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Louisiana Medicaid Management Information System Medicare Disproportionate Share Eligibility Match Process

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I. INTRODUCTION

This document describes the Medicare Disproportionate Share eligibility match process for Louisiana Medicaid that was established by the Louisiana Department of Health and Hospitals (DHH) in conjunction with the Unisys Corporation. The match process is an automated method of obtaining Louisiana Medicaid eligibility information (including eligible days) for the Medicare Disproportionate Share program for large batches of patient information. The application is administered and operated by the Unisys Corporation at their computing facilities in Baton Rouge, Louisiana, and it is available to hospitals that participate in the Louisiana Medicaid program and the Medicare program, with the approval of DHH (and under certain conditions indicated below, BB&L and Certus or HMS and Medifax). DHH has authorized Unisys to charge a processing fee of \$0.04 per record (transaction) submitted by the hospital (or its approved contracting agent).

II. MEDICARE DISPRO ELIGIBILITY FILE SUBMISSION INSTRUCTIONS

The file submitted to Unisys should be a fixed-format ASCII text file with a fixed record length of 244 bytes, and the number of records (transactions) on each individual file should not exceed 50,000. If you need to submit more than 50,000 records, distribute the records over several individual files. You may submit as many files as needed to process your patient information. Please allow at least three (3) working days for Unisys to process each submission and return eligibility information. Please indicate a return address and contact on each file submission.

Files should not include field delimiters on individual records (that is, do not use a csv format, double-quote/commadelimited format, etc.). The information submitted will be returned to the Hospital with applicable Medicaid eligibility information appended to each record. The returned file has a record length of 360 bytes and will be a fixed-format ASCII text file.

Files must be compressed (zipped) using any of the following compression utility programs:

- PKZip for Windows version 8.0 or later (from PKWare Corporation, www.pkzip.com);
- WinZip 9.0 or later version (from Nico Mak Computing, www.winzip.com);
- PKZip for zSeries version 5.6 or later (from from PKWare Corporation, www.pkzip.com).

NOTE: Compressed (zipped) files must be password-protected using AES 256-bit encryption. Passwords must be at least 12 alphabetic and numeric characters in length.

Files may be submitted to Unisys using any of the following media:

- 3-1/2 inch floppy diskette (MS-DOS HD format, 1.4 Mbytes);
- CD-ROM disk (Windows 9x/2000/XP formats);
- DVD (Windows 9x/2000/XP formats);
- IBM 3490 cartridge tape for zSeries mainframe OS using the following DCB characteristics:
LABEL=SL, EBCDIC collating sequence, RECFM=FB, LRECL=244, BLKSIZE=24400, DSORG=PS.

With the permission of DHH and Unisys, files may be submitted to Unisys via e-mail or using FTP over the Internet, but the files must be zipped using one of the zip archive utilities noted above, and each archive must be password-

protected using a password that has at least 12 alphabetic and numeric characters in length and uses the AES 256-bit encryption algorithm.

Files should be submitted to the following address via USPS, Fedex, UPS, or other secured delivery service:

Unisys Corporation
Louisiana Medicaid Management Information System
8591 United Plaza Blvd., Suite 300
Baton Rouge, LA 70809
Attention: Medicare DISPRO Coordinator (Walter Stroupe)

III. BASIC REQUIREMENTS FOR EACH SUBMISSION

1. Each file you submit should include records for only one provider and only one fiscal year. If you need to submit information for multiple providers and/or multiple fiscal years, you will need to submit a separate file for each combination of provider and fiscal year. You should ensure that the provider number included on each record is the valid Louisiana Medicaid Provider Number assigned to your hospital, and that the provider number is recognized by Louisiana Medicaid as a hospital, mental health unit, or distinct-part psych unit. We recommend that each hospital contact its Medicare fiscal intermediary to determine the proper assignment of Medicaid days to a fiscal year.
2. It is very important that the following file record layout be used to format each record of your submission. Files that are submitted for DISPRO processing that do not conform to the record layout below will be processed and the submitter will be charged the processing fee, but the return results will not be useful.

IV. MEDICARE DISPRO ELIGIBILITY FILE RECORD LAYOUT

Each record submitted by the hospital should conform to the following layout, and files should be submitted as fixed-length ASCII text files with NO delimiters used between fields.

HOSPITAL'S PATIENT INFORMATION (submission file format):

<u>Field ID</u>	<u>Columns</u>	<u>Data Field Description</u>	<u>Length</u>	<u>R=Required K=Key Field O=Optional</u>	<u>Format</u>
P1	1-7	Louisiana Medicaid Provider ID Number	7	R	Numeric
P2	8-15	Hospital Fiscal Year	8	R	Numeric Date
P3	16	Hospital Location Code	1	R	Character
P4	17-32	Hospital Patient ID Number	16	O	Character
P5	33-44	Patient Last Name	12	K	Character
P6	45-56	Patient First Name	12	K	Character
P7	57	Patient Middle Initial	1	O	Character
P8	58-60	Patient Title	3	O	Character
P9	61-63	Patient Suffix	3	O	Character
P10	64-71	Patient Date of Birth (DOB)	8	R	Numeric Date
P11	72-84	Patient Original Recipient ID Number	13	K	Numeric
P12	85-97	Patient Current Recipient ID Number	13	K	Numeric
P13	98-106	Patient Social Security Number (SSN)	9	K	Numeric
P14	107-122	Patient Card Control Number (CCN)	16	K	Numeric
P15	123	Patient Sex	1	R	Character (M, F, U)
P16	124-131	Patient Admit Date	8	R	Numeric Date
P17	132-139	Patient Discharge Date	8	R	Numeric Date
P18	140	Patient Medicare Part A Indicator	1	O	Character (Y, N)
P19	141	Blank	1	N/A	Space
P20	142-157	Mother's Hospital Patient ID Number	16	O	Character
P21	158-169	Mother's Last Name	12	O	Character
P22	170-181	Mother's First Name	12	O	Character
P23	182	Mother's Middle Initial	1	O	Character
P24	183-185	Mother's Suffix	3	O	Character
P25	186-193	Mother's Date of Birth (DOB)	8	O	Numeric Date
P26	194-206	Mother's Original Recipient ID Number	13	O	Numeric
P27	207-219	Mother's Current Recipient ID Number	13	O	Numeric
P28	220-228	Mother's Social Security Number (SSN)	9	O	Numeric
P29	229-244	Hospital Record Identifier/Key	16	O	Character.

Fields that are identified as Key Fields (**K**) indicate that you must submit information for at least one of the fields. You may (and should) submit information for as many key-fields for each record as possible because doing so increases the likelihood of a correct match. If you do not submit information in an optional field, you should code its value with a space or spaces. This ends the record format requirements for the Hospital's submission file. The following record format describes the appended portion of each record returned by Unisys.

UNISYS LAMMIS RECIPIENT ELIGIBILITY INFORMATION (returned by Unisys and appended to the tail-end of each submitted record):

<u>Field ID</u>	<u>Columns</u>	<u>Data Field Description</u>	<u>Length</u>	<u>Format</u>
R1	245-257	Recipient ID Number	13	Numeric
R2	258-270	Recipient Original ID Number	13	Numeric
R3	271-283	Mother's Recipient ID Number	13	Numeric
R4	284-292	Recipient Social Security Number (SSN)	9	Numeric
R5	293-304	Recipient Last Name	12	Character
R6	305-311	Recipient First Name	7	Character
R7	312-319	Recipient Date of Birth (DOB)	8	Numeric
R8	320	Recipient Sex	1	Character
R9	321-323	Match Code	3	Character
R10	324	Medicare Part A Coverage Indicator	1	Character
R11	325	Medicare QMB Coverage Indicator	1	Character
R12	326-328	Medicare Part A Days Eligible	3	Numeric
R13	329-331	Medicaid Days Eligible	3	Numeric
R14	332-333	Error Code 1	2	Numeric
R15	334-335	Error Code 2	2	Numeric
R16	336-337	Error Code 3	2	Numeric
R17	338	MMIS Source Code	1	Character
R18	339-346	MMIS Record Key	8	Numeric
R19	347-349	Recipient Type Case Code (LA-specific)	3	Numeric
R20	350-351	Recipient Aid Category (LA-specific)	2	Character
R21	352	Recipient Medicare Participating Indicator	1	Character
R22	353	Medicare Part B Coverage Indicator	1	Character
R23	354-360	Blank	7	Spaces (future expansion).

V. FIELD AND FORMAT NOTES:

- Field **P1** (Louisiana Medicaid Provider ID Number) should contain the valid Medicaid provider number assigned to the institution by DHH. It must represent a valid hospital, mental health unit, or distinct-part psych unit enrolled in the Louisiana Medicaid program. Each record of a single submission should contain the same value for field **P1**. If you wish to submit records for different providers, you should create a separate file for each set of records associated with a distinct provider.
- All date fields use the 8-digit format **CCYYMMDD**, where **CCYY** is the 4-digit year (e.g., November 1, 1999 is represented 19991101 and January 1, 2000 is represented 20000101). Do not place dashes in the field value.
- Field **P2** (Hospital Fiscal Year) should use the format **CCYYMMDD** (as described in note 2 above), and it should contain the date of the last day of the fiscal year of the submission. All records in a single submission should contain the same value for field **P2**. If you wish to submit records for a single provider for multiple fiscal years, you should create a separate file for each set of records associated with a distinct fiscal year.
- Field **P3** (Hospital Location Code) is a required field because it may be required by the Medicare Fiscal Intermediary for hospitals with PPS-exempt Psych, Rehab, or SNF units. Although you may use any coding scheme you deem appropriate (except a blank value), we recommend the following codes:
A = Acute Care,
P = Psych Unit,
R = Rehab Unit,
S = SNF unit.
- Field **P18** (Patient Medicare Part A Indicator). The State's eligibility files may not have information to identify all possible Medicare Part A patients on the hospital's submission file. Field **P18** is an optional field that hospitals may use to indicate **Y** (yes) or **N** (no) whether according to their records a patient is entitled to Medicare Part

A on the dates of service. Hospitals are encouraged to use field P18 to assist with any audit that the Medicare fiscal intermediaries choose to perform on days identified for inclusion in the Medicare DSH calculation.

6. All the hospital's submitted information is returned by Unisys without alteration (fields P1 through P29). Unisys does not use field P29 (Hospital Record Identifier/Key) in the Dispro process, and its value is not changed on the return set, and therefore, it may be used by the hospital to uniquely identify the record.
7. The LAMMIS Eligibility Return Information (fields R1 through R23) is provided for a specific record when a match is found and the patient is determined to be eligible for Medicaid services during the submitted dates of service (admit date and discharge date). When no match is found, no LAMMIS eligibility information is returned (all fields are returned with blank values). When a match is found, Unisys will return all the key information from the LAMMIS Eligibility File that was used to obtain the match (fields R1 through R8). When a match is found but it is determined that the recipient is not eligible for Medicaid and/or QMB/Medicare Part-A services during the submitted dates of service, Unisys will return zero values in the day amount fields R12 and R13.
8. For each patient record, one of the following values (in the tables below) is returned in the LAMMIS Match Code (field R9). If a submitted record obtains multiple different matches according to the match criteria, then only the best match code is returned. **The best match is determined by the total number of eligible days returned and the lowest match code (alphabetically).** If two or more matches are identified for a record, then the best match is determined by the one with the most eligible days and the lowest match code (alphabetically). Therefore, L1A (or L1 if Medifax) is the best possible match code and ZNM is the worst possible match code (indicating No Match). Please note that the following abbreviations are used in the descriptions of the match codes:

Patient	=	Information is based on patient data (submitted by client)
Mother	=	Information is based on mother's data (submitted by client)
Recipient	=	Information is based on Louisiana Medicaid (LAMMIS) recipient data
MID	=	Louisiana Medicaid recipient identification number or Medicaid ID number
DOB	=	Date of Birth
DOS	=	Date of Service (based on Admit Date)
SSN	=	Social Security Number
CCN	=	Louisiana Medicaid recipient Card Control Number
Sex	=	Patient sex and Louisiana Medicaid Recipient sex match exactly (1 or M is Male, 2 or F is Female, and 9 or U is Undetermined)
Age	=	Age of individual in days (Note: Patient Age is calculated using the difference between the Admit Date and the Patient DOB; Recipient Age is calculated using the difference between the Admit Date and the Louisiana Medicaid Recipient DOB)
(case)	=	Case Number (digits 6 through 11) of Patient Medicaid ID Number (applies only to dates of service prior to July 1, 1999)
(20)	=	Last 2 digits of Patient Medicaid ID Number are equal to 20 (applies only to dates of service prior to July 1, 1999)
(first 11)	=	First 11 digits of Patient Medicaid ID Number
(9/11)	=	Nine of first 11 digits of Patient Medicaid ID Number (by position)
(7/9)	=	Seven of nine digits of Patient SSN (by position)
(last2)	=	Last 2 digits of Patient Medicaid ID Number
(2/3)	=	2 of 3 significant digits of DOB (MM, DD, YYYY)
(Last7)	=	First 7 characters of last name
(Last3)	=	First 3 characters of last name
(Last(s))	=	Significant last name (based on an algorithm originally developed by Certus Corporation)
(First3)	=	First 3 characters of first name
(First1)	=	First character of first name
(Not=)	=	Fields in comparison are not equal.
(Baby)	=	First name is a baby name (BABY, BABY BOY, BABY GIRL, NEWBORN, etc.)
(Soundex)	=	The first 7 characters of the last name are encoded according to an algorithm originally developed by Margaret K. Odell and Robert C. Russel (US Patents 1261167 (1918) and 1435663 (1922)).

Standard and BB&L Match Codes (utilized for individual hospital requests and by authorized BB&L clients)

<u>Code</u>	<u>Description</u>
L1A	= Patient MID and Patient DOB and Patient Name(Last7, First3);
L1B	= Patient MID and Patient DOB and Patient Name(Baby, Last7) and Patient Age ≤ 365;
L1F	= Patient MID and Patient DOB and Patient Name(First3) and Sex(Female/Undetermined only);
L1M	= Patient MID and Patient DOB and Patient Name(First3) and Sex(Male/Undetermined only);
L1P	= Patient MID and Patient DOB and Patient Name(Baby, Last7(Not=));

L1Q = Patient MID and Patient DOB and (Patient DOB = Patient Admit Date) and (Patient Name>Last7) = Mother Name>Last7) or Patient Name(First3) = Mother Name(First3))
L1S = Patient MID and Patient DOB and Patient SSN and Patient Name(First1);
L1T = Patient MID and Patient DOB and Patient SSN and Patient Name(First1 Not=);
L1Z = Patient MID and Patient DOB;
L2A = Patient MID and Patient SSN and Patient DOB(2/3);
L2C = Patient MID and Patient SSN and Patient Name>Last7, First3);
L2Z = Patient MID and Patient SSN;
L3A = Patient MID and Patient Name>Last7, First3) and Patient DOB(2/3);
L3B = Patient MID and Patient Name(Baby, Last7) and Sex and Patient Age ≤ 365;
L3C = Patient MID and Patient Name>Last7, First3) and SSN(7/9);
L3O = Patient MID and Patient Name>Last(s), First3);
L3Z = Patient MID and Patient Name>Last7, First3);
L4 = Patient CCN and Patient DOB (Medifax and BBL);
L5 = Patient CCN and Patient SSN (Medifax and BBL);
L6 = Patient SSN and Patient DOB (Medifax);
L6A = Patient SSN and Patient DOB and Patient Name>Last7, First3);
L6C = Patient SSN and Patient DOB and Patient Name>Last7);
L6D = Patient SSN and Patient DOB and Patient Name(First3);
L6Z = Patient SSN and Patient DOB;
L7A = Patient SSN and Patient Name>Last7, First3) and Patient DOB;
L7B = Patient SSN and Recipient Name(Baby, Last7) and Sex and Recipient Age ≤ 365 and Patient Age ≤ 365;
L7C = Patient SSN and Patient Name>Last7, First3) and Patient DOB(2/3);
L7O = Patient SSN and Recipient Name>Last(s), First3);
L7Z = Patient SSN and Patient Name>Last7, First3);
L8A = Patient Name>Last7, First3) and Patient DOB and SSN(7/9);
L8B = Patient Name(Baby, Last7) and Patient DOB and Sex and (Patient MID(case) or SSN(7/9)) and Patient Age ≤ 365;
L8C = Patient Name>Last7, First3) and Patient DOB and (Patient MID(11/13) or Patient MID(case));
L8D = Patient Name>Last7, First3) and Patient DOB and Patient MID(20) and Patient Age ≤ 365;
L8O = Patient Name>Last(s), First3) and Patient DOB;
L8X = Patient Name>Last7, First3) and Patient DOB and (Patient DOB = Patient Admit Date);
L8Z = Patient Name>Last7, First3) and Patient DOB;
L9A = Patient Name(Soundex Last7, First3) and Patient ID and Sex;
L9B = Patient Name(Soundex Last7, First3) and Patient SSN and Sex;
L9C = Patient Name(Soundex Last7, First3) and Patient DOB and Patient SSN(7/9) and Sex;
L9D = Patient Name(Soundex Last7, First3) and Patient MID(case) and Patient DOB and Sex;
MB3 = Patient MID(20) and Patient Name>Last7) and Recipient Sex=Female and Patient Age ≤ 365;
MB6 = Patient MID(20) and Mother Name>Last7) and Recipient Sex=Female and Patient Age ≤ 365;
MB7 = Patient MID(20) and Mother DOB and Recipient Sex=Female and Patient Age ≤ 365;
MB8 = Patient MID(refers to a MID that ends in 20) and Patient DOB and Patient Age ≤ 365 and Patient DOS ≤ 19990701 (July 1, 1999);
ML1 = Mother MID and Mother DOB and Recipient Sex=Female and Patient Age ≤ 365;
ML2 = Mother MID and Mother SSN and Recipient Sex=Female and Patient Age ≤ 365;
ML3 = Mother MID and Mother Name>Last7, First3) and Recipient Sex=Female and Patient Age ≤ 365;
ML4 = Mother Name>Last7, First3) and Mother SSN and Recipient Sex=Female and Patient Age ≤ 365;
ML5 = Mother Name>Last7, First3) and Mother DOB and Recipient Sex=Female and Patient Age ≤ 365;
ML6 = Mother SSN and Mother DOB and Recipient Sex=Female and Patient Age ≤ 365;
ML7 = Mother MID and Patient MID(first 11) and Recipient Sex=Female and Patient Age ≤ 365;
ML8 = Mother SSN and Patient MID(case or 9/11) and Recipient Sex=Female and Patient Age ≤ 365;
MP1 = Mother MID and Mother DOB(2/3) and Recipient Sex=Female;
MP2 = Mother MID and Mother SSN(7/9) and Recipient Sex=Female and Patient Age ≤ 365;
MP3 = Mother Name>Last7, First3) and Mother DOB(2/3) and Recipient Sex=Female and Patient Age ≤ 365;
MP4 = Mother Name>Last7, First3) and Mother SSN(7/9) and Recipient Sex=Female and Patient Age ≤ 365;
MP5 = Mother SSN and Mother DOB(2/3) and Recipient Sex=Female;
P1 = Patient MID and Patient Name(First3) and Patient DOB(2/3) and Patient Sex=Female;
P2 = Patient MID and Patient DOB(2/3) and Sex;
P3 = Patient MID and Patient SSN(7/9);
P4 = Patient Name>Last7, First3) and Patient DOB(2/3) and (Patient MID(9/11+last2 or case));
P5 = Patient Name>Last7, First3) and Patient DOB(2/3) and Patient SSN(7/9);
P6 = Patient CCN and Patient DOB(2/3);
P7 = Patient CCN and Patient SSN(7/9);

P8 = Patient SSN and Patient DOB(2/3) and Sex;

Medifax Match Codes *(utilized only for Medifax and HMS clients)*

<u>Code</u>	<u>Description</u>
L1	= Patient MID and Patient DOB;
L2	= Patient MID and Patient SSN;
L3	= Patient MID and Patient Name(Last7, First3);
L4	= Patient CCN and Patient DOB;
L5	= Patient CCN and Patient SSN;
L6	= Patient SSN and Patient DOB;
L7	= Patient SSN and Patient Name(Last7, First3);
L8	= Patient Name(Last7, First3) and Patient DOB;
L9A	= Patient Name(Soundex Last7, First3) and Patient ID and Sex;
L9B	= Patient Name(Soundex Last7, First3) and Patient SSN and Sex;
M1	= Mother MID and Mother DOB and Recipient Sex=Female and Patient Age ≤ 365;
M2	= Mother MID and Mother SSN and Recipient Sex=Female and Patient Age ≤ 365;
M3	= Mother MID and Mother Name(Last7, First3) and Recipient Sex=Female and Patient Age ≤ 365;
M4	= Mother Name(Last7, First3) and Mother SSN and Recipient Sex=Female and Patient Age ≤ 365;
M5	= Mother Name(Last7, First3) and Mother DOB and Recipient Sex=Female and Patient Age ≤ 365;
M6	= Mother SSN and Mother DOB and Recipient Sex=Female and Patient Age ≤ 365;
M7	= Mother MID and Patient MID and Recipient Sex=Female and Patient Age ≤ 365;
M8	= Mother SSN and Patient MID and Recipient Sex=Female and Patient Age ≤ 365;

Non-Match Codes *(utilized when an error is detected or when no match is found)*

ZID = Invalid or Incomplete Data on Patient Record -- No Match Possible;
ZNM = No Match Found.

9. If a patient record matches an LAMMIS recipient record, then Unisys calculates the days of eligibility (fields **R12** and **R13** based on any differences between the dates of service and the beginning and ending dates of eligibility (if any). In some cases it may be possible for a patient to have less days of eligibility than the length of stay. If Unisys cannot determine eligibility for a patient match based on the dates of service submitted, then the fields **R12** and **R13** will have zero value. Note that fields **R12** and **R13** are mutually exclusive.
10. If a patient record matches an LAMMIS recipient record, then Unisys calculates the fields **R10**, **R11**, **R21**, and **R22** based on the following values:
- Field **R10** (Medicare Part A Coverage Indicator):
F = Full coverage is indicated for this recipient during the date(s) of service,
P = Partial coverage is indicated for this recipient during the date(s) of service,
N = No coverage is indicated for this recipient during the date(s) of service.
- Field **R11** (Medicare QMB Coverage Indicator):
D = Dual QMB coverage is indicated for this recipient during the date(s) of service,
P = Pure QMB coverage is indicated for this recipient during the date(s) of service,
N = No coverage is indicated for this recipient during the date(s) of service.
- Field **R21** (Medicare Participating Indicator)
Y = There is an indication in Louisiana Medicaid Eligibility files that at one time this recipient had some type of Medicare coverage, and it may or may not be applicable during the date(s) of service.
N = No Medicare coverage was indicated on Louisiana Medicaid Eligibility files for this recipient.
- Field **R22** (Medicare Part B Coverage Indicator):
Y = Coverage is indicated for this recipient during the date(s) of service,
N = No coverage is indicated for this recipient during the date(s) of service.
11. If a record is returned with a match code of **ZID** (Invalid/Incomplete Data on Patient Record), then the following error codes may appear in the fields **R14**, **R15**, and **R16**. Note that we will return up to 3 distinct error codes, but we will return only the error code(s) that apply.

Provider Error Codes

01 = Provider number not found on file
02 = Wrong Provider Type (must be hospital, MHU, or DPPU)
03 = Provider not enrolled with LAMMIS during patient dates of service

Result

Record is rejected (ZID)
Record is rejected (ZID)
Record is rejected (ZID)

04 = Provider Number is missing
05 = Hospital Fiscal Year is missing or not formatted correctly
06 = Hospital Location code is missing or invalid

Record is rejected (ZID)
Record is rejected (ZID)
Continue processing

Patient Identifier Error Codes

11 = Original Recipient ID is missing
12 = Current Recipient ID is missing
13 = Patient SSN is missing
14 = Patient CCN is missing
15 = No valid Patient Identifier Codes are available

Result

Continue processing
Continue processing
Continue processing
Continue processing
Record is rejected (ZID)

Patient Date Field Error Codes

21 = Invalid Patient Admit Date or Admit Date is missing
22 = Invalid Patient Discharge Date or Discharge Date is missing
23 = Invalid Patient Date of Birth or DOB is missing.

Record is rejected (ZID)
Record is rejected (ZID)
Record is rejected (ZID)

Demographic Data Error Codes

31 = Invalid Sex Code Value or Sex Code Value is missing
32 = Invalid Name (First and/or Last) or Name (First and/or Last) is missing

Record is rejected (ZID)
Continue processing

Mother Data Error Codes (apply only if Baby Record is indicated)

41 = Invalid Mother Name (First and/or Last) or Name is missing
42 = Invalid Mother SSN or Mother SSN is missing
43 = Invalid Mother DOB or Mother DOB is missing
44 = Invalid Mother Original Recipient ID or Original Recipient ID is missing
45 = Invalid Mother Current Recipient ID or Current Recipient ID is missing

Continue processing
Continue processing
Continue processing
Continue processing
Continue processing.

12. The LAMMIS field MMIS Source Code (R17) represents the source file that was used to produce the match (or non-match):
- C = Current Recipient Eligibility File.
 - P = BB&L Purged-History Recipient Eligibility File (see Section VIII. Other Considerations #2 below)
 - M = Medifax History Recipient Eligibility File (see Section VIII. Other Considerations #3 below).

VI. HELPFUL HINTS ABOUT SUBMISSIONS

In order to obtain the best possible matches for the records in your submission, you should consider the following hints.

1. You should be sure to code the Medicaid Provider Number (field P1), Hospital Fiscal Year (field P2), and Hospital Location Code (field P3) to ensure accurate processing and report generation. All of these fields are required to be coded on every record. If you leave blank any of these three fields on a record, the match process will reject the record and respond with a ZID match code.
2. You should always include in each record the Patient Admit Date (field P16) and Discharge Date (field P17). If you exclude one or both of these fields, the match process will reject the record and respond with a ZID match code.
3. It is necessary that you provide with each record at least two of the following key items of information: **SSN, MID** (original or current), **DOB, CCN, Name** (first and last). Otherwise, the match process will reject the record and respond with a **ZID** match code.
4. Always include as much patient information as possible with each record. The matching process attempts all possible matches using the supplied information and then it selects the best match based on the Medicare and Medicaid days eligible that are returned. The more key information you supply, the more match attempts are performed, which subsequently increases the chance of a valid match.
5. Because the MMIS eligibility files are indexed primarily on MID (Medicaid ID number), the best possible match is accomplished using one of the following combinations of patient information: **MID and SSN** or **MID and DOB**. (MID may be either original or current or both).
6. The next best possible match is **MID and Name** (first and last). Name matches always require a valid **SEX** value, so be sure to code the Patient Sex field, **P15**.

7. When you format the patient's name, do not submit an initial for the first name. Otherwise the match process will ignore the name information and not use it to attempt matches based on name.
8. If you are submitting patient information related to an infant (maternity or neonatal), include the mother's information, also. Due to the time lapse that occurs in establishing Medicaid eligibility for infants, the mother's information is an adequate substitute for identifying patient eligibility. An infant is defined by the match process as any person 365 days or younger based on DOB and Patient Admit Date.
9. Always be sure to code all date fields on your records in the format **CCYYMMDD**, where **CCYY** is the 4-digit calendar year, **MM** is the two-digit calendar month, and **DD** is the two-digit day of the month. Do not include slashes or dashes in the date fields.
10. Do not include dashes, spaces, slashes, or any other punctuation in the **SSN**, **MID**, or **CCN** fields.
11. Field **P18** (Patient Medicare Part A Indicator) may be used by the hospital to inform Unisys that, according to their files, the patient is entitled to Medicare Part A services on the dates of service. Because DHH (and Unisys, acting as the State's fiscal intermediary) is not the Medicare eligibility authority, we can only report Medicare eligibility information as it is coordinated from the official CMS (HCFA) data exchange methods. Therefore, we recommend that hospitals use this field (**P18**) to indicate whether a patient is entitled to Medicare Part A benefits, according to their records. Place a **Y** (yes) in the field if your records show that the patient is entitled to Medicare Part A benefits; otherwise, place an **N** (no) in the field. If you elect not to use this field, then leave it blank. If you use this field and the Unisys Dispro program detects Medicaid eligibility but does not detect Medicare eligibility information for a patient that the hospital indicates **Y** in this field, then the patient's return information will **NOT** appear on Report 4C, but instead will appear on Report 4D, "Hospital-Identified Medicare Patients".

VII. THE UNISYS RESPONSE SET

After processing a submission, Unisys will return the following electronic information set for that submission. The response set is written onto a CD-ROM disk, which is sent back to the hospital (or its authorized submitting agent). The CD-ROM disk is a CD-R (CD-Recordable) disk, and the files written to the disk are not meant to be altered by the hospital. Unisys will not return printed response material to the submitter. Depending on size, Unisys may compress the response set in a ZIP archive.

1. One (1) DISPRO response file (an ASCII text file), which contains the information from all the records submitted (without alteration), where each record is appended with the appropriate Louisiana Medicaid eligibility information described above. ***For audit purposes, a copy of the response file is retained by Unisys.***
2. Three (3) electronic PDF files (Portable Document Format) containing the following reports produced by the DISPRO processing system. Unisys does not retain copies of these report files. To view the PDF files, hospitals should use the software Adobe Acrobat Reader Version 5.0 or later.

Report Number	File Name	Report Description
1	DSHRPT1-3.PDF	Summary Match Statistics by Provider and Fiscal Year
2-A	DSHRPT1-3.PDF	Record Error Report, Summary
2-B	DSHRPT1-3.PDF	Record Error Report, Detail (suppressed if no errors are detected)
3-A	DSHRPT1-3.PDF	Summary of Eligible Days by Provider, Fiscal Year, and Location Code
3-B	DSHRPT1-3.PDF	Summary of Medicaid Days by Match Code and Location Code
4-A	DSHRPT4.PDF	Eligibility Response Detail (All Matched Records)
4-B	DSHRPT4.PDF	Eligibility Response Detail (only records with Medicare days)
4-C	DSHRPT4.PDF	Eligibility Response Detail (only records with Medicaid days)
4-D	DSHRPT4.PDF	Eligibility Response Detail (only records with Hospital-identified Medicare Patients) (suppressed if hospital does not utilize field P18)
5	DSHRPT5.PDF	Detail of Non-Matched Records (suppressed if all records are matched)

3. If an institution submits files using cartridge tape(s), Unisys will make every effort to return the tape(s) to the institution. Please place a label on the cartridge indicating the return address. Unisys will not return submitted CD-ROM disks or floppy disks to an institution unless specifically asked to do so.

VIII. OTHER CONSIDERATIONS

1. All reports issued by the Dispro programs contain the following disclaimer:

The Louisiana State Department of Health and Hospitals and the Unisys Corporation, acting as the State's Medicaid fiscal intermediary, do not accept liability for, nor do they guarantee that the detailed recipient information returned by this process identifies the same individual that the hospital claims to be an inpatient on the dates of service submitted by the hospital. The burden of proof and accountability is remanded to the institution submitting the information, and not the State of Louisiana nor its contractor, Unisys Corporation.

2. The process to utilize the BB&L purged-history recipient eligibility information was developed by Bennett, Bigelow and Leedom, P.S. (BB&L) and Certus Corporation (Certus) with the approval of Louisiana DHH. Likewise, the algorithms used to identify some of the match codes listed above were originally developed by BB&L and Certus while others were developed by Unisys, but the modifications in those codes and the matching program modifications were made with the assistance of BB&L and Certus. Use of the BB&L purged-history recipient eligibility process must be authorized by BB&L and Certus. Use of the current version of the matching program and algorithms is available to all hospitals for their fiscal years ending in 1998 and later. Otherwise, use would be limited to the Unisys program as it existed on December 10, 1999, unless authorized by BB&L and Certus. The company contacts are listed below (to obtain authorization for use of the purged file process or the current program for fiscal years ending before 1998):

Sandy Pitler
Bennett, Bigelow & Leedom
999 Third Ave, Suite 2150
Seattle, WA 98104-4036
phone: (206) 622-5511
fax: (206) 622-8986
e-mail: pitler@bbllaw.com.

Corinna Goron
Certus Corporation
14677 Midway Rd., Suite 210
Addison, TX 75001
phone: (972) 490-0818, ext. 53314
fax: (972) 490-1674
e-mail: cgoron@certuscorp.com

3. The process to utilize the Medifax purged-history recipient eligibility information was developed by Medifax and HMS Corp. with the approval of Louisiana DHH. Use of the Medifax purged-history recipient eligibility process must be authorized by Medifax and HMS. The company contact is listed below:

Gavin Johnson
Director of Integrated Services Group
Medifax EDI Corp.
1283 Murfreesboro Rd.
Nashville, TN 37217
phone: (615) 565-2165
fax: (615) 843-2518
e-mail: gavin.johnson@medifax.com.

4. If you have any questions about the LAMMIS Medicare Dispro Eligibility Match process, please contact one of the following individuals at Unisys Corporation in Baton Rouge:

Walter Stroupe
phone: 225-216-6343
e-mail: walter.stroupe@unisys.com

Jeff Raymond
phone: 225-216-6337
e-mail: jeff.raymond@unisys.com