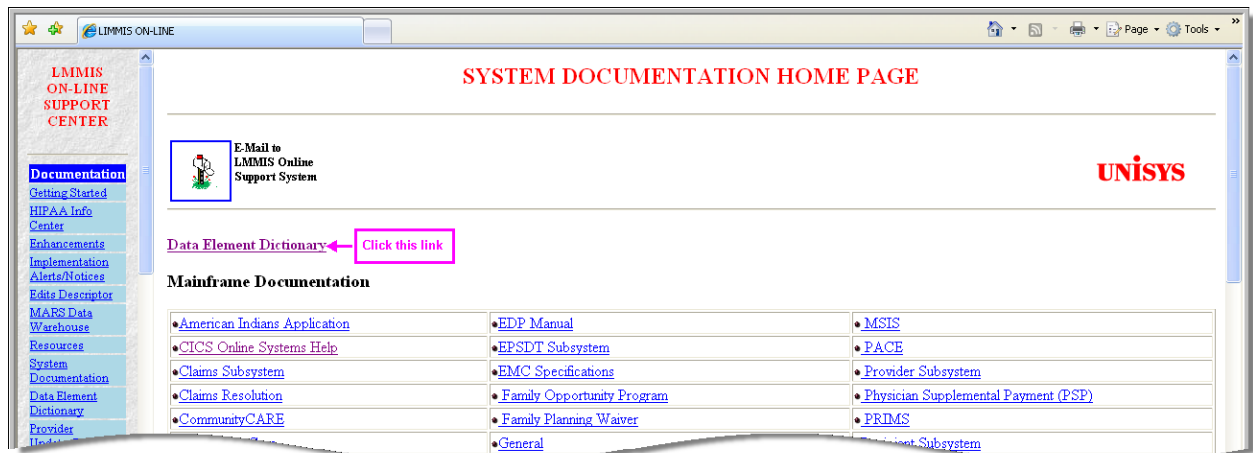
2.3 Accessing the DED via the LMMIS Intranet System Documentation Home Page

1. From the LMMIS Intranet Home Page, click either of the two 'System Documentation' links, as illustrated below:



LMMIS Intranet Home Page: System Documentation Links

After clicking either "System Documentation" link, the System Documentation Home Page is displayed, as follows:



LMMIS Intranet System Documentation Home Page: Data Element Dictionary Link

2. Click the 'Data Element Dictionary' link located in the right pane just above the 'Mainframe Documentation' section (illustrated above) to display the DED Home Page (shown previously in this section).

3.0 HOW TO USE THE LMMIS DED

3.1 Tool Bar Functionality

The DED Web application contains a horizontal tool bar (illustrated below) that remains visible at the top of every DED Web page which enables the user to perform several helpful functions:



DED Tool Bar

The functionality of each tool in the DED Tool Bar is briefly described below and in more detail later in this training guide:

3.1.1 LMMIS Home

Clicking the 'LMMIS Home' tool link enables you to return to the LMMIS Intranet Home Page.

3.1.2 Search

No matter where you are in the DED, you can always click the 'Search' link (🔍) to display the DED Search Function (illustrated below) and search for data elements or global valid values (code sets and descriptions):

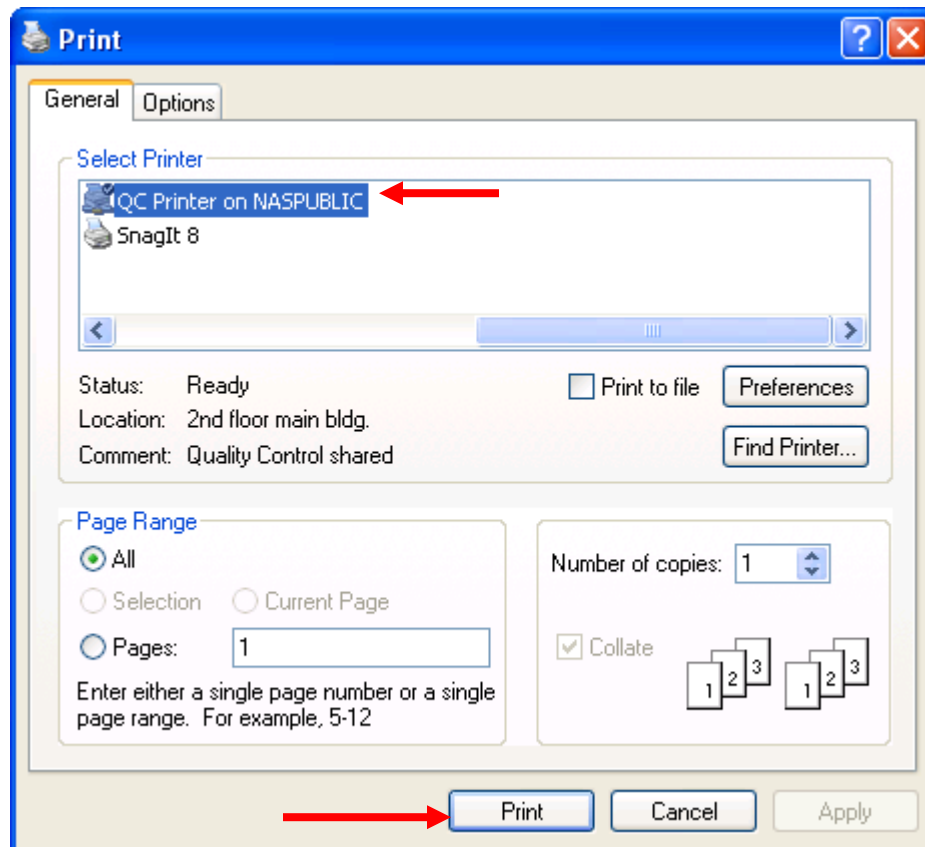
A search interface box with a title 'Welcome to the Louisiana Medicaid Data Element Dictionary'. Below the title is a text input field with the placeholder 'Enter a search string:' and a blue 'Search' button. Underneath the input field are three radio buttons: 'Any of the words' (selected), 'All of the words', and 'Exact Phrase'. At the bottom, there is a 'Platform:' label followed by three checked checkboxes: 'Mainframe', 'Data Warehouse', and 'Unassigned'.

DED Search Function

3.1.3 Print

You can print any Web page in the DED. Printing in the DED involves the standard print procedure for Microsoft Windows applications, as illustrated below:

1. Click the Print link (🖨️) in the tool bar to display the following standard Windows Print dialogue box:



Microsoft Windows Print Dialogue Box

2. Select the printer you want to print to and if/as necessary select other desired print options as you would for the printing of page(s) in any Windows application, then click the Print button at the bottom of the dialogue box and pick up your print out.

Note: Be aware that there are three print functions available: two within the DED Web application ('tool bar print' discussed here and 'Print Summary Listing' discussed later in this training guide) and one within the Web browser (typically Microsoft Internet Explorer). The printing functions described in this training guide are the two provided within the DED application. **It is recommended that you use the DED application's print function when printing.**

3.1.4 Print Preview

It is recommended that you online preview the page you want to print before you print it, to make sure your print out will be what you want, format and content-wise.

For example, suppose you want to print the detail information for a specific data element ('A-ICN' in the Claims subsystem) that you are viewing online in the DED, as illustrated below:

[Feedback](#)

Data Element ID	A-ICN
Data Element Name	A-ICN
Description	Claim Internal Control Number: a number serving to identify each claim transaction received. Note that ICN may not be unique across all claims over a period of time. For example, some adjustment claims use the same ICN as the original claim.
Subsystem/Application	Claims
SQL Data Type	(Not Applicable)
.NET Data Type	(Not Applicable)
COBOL Data Type	GROUP
Usage Notes	
Source	

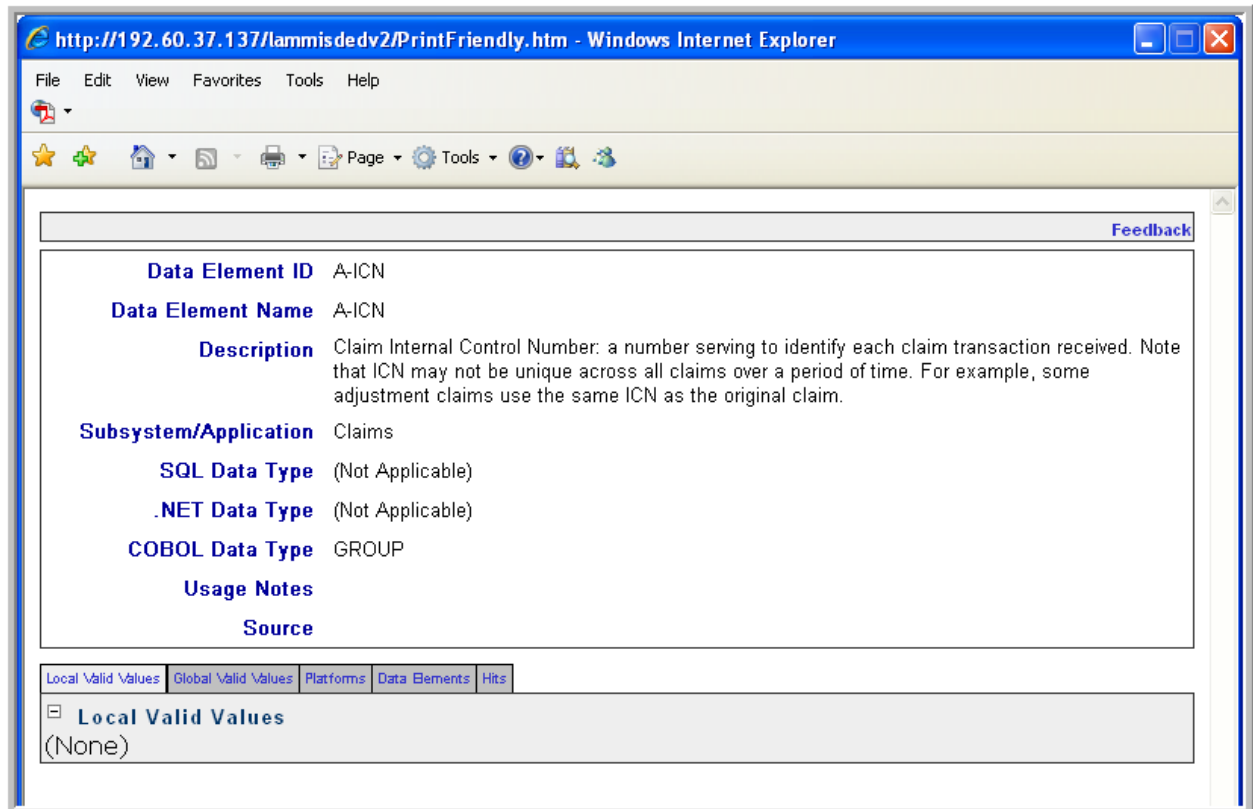
[Local Valid Values](#) [Global Valid Values](#) [Platforms](#) [Data Elements](#) [Hits](#)

☐ **Local Valid Values**
(None)

Data Element ID 'A-ICN': Prior to Print Preview

You can online preview how this data element's detail information will look when it's printed by performing the following procedure:

1. Click the 'Print Preview' link (🖨️) in the Tool Bar to display the following screen:



Example Print Preview Screen: Data Element ID 'A-ICN' Detail

2. Review the Print Preview Screen to make sure it contains what you want to print then follow the procedure above to print it.

3.1.5 Advanced/Simple View

The DED enables you to display/hide its Navigation Pane on the left side of the screen, based on your needs. These views are referred to in the DED as Advanced and Simple Views. A description of each view and the procedure to toggle between them follow.

3.1.5.1 Advanced View

When the Navigation Pane is displayed on the left side and the Data Pane is displayed on the right side of a DED Web page, this view is referred to as the Advanced View. The Navigation Pane displays the 'Subsystems and Applications' folder and its sub-folders in alphabetical order and a link to the 'Code Sets and Descriptions (Global Valid Values)'. The results of what you select in the Navigation Pane appear in the Data Pane (a selected subsystem's/application's list of data elements [Claims subsystem is illustrated below] or a list of Global Valid Value Sets).

Subsystem/Application: Claims

Record 1 to 10 of 571 Records

Display 10 Records Per Page

Sort Order: Data Element ID - ascending

Page 1 of 58 Pages

Data Element ID	Name	Description	COBOL Type	SQL Type	DOT NET Type
A-ACCID-IND	A-ACCID-IND	Accident Indicator: indicates claim has been submitted for a condition related to on-the-job injury, accidental injury or auto accident and therefore may be subject to third party liability. 6371 claim form condition code of '02' or occurrence code 01-06. Typically only applicable to 8371 claims (CT=01, 14).	PIC X	(Not Applicable)	(Not Applicable)
A-ADJ-CR-IND	A-ADJ-CR-IND	Indicator represents a payment (debit) or a recoupment (credit); applicable on adjustments and voids only.	PIC X	(Not Applicable)	(Not Applicable)
A-ADJ-FISCAL-YEAR	A-ADJ-FISCAL-YEAR	the 2-digit fiscal year of the claims adjustment	PIC 99	(Not Applicable)	(Not Applicable)
A-ADJ-REASON	A-ADJ-REASON	A code specifying the reason for adjusting or voiding an individual claim.	PIC XX	(Not Applicable)	(Not Applicable)
A-ADULT-CHILD-IND	A-ADULT-CHILD-IND	This indicates whether or not the recipient is processed as an adult or child.	PIC X	(Not Applicable)	(Not Applicable)

Sample DED Web Page in Advanced View: First Page of the Claims Subsystem Data Elements

3.1.5.2 Simple View

When the Navigation Pane is hidden (as illustrated below), it is referred to as the Simple View and the DED will 'full screen' display what is selected in the Navigation Pane without displaying the Navigation Pane.

1. To toggle from Advanced View to Simple View, click the 'Advanced/Simple View' link (🖨️) in the Tool Bar while in Advanced View (shown in the above screen) to display the same DED Web page in Simple view (illustrated below):

Subsystem/Application: **Claims** toggle between Advanced and Simple view

Record 1 to 10 of 571 Records
 Display 10 Records Per Page
 Sort Order: Data Element ID - ascending
 Page 1 of 58 Pages

Data Element ID	Name	Description	COBOL Type	SQL Type	DOT NET Type
A-ACCID-IND	A-ACCID-IND	Accident Indicator: Indicates claim has been submitted for a condition related to on-the-job injury, accidental injury or auto accident and therefore may be subject to third party liability. 837I claim form condition code of 02 or occurrence code 01-06. Typically only applicable to 837I claims (CT=01, 14).	PIC X	(Not Applicable)	(Not Applicable)
A-ADJ-CR-IND	A-ADJ-CR-IND	Indicator represents a payment (debit) or a recoupment (credit); applicable on adjustments and voids only.	PIC X	(Not Applicable)	(Not Applicable)
A-ADJ-FISCAL-YEAR	A-ADJ-FISCAL-YEAR	the 2-digit fiscal year of the claims adjustment	PIC 99	(Not Applicable)	(Not Applicable)
A-ADJ-REASON	A-ADJ-REASON	A code specifying the reason for adjusting or voiding an individual claim.	PIC XX	(Not Applicable)	(Not Applicable)
A-ADULT-CHILD-IND	A-ADULT-CHILD-IND	This indicates whether or not the recipient is processed as an adult or child.	PIC X	(Not Applicable)	(Not Applicable)
A-AGE	A-AGE	The age of the recipient on the service date, calculated at the time of claims adjudication.	PIC 9(03) COMP-3	(Not Applicable)	(Not Applicable)
A-AID-CATEGORY	A-AID-CATEGORY	Aid Category or Category of Assistance: the aid category of the recipient at the time of service. It is also called the Category of Assistance. Remember that over any extended period of time, a portion of recipients change their Aid Categories; therefore, you should not aggregate claim values using this column, unless you restrict your summation to only one month at a time.	(None)	(Not Applicable)	(Not Applicable)
A-ATTACHMENT-IND (3)	A-ATTACHMENT-IND (3)	Attachment indicator data element added during HIPAA in anticipation of claim attachments. Not currently being used.	(None)	(Not Applicable)	(Not Applicable)

Sample DED Web Page in Simple View: First Page of the Claims Subsystem Data Elements

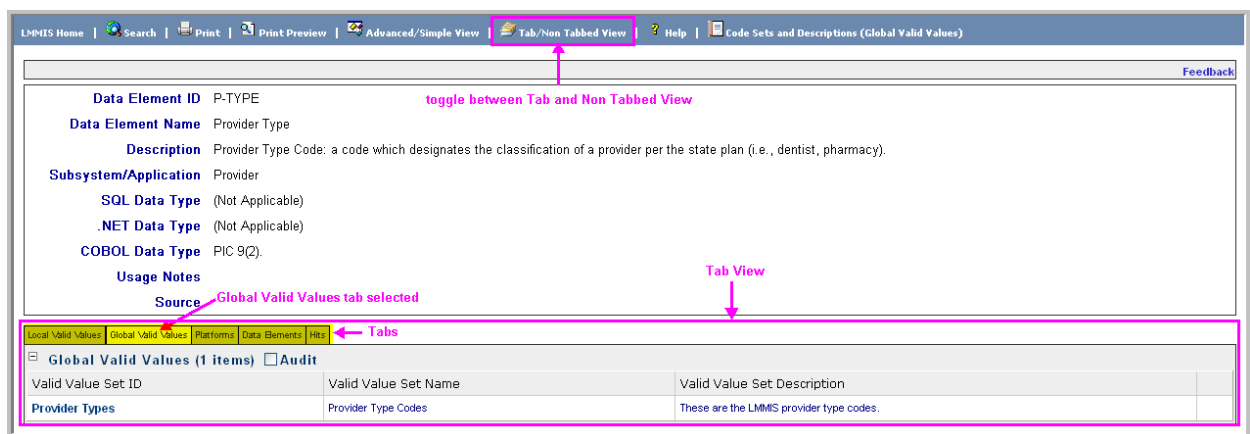
NOTE: To toggle from Simple View back to Advanced View, click the 'Advanced/Simple View' link (🖨️) in the Tool Bar to re-display the DED Web page in Advanced View (as illustrated in the Advanced View section above).

3.1.6 Tab/Non Tabbed View

When viewing a data element's or a Valid Value Set's detail page, you can view this information in either 'Tab View' or 'Non Tabbed View', as described below:

3.1.6.3 Tab View

Tab View displays a data element's or a Valid Value Set's detailed information in tabs horizontally across a DED Web page. Each tab contains a link, when clicked, will display its contents. An example of a data element in Tab View with the Global Valid Values tab selected is illustrated below:



Sample DED Web Page in Tab View: Data Element ID 'P-TYPE'

To display information in Tab View:

1. Click the 'Tab/Non Tabbed View' (📄) link in the Tool Bar (illustrated above).

3.1.6.4 Non Tabbed View

Non Tabbed View displays detailed data element or Valid Value Set information in a list vertically down a DED Web page (versus horizontally across in Tab View). Content-wise, the information provided in Non Tabbed View is identical to Tab View. The only difference between the two views is that in Tab View, the page will only display detail information for the tab that has been selected, whereas in Non Tabbed View all detailed information is displayed vertically down a DED Web page. For example, contrast the illustration of data element P-TYPE shown above in Tab View with the same data element shown below in Non Tabbed View:

toggle between Tab and Non Tabbed View

Feedback

Data Element ID P-TYPE

Data Element Name Provider Type

Description Provider Type Code: a code which designates the classification of a provider per the state plan (i.e., dentist, pharmacy).

Subsystem/Application Provider

SQL Data Type (Not Applicable)

.NET Data Type (Not Applicable)

COBOL Data Type PIC 9(2).

Usage Notes

Source

Non Tabbed View

Local Valid Values (None)

Global Valid Values (1 items) ☐ Audit

Valid Value Set ID	Valid Value Set Name	Valid Value Set Description
Provider Types	Provider Type Codes	These are the LHMIS provider type codes.

Platforms (1 items) ☐ Audit

Platform
Mainframe

Data Elements (0 items) ☐ Audit

No DataElements Available

Hits (3 items)

Display Name	Date
Brunet, Stephen	8/24/2009 2:37:50 PM
Brunet, Stephen	8/24/2009 2:37:44 PM
Brunet, Stephen	8/24/2009 2:37:34 PM

Sample DED Web Page in Non Tabbed View: Data Element ID 'P-TYPE'

To display information in Non Tabbed View:

1. Click the 'Tab/Non Tabbed View' () link in the Tool Bar (illustrated above).

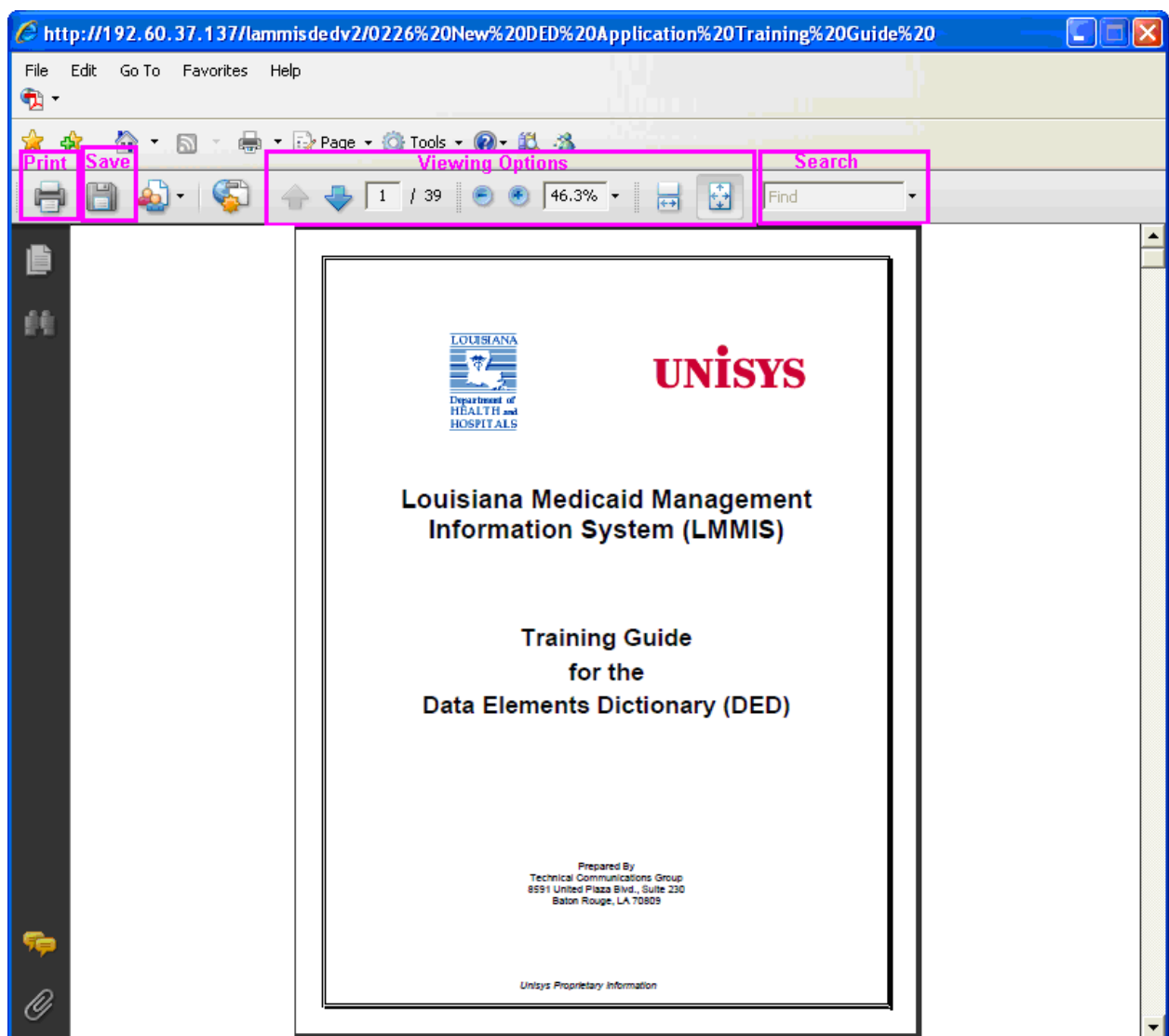
3.1.7 Help

The Help tool enables you to access, view, search, and print the current version of this training guide.

1. To access this training guide online, click the  Help link in the Tool Bar to open this training guide in Adobe Portable Data Format (PDF).

NOTE: You will need the Adobe Reader software program to open this file. If you do not have the Adobe Reader, you can download it for free from www.adobe.com.

2. Once the file opens, you will be able to print, save, view, and search this training guide, as illustrated below:



Online Help: Current Version of DED Training Guide in Electronic Form

3.1.8 Code Sets and Descriptions (Global Valid Values)

The last link on the DED Tool Bar is specific to Global Valid Values. Global Valid Values are codes which are common LMMIS values that apply to data elements in more than one LMMIS subsystem or application (e.g., Provider Type codes are common valid values that apply to data elements in the Provider, EPSDT, Reference, and Claims subsystems, among others).

To access the Global Valid Values from the Tool Bar:

1. Click the 'Code Sets and Descriptions (Global Valid Values)' link, as illustrated below:

Record 1 to 10 of 52 Records

Display 10 Records Per Page

Valid Value Set ID	Name	Description
Aid Category Codes	Louisiana Medicaid Recipient Aid Category Codes	The designation in which a person is eligible for medical and health care under Medicaid.
Bill Frequency Codes	Bill Frequency Bill Type Codes	Bill Frequency codes are part of the NUBC (National Uniform Billing Committee) Bill Type codes that indicate the specific type of facility, the bill classification, and frequency of admissions, discharges, and interim billings. Applicable to UB92 (837I) claim types: 01 (inpatient hosp), 02 (LTC/NH), 03 (outpatient), 06 (Home Health), 16 (HCBS services).
Bill Type/Class Codes	Louisiana Medicaid Bill Type/Class Codes	Bill Type/Class Codes are part of an NUBC (National Uniform Billing Committee) code indicating the specific type of facility, bill classification, and frequency of admissions, discharges, and interim billings. Applicable to UB92 (837I) claim types: 01 (inpatient hosp), 02 (LTC/NH), 03 (outpatient), 06 (Home Health), 14 (Medicare services).
Claim Condition Codes	Louisiana Medicaid Claim Condition Codes	NUBC Claim Condition Code: the code that identifies conditions relating to the hospital stay.

Code Sets and Descriptions (Global Valid Values) DED Web Page: From Tool Bar

NOTE: In addition to accessing the “Global Valid Values” from the Tool Bar, you may also access these same codes from the Navigation Pane (illustrated below):

Navigation Pane

Code Sets and Descriptions: (Global Valid Values)

Code Sets and Descriptions (Global Valid Values)

Record 1 to 10 of 52 Records

Sort Order Valid Value Set ID - asc

Display 10 Records Per Page

Page 1

Valid Value Set ID	Name	Description
Aid Category Codes	Louisiana Medicaid Recipient Aid Category Codes	The designation in which a person is eligible for medical and health care under Medicaid.
Bill Frequency Codes	Bill Frequency Bill Type Codes	Bill Frequency codes are part of the NUBC (National Uniform Billing Committee) Bill Type codes that indicate the spec of facility, the bill classification, and the frequency. This code can be used to identify admissions, discharges, and billings. Applicable to UB92 (837I) claim types: 01 (inpatient hosp), 02 (LTC/NH), 03 (outpatient), 06 (Home Health), 14 (Medicare cross-over institutional), and 16 (HCBS services).
Bill Type/Class Codes	Louisiana Medicaid Bill Type/Class Codes	Bill Type/Class Codes are part of an NUBC (National Uniform Billing Committee) code indicating the specific type of classification, and frequency. This code can be used to identify admissions, discharges, and interim billings. Applicable to UB92 (837I) claim types: 01 (inpatient hosp), 02 (LTC/NH), 03 (outpatient), 06 (Home Health), 14 (Medicare cross-over institutional), and 16 (HCBS services).
Claim Condition Codes	Louisiana Medicaid Claim Condition Codes	NUBC Claim Condition Code: the code that identifies conditions relating to the hospital stay.
Claim Hospital Codes	Claim Hospital Value Codes	Claim Value Codes: the code which relates to the hospital stay.

Code Sets and Descriptions (Global Valid Values) DED Web Page: From Navigation Pane

3.2 Data Element Information

3.2.1 Accessing Detailed Data Element Information

There are two ways to access detailed data element information:

1. Via Navigation Pane
2. Via Search function

Each access method is described in the sections below.

3.2.1.5 *Access Detailed Data Element Information via the Navigation Pane*

This method of accessing detailed data element information is normally used when you want to browse data element(s) in a particular LMMIS subsystem/application, as follows:

1. Click the Advanced/Simple View link in the tool bar to view the DED in Advanced View (i.e., with the Navigation Pane displaying on the left side of the screen).
2. Click the '+' sign next to the desired subsystem/application folder in the Navigation Pane to expand its contents (when you do this, the '+' sign changes to a '-' sign).
3. Click the Data Elements link to display the subsystem's/application's list of data elements in the data/right pane.
4. Browse the list of data elements according to one of the options below to determine which data element you would like to view its detailed information:
 - a. Increase/decrease the records per page by clicking on the down-arrow ('v') icon in the drop-down box. You can increase/decrease the records per page from 10-100, in increments of 10.
 - b. Go to a specific data elements summary list Web page by clicking on a page number link or previous page ('<') or next page ('>') link.
 - c. Change the sort order of the data elements list in ascending or descending order by any of the column headings by clicking on the down-arrow ('v') icon in the drop-down box.
 - d. Go to a specific data elements summary list Web page by clicking on the down-arrow ('v') icon in the Page drop-down box.
5. Click the link in the Data Element ID column of the data element whose detail information you would like to view. Upon clicking the link, the Data Element Detail Screen will be displayed (shown in the ['Viewing Detailed Data Element Information'](#) section discussed later in this training guide).

The following screen illustrates the above procedure (**note** that the numbered items in the screen below correspond to the step numbers above):

Subsystem/Application: Provider

Record 1 to 10 of 297 Records

Display 10 Records Per Page 4.a 4.b 1 2 3 4 5 6 7 8 9 10 > Next 10 4.c Sort Order Data Element ID - ascending 4.d Page 1 of 30 Pages

Data Element ID	Name	Description	COBOL Type	SQL Type	DOT NET Type
B-BEGIN-DT	B-BEGIN-DT	The beginning date of the group affiliation	PIC 9(8) COMP-3	(Not Applicable)	(Not Applicable)
B-CANCEL	B-CANCEL	Reason for cancellation of provider's eligibility	PIC XX	(Not Applicable)	(Not Applicable)
B-END-DT	B-END-DT	The ending date of the group affiliation	PIC 9(8) COMP-3	(Not Applicable)	(Not Applicable)
B-GRP-NO	B-GRP-NO	The Medicaid ID number assigned to the group practice of which an individual provider is a member. A "group" physician or dentist is one which elects to enroll as a group and have the group bill for each individual using the group number	PIC 9(7) COMP-3	(Not Applicable)	(Not Applicable)
IND-SV	IND-SV	Group Element. Contains: P-PROV-FULL-NAME-SV P-PROV-TYPE-IND-SV	REDEFINES P-PROVIDER-NAME-SV	(Not Applicable)	(Not Applicable)
IND-TO	IND-TO	Group Element. Contains: P-PROV-FULL-NAME-TO P-PROV-TYPE-IND-TO	REDEFINES P-PROVIDER-NAME-TO	(Not Applicable)	(Not Applicable)

Data Elements Summary List Web Page

Lastly, in the upper-right corner of this Web page is a link that will enable you to print a summary report of all the data elements that you have selected to view via the Navigation Pane (e.g., in the Web page above, the Provider subsystem data elements have been selected).

For example, clicking the Print Summary Listing link in the above Web page displays a summary report of all 297 Provider subsystem data elements (first page of this summary report is illustrated below) in PDF format for you to view online/print, as needed:

LMMIS DED - Data Element Summary Report

Subsystem/Application: Provider; Records: 297

Subsystem/Application: Provider

Record Count: 297

Data Element ID	Name	Description	COBOL Type	SQL Type	DOT NET Type
B-BEGIN-DT	B-BEGIN-DT	The beginning date of the group affiliation	PIC 9(8) COMP-3.	(Not Applicable)	(Not Applicable)
B-CANCEL	B-CANCEL	Reason for cancellation of provider's eligibility	PIC XX.	(Not Applicable)	(Not Applicable)
B-END-DT	B-END-DT	The ending date of the group affiliation	PIC 9(8) COMP-3.	(Not Applicable)	(Not Applicable)
B-GRP-NO	B-GRP-NO	The Medicaid ID number assigned to the group practice of which an individual provider is a member. A "group" physician or dentist is one which elects to enroll as a group and have the group bill for each individual using the group number	PIC 9(7) COMP-3.	(Not Applicable)	(Not Applicable)
IND-SV	IND-SV	Group Element. Contains: P-PROV-FULL-NAME-SV P-PROV-TYPE-IND-SV	REDEFINES P-PROVIDER-NAME-SV.	(Not Applicable)	(Not Applicable)
IND-TO	IND-TO	Group Element. Contains: P-PROV-FULL-NAME-TO P-PROV-TYPE-IND-TO	REDEFINES P-PROVIDER-NAME-PAY.	(Not Applicable)	(Not Applicable)
P-18-1BEGIN-DATE	P-18-1BEGIN-DATE	Beginning date of the first period of eligibility prior to the current period in CCYYMMDD format.	PIC 9(8) COMP-3.	(Not Applicable)	(Not Applicable)
P-18-1CANCEL	P-18-1CANCEL	Explains the reason of the first period of eligibility prior to the current period for cancellation of a provider's eligibility in the Medicaid program.	PIC 99.	(Not Applicable)	(Not Applicable)
P-18-1END-DATE	P-18-1END-DATE	Ending date of the first period of eligibility prior to the current period in CCYYMMDD format.	PIC 9(8) COMP-3.	(Not Applicable)	(Not Applicable)
P-18-1ST-PRIOR	P-18-1ST-PRIOR	Group Element. Contains: P-18-1BEGIN-DATE P-18-1END-DATE P-18-1CANCEL	.	(Not Applicable)	(Not Applicable)
P-18-2BEGIN-DATE	P-18-2BEGIN-DATE	Beginning date of the second (or earliest) period of eligibility prior to the current period in CCYYMMDD format.	PIC 9(8) COMP-3.	(Not Applicable)	(Not Applicable)
P-18-2CANCEL	P-18-2CANCEL	Explains the reason of the second (or earliest) period of eligibility prior to the current period for cancellation of a provider's eligibility in the Medicaid program.	PIC 99.	(Not Applicable)	(Not Applicable)
P-18-2END-DATE	P-18-2END-DATE	Ending date of the second (or earliest) period of eligibility prior to the current period in CCYYMMDD format.	PIC 9(8) COMP-3.	(Not Applicable)	(Not Applicable)
P-18-2ND-PRIOR	P-18-2ND-PRIOR	Group Element. Contains: P-18-2BEGIN-DATE P-18-2END-DATE P-18-2CANCEL	.	(Not Applicable)	(Not Applicable)

Run Date: 9/21/2009 5:25:41 PM

Page 1

Run Date: 9/21/2009 5:25:41 PM

Page 1

First Page of a Data Element Summary Report

3.2.1.6 Access Detailed Data Element Information via the Search Function

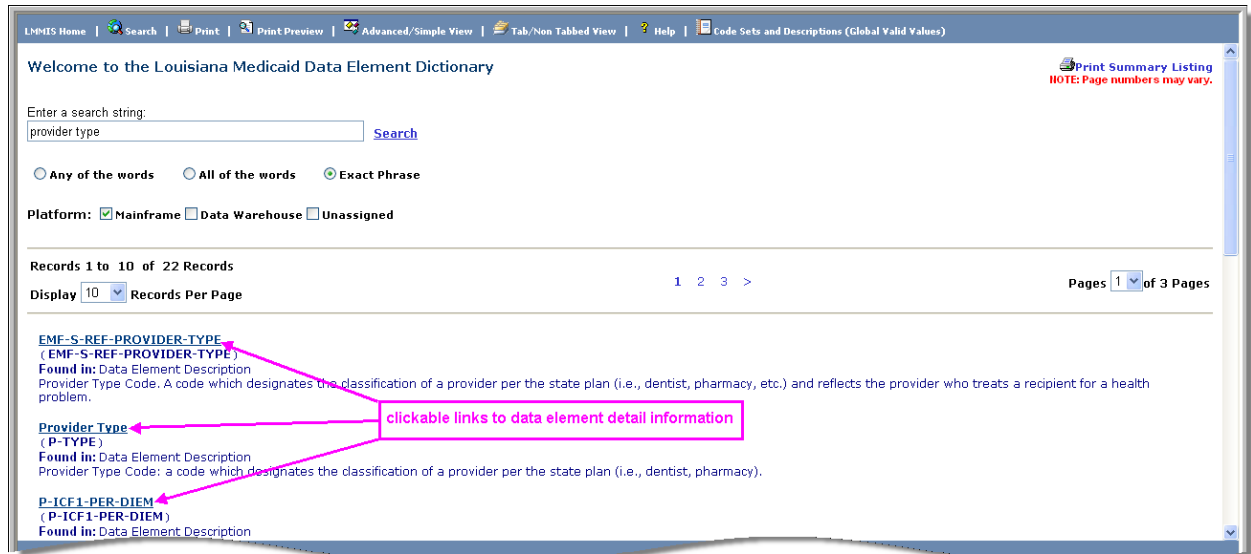
This method of accessing detailed data element information is normally used when you want to browse the whole DED for data element(s) that match your key word/phrase that you want to search for OR when you know the Data Element ID of the data element that you want to view detailed information on, as follows (**note** for a complete explanation of the DED search function, see the section titled [Searching the DED](#) discussed later in this training guide):

1. Click the Search link in the Tool Bar.
2. Enter the key word/phrase/Data Element ID (non-context sensitive) that you would like to search for.
3. Select the desired key word/phrase/Data Element ID degree of specificity radio button (i.e., 'Any of the words', 'All of the words', or 'Exact Phrase').
4. Select the desired data platform(s) to include in your search ('Mainframe', 'Data Warehouse', and/or 'Unassigned').
5. Click the Search link in the body of the screen.

The following screen illustrates the above procedure (**note** that the numbered items in the screen below correspond to the step numbers above):

DED Search Screen

Once the Search link in Step 5 above has been clicked, the Search Results screen is displayed, as illustrated below:



Search Results Web Page

Browse the data elements listed in the Search Results Web Page. Click the link associated to the data element you want to view detailed information on. Clicking a data element link in the Search Results Web Page will display the Data Element Detail Web Page, discussed and illustrated in the next section.

3.2.2 Viewing Detailed Data Element Information

Detailed data element information is divided into two sections/panes (top and bottom) on the Data Element Detail Web Page, regardless whether you are viewing the detail in Tab or Non Tabbed View. For example, clicking the Provider Type link in the Search Results Web Page above displays the Data Element Detail Web Page for Data Element ID 'P-TYPE', as illustrated below in Tab View:

Data Element ID P-TYPE

Data Element Name Provider Type

Description Provider Type Code: a code which designates the classification of a provider per the state plan (i.e., dentist, pharmacy).

Subsystem/Application Provider

SQL Data Type (Not Applicable)

.NET Data Type (Not Applicable)

COBOL Data Type PIC 9(2).

Usage Notes

Source

Feedback

Top Pane

Local Valid Values Global Valid Values Platforms Data Elements Hits

☐ **Local Valid Values**

(None)

Bottom Pane

Data Element Detail Web Page in Tab View

The following table describes the information shown in the top pane of the Data Element Detail Web Page:

FIELD	DESCRIPTION
Feedback	A link that enables DED users to provide optional feedback (if necessary) about the data element they are viewing. See the section Feedback Information discussed later in this document for more information and an illustration of the Feedback screen.
Data Element ID	A unique ID that is used to identify a data element (e.g., data element ID 'P-TYPE' is the ID for the data element 'Provider Type' in the 'Provider' subsystem). This ID is the Data Element ID contained in mainframe copybooks and Web and Client Server databases.
Data Element Name	When available/known, the Data Element Name is the short, descriptive name of a Data Element ID (e.g., 'Provider Type' is the Data Element Name for Data Element ID 'P-TYPE').
Description	Defines a data element and describes its purpose.
Subsystem/Application	Indicates which LMMIS subsystem/application the data element is used by. Example of LMMIS subsystems and applications are Claims, Provider, Recipient, Reference, Third Party Liability (TPL), etc.
SQL Data Type	If applicable, indicates the SQL data type/format of the data element (e.g., integer, datetime, character, text, money, etc.).
.NET Data Type	If applicable, indicates the .NET data type/format of the data element (e.g., string, reference string, integer, reference integer, datetime, etc.).
COBOL Data Type	If applicable, indicates the COBOL data type/format of the data element (e.g., numeric [PIC 9] or alphanumeric [PIC X]), followed by the number of bytes the data element contains in parentheses.
Usage Notes	If applicable and available, this field contains additional helpful/important information about the data element in terms of how the data element is uniquely used in the subsystem/application.
Source	If applicable and available, this field shows the name of any related data element(s) or paper enrollment/application forms from which data is taken/used in the data element you are viewing. For example, the mainframe source data element for MDW data element 'APAY_Prov_Id' is 'APR-PROV-NO'.

The following table describes the information shown in the bottom pane of the Data Element Detail Web Page:

FIELD	DESCRIPTION
Local Valid Values	If applicable, lists the data element's local valid values/codes (specific to the data element you are viewing and no other data element). For example, for data element ID 'HDR-BPI-IND' in the EMC subsystem, its local valid values are '1600' or '6250' BPI (Bytes Per Inch).
Global Valid Values	If applicable, this tab identifies the Global Valid Value Set that applies to the data element you are viewing (e.g., for the data element 'P-TYPE' ['Provider Type' in the Provider subsystem], its valid values are contained in the Global Valid Value Set 'Provider Type'). Clicking on a particular Global Valid Value Set in the list will navigate your browser to that Global Valid Value Set within the DED.
Platforms	Where available/known, indicates the data platform that uses the data element (Mainframe, Data Warehouse [MDW, Medicaid Data Warehouse], or Unassigned [Client Server and Web applications]).
Data Elements	If applicable, this tab lists links to other data element(s) in other LMMIS subsystem(s)/application(s) within the DED that are identical/similar to the data element you are viewing. Clicking on a particular data element link in this list will navigate your browser to that data element's detail Web page within the DED.
Hits	This tab shows a list of the DED users who have viewed the data element you are viewing, as well as the date and time that they viewed it. This information assists in informing DHH and Unisys management about the relative viewership, maintenance, and information importance of a given data element in the DED.

3.3 Code Sets and Descriptions (Global Valid Values) Information

Global Valid Value codes are common LMMIS values that apply to more than one LMMIS data element in more than one LMMIS subsystem/application. For example, a common set of Provider Type codes apply to data elements used in the Provider, EPSDT, Reference, and Claims subsystems, among others.

3.3.1 Accessing Global Valid Values

There are two ways to access Global Valid Values information:

1. Via the Tool Bar
2. Via the Navigation Pane

Each access method is described in the sections below:

3.3.1.1 Accessing Global Valid Value Sets via Tool Bar

To access Global Valid Value Sets from the Tool Bar:

1. Click the 'Code Sets and Descriptions (Global Valid Values)' link, as illustrated below:



DED Tool Bar: Global Valid Values Link

2. After clicking the Global Valid Values link, the Code Sets and Descriptions (Global Valid Values) Summary Listing Web Page is displayed, as illustrated below:

A screenshot of the 'Code Sets and Descriptions (Global Valid Values)' Summary Listing Web Page. The page has a header with the title and a 'Print Summary Listing' link. Below the header, there are controls for 'Record 1 to 10 of 52 Records', 'Display 10 Records Per Page', 'Sort Order Valid Value Set ID - ascending', and 'Page 1 of 6 Pages'. The main content is a table with three columns: 'Valid Value Set ID', 'Name', and 'Description'. The table contains four rows of data, each representing a different code set.

Valid Value Set ID	Name	Description
Aid Category Codes	Louisiana Medicaid Recipient Aid Category Codes	The designation in which a person is eligible for medical and health care under Medicaid.
Bill Frequency Codes	Bill Frequency Bill Type Codes	Bill Frequency codes are part of the NUBC (National Uniform Billing Committee) Bill Type codes that indicate the specific type of facility, the bill classification, and the frequency. This code can be used to identify admissions, discharges, and interim billings. Applicable to UB92 (837) claim types: 01 (inpatient hosp), 02 (LTCNH), 03 (outpatient), 06 (Home Health), 14 (Medicare cross-over institutional), and 16 (HCBS services).
Bill Type/Class Codes	Louisiana Medicaid Bill Type/Class Codes	Bill Type/Class Codes are part of an NUBC (National Uniform Billing Committee) code indicating the specific type of facility, bill classification, and frequency. This code can be used to identify admissions, discharges, and interim billings. Applicable to UB92 (837) claim types: 01 (inpatient hosp), 02 (LTCNH), 03 (outpatient), 06 (Home Health), 14 (Medicare cross-over institutional), and 16 (HCBS services).
Claim Condition Codes	Louisiana Medicaid Claim	NUBC Claim Condition Code: the code that identifies conditions relating to the hospital stay.

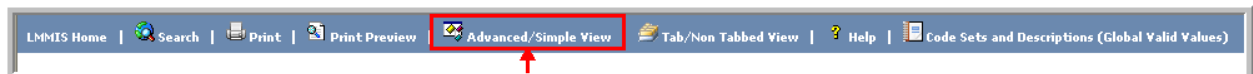
Global Valid Values Summary Listing Web Page

NOTE: For an explanation and illustration of how to view valid value sets, including valid value set detail information, see the sections titled [Viewing the List of Global Valid Value Sets that are Available](#) and [Viewing an Individual Valid Value Set's Detail Information](#) discussed later in this training guide.

3.3.1.2 Accessing Global Valid Value Sets via the Navigation Pane

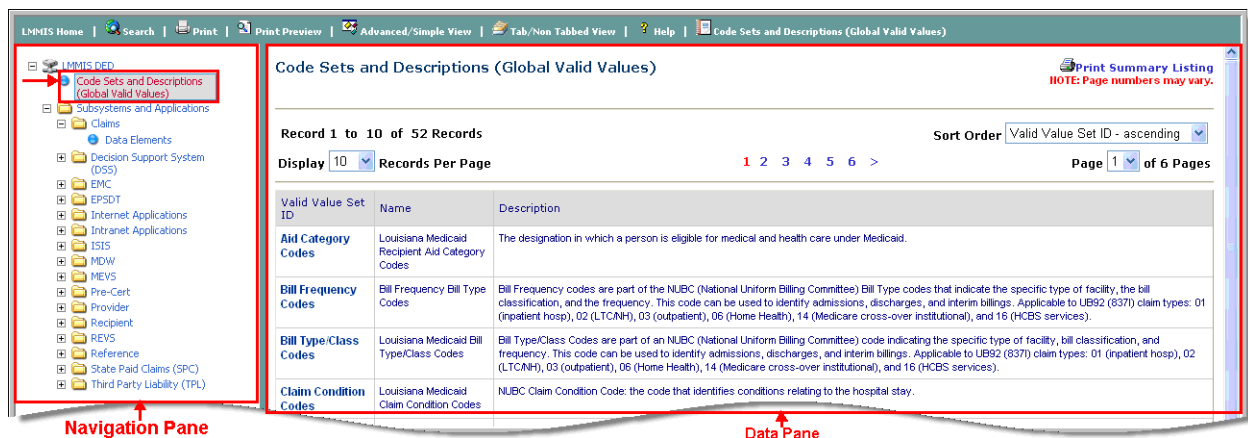
To access Global Valid Value Sets from the Navigation Pane:

1. Click the Advanced/Simple View link in the Tool Bar (illustrated below) to display the Navigation Pane on the left side of your screen:



DED Tool Bar: Advanced/Simple View Link

2. Once the Navigation Pane is displayed, click the Code Sets and Descriptions (Global Valid Values) node/link at the top of the Navigation Pane, as illustrated below:



Navigation Pane and Global Valid Values Summary Listing Data Pane

After clicking the Global Valid Values link, the Code Sets and Descriptions (Global Valid Values) Summary Listing is displayed in the Data Pane, as illustrated above.

3.3.2 Viewing the List of Global Valid Value Sets that are Available

Once you have accessed the Global Valid Values Summary Listing Web Page (as illustrated above), you can browse the list of Valid Value Sets that are available according to any of the options below to determine which individual Valid Value Set you would like to view its detailed information:

1. Increase/decrease the records per page by clicking on the down-arrow ('v') icon in the drop-down box. You can increase/decrease the records per page from 10-100, in increments of 10.
2. Go to a specific Valid Value Sets Summary List Web Page, by clicking on a page number link or previous page ('<') or next page ('>') link.
3. Change the sort order of the Valid Value Set list in ascending or descending order by any of the column headings of this Web page by clicking on the down-arrow ('v') icon in the drop-down box.
4. Go to a specific Valid Value Sets Summary List Web page by clicking on the down-arrow ('v') icon in the Page drop-down box.

NOTE: Clicking any of the links in the Valid Value Set ID column will display detail information (i.e., the actual codes) that comprise an individual Valid Value Set. Upon clicking any of these links, the Valid Value Set Detail Web Page will be displayed (shown in the [Viewing an Individual Valid Value Set's Detail Information](#) section discussed in the next section of this training guide).

The following illustrates the above description of Valid Value Set viewing functionality (**note** the numbered items in the illustration below correspond to the numbers above):

Code Sets and Descriptions (Global Valid Values)

Record 1 to 10 of 52 Records

Display 10 Records Per Page **1**

1 2 3 4 5 6 > **2**

3 Sort Order Valid Value Set ID - ascending

4 Page 1 of 6 Pages

Valid Value Set ID	Name	Description
Aid Category Codes	Louisiana Medicaid Recipient Aid Category Codes	The designation in which a person is eligible for medical and health care under Medicaid.
Bill Frequency Codes	Bill Frequency Bill Type Codes	Bill Frequency codes are part of the NUBC (National Uniform Billing Committee) Bill Type codes that indicate the specific type of facility, the bill classification, and the frequency. This code can be used to identify admissions, discharges, and interim billings. Applicable to UB92 (837T) claim types: 01 (inpatient hosp), 02 (LTCNH), 03 (outpatient), 06 (Home Health), 14 (Medicare cross-over institutional), and 16 (HCBS services).
Bill Type/Class Codes	Louisiana Medicaid Bill Type/Class Codes	Bill Type/Class Codes are part of an NUBC (National Uniform Billing Committee) code indicating the specific type of facility, bill classification, and frequency. This code can be used to identify admissions, discharges, and interim billings. Applicable to UB92 (837T) claim types: 01 (inpatient hosp), 02 (LTCNH), 03 (outpatient), 06 (Home Health), 14 (Medicare cross-over institutional), and 16 (HCBS services).
Claim Condition Codes	Louisiana Medicaid Claim Condition Codes	NUBC Claim Condition Code: the code that identifies conditions relating to the hospital stay.
Claim Hospital Value Codes	Claim Hospital Value Codes	Claim Value Code: a code identifying data of a monetary nature which relates to the hospital stay.

links to each valid value set and their associated codes

Valid Value Sets Summary Listing Web Page

NOTE: After clicking the Print Summary Listing link in the top-right corner of the above Web page, the Valid Value Set Summary Report (illustrated below) of all available valid value sets is displayed on your screen in PDF format for viewing/printing, as needed.

LMMIS DED - Valid Value Set Summary Report		Code Sets and Descriptions (Global Valid Values); Records: 52
Code Sets and Descriptions (Global Valid Values)		
Record Count: 52		
Valid Value Set ID	Name	Description
Aid Category Codes	Louisiana Medicaid Recipient Aid Category Codes	The designation in which a person is eligible for medical and health care under Medicaid.
Bill Frequency Codes	Bill Frequency Bill Type Codes	<p>Bill Frequency codes are part of the NUBC (National Uniform Billing Committee) Bill Type codes that indicate the specific type of facility, the bill classification, and the frequency. This code can be used to identify admissions, discharges, and interim billings.</p> <p>Applicable to UB82 (837I) claim types: 01 (Inpatient hosp), 02 (LTC/NH), 03 (outpatient), 08 (Home Health), 14 (Medicare cross-over institutional), and 18 (HCBS services).</p>
Bill Type/Class Codes	Louisiana Medicaid Bill Type/Class Codes	<p>Bill Type/Class Codes are part of an NUBC (National Uniform Billing Committee) code indicating the specific type of facility, bill classification, and frequency. This code can be used to identify admissions, discharges, and interim billings.</p> <p>Applicable to UB82 (837I) claim types: 01 (Inpatient hosp), 02 (LTC/NH), 03 (outpatient), 08 (Home Health), 14 (Medicare cross-over institutional), and 18 (HCBS services).</p>
Claim Condition Codes	Louisiana Medicaid Claim Condition Codes	NUBC Claim Condition Code: the code that identifies conditions relating to the hospital stay.
Claim Hospital Value Codes	Claim Hospital Value Codes	Claim Value Code: a code identifying data of a monetary nature which relates to the hospital stay.
Claim Modifier	Claim Type Modifier	Identifies different types of paid or adjustment claims as established by the LMMIS Claims Processing Subsystem.
Claim Status	Claim Status	Claim Status
Claim Type	Claim Type	Claim Type
COB - Budget	Budget Category of Service Codes	Recipient Budget Category of Service. Derived from MDW data element CLC_SPC_COST_CENTER. (SPC=State Paid Claims). This Valid Value is derived in the MDW Claims Extract program by using the A-ISIS-COST-CENTER (ISIS=Integrated Statewide Information System) to read the ISIS-to-BCOS look-up table (mainframe) to determine the BCOS.
COB - State	State Category of Service Codes	The Louisiana Medicaid State Category of Service Codes. Formerly also known as the Claim Category of Service Codes.
Coverage Cancellation Reasons	Coverage Cancellation Reason Codes	The Coverage Cancellation Reason Codes.
Run Date: 9/21/2009 1:55:40 PM		Page 1

First Page of the Valid Value Set Summary Report

3.3.3 Viewing an Individual Valid Value Set's Detail Information

Once you have clicked on a link in the Valid Value Set ID column of the Valid Value Sets Summary Listing Web Page (shown in the section above), the Valid Value Set Detail Web Page is displayed (as illustrated below):

link to feedback email → **Feedback**

Valid Value Set ID PROVIDER TYPE OF PRACTICE

Valid Value Set Name PROVIDER TYPE OF PRACTICE ORGANIZATION

Description A code which designates the type of business organization of the practice or group. THIS CODE IS NOT RELIABLE. The value is taken from the Provider Application Form PE-50 and it reflects ownership information supplied by the provider.

Subsystem/Application Global

[Valid Values](#) [Data Elements](#)

Valid Values

Valid Value	Name	Description
01	Individual	Individual
02	Partnership	Partnership
03	Corporation/LLC	Corporation/LLC
04	Hospital-Based Physician	Hospital-Based Physician
05	HMO	HMO
06	Group Practice Private	Group Practice Private
07	Teaching Provider (Physician or Dentist)	Teaching Provider (Physician or Dentist)
08	Public Clinic or Group	Public Clinic or Group

Valid Value Set Detail Web Page (Defaulted to Valid Values Tab in Tab View)

The following table describes the fields and functionality of the Valid Value Set Detail Web Page (**note** that the information on this Web page is the same whether you are viewing this page in Tab or Non Tabbed View):

FIELD	DESCRIPTION
Feedback	A link that enables all users to provide optional, if needed email feedback on a valid value set. The email is sent to selected DHH and Unisys personnel for review. See the Feedback Information section of this document discussed later for more information and an illustration of this functionality.
Valid Value Set ID	The ID assigned to a given Valid Value Set.
Valid Value Set Name	The short descriptive name of the Valid Value Set. Ideally, an expansion of the Valid Value Set ID, though can be identical to the Valid Value Set ID.
Description	A description/definition of the Valid Value Set and its purpose.
Subsystem/Application	This field will always and only display the word 'Global' as Valid Value Sets are not specific to one subsystem/application.
Valid Values	This tab/section lists the specific codes that comprise a specific Valid Value Set by Valid Value, Name, and Description.

When the Data Elements tab is selected in this Web page, the bottom portion of the Web page changes, as illustrated below:

Valid Values | **Data Elements** ← **Data Elements tab selected**

☐ Data Elements (2 items) | ☐ Audit ← **Audit Functionality**

Data Element Code	Data Element Name	Data Element Description
P-PRACTICE-TYPE	P-PRACTICE-TYPE	A code which designates the type of business organization of the practice or group.
PRB_Practice_Type	PRB_Practice_Type	A code which designates the type of business organization of the practice or group.

← **links to data element detail**

Valid Value Set Detail Web Page: Bottom Portion (Data Elements Tab Selected)

The following describes the Data Elements tab of the Valid Value Set Detail Web Page:

FIELD	DESCRIPTION
Data Elements	<p>This tab/section lists the LMMIS data elements whose valid values are listed in the Valid Values tab of this Web page. Each data element is listed by Data Element Code/ID (a link to that element's detail information), Data Element Name, and Data Element Description (where available).</p> <p>This tab/section also includes an Audit checkbox, whereby when selected, will display the user id and the day and time the data element was linked to the Valid Value Set. See the section Audit Information discussed later in this training guide for more information and an illustration.</p>

3.4 Searching the DED

You can search the DED at any time to find data element and valid value set information using the DED's Search Web Page. Click the Search link in the Tool Bar to display the Search Web Page, as illustrated below:



DED Search Web Page

The DED Search Web Page is explained and further illustrated in the sections below.

3.4.1 Searching the Entire DED (Basic Search)

The Search feature enables you to search the entire DED database (both Data Element and Valid Value information) using key words or phrases with three levels of specificity from the general to the specific and specifying a data platform(s), as follows:

- **Any of the words** – this type of search enables you to search the DED for information related to **any** word(s) you enter in the search string box. If any word in your search matches any word in a searchable data element field or Valid Value Set (VVS) field, then that data element/VVS record will appear in your search results. This type of search is the most general search you can perform.
- **All of the words** – this type of search enables you to search the DED for information related to all of the words **collectively**; i.e., this search will return results that contain all of the words entered in the search string box, though the results do **not** have to match the order in which the words are entered. A search match of data elements or Valid Value Sets (VVSs) will be displayed as long as **all** the words entered in the search string box are contained somewhere within the matching result. This type of search is more specific than an 'any word' search but not as specific as an 'exact phrase' search.
- **Exact Phrase** - this type of search enables you to search the DED for information related to an exact phrase (**non context sensitive**) entered into the search string box. Only data elements and VVSs that contain the exact words entered and in the exact order entered will be shown in the search results. This is the most specific and targeted search that you can perform in the DED.

- **Platform** - You may also limit your search to only those data platform(s) ('Mainframe', 'Data Warehouse', or 'Unassigned') whose data elements and valid value sets you would like to include as part of your search results by checking the box(es) next to the name of the platform you want to be included in your search, as follows:
 - 'Mainframe' platform is comprised of the Claims, EMC, EPSDT, ISIS, Pre-Cert, Provider, Recipient, REVS, Reference, State Paid Claims, and Third Party Liability folders in the Navigation Pane (i.e., subsystems whose data element IDs contain a hyphen [-])
 - 'Data Warehouse' platform is a specific LMMIS client-server application comprised of the data elements in the 'MDW' folder and its sub-folders in the Navigation Pane
 - 'Unassigned' platform is comprised of all other LMMIS client-server and Web applications (currently the 'Intranet', 'Internet', 'DSS', and 'MEVS' folders in the Navigation Pane)

NOTE: By default, all platform checkboxes are checked and all data elements and all valid value sets are searched for the key word(s) or phrase you enter in the search string box. Conversely, when no platform is specified, this type of search only searches valid value sets.

The following screen illustrates a platform search (**note** that the search results below contain **both** data element and valid value set information because a platform(s) was specified):

Welcome to the Louisiana Medicaid Data Element Dictionary

Enter a search string:
 [Search](#)

☐ Any of the words
 ☐ All of the words
 ☒ Exact Phrase

Platform: ☒ Mainframe ☒ Data Warehouse ☒ Unassigned **Platforms Specified**

Records 41 to 55 of 55 Records **Search Results**

Display Records Per Page Pages of 3 Pages

Provider Locator_DB.Lookup_FOC_Prov_Type_Tab.FOC_Prov_Type
 (Provider_Locator_DB.Lookup_FOC_Prov_Type_Tab.FOC_Prov_Type)
 Found in: Data Element Description
 Freedom of choice provider type.

Provider Locator_DB.Lookup_FOC_Prov_Type_Tab.Description
 (Provider_Locator_DB.Lookup_FOC_Prov_Type_Tab.Description)
 Found in: Data Element Description
 Provider type description.

Provider_Ownership_DB.Enrollment_Packet_Tab.Prov_Type
 (Provider_Ownership_DB.Enrollment_Packet_Tab.Prov_Type)
 Found in: Data Element Description
 Provider type.

Provider_Ownership_DB.Lookup_Health_Plan_Bypass_Provider_Type_Tab.Provider_Type
 (Provider_Ownership_DB.Lookup_Health_Plan_Bypass_Provider_Type_Tab.Provider_Type)
 Found in: Data Element Description
 Provider type.

Provider_Ownership_DB.Lookup_Health_Plan_Bypass_Provider_Type_Tab.Description
 (Provider_Ownership_DB.Lookup_Health_Plan_Bypass_Provider_Type_Tab.Description)
 Found in: Data Element Description
 Bypass provider type description.

Provider_Ownership_DB.Provider_Entity_Audit_Tab.Provider_Type
 (Provider_Ownership_DB.Provider_Entity_Audit_Tab.Provider_Type)
 Found in: Data Element Description
 Provider type.

Provider_Ownership_DB.Provider_Entity_Audit_Tab.Provider_Type_Description
 (Provider_Ownership_DB.Provider_Entity_Audit_Tab.Provider_Type_Description)
 Found in: Data Element Description
 Description of the provider type.

Provider_Ownership_DB.Provider_Entity_Tab.Provider_Type_Description
 (Provider_Ownership_DB.Provider_Entity_Tab.Provider_Type_Description)
 Found in: Data Element Description
 Description of the provider type.

PWA_DB_For_Mars2.ECDI_Hits.Provider_Type
 (PWA_DB_For_Mars2.ECDI_Hits.Provider_Type)
 Found in: Data Element Description
 Provider type.

TPL_Recovery_DB.TempClaims.Bill_Prov_Type
 (TPL_Recovery_DB.TempClaims.Bill_Prov_Type)
 Found in: Data Element Description
 Billing Provider Type from Claims History Pull that is temporarily used by the DTS package.

ProvType
 (ProvType)
 Found in: Data Element Description
 Provider Type

Provider Type Codes
 (Provider Types)
 Found in: Valid Value Set ID
 These are the LMMIS provider type codes.

Error Codes
 (Error Codes)
 Found in: Valid Value
 Error Codes

Public Private Indicators
 (PPI Indicators)
 Found in: Valid Value
 The Public Private Indicators.

Provider Type of Practice Organization Codes
 (Provider Type of Practice)
 Found in: Valid Value Set ID
 A code which designates the type of business organization of the practice or group. THIS CODE IS NOT RELIABLE. The value is taken from the Provider Application Form PE-50 and it reflects ownership information supplied by the provider.

Records 41 to 55 of 55 Records Pages of 3 Pages

Display Records Per Page

Search Function: Searching for phrase 'provider type' with Platforms Selected

3.4.2 Searching the DED for Valid Value Information Only

You can search the DED using **only** key words or phrases (i.e., **without** specifying a Platform) to find only valid value information. This type of search will **only** search the Valid Value Sets portion of the DED database (**not** the data elements portion). A user may choose to perform this type of search instead of searching Global Valid Values via its links in the Navigation Pane and in the Tool Bar.

To perform this type of search:

1. Click the 'Search' link in the tool bar.
2. Enter the key words/phrase (**non context sensitive**) that you would like to search for in the 'Search String' box (e.g., 'provider type').
3. Select one of the three levels of search specificity:
 - a. Any of the words
 - b. All of the words
 - c. Exact Phrase
4. De-select all three 'Platform' choices.
5. Click the 'Search' link.

The following screen illustrates this type of search (**note** that the 'circled numbers' in the screen below correspond to the step numbers above):

LMHIS Home | Search | Print | Print Preview | Advanced/Simple View | Tab/Non Tabbed View | Help | Code Sets and Descriptions (Global Valid Values)

Welcome to the Louisiana Medicaid Data Element Dictionary

Enter a search string:
provider type Search

☐ Any of the words ☐ All of the words ☒ Exact Phrase

Platform: ☐ Mainframe ☐ Data Warehouse ☐ Unassigned

Records 1 to 4 of 4 Records
Display 10 Records Per Page

Search Results 1
Pages 1 of 1 Pages

Provider Type Codes
(Provider Types)
Found in: Valid Value Set ID
These are the LMMIS provider type codes.

Error Codes
(Error Codes)
Found in: Valid Value
Error Codes

Public Private Indicators
(PPI Indicators)
Found in: Valid Value
The Public Private Indicators.

Provider Type of Practice Organization Codes
(Provider Type of Practice)
Found in: Valid Value Set ID
A code which designates the type of business organization of the practice or group. THIS CODE IS NOT RELIABLE. The value is taken from the Provider Application Form PE-50 and it reflects ownership information supplied by the provider.

Records 1 to 4 of 4 Records
Display 10 Records Per Page
1
Pages 1 of 1 Pages

Search Function: Searching for phrase 'provider type' without a Platform Selected

NOTE: The search results above find only valid values-related information because no platform was specified. Contrast these results with the screen in the previous section that reflects the same search but with platforms specified (which finds both valid values and data element matching information).

3.4.3 Navigating and Using the Search Results Web Page

Search results are defaulted to display 10 items per page and are ordered according to how closely they match your requested search, with the items that matched most closely appearing first in the list. You have the ability to control the number of records displayed on each page of search results by selecting the number of results you would like to see on each page from the “Display # Records Per Page” drop-down box (from 10-100, in increments of 10).

When multiple pages of search results are returned, the user is provided with several options for navigating through them. After completing a search, the search result screen will be shown with navigational links to each page of the search results (both above and immediately following the list of results), as well as a drop-down box on the right side of the page where the user can select the specific page of the search results that they would like to navigate to. The user also has the ability to page through the search results ‘one page at a time’ by clicking the “<” and “>” (previous/next page) hypertext links (when applicable).

When your search results display the data element/Valid Value Set you were looking for, you may view detailed information about the data element/Valid Value Set by clicking the hypertext link in the search results.

The following screen illustrates the functionality of navigating and using the Search Results Web Page:

The screenshot shows the 'Search Results' page of the Louisiana Medicaid Data Element Dictionary. The page includes a search bar at the top with the text 'provider type' and a 'Search' button. Below the search bar, there are radio buttons for 'Any of the words', 'All of the words', and 'Exact Phrase'. The 'Platform' section has checkboxes for 'Mainframe', 'Data Warehouse', and 'Unassigned'. The search results are displayed in a table with columns for 'ProvType', 'Provider Type Codes', 'Error Codes', 'Public Private Indicators', and 'Provider Type of Practice Organization Codes'. The table shows records 51 to 55 of 55 records. The page has a navigation bar at the bottom with links to previous and next search results pages, and a 'Display 10 Records Per Page' option. The page number is 6 of 6 pages. Annotations in pink highlight various features: 'link to print the search results' points to a 'Print Summary Listing' link; 'Search Results' points to the search results section; 'link to previous search results page' points to a '<' link; 'links to search results web pages' points to a list of page numbers (1, 2, 3, 4, 5, 6); 'links to detail information' points to links for 'ProvType', 'Provider Type Codes', 'Error Codes', 'Public Private Indicators', and 'Provider Type of Practice Organization Codes'.

UNISYS Home | Search | Print | Print Preview | Advanced/Simple View | Tab/Non Tabbed View | Help | Code Sets and Descriptions (Global Valid Values) [link to print the search results](#)

Welcome to the Louisiana Medicaid Data Element Dictionary

Enter a search string:
provider type [Search](#)

☐ Any of the words ☐ All of the words ☒ Exact Phrase

Platform: ☒ Mainframe ☒ Data Warehouse ☒ Unassigned

Search Results

Records 51 to 55 of 55 Records [link to previous search results page](#) < 1 2 3 4 5 6 > [links to search results web pages](#) Pages 6 of 6 Pages

Display 10 Records Per Page

[ProvType](#)
(ProvType)
Found in: Data Element Description
Provider Type

[Provider Type Codes](#)
(Provider Types)
Found in: Valid Value Set ID
These are the LMMIS provider type codes.

[Error Codes](#)
(Error Codes)
Found in: Valid Value
Error Codes

[Public Private Indicators](#)
(PPI Indicators)
Found in: Valid Value
The Public Private Indicators.

[Provider Type of Practice Organization Codes](#)
(Provider Type of Practice)
Found in: Valid Value Set ID
A code which designates the type of business organization of the practice or group. THIS CODE IS NOT RELIABLE. The value is taken from the Provider Application Form PE-50 and it reflects ownership information supplied by the provider.

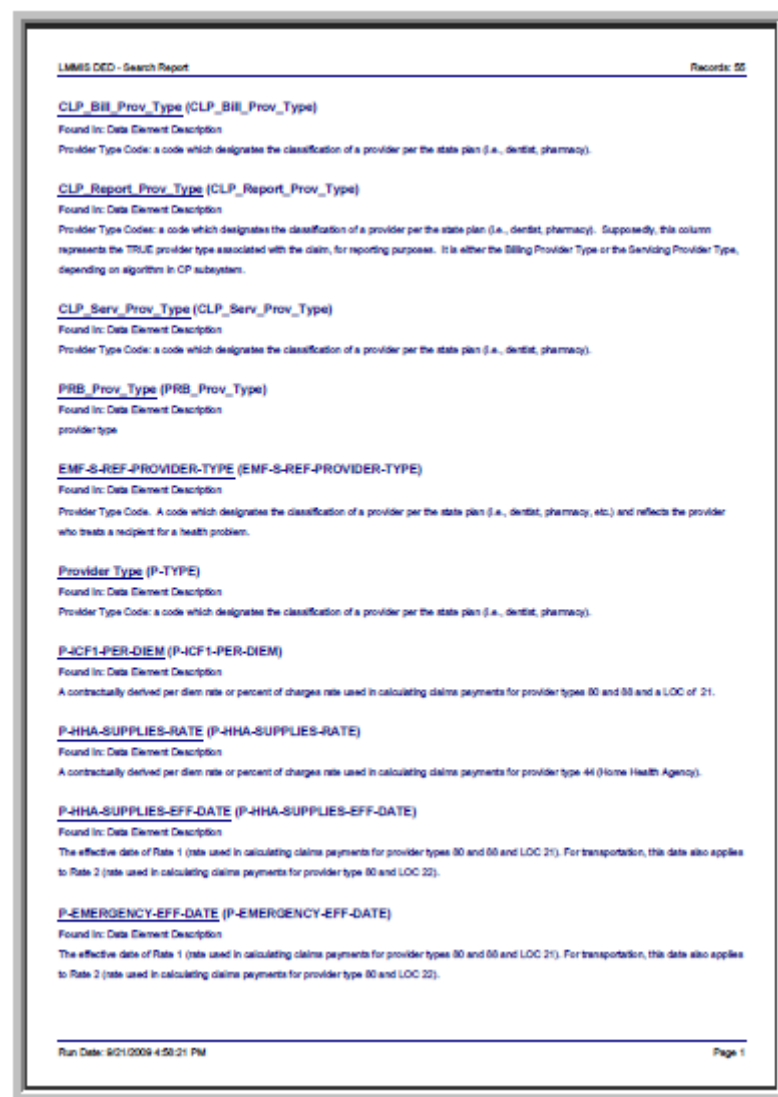
Records 51 to 55 of 55 Records < 1 2 3 4 5 6 > Pages 6 of 6 Pages

Display 10 Records Per Page

Search Results Web Page Functionality

Lastly, in the upper-right corner of this Web page is a link that will enable you to print the entire search results list (not just the results that are displaying on the first screen/page of your results, if your records per page setting is less than the total number of search results returned).

For example, clicking the Print Summary Listing link in the above screen displays a report of all 55 search results (first page of the report is illustrated below) in PDF format for you to view/print, as needed:



Sample of First Page of Search Results Report

3.5 Audit Information

Whether in Tab or Non Tabbed View, certain information items in the bottom pane of data element detail and valid value set detail contain an Audit checkbox. When the Audit checkbox is selected (as illustrated below), the bottom pane displays the User ID of the person who last added/updated the information as well as the date and time the information was last added/updated. To hide Audit information, de-select the checkbox:

Data Element ID P-PRACTICE-TYPE

Data Element Name P-PRACTICE-TYPE

Description A code which designates the type of business organization of the practice or group.

Subsystem/Application Provider

SQL Data Type (Not Applicable)

.NET Data Type (Not Applicable)

COBOL Data Type PIC 99.

Usage Notes

Source

Bottom Pane

Local Valid Values | Global Valid Values | Platforms | Data Elements | Hits

☒ **Audit** ← **Audit Checkbox**

Valid Value Set ID	Valid Value Set Name	Valid Value Set Description
Provider Type of Practice	Provider Type of Practice Organization Codes	A code which designates the type of business organization of the practice or group. THIS CODE IS NOT RELIABLE. The value is taken from the Provider Application Form PE-50 and it reflects ownership information supplied by the provider.

Audit Information → sbrunet10 | 2009/07/22 07:09:44 AM

Data Element Detail: Global Valid Values Tab: Audit Checkbox Selected

3.6 Feedback Information

All users of the DED application have the ability to submit optional 'if needed' feedback about a data element or a valid value set. The feedback is entered via a link on a data element's or a valid value set's detail Web page. Clicking the Feedback link displays a pop-up screen that enables the user to submit feedback via email to designated DHH and Unisys personnel for review.

This functionality works the same way whether the feedback is for a data element or a valid value set. The following example illustrates sending a Feedback email for a data element:

Feedback link → **Feedback**

Data Element ID P-PRACTICE-TYPE

Data Element Name P-PRACTICE-TYPE

Description A code which designates the type of business organization of the practice or group.

Subsystem/Application Provider

SQL Data Type (Not Applicable)

.NET Data Type (Not Applicable)

COBOL Data Type PIC 99.

Usage Notes

Source

Top Pane

Local Valid Values Global Valid Values Platforms Data Elements Hits

☐ Global Valid Values (1 items) ☐ Audit

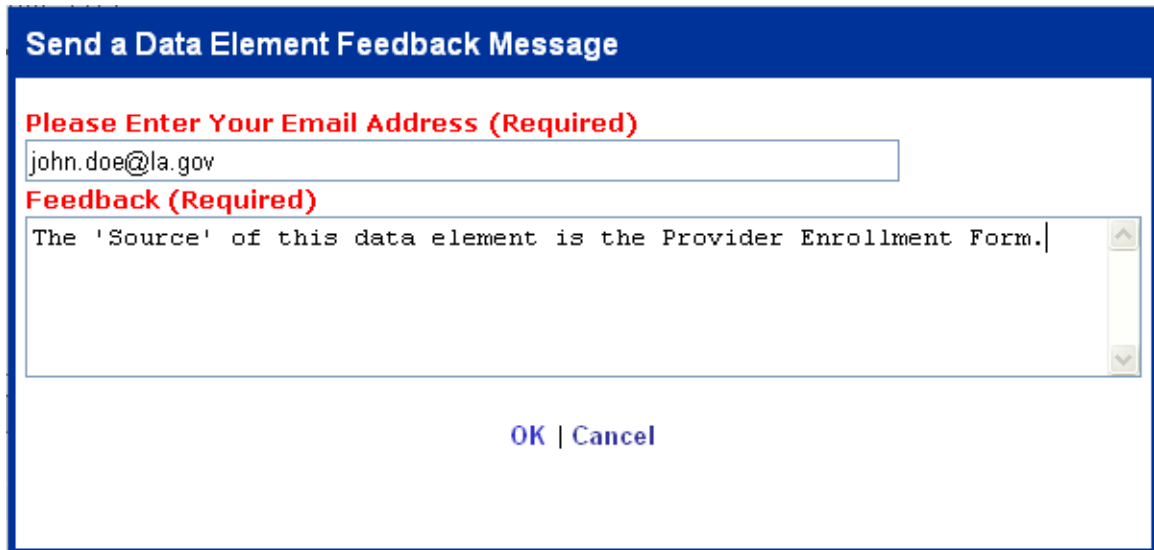
Bottom Pane

Valid Value Set ID	Valid Value Set Name	Valid Value Set Description
Provider Type of Practice	Provider Type of Practice Organization Codes	A code which designates the type of business organization of the practice or group. THIS CODE IS NOT RELIABLE. The value is taken from the Provider Application Form PE-50 and it reflects ownership information supplied by the provider.

Sample Data Element Detail Web Page (Feedback Link Highlighted)

1. To submit feedback regarding a data element, access the data element's detail Web page and click the Feedback link in the top-right corner of the Top Pane, as illustrated above.

After the Feedback link is clicked, the Send a Data Element Feedback Message pop-up screen is displayed, as follows:

A screenshot of a web-based pop-up window titled "Send a Data Element Feedback Message". The window has a blue header bar with the title in white. Below the header, there are two red labels: "Please Enter Your Email Address (Required)" and "Feedback (Required)". Under the first label is a text input field containing "john.doe@la.gov". Under the second label is a larger text area containing the text "The 'Source' of this data element is the Provider Enrollment Form." At the bottom of the window, there are two links: "OK" and "Cancel".

Data Element Feedback Message Pop-Up Screen

2. Enter your email address.
3. Enter your feedback.
4. Click the OK link to submit the Feedback email OR click the Cancel link to remove the Feedback screen without sending a Feedback email.

Once the OK link is clicked, the following dialog box is displayed, confirming that the Feedback email was sent:



Feedback Confirmation Dialog Box

5. Click the OK button to close the dialog box.

Soon after, the Feedback email is received by the designated DHH and Unisys personnel. Both the Data Element Feedback Email and the Valid Value Set Feedback Email contain the following three types of information that the selected DHH and Unisys personnel will review from the Feedback email you send:

1. The email address of the person sending the Feedback email.
2. The Feedback message text that was written by the sender.
3. The Valid Value Set ID and Name/Data Element ID and Name associated to the Feedback message.

4.0 GLOSSARY

TERM	DEFINITION
CMS	The U.S. Department of Health & Human Services Centers for Medicare and Medicaid Services. The CMS's mission is to ensure the healthcare security of beneficiaries.
Copybook	A copybook is COBOL programming code that is common to many programs. Programs that need the common programming code (and the data element information it contains) copy it in at compile time.
Database	A collection of information organized in such a way that a computer program can quickly select desired pieces of data. Traditional databases are organized by <i>fields</i> , <i>records</i> , and <i>files</i> . A field is a single piece of information; a record is one complete set of fields; and a file is a collection of records.
Data Dictionary	In database management systems, a file that defines the basic organization of a database. A data dictionary contains a list of all files in the database, the number of records in each file, and the names and types of each field/data element. Data dictionaries do not contain any actual data from the database, only bookkeeping information for managing it. Without a data dictionary, however, a database management system cannot access data from the database.
Data Element	A space allocated for a particular item of information. Data elements are the smallest units of information you can access. Most elements have certain attributes associated with them. For example, some are numeric whereas others are textual; some are long, while others are short.
DED	Data Element Dictionary. The LMMIS DED is accessed via the LMMIS Intranet. It contains data element information such as name, description, and data type and is organized by LMMIS subsystem.
DHH	The Louisiana Department of Health and Hospitals. The department within the state of Louisiana that sets and enforces Medicaid program policy.
File	A collection of data or information that has a name, called the <i>filename</i> . Almost all information stored in a computer must be in a file. There are many different types of files: <i>data files</i> , <i>text files</i> , <i>program files</i> , <i>directory files</i> , and so on. Different types of files store different types of information. For example, program files store programs, whereas text files store text.
LMMIS	Louisiana Medicaid Management System. The computer system developed by DHH's fiscal intermediary (Unisys Corporation) that is used to process Medicaid claims.
.NET	A Microsoft operating system platform that incorporates applications, a suite of tools and services and a change in the infrastructure of the company's Web strategy. .NET technology can enable Internet users to integrate fax, e-mail, and phone services, centralize data storage, and synchronize all of a user's computing devices to be automatically updated.
Program	An organized list of instructions that, when executed, causes the computer to behave in a predetermined manner.
RDBMS	Relational Database Management System. A collection of programs that enables you to store, modify, and extract information from a database. There are many different types of DBMSs, ranging from small systems that run on personal computers to huge systems that run on mainframes. The term <i>relational</i> refers to the way a DBMS organizes information internally. The internal organization can affect how quickly and flexibly you can extract information.

TERM	DEFINITION
Report	A formatted and organized presentation of data. Most database management systems include a report writer that enables a user to design and generate reports.
SPT	Systems Project Tracking. SPT is an LMMIS Intranet application that provides users with an online entry form for SRF, DCR, and DRF requests that are electronically submitted to DHH MMIS and Unisys. Users are allowed to add, edit, review, submit, and sign off request forms online.
SQL	Structured Query Language. SQL is a standardized query language for requesting information from a database.
Subsystem	Refers to LMMIS computer subsystems/applications used to process Louisiana Medicaid claims, such as Claims Processing, Recipient, Provider, etc.
Table	Refers to data arranged in rows and columns. A <i>spreadsheet</i> , for example, is a table. In Relational Database Management Systems, all information is stored in the form of tables.