Benefit Enrollment and Maintenance (834)

Louisiana Medicaid EDI Transaction Set Companion Guide

Original Publication: 12/13/2011

Latest Update: 3/28/2022
Version 2.49

This guide to be used in conjunction with the X12N/005010X220A1 Implementation Guide, published June 2010.

Revision History

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

Date	Author	Version
08/17/2011	Tina Martinez	1.00 – Original 5010 Version 834 Guide, initial draft
08/29/2011	Tina Martinez	1.01 – Modified Segment Data Requirements
09/11/2011	Tina Martinez	1.02 – Removed SV from NM108
09/20/2011	Tina Martinez	1.03 – Modified examples to match data sent
09/21/2011	Tina Martinez	1.04 – Changed Time zone to CT
09/22/2011	Tina Martinez	1.05 – Changes to GS05, BGN05, N04, ISA08, ISA14, NM1
09/22/2011	Tina Martinez	1.06 – Added 2300 REF segment for Parish, Added Appendix A &B
09/22/2011	Daryl Sharp	1.07 – Minor editing changes
09/26/2011	Tina Martinez	1.08 – Minor editing changes
09/29/2011	Tina Martinez	1.09 – Modified Appendix A Ethnicity Codes
10/20/2011	Heather Babich	1.10 – Changes to INS08, REF01, Added NM1 2330
10/21/2011	Chris Diebold	1.11 – Added Appendix C
10/21/2011	Tina Martinez	2.00 – Reviewed and Minor Edits
10/22/2011	Tina Martinez	2.01 – Added 1.9.1 changes to current document, modified 2300 REF codes
10/23/2011	Tina Martinez	2.02 – ISA modifications
10/27/2011	Tina Martinez	2.03 – Add 2100A LUI Segment, 2000 Ref Segment, NM110 2310 & 2100G. Minor Edits.
10/31/2011	Tina Martinez	2.04 – 2300
11/02/2011	Chris Diebold	2.05 – Added Appendix D and Appendix E
11/11/2011	Tina Martinez	2.06 – Modified
11/18/2011	Tina Martinez	2.07 – Removal of COB
11/21/2011	Pinky Patnaik	2.08 – Updates to GS02,INS08 and HD04 segments
11/23/2011	Pinky Patnaik	2.09 – Added the Auto/Choice indicator to HD04 segment
12/07/2011	Anita Webb	2.10 – Added sections example diagrams, REF*1L segment to 2000 Loop.
12/08/2011	Anita Webb	2.11 – Editing changes after group review. Set Medicare elements to Not Sent.
12/09/2011	Anita Webb	2.12 – Modified LOOP 1000A N103, changed to FI, N104, added value
12/13/2011	Anita Webb	2.13 – Updated the values of the Federal Tax ID, LA Medicaid Policy number has tax id with “1” prefix.
8/23/2012	Jeff Hines	2.14 - Replaced Appendix D with a current code cross reference.
10/17/2012	Jeff Hines	2.15 – Per LA DHH suggestion, removed the word “can” from page 6, section 1.2 and added additional verbiage referencing section and page number for ST segment on page 11. Updated ½ in attributes column to read “1/2” on multiple pages, added “024” as a transaction type on page 26, section 2.2.23, corrected “LaHipp” to “ LaHIPP” in Appendix D and corrected GS07 and GS08 segments to have a field type of “ID” instead of “DT”.
10/30/2012	Jeff Hines	2.16 - Added Appendix G to define EDI element attributes Changed INS segment example in section 2.2.8 to better reflect data sent in production files
11/28/2012	Jeff Hines	2.17 – Change 2300 loop HD04 segment
3/8/2013	Jeff Hines	2.18 – Added maintenance reason code 917 to Appendix C.
5/13/2013	T. Martinez	2.19 - Added 2700 Loop Historical Reporting
6/18/2013	Jeff Hines	2.20 - Added mother’s ID information to 2000 loop member supplemental identifier section 2.2.11 on page 17. Added Appendix H on page 44 as a cross reference between the Recipient Header File received from Molina and where the fields are mapped in the MAXIMUS outbound 834 file.
7/16/2003	Jeff Hines	2.21 Added verbiage regarding loop 2700 stating that the 2700 loop referenced in sections 2.28 through 2.33 on pages 29 – 32 will only be sent in the monthly recon file and not in daily files.

7/26/2013	Jeff Hines	2.22 – Validated the 2100A loop residential address in section 2.2.15, page 21 and the 2100C loop mailing address in section 2.2.20, page 25 are correct and in accordance with the X12 834 implementation guide.
8/15/2013	Jeff Hines	2.23 - Added description to section 2.2.24 on page 27 that the DTP*348 coverage begin date will serve as the start date for the AC/TC reconciliation transaction. Also added note to this section that it will contain a range of coverage in the reconciliation file, not a month by month listing. Added the RX code to denote a quarterly AC/TC recon file to section 2.2.4 on page 12.
5/5/2014	Steve Marschall	2.24 - Added2 date segments In the 2000 Loop for Member PBS begin & end dates. Segments added to section 2.2.12 on page 18.
7/10/2014	Jeff Hines	2.25 - Added maintenance reason codes 919-926 to Appendix D. Add new cap codes to Appendix
7/24/2014	Jeff Hines	2.26 - Change PBSBEG/END dates to new CCMBEG/END name. Functionality of dates remains the same, the names have changed per DCH.
9/30/3014	Jeff Hines	2.27 – Updated appendix F to add new language codes
1/23/2015	Jeff Hines	2.28 – Updated capitation code table on page 40
2/5/2015	Jeff Hines	2.29 – Added new HD04 layout on page 28 and addition of email address to member information on page 27
7/21/2015	Jeff Hines	2.30 - Added Behavioral Health and secondary capitation codes to HD04 element on page 28.
8/20/2015	Jeff Hines	2.31 - Added verbiage regarding blank secondary cap code to HD04 element on page 29.
9/20/2015	Jeff Hines	2.32 – Added REF*ABB segment in loop 2000 for Chisholm case manager on page 18 Added additional HD segments in loop 2300 to contain CSoC type case information on page 31 Added additional DTP segments in loop 2300 to contain CSoC admit and discharge dates on page 32
3/1/2016	Jeff Hines	2.33 - Remove secondary cap code verbiage for HD04 element on page 29. Added description as to why secondary cap code no longer used.
5/10/2016	Jeff Hines	2.34 - Added closure code placement and descriptions for the HD04 element on page 29, the REF segment on pages 35&36, and appendix I with MEDS provided closure code descriptions. Added Appendix I to table of contents.
7/26/2016	Jeff Hines	2.35 - Added closure codes to Appendix I on page 53. 142-AG Has MCARE, Long Description: Adult Group - entitlement to or enrollment for Medicare Part A or B, and 143 -AG NoDepen Covg Long Description: Adult Group - not having coverage for dependent children living in the home of a parent or caretaker relative
12/2/2016	Jeff Hines	2.36 – Updated HD04 description on page 30 to include the renewal date, renewal code, and multiple birth indicator. Added Appendix J for renewal codes definitions and Appendix K for lockin file layout.
3/31/2017	Tadarrio Marshall	2.37 – Added new manual corrections codes 314 – 317 on page 45
4/28/2017	Jeff Hines	2.38 - Changed ISA06 segment on page 10 to LAMEDICAID from LABAYOUHEALTH per DHH request.
8/17/2017	Jeff Hines	2.39 – Updated Appendix C capitation codes on page 44 from crosswalk provider by LDH on 7/10/17.
8/24/2017	Jeff Hines	2.40 – Updated Appendix C capitation codes on page 44 from crosswalk provider by LDH on 7/21/17.
1/18/2018	Jeff Hines	2.41 – Add approval code to HD04 element on page 30 and in historic reporting in loop 2700 on page 37. Updated recipient file cross reference in Appendix H, page 52. Added Appendix M, DCFS approval code cross reference. Updated approval codes in Appendix L on page 59.
5/17/2018	Tadarrio Marshall	2.42 – Added LTC as an Insurance Line Code item on page 29 in loop 2300 at HD03.
7/3/2018	Kevin Guillory	Updated outdated verbiage
5/20/2019	Tadarrio Marshall	2.44 - Updated Appendix C to add new cap code 90EXP
2/22/2021	Mike Polityka	2.45 – Added ACT 421 – Updated Appendix C page 44 to add new Capitation Codes, Updated Appendix D page 46 to add new Maintenance Reason Codes, Updated Appendix K page 58 Lockin File Layout -Accepted Values
11/22/2021	Mike Polityka	2.46 – Updated Appendix A Race Codes Page 41 with new values.
1/7/2022	Mike Polityka	2.47 – Updated Appendix A Race Codes on page 41 with Other Race.

2/8/2022	Mike Polityka	2.48 – Updated Appendix K Lockin File Layout on Page 58 with additional values to the SURS-LOCKIN-IND field.
3/28/22	Jeff Hines	Updated section 1.2 description of monthly 834 file and added description of quarterly file.

Signature Page

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

<NAME>

<Title/Role>

Date: _____

<NAME>

<Title/Role>

Date: _____

<NAME>

<Title/Role>

Date: _____

<NAME>

<Title/Role>

Date: _____

TABLE OF CONTENTS

SIGNATURE PAGE 4

1 PURPOSE 7
1.1 BACKGROUND 7
1.2 USAGE & SPECIAL INSTRUCTIONS 7
1.3 DEFINITIONS 7
1.4 DELIMITERS 8

2 STRUCTURE 8
2.1 TRANSACTION SET LISTING 8
2.1.1 Table 1 – Header 8
2.1.2 Table 2 – Detail 8
2.2 834 SEGMENT DETAIL 9
2.2.1 ISA - Interchange Control Header 9
2.2.2 GS - Functional Group Header 11
2.2.3 ST - Transaction Set Header 11
2.2.4 BGN - Beginning Segment 12
2.2.5 DTP – File Effective Date 13
2.2.6 N1 – Sponsor Name 14
2.2.7 N1 – Payer 14
2.2.8 INS – Member Level Detail 15
2.2.9 REF – Subscriber Identifier 17
2.2.10 REF – Member Policy Number 17
2.2.11 REF – Member Supplemental Identifier 18
2.2.12 DTP – Member Level Dates 18
2.2.13 NM1 – Member Name 20
2.2.14 PER – Member Communication Numbers 21
2.2.15 N3 – Member Residence Street Address 22
2.2.16 N4 – Member City, State, Zip Code 22
2.2.17 DMG – Member Demographics 23
2.2.18 LUI – Member Language 24
2.2.19 NM1 – Member Mailing Address 25
2.2.20 N3 – Member Mail Street Address 26
2.2.21 N4 – Member Mail City, State, Zip Code 26
2.2.22 NM1 – Responsible Person 27
2.2.23 HD – Health Coverage 28
2.2.24 DTP – Health Coverage Dates 31
2.2.25 REF – Health Coverage Policy Number 31
2.2.26 HD – Health Coverage – CSoC Type cases 32
2.2.27 DTP – CSoC admit and discharge dates 33
2.2.28 LX – Provider Information 33
2.2.29 NM1 – Provider Name 34
2.2.30 LS – Additional Reporting Categories 35
2.2.31 LX – Member Reporting Categories 35
2.2.32 N1 – Reporting Category 36
2.2.33 REF – Reporting Category Reference 36
2.2.34 DTP – Report Category Date 37
2.2.35 LE – Additional Reporting Categories Loop Termination 38
2.2.36 SE – Transaction Set Trailer 38
2.2.37 GE –Functional Group Trailer 39
2.2.38 IEA –Interchange Control Trailer 39

3 TESTING **40**
3.1 XCHANGE GATEWAY 40
3.1.1 Xchange Gateway Server *40*
3.1.2 Access *40*
3.1.3 User Account Activation *40*
3.1.4 Self Service Password Administration *40*
3.1.5 Connectivity Issues *40*
3.1.6 File Locations *40*
APPENDIX A – RACE CODES **41**
APPENDIX B – PARISH CODES **42**
APPENDIX C – CAPITATION CODES **44**
APPENDIX D – MAINTENANCE REASON CODES **46**
APPENDIX D – MAINTENANCE REASON CODES – CONTINUED **48**
APPENDIX E – AID CATEGORIES **49**
APPENDIX F – LANGUAGE CODES **50**
APPENDIX G – COMPANION GUIDE ATTRIBUTE DEFINITIONS **51**
APPENDIX H – RECIPIENT HEADER CROSS REFERENCE **52**
APPENDIX I – MEDS CLOSURE CODES **55**
APPENDIX J – RENEWAL CODES **57**
APPENDIX K – LOCKIN FILE LAYOUT **58**
APPENDIX L – APPROVAL CODES **60**

1 Purpose

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

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

1.1 Background

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

For more information go to www.hhs.gov

1.2 Usage & Special Instructions

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

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

The monthly file is the MCO's full positive file of enrollments. The file includes a record for each MCO member with information on that member's current eligibility and enrollment. Daily and Monthly file share the same format.

The monthly recon file contains information about a member's eligibility and enrollment updates for the prior month. The monthly recon and quarterly recon files share the same format.

The quarterly recon file includes a record for each member that was enrolled with a MCO anytime in the past two years including the span of that member's coverage. The quarterly and monthly recon files share the same format.

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

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

1.3 Definitions

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

Element	Definition	Comment
Segment Level		
REQUIRED	Segment must be transmitted	
SITUATIONAL	Segment may be transmitted if data is available and supports the business or application	
Element Level		
REQUIRED	Data element must have valid data and be transmitted	
SITUATIONAL	Data element may be transmitted if data is available. If another data element in the same segment exists and follows the current element the character used for missing data should be entered.	
NOT USED	Data elements included in the shaded areas of the Implementation Guide are NOT USED according to the standard and no attempt should be made to include these in transmissions.	
General		
USAGE	Indicates if the Segment or Element is Required, Situational or Not Used.	
REF DES.	Reference designator	
Name	Descriptive name of the data element.	

Element	Definition	Comment
Attributes	Indicates the different attributes of the segment or element. Includes the requirement designator, data type and minimum/maximum length.	

Please review the ASC X12N Implementation Guide for detailed instructions regarding the above.

1.4 Delimiters

A delimiter is a character used to separate two data elements or components elements or it can be used to terminate a segment. Once specified in the interchange header, delimiters are not to be used in a data element value elsewhere in the interchange.

The following delimiters will be used for the Louisiana Medicaid enrollment file.

Character	Name	Delimiter
*	Asterisk	Data Element Separator
^	Carat	Repetition Separator
:	Colon	Component Element Separator
~	Tilde	Segment Terminator

2 Structure

The transmission of the data follows the Interchange control structure as outlined in the ASC X12N/005010X220 guide. Refer to the guide for the Transmission Control Schematic.

2.1 Transaction Set Listing

This section lists the levels, loops, and segments contained in this companion guide. The layout of the table shows the nesting of the different loops. Detailed specifications begin in section 2.2.3 (ST – Transaction Set Header)

2.1.1 Table 1 – Header

See Section 2.2.3 through 2.2.7 for detailed segment specifications.

POS #	Segment ID	Name	Usage	Repeat	Loop Repeat
0100	ST	Transaction Set Header	Required	1	
0200	BGN	Beginning Segment	Required	1	
0400	DPT	File Effective Date	Situational	>1	
		LOOP ID – 1000A SPONSOR NAME			**1**
0700	N1	Sponsor Name	Required	1	
		LOOP ID – 1000B PAYER			**1**
0700	N1	Payer	Required	1	

2.1.2 Table 2 – Detail

See Sections 2.2.8 through 2.2.27 for detailed segment specifications.

POS #	Segment ID	Name	Usage	Repeat	Loop Repeat
		LOOP ID – 2000 MEMBER LEVEL DETAIL			**>1**
0100	INS	Member Level Detail	Required	1	
0200	REF	Subscriber Identifier	Required	1	
0200	REF	Member Supplemental Identifier	Situational	13	
0200	REF	Member Policy Number	Situational	1	
0250	DTP	Member Level Dates	Situational	24	

POS #	Segment ID	Name	Usage	Repeat	Loop Repeat
		LOOP ID – 2100A MEMBER NAME			**1**
0300	NM1	Member Name	Required	1	
0400	PER	Member Communications Numbers	Situational	1	
0500	N3	Member Residence Street Address	Situational	1	
0600	N4	Member City, State, ZIP Code	Required	1	
0800	DMG	Member Demographics	Situational	1	
1500	LUI	Member Language	Situational	>1	
		LOOP ID – 2100C MEMBER MAILING ADDRESS			**1**
0300	NM1	Member Mailing Address	Situational	1	
0500	N3	Member Mail Street Address	Required	1	
0600	N4	Member Mail City, State, ZIP Code	Required	1	
		LOOP ID – 2100G RESPONSIBLE PERSON			**13**
0300	NM1	Responsible Person	Situational	1	
		LOOP ID – 2300 HEALTH COVERAGE			**99**
2600	HD	Health Coverage	Situational	1	
2700	DTP	Health Coverage Dates	Required	6	
2900	REF	Health Coverage Policy Number	Situational	14	
		LOOP ID – 2310 PROVIDER INFORMATION			**30**
3100	LX	Provider Information	Situational	1	
3200	NM1	Provider Name	Required	1	
6900	SE	Transaction Set Trailer	Required	1	

2.2 834 Segment Detail

This section specifies the loops, segments, data elements, and codes used by the Louisiana EB project.

2.2.1 ISA - Interchange Control Header

X12 Segment Name: Interchange Control Header

X12 Purpose: To start and identify an interchange of zero or more functional groups and interchange-related control segments

Segment Repeat: 1

Usage: REQUIRED

Example: ISA✻00✻.....✻00✻.....✻ZZ✻SUBMITTERS.ID..✻30✻
RECEIVERS.ID...✻030101✻1253✻^✻00501✻000000905✻0✻T✻:~

USAGE	REF. DES.	Name	Attributes		
REQUIRED	**ISA01**	**Authorization Information Qualifier**	**M**	**ID**	**2/2**
		Code identifying the type of information in the Authorization Information			
		Code / **Definition** / **Comments**: **00** / No Authorization Information Present / No Meaningful Information in I02			
REQUIRED	**ISA02**	**Authorization Information**	**M**	**AN**	**10/10**
		Not used but required. Fill with spaces.			
REQUIRED	**ISA03**	**Security Information Qualifier**	**M**	**ID**	**2/2**
		Code identifying the type of information in the Security Information			

USAGE	REF. DES.	Name	Attributes

Code	Definition	Comments
00	No Security Information Present	No Meaningful Information in I04

REQUIRED **ISA04** **Security Information** **M AN 10/10**

Not used but required. Fill with spaces.

REQUIRED **ISA05** **Interchange ID Qualifier** **M ID 2/2**

Code indicating the system/method of code structure used to designate the sender or receiver ID element being qualified

Code	Definition	Comments
ZZ	Mutually Defined	

REQUIRED **ISA06** **Interchange Sender ID** **M AN 15/15**

The identification code for the Louisiana Medicaid for routing data is **LAMEDICAID**

REQUIRED **ISA07** **Interchange ID Qualifier** **M ID 2/2**

Code indicating the system/method of code structure used to designate the sender or receiver ID element being qualified

Code	Definition	Comments
30	US Federal Tax Identification Number	

REQUIRED **ISA08** **Interchange Receiver ID** **M AN 15/15**

The Receivers Identification code is **CCN Federal Tax ID**

REQUIRED **ISA09** **Interchange Date** **M DT 6/6**

Date of the interchange

FORMAT:	YYMMDD

REQUIRED **ISA10** **Interchange Time** **M TM 4/4**

Time of the interchange

FORMAT:	HHMM

REQUIRED **ISA11** **Repetition Separator** **M 1/1**

The Repetition Separator used is **^**

REQUIRED **ISA12** **Interchange Control Version Number** **M ID 5/5**

Code specifying the version number of the interchange control segments

Code	Definition	Comments
00501	Standards Approved for Publication by ASC X12 Procedures Review Board through October 2003	

REQUIRED **ISA13** **Interchange Control Number** **M NO 9/9**

A control number assigned by the interchange sender. This number must be identical to IEA02

REQUIRED **ISA14** **Acknowledgment Requested** **M ID 1/1**

Code indicating sender's request for an interchange acknowledgment

Code	Definition	Comments
0	No Interchange Acknowledgment Requested	

REQUIRED **ISA15** **Interchange Usage Indicator** **M ID 1/1**

Code indicating whether data enclosed by this interchange envelope is test, production or information

USAGE	REF. DES.	Name	Attributes

Code	Definition	Comments
P	Production	
T	Test	

REQUIRED	**ISA16**	**Component Element Separator**	**M**	**1/1**
		The Component Element Separator used is **:**		

2.2.2 GS - Functional Group Header

X12 Segment Name: Functional Group Header
X12 Purpose: To indicate the beginning of a functional group and to provide control information
Segment Repeat: 1
Usage: REQUIRED
Example: GS✻BE✻SENDER CODE✻RECEIVER CODE✻19991231✻0802✻1✻X✻005010X220A1~

USAGE	REF. DES.	Name	Attributes
REQUIRED	**GS01**	**Functional Identifier Code** Code identifying a group of application related transaction sets	**M ID 2/2**

Code	Definition	Comments
BE	Benefit Enrollment and Maintenance (834)	

REQUIRED	**GS02**	**Application Sender's Code** Sender's Identifications code is **LAMEDICAID**	**M**	**AN 2/15**
REQUIRED	**GS03**	**Application Receiver's Code** Code identifying party receiving transmission **MCO's ID Code**	**M**	**AN 2/15**
REQUIRED	**GS04**	**Date** Function Group Creation Date **FORMAT: YYMMDD**	**M**	**DT 8/8**
REQUIRED	**GS05**	**Time** Creation Time **FORMAT: HHMM**	**M**	**TM 4/8**
REQUIRED	**GS07**	**Responsible Agency Code** Code identifying the issuer of the standard	**M**	**ID 1/2**

Code	Definition	Comments
X	Accredited Standards Committee X12	

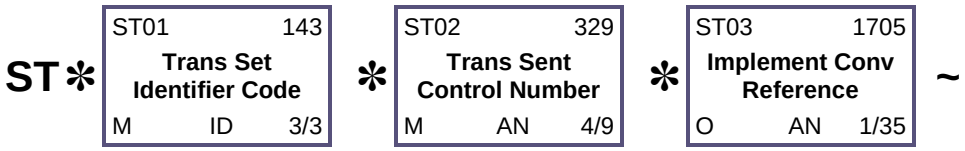
REQUIRED	**GS08**	**Version / Release / Industry Identifier Code**	**M**	**ID 1/2**

Code	Definition	Comments
005010X220A1	Standards Approved for Publication by ASC X12 Procedures Review Board	

2.2.3 ST - Transaction Set Header

X12 Segment Name: Transaction Set Header
X12 Purpose: To indicate the start of a transaction set and to assign a control number
Segment Repeat: 1
Usage: REQUIRED

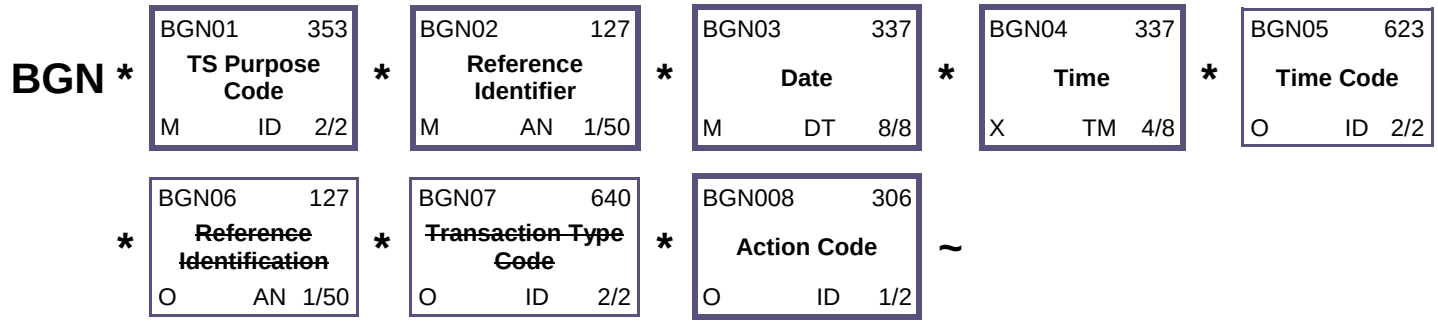
Example: ST*834*0001*005010X220A1~



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

2.2.4 BGN - Beginning Segment

X12 Segment Name: Beginning Segment
X12 Purpose: To indicate the beginning of a transaction set
Segment Repeat: 1
Usage: REQUIRED
Example: BGN*00*XXXX*19970920*120001*CT***2~



Usage	REF. DES.	Name	Attributes		
REQUIRED	**BGN01**	**Transaction Set Purpose Code**	**M**	**ID**	**2/2**
		Code identifying purpose of transaction set			
		Code / **Definition** / **Comments**: **00** / Original /			
REQUIRED	**BGN02**	**Reference Identification**	**M**	**AN**	**1/50**
		Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier			

Usage	REF. DES.	Name	Attributes		
REQUIRED	**BGN03**	**Date** Functional Group Creation Date **FORMAT: CCYYMMDD**	**M**	**DT**	**8/8**
REQUIRED	**BGN04**	**Time** Transaction set creation time **FORMAT: HHMMSS**	**M**	**TM**	**4/8**
SITUATIONAL	**BGN05**	**Time Code** Time Zone	**O**	**ID**	**2/2**
SITUATIONAL	**BGN06**	**Reference Identification** Not Used	**O**	**AN**	**1/50**
NOT USED	**BGN07**	**Transaction Type Code** Not Used	**O**	**ID**	**1/50**
REQUIRED	**BGN08**	**Action Code** Code indicating type of action	**O**	**ID**	**1/2**

Code	Definition	Comments
CT	Central Time	

Code	Definition	Comments
2	Change/Update	Used to identify a transaction of additions, terminations and changes to the current enrollment.
4	Verify	Used to identify a full enrollment transaction to verify that the sponsor's and payer's systems are synchronized.
RX	AC/TC Recon	Quarterly reconciliation of AC/TC history.

2.2.5 DTP – File Effective Date

X12 Segment Name: Date or Time or Period
X12 Purpose: To specify any or all of a date, a time, or a time period
Segment Repeat: >1
Usage: SITUATIONAL
Example: DTP✻007✻D8✻19960101~

DTP *

DTP01 374	*	DTP02 1250	*	BGN03 337	~
Date/Time Qualifier		**Date Time Period Format Qualifier**		**Date Time Period**	
M ID 3/3		M AN 1/50		M DT 8/8	

Usage	REF. DES.	Name	Attributes		
REQUIRED	**DTP01**	**Date/Time Qualifier** Code specifying type of date or time, or both date and time	**M**	**ID**	**3/3**
REQUIRED	**DTP02**	**Date Time Period Format Qualifier**	**M**	**ID**	**2/3**

Code	Definition	Comments
007	Effective	

Usage	REF. DES.	Name	Attributes
		Code indicating the date format, time format, or date and time format **Code** / **Definition** / **Comments**: **D8** / Date Expressed in Format CCYYMMDD /	
REQUIRED	**DTP03**	**Date Time Period** Expression of a date.	**M AN 1/35**

2.2.6 N1 – Sponsor Name

X12 Segment Name: Party Identification
X12 Purpose: To identify a party by type of organization, name, and code
Loop: 1000A
Loop Repeat: 1
Segment Repeat: 1
Usage: REQUIRED
Example: N1✻P5✻✻24✻12356799~

N1 * [N101 98 **Entity ID Code** M ID 2/3] ***** [N102 93 ~~**Name**~~ X AN 1/60] ***** [N103 66 **ID Code Qualifier** X ID 1/2] ***** [N104 67 **ID Code** X AN 2/80] **~**

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

2.2.7 N1 – Payer

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

N1 * N101 98 **Entity ID Code** M ID 2/3 * N102 93 **Name** X AN 1/50 * N103 66 **ID Code Qualifier** X ID 1/2 * N104 67 **ID Code** X AN 2/80 ~

Usage	REF. DES.	Name	Attributes
REQUIRED	**N101**	**Entity Identifier Code** Code identifying an organizational entity, a physical location, property or an individual	**M ID 2/3**
		Code / **Definition** / **Comments** **IN** / Insurer /	
SITUATIONAL	**N102**	**Name** Not Used	**X AN 1/60**
REQUIRED	**N103**	**Identification Code Qualifier**	**X ID 1/2**
		Code / **Definition** / **Comments** **FI** / Federal Taxpayer's Identification Number /	
REQUIRED	**N104**	**Identification Code** Identification Code sent **MCO's Federal Tax ID**	**X AN 2/80**

2.2.8 INS – Member Level Detail

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

INS * INS01 1073 **Yes/No Cond Resp Code** M ID 1/1 * INS02 1069 **Individual Relation Code** M ID 2/2 * ISN03 875 **Maintenance Type Code** O ID 3/3 * INS04 1203 **Maintain Reason Code** O ID 2/3 * INS05 1216 **Benefit Status Code** O ID 1/1

* INS06 C052 ~~**Medicare Status Code**~~ O * INS07 1219 ~~**COBRA Qual Event Code**~~ O ID 1/2 * INS08 584 **Employment Status Code** O ID 2/2 * INS09 1220 ~~**Student Status Code**~~ O ID 1/1 * INS10 1073 **Handicap Indicator** O ID 1/1

* INS11 1250 **Date Time Format Qual** O ID 2/3 * INS12 1251 **Date of Death** O AN 1/35 ~

Usage	REF. DES.	Name	Attributes
REQUIRED	**INS01**	**Member Indicator**	**M ID 1/1**

Usage	REF. DES.	Name	Attributes

Indicates the person is a subscriber (all records for Medicaid are subscribers).

Code	Definition	Comments
Y	Yes	Indicates the person is a subscriber

REQUIRED **INS02** **Individual Relationship Code** **M ID 2/2**

Code indicating the relationship between two individual entities.

Code	Definition	Comments
18	Self	Value 18 must be used for a subscriber

REQUIRED **INS03** **Implementation Convention Reference Maintenance Type Code** **O ID 3/3**

Code identifying the specific type of item maintenance

Code	Definition	Comments
001	Change	
021	Addition	
024	Cancel or Termination	
030	Audit or Compare	

SITUATIONAL **INS04** **Maintenance Reason Code** **O ID 2/3**

Code identifying the reason for the maintenance change (See Appendix D for a full mapping of MAXIMUS enrollment, disenrollment, and maintenance reasons to 834 maintenance reason codes)

Code	Definition	Comments
03	Death	
07	Termination of Benefits	
14	Voluntary Withdrawal	
25	Change in Identifying Data Elements	
26	Declined Coverage	
AH	Patient Moved to a New Location	
AI	No Reason Given	
AL	Algorithm Assigned Benefit Selection	
EC	Member Benefit Selection	
XN	Notification Only	
XT	Transfer	

REQUIRED **INS05** **Benefit Status Code** **O ID 1/1**

The type of coverage under which benefits are paid

Code	Definition	Comments
A	Active	

SITUATIONAL **INS06** **MEDICARE STATUS CODE** **O**

Not Sent

SITUATIONAL **INS07** **Consolidated Omnibus Budget Reconciliation Act (COBRA) Qualifying** **O ID 1/2**

Not Used

SITUATIONAL **INS08** **Employment Status Code** **O ID 2/2**

Required because transaction is for a subscriber. The data element will contain the status of the member in the program, rather than employment status.

Code	Definition	Comments
AC	Active	Medicaid Managed Care participant
TE	Terminated	Not a Medicaid managed Care participant

Usage	REF. DES.	Name	Attributes		
SITUATIONAL	**INS09**	**Student Status Code** Not Used	**O**	**ID**	**1/1**
SITUATIONAL	**INS10**	**Handicap Indicator** Special Needs Indicator	**O**	**ID**	**1/1**

Code	Definition	Comments
N	No	
Y	Yes	

Usage	REF. DES.	Name	Attributes		
SITUATIONAL	**INS11**	**Date Time Period Format Qualifier** Code indicating the date format, time format, or date and time format	**X**	**ID**	**2/3**

Code	Definition	Comments
D8	Date Expressed in Format CCYYMMDD	

Usage	REF. DES.	Name	Attributes		
SITUATIONAL	**INS12**	**Date of Death** Member Individual Death Date. Required if the member is deceased. This does not replace the use of the termination date within the 2300 loop.	**X**	**AN**	**1/35**

2.2.9 REF – Subscriber Identifier

X12 Segment Name: Reference Information
X12 Purpose: To specify identifying information
Loop: 2000 - Member Level Detail
Segment Repeat: 1
Usage: REQUIRED
Example: REF✻0F✻1111111111111~

REF * REF01 353 **TS Purpose Code** M ID 2/2 ***** REF02 127 **Reference Identifier** X AN 1/50 **~**

Usage	REF. DES.	Name	Attributes		
REQUIRED	**REF01**	**Reference Identification Qualifier** Code qualifying the Reference Identification	**M**	**ID**	**2/3**

Code	Definition	Comments
0F	Subscriber Number	

Usage	REF. DES.	Name	Attributes		
REQUIRED	**REF02**	**Reference Identification** Identifying subscriber identifier is 13-digit Louisiana Medicaid Recipient ID Number	**M**	**AN**	**1/50**

2.2.10 REF – Member Policy Number

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

REF * | REF01 353 **TS Purpose Code** M ID 2/2 | * | REF02 127 **Reference Identifier** X AN 1/50 | ~

Usage	REF. DES.	Name	Attributes		
REQUIRED	**REF01**	**Reference Identification Qualifier** Code qualifying the Reference Identification	**M**	**ID**	**2/3**

Code	Definition	Comments
1L	Group or Policy Number	

REQUIRED	**REF02**	**Reference Identification** Policy number with a value of **1726011595**	**M**	**AN**	**1/50**

2.2.11 REF – Member Supplemental Identifier

X12 Segment Name: Reference Information
X12 Purpose: To specify identifying information
Loop: 2000 - Member Level Detail
Segment Repeat: 13
Usage: SITUATIONAL
Example: REF*23*2222222222222222~

REF * | REF01 128 **Reference Ident Qualifier** M ID 2/3 | * | REF02 127 **Reference Identifier** M AN 1/50 | ~

Usage	REF. DES.	Name	Attributes		
REQUIRED	**REF01**	**Reference Identification Qualifier** Code qualifying the Reference Identification	**M**	**ID**	**2/3**

Code	Definition	Comments
ABB	Chisholm case manager	
23	Client Number	
3H	Case Number	
6O	Cross Reference Number (Type Case)	
ZZ	Mutually defined	Mother's reference ID for newborns

REQUIRED	**REF02**	**Reference Identification** Value to be supplied – to match code definition.	**M**	**AN**	**1/50**

2.2.12 DTP – Member Level Dates

X12 Segment Name: Date or Time or Period
X12 Purpose: To specify any or all of a date, a time, or a time period
Loop: 2000 - Member Level Detail
Segment Repeat: 3
Usage: SITUATIONAL

Example: DTP*473*D8*19960705~

DTP *

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

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

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

Code	Definition	Comments
473	Medicaid Begin	
474	Medicaid End	

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

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

Code	Definition	Comments
D8	Date Expressed in Format CCYYMMDD	

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

Status Information Effective Date

DTP *

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

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

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

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

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

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

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

Code	Definition	Comments
D8	Date Expressed in Format CCYYMMDD	

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

Status Information Effective Date

2.2.13 NM1 – Member Name

X12 Segment Name: Individual or Organizational Name
X12 Purpose: To supply the full name of an individual or organizational entity
Loop: 2100A - Member Name
Loop Repeat: 1
Segment Repeat: 1
Usage: Required
Example: NM1✻IL✻1✻SMITH✻JOHN✻M✻✻SR~

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

Usage	REF. DES.	Name	Attributes		
REQUIRED	**NM101**	**Entity Identifier Code** Code specifying type of date or time, or both date and time	**M**	**ID**	**2/3**
		Code / **Definition** / **Comments** **IL** / Insured or Subscriber			
REQUIRED	**NM102**	**Entity Type Qualifier** Code qualifying the type of entity	**M**	**ID**	**1/1**
		Code / **Definition** / **Comments** **1** / Person			
REQUIRED	**NM103**	**Name Last or Organization Name** Member Last Name	**X**	**AN**	**1/60**
SITUATIONAL	**NM104**	**Name First** Member First Name	**O**	**AN**	**1/35**
SITUATIONAL	**NM105**	**Name Middle** Member Middle Name or Middle Initial	**O**	**AN**	**1/25**
SITUATIONAL	**NM106**	**Name Prefix** Not Used	**O**	**AN**	**1/10**
SITUATIONAL	**NM107**	**Name Suffix** Suffix to individual name	**O**	**AN**	**1/10**
SITUATIONAL	**NM108**	**Identification Code Qualifier** Code designating the system/method of code structure used for Identification Code.	**X**	**ID**	**1/2**
		Code / **Definition** / **Comments** **34** / Social Security Number			
SITUATIONAL	**NM109**	**Identification Code** Member Social Security Number	**X**	**AN**	**2/80**

2.2.14 PER – Member Communication Numbers

X12 Segment Name: Administrative Communications Contact
X12 Purpose: To identify a person or office to whom administrative communications should be directed
Loop: 2100A - Member Name
Segment Repeat: 1
Usage: SITUATIONAL
Example: PER✻IP✻✻TE✻8015554321~

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

Usage	REF. DES.	Name	Attributes		
REQUIRED	**PER01**	**Contact Function Code**	**M**	**ID**	**2/2**
		Code identifying the major duty or responsibility of the person or group named			
		Code / **Definition** / **Comments**: **IP** – Insured Party			
NOT USED	**PER02**	**Name**	**O**	**AN**	**1/60**
		Not Used			
REQUIRED	**PER03**	**Communication Number Qualifier**	**X**	**ID**	**2/2**
		Code identifying the type of communication number			
		Code / **Definition** / **Comments**: **AP** – Alternate Phone; **HP** – Home Phone; **TE** – Telephone; **EM** – Electronic mail			
REQUIRED	**PER04**	**Communication Number or Email Address**	**X**	**AN**	**1/256**
		Code identifying the type of communication number			
SITUATIONAL	**PER05**	**Communication Number Qualifier**	**X**	**ID**	**2/2**
		Code identifying the type of communication number			
		Code / **Definition** / **Comments**: **AP** – Alternate Phone; **HP** – Home Phone; **TE** – Telephone; **EM** – Electronic mail			
SITUATIONAL	**PER06**	**Communication Number or Email Address**	**X**	**AN**	**1/256**
		Code identifying the type of communication number			
SITUATIONAL	**PER07**	**Communication Number Qualifier**	**X**	**ID**	**2/2**
		Code identifying the type of communication number			

Usage	REF. DES.	Name	Attributes

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

Usage	REF. DES.	Name	Attributes
SITUATIONAL	**PER08**	**Communication Number or Email Address** Code identifying the type of communication number	**X AN 1/256**

2.2.15 N3 – Member Residence Street Address

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

N3 * N301 166 **Address Information** M AN 1/55 ***** N302 166 **Address Information** O AN 1/55 **~**

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

2.2.16 N4 – Member City, State, Zip Code

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

N4 * N401 19 **City** O AN 2/30 ***** N402 156 **State Code** X ID 2/2 ***** N403 116 **Postal Code** O ID 3/15 **~**

Usage	REF. DES.	Name	Attributes
REQUIRED	**N401**	**City Name** City Name	**O AN 2/30**
SITUATIONAL	**N402**	**State or Province Code**	**X ID 2/2**

Usage	REF. DES.	Name	Attributes		
		Code (Standard State/Province) as defined by appropriate government agency			
SITUATIONAL	N403	**Postal Code** Code defining international postal zone code excluding punctuation and blanks (zip code for United States)	O	ID	3/15

2.2.17 DMG – Member Demographics

X12 Segment Name: Demographic Information
X12 Purpose: To supply demographic information
Loop: 2100A - Member Name
Segment Repeat: 1
Usage: SITUATIONAL
Example: DMG✻D8✻19450915✻F✻M~

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

Usage	REF. DES.	Name	Attributes		
REQUIRED	DMG01	**Date Time Period Format Qualifier** Code indicating the date format, time format, or date and time format	X	ID	2/3

Code	Definition	Comments
D8	Date Expressed in Format CCYYMMDD	

REQUIRED	DMG02	**Date Time Period** Member Birth Date	X	AN	1/35
REQUIRED	DMG03	**Gender Code** Code indicating the sex of the individual	O	ID	1/1

Code	Definition	Comments
F	Female	
M	Male	
U	Unknown	

SITUATIONAL	DMG04	**Marital Status** Not Used	O	ID	1/1
SITUATIONAL	DMG05	**Composite Race Information** To send general and detailed information on race	X	10	
SITUATIONAL	DMG05-1	**Race Code** Code Indicating Race. See Appendix A Race Codes and crosswalk to LA specific Race Codes.	O	ID	1/1

Code	Definition	Comments

SITUATIONAL	DMG05-2	**Code List Qualifier** Code indicating specific Industry Code List	X	ID	1/3

Usage	REF. DES.	Name	Attributes
		Code: RET — Definition: Classification of Race — Comments:	
SITUATIONAL	DMG05-3	**Industry Code** Code indicating specific Industry Code List	X ID 1/3

2.2.18 LUI – Member Language

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

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

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

Usage	REF. DES.	Name	Attributes

Code	Definition	LA Code
EN	English	01
ES	Spanish	02
AR	Arabic	04
HY	Chinese	19
FA	Persian	07
FR	French	08
DE	German	09
EL	Greek	10
HT	Haitian Creole	11
HI	Hindi	12
IT	Italian	14
JA	Japanese	15
KM	Khmer	16
KO	Korean	17
LO	Lao	18
PL	Polish	20
PT	Portuguese	21
RU	Russian	22
SM	Samoan	23
TL	Tagalog	24
VI	Vietnamese	25
YI	Yiddish	26

Usage	REF. DES.	Name			
SITUATIONAL	**LUI03**	**Description** Language Description	**X**	**AN**	**1/80**
SITUATIONAL	**LUI04**	**Use of Language Indicator** Code indicator of use of a language	**O**	**ID**	**1/2**

Code	Definition	Comments
7	Speaking	

2.2.19 NM1 – Member Mailing Address

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

NM1 * NM101 98 **Entity ID Code** M ID 2/3 * NM102 1065 **Entity Type Qualifier** M ID 1/2 ~

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

2.2.20 N3 – Member Mail Street Address

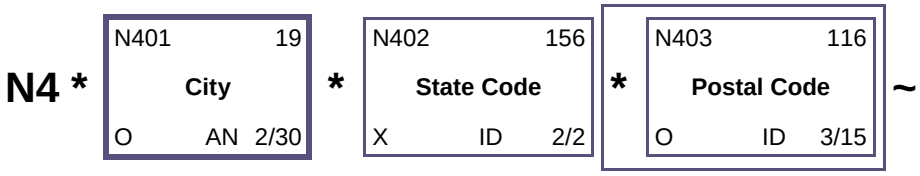
X12 Segment Name: Party Location
X12 Purpose: To specify the location of the named party
Loop: 2100C - Member Mailing Address
Segment Repeat: 1
Usage: REQUIRED
Example: N3✻50 ORCHARD STREET~

N3 * N301 166 **Address Information** M AN 1/55 * N302 166 **Address Information** O AN 1/55 ~

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

2.2.21 N4 – Member Mail City, State, Zip Code

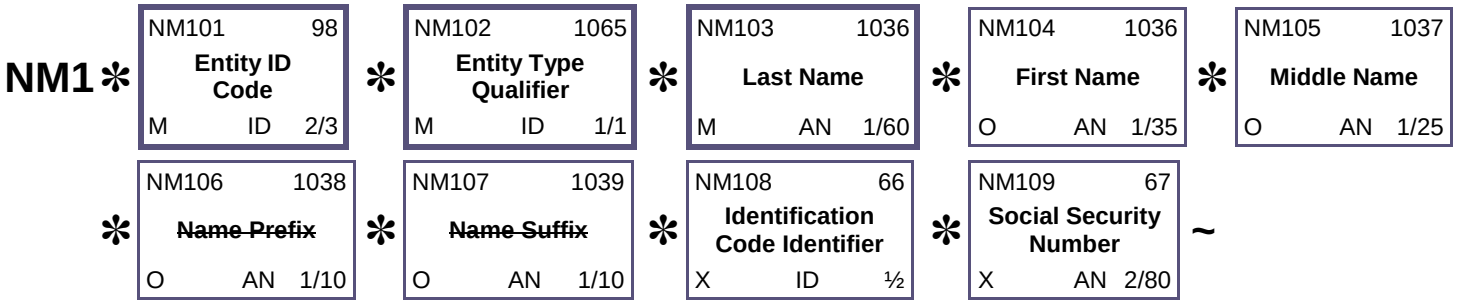
X12 Segment Name: Geographic Location
X12 Purpose: To specify the geographic place of the named party
Loop: 2100C - Member Mailing Address
Segment Repeat: 1
Usage: REQUIRED
Example: N4✻LAFAYETTE✻LA✻12345~



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

2.2.22 NM1 – Responsible Person

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



USAGE	REF. DES.	Name	Attributes		
REQUIRED	**NM101**	**Entity Identifier Code** Code specifying type of date or time, or both date and time	**M**	**ID**	**2/3**

Code	Definition	Comments
QD	Responsible Party	

REQUIRED	**NM102**	**Entity Type Qualifier** Code qualifying the type of entity	**M**	**ID**	**1/1**

Code	Definition	Comments
1	Person	

REQUIRED	**NM103**	**Name Last or Organization Name**	**X**	**AN**	**1/60**

USAGE	REF. DES.	Name	Attributes		
		Individual Last Name or organizational name			
SITUATIONAL	NM104	**Name First** Individual First Name	O	AN	1/35
SITUATIONAL	NM105	**Name Middle** Individual Middle Initial	O	AN	1/25
SITUATIONAL	NM106	**Name Prefix** Not Used	O	AN	1/10
SITUATIONAL	NM107	**Name Suffix** Not Used	O	AN	1/10
SITUATIONAL	NM108	**Identification Code Qualifier**	X	ID	1/2

Code	Definition	Comments
34	Social Security Number	

SITUATIONAL	NM109	**Identification Code** Responsible Party Identifier	X	AN	2/80

2.2.23 HD – Health Coverage

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

HD * HD01 875 **Maintenance Type Code** M ID 3/3 * HD02 1203 ~~**Maintenance Reason Code**~~ O ID 2/3 * HD03 12p5 **Insurance Line Code** M ID 2/3 * HD04 1204 **Plan Coverage Description** O AN 1/50 * HD0505 1207 **Coverage Level Code** O ID 3/3 ~

USAGE	REF. DES.	Name	Attributes		
REQUIRED	HD01	**Maintenance Type Code** Code identifying the specific type of item maintenance	M	ID	3/3

Code	Definition	Comments
001	Change	
021	Addition	
024	Cancellation or termination	
025	Reinstatement	
030	Audit or Compare	

NOT USED	HD02	**Maintenance Reason Code** Not Used	O	ID	2/3
REQUIRED	HD03	**Insurance Line Code** Code identifying a group of insurance products	O	ID	2/3

USAGE	REF. DES.	Name	Attributes

Code	Definition	Comments
HMO	Health Maintenance Organization	
LTC	Long Term Care	

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

Choice Code

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

High Risk Pregnancy Indicator

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

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

Behavioral Health Indicator - Identifies client program membership

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

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

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

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

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

Code	Definition	Comments
IND	Individual	

2.2.24 DTP – Health Coverage Dates

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

DTP * DTP 374 **Date/Time Qualifier** M ID 3/3 ***** DTP02 1250 **Date Time Format Qualifier** M ID 2/3 ***** DTP03 1250 **Date Time Period** M AN 1/35 **~**

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

Code	Definition	Comments
348	Benefit Begin	The 348 date will also be considered as the start date for the AC/TC reconciliation file.
349	Benefit End	

REQUIRED	**DTP02**	**Date Time Period Format Qualifier** Code indicating the date format, time format, or date and time format	**M**	**ID**	**2/3**

Code	Definition	Comments
D8	Date Expressed in Format CCYYMMDD	

REQUIRED	**DTP03**	**Date Time Period** Coverage Period	**M**	**AN**	**1/35**

2.2.25 REF – Health Coverage Policy Number

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

REF * | REF01 126 **Reference Ident Qualifier** M ID 2/3 | * | REF02 127 **Reference Identification** M AN 1/50 | ~

USAGE	REF. DES.	Name	Attributes
REQUIRED	**REF01**	**Reference Identification Qualifier** Code qualifying the Reference Identification	**M ID 2/3**
REQUIRED	**REF02**	**Reference Identification** See Appendix B for table of Parish Codes and Appendix E for Aid Category Codes.	**M AN 1/50**

Code	Definition	Comments
M7	Medical Assistance Category	Aid Category
ZX	County Code	Parish Code

2.2.26 HD – Health Coverage – CSoC Type cases

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

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

USAGE	REF. DES.	Name	Attributes
REQUIRED	**HD01**	**Maintenance Type Code** Code identifying the specific type of item maintenance	**M ID 3/3**
NOT USED	**HD02**	**Maintenance Reason Code** Not Used	**O ID 2/3**
REQUIRED	**HD03**	**Insurance Line Code** Code identifying a group of insurance products	**O ID 2/3**
SITUATIONAL	**HD04**	**Type Case** The type case associated with this CsoC date range.	**O AN 1/50**

Code	Definition	Comments
001	Change	
021	Addition	
024	Cancellation or termination	
025	Reinstatement	
030	Audit or Compare	

Code	Definition	Comments
HMO	Health Maintenance Organization	

2.2.27 DTP – CSoC admit and discharge dates

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

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

Code	Definition	Comments
695	Previous period	The 695 date contains CSoC admit and discharge dates. It can cover both previous and current periods.

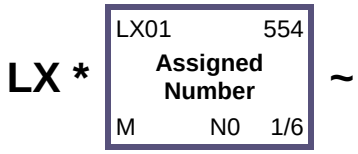
REQUIRED	DTP02	**Date Time Period Format Qualifier** Code indicating the date format, time format, or date and time format	M ID 2/3

Code	Definition	Comments
RD8	Date range	Signifies that a date range will be sent in the DTP segment.

REQUIRED	DTP03	**Date Time Period** Coverage Period in format CCYYMMDD-CCYYMMDD. Example: 20101001-20110601	M AN 1/35

2.2.28 LX – Provider Information

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



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

2.2.29 NM1 – Provider Name

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

NM1 *	NM101 98 **Entity ID Code** M ID 2/3	*	NM102 1065 **Entity Type Qualifier** M ID 1/1	*	NM103 1035 **Last Name/ Org Name** X AN 1/60	*	NM104 1036 **First Name** O AN 1/35	*	NM105 1037 **Middle Name** O AN 1/25
*	NM106 1038 **~~Name Prefix~~** O AN 1/10	*	NM107 1039 **~~Name Suffix~~** O AN 1/10	*	NM108 66 **ID Code Qualifier** X AN 1/2	*	NM109 67 **ID Code** X ID 2/80	*	NM110 706 **Entity Relation Code** X ID 2/2	~

USAGE	REF. DES.	Name	Attributes		
REQUIRED	**NM101**	**Entity Identifier Code** Code specifying type of date or time, or both date and time	**M**	**ID**	**2/3**

Code	Definition	Comments
P3	Primary Care Provider	

USAGE	REF. DES.	Name	Attributes		
REQUIRED	**NM102**	**Entity Type Qualifier** Code qualifying the type of entity	**M**	**ID**	**1/1**

Code	Definition	Comments
1	Person	
2	Non-Person Entity	

USAGE	REF. DES.	Name	Attributes		
REQUIRED	**NM103**	**Name Last or Organization Name** Individual Last Name or organizational name	**X**	**AN**	**1/60**
SITUATIONAL	**NM104**	**Name First** Individual First Name	**O**	**AN**	**1/35**
SITUATIONAL	**NM105**	**Name Middle** Individual Middle Initial	**O**	**AN**	**1/25**
SITUATIONAL	**NM106**	**Name Prefix** Not Used	**O**	**AN**	**1/10**
SITUATIONAL	**NM107**	**Name Suffix** Not Used	**O**	**AN**	**1/10**
SITUATIONAL	**NM108**	**Identification Code Qualifier**	**X**	**ID**	**½**

USAGE	REF. DES.	Name	Attributes
		Code: SV — Service Provider Number Code: XX — National Provider Identifier	
SITUATIONAL	NM109	**Identification Code** Provider Identifier	X AN 2/80
REQUIRED	NM110	**Entity Relationship Code** Code describing entity relationship Code: 72 — Unknown	X AN 2/80

2.2.30 LS – Additional Reporting Categories

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

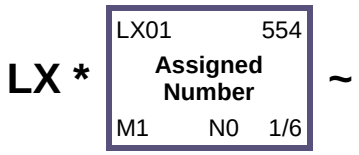
NOTE: The 2700 loop referenced in sections 2.28 through 2.33 will only be sent in the monthly recon file and not in daily files.

LS * [LS01 447 **Loop ID Code** M1 AN 1/4] **~**

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

2.2.31 LX – Member Reporting Categories

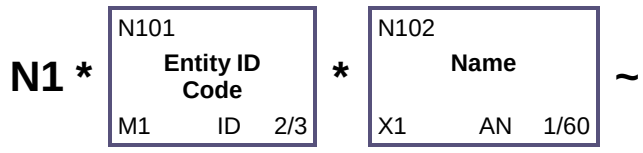
X12 Segment Name: Transaction Set Line Number
X12 Purpose: To reference a line number in a transaction
Loop: 2700 – Member Reporting Categories
Loop Repeat: >1
Segment Repeat: 1
Usage: SITUATIONAL
Example: LX*1~



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

2.2.32 N1 – Reporting Category

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



USAGE	REF. DES.	Name	Attributes		
REQUIRED	**N101**	**Entity ID Code** Code Identifying Organization	**M1**	**ID**	**2/3**
REQUIRED	**N102**	**Name** Member Reporting Category Name use **Medicaid History**	**X1**	**AN**	**1/60**

Code	Definition	Comments
75	Participant	

2.2.33 REF – Reporting Category Reference

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

REF * REF01 **Reference Ident Qual** M1 ID 2/3 ***** REF02 **Reference Ident** X1 AN 1/50 **~**

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

Code	Definition	Comments
ZZ	Mutually Defined	

USAGE	REF. DES.	Name	Attributes
REQUIRED	**REF02**	**Reference Identification**	**X1 AN 1/50**

Description	Length	Begin	End
Aid Category	2	1	2
Hard Coded Slash	1	3	3
Type Case	3	4	6
Hard Coded Slash	1	7	7
Closure Code - A three character code that describes why an eligibility span was closed. This code is received from MEDS by MAXIMUS and is passed through as received	3	8	10
Hard Coded Slash	1	11	11
Approval code	3	12	14

*****Note – All fields are left padded with zeros**

2.2.34 DTP – Report Category Date

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

DTP * DTP01 **Date/Time Qualifier** M ID 3/3 ***** DTP02 **Date Time Format Qualifier** M ID 2/3 ***** DTP03 **Date Time Period** M AN 1/35 **~**

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

USAGE	REF. DES.	Name			Attributes		
		Code	**Definition**	**Comments**			
		007	Effective				
REQUIRED	**DTP02**	**Date Time Period Format Qualifier** Code indicating the date format, time format, or date and time format			**M**	**ID**	**2/3**
		Code	**Definition**	**Comments**			
		RD8	Range of Dates Expressed in Format CCYYMMDD- CCYYMMDD				
REQUIRED	**DTP03**	**Date Time Period** Member Reporting Category Effective Dates			**M**	**AN**	**1/35**

2.2.35 LE – Additional Reporting Categories Loop Termination

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

LE * LE01 **Loop ID** M1 AN 1/4 **~**

USAGE	REF. DES.	Name	Attributes		
REQUIRED	**LE01**	**Loop Identifier Code** Use **2700**	**M**	**AN**	**¼**

2.2.36 SE – Transaction Set Trailer

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

SE * SE01 **Number of Included Seg** M N0 1/10 ***** SE02 **Trans Set Control Number** M AN 4/9 **~**

USAGE	REF. DES.	Name	Attributes		
REQUIRED	**SE01**	**Number of Included Segments** Total number of segments included in a transaction set including ST and SE segments	**M**	**N0**	**1/10**
REQUIRED	**SE02**	**Transaction Set Control Number** Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set	**M**	**AN**	**4/9**

2.2.37 GE –Functional Group Trailer

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

GE * [GE01 353 **Number of TS Sets Included** M N0 1/6] ***** [GE02 **Group Control Number** M N0 1/9] **~**

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

2.2.38 IEA –Interchange Control Trailer

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

IEA * [IEA01 **Number of Functional Grps** M N0 1/5] ***** [IEA02 **Interchange Control Number** M N0 9/9] **~**

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

3 Testing

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

3.1 Xchange Gateway

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

3.1.1 Xchange Gateway Server

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

3.1.2 Access

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

3.1.2.1 Using Web Browser

Using Internet Explorer or Firefox go to the following URL.

https://xchange.maximus.com/

3.1.2.2 Using SFTP Client

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

3.1.3 User Account Activation

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

Full Name:
Email Address:
Health Plan:
Purpose: 5010 Testing for the LA EB Project

3.1.4 Self Service Password Administration

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

3.1.5 Connectivity Issues

Please contact Xchange@maximus.com if you experience any difficulty with the Xchange Gateway.

3.1.6 File Locations

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

Appendix A – Race Codes

Conversion of Ethnicity Codes from the LA MMIS to the 834 Race Code set. Codes should be interpreted with the LA Description as shown bolded below the 834 code set definition.

834 Code	Description	LA Code
O	White	**1**
N	Black or African American	**2**
I	American Indian or Alaskan Native	**3**
D	Asian Indian	**4**
A	Chinese	**5**
A	Filipino	**6**
A	Japanese	**7**
A	Korean	**8**
A	Vietnamese	**9**
A	Other Asian	**A**
J	Native Hawaiian	**C**
F	Guamanian or Chamorro	**D**
P	Samoan	**E**
A	Other Pacific Islander	**F**
7	Unspecified	**B, G, H**
E	Other Race	**J**

Appendix B – Parish Codes

Table consists of Louisiana Paris Codes and their corresponding Medicaid Regions.

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

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

Appendix C – Capitation codes

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

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

Appendix D – Maintenance Reason Codes

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

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

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

Appendix D – Maintenance Reason Codes – Continued

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

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

Appendix E – Aid Categories

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

Appendix F – Language Codes

Codes used to identify Language for the Louisiana Medicaid Program.

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

Appendix G – Companion Guide Attribute Definitions

Codes used to define EDI elements

Attribute Definitions

Required Attribute

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

Field Type Attribute

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

Appendix H – Recipient Header Cross Reference

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

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

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

Appendix I – MEDS Closure Codes

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

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

Appendix J – Renewal Codes

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

Appendix K – Lockin File Layout

Field name	Columns	Length	Data Type	Accepted Values	Description
SURS-LOCKIN-ID-CURR	1-13	13	Numeric	13-digit Recipient Medicaid ID number	The recipient's current Medicaid ID number
SURS-LOCKIN-ID-ORIG	14-26	13	Numeric	13-digit Recipient Medicaid ID number	The recipient's original Medicaid ID number
SURS-LOCKIN-IND	27-27	1	CHAR	1 - Physician and Pharmacy 2 - Managed Care 3 - Pharmacy Only 4 - HCBS Waivers 5 - OJJ Incarcerated Children 6 - Incarcerated – Adult A- Healthy Blue B- AmeriHealth C- Louisiana HealthCare D- AETNA E- United HealthCare	
SURS-LOCKIN-PHYSICIAN-1	28-34	7	Numeric	Medicaid Provider ID number	If not = 0, then this is the 1st MD Provider ID
SURS-LOCKIN-PHYSICIAN-2	35-41	7	Numeric	Medicaid Provider ID number	If not = 0, then this is the 2nd MD Provider ID
SURS-LOCKIN-PHYSICIAN-3	42-48	7	Numeric	Medicaid Provider ID number	If not = 0, then this is the 3rd MD Provider ID
SURS-LOCKIN-PHYSICIAN-4	49-55	7	Numeric	Medicaid Provider ID number	If not = 0, then this is the 4th MD Provider ID
SURS-LOCKIN-PHARMACY-1	56-62	7	Numeric	Medicaid Provider ID number	If not = 0, then this is the 1st RX Provider ID
SURS-LOCKIN-PHARMACY-2	63-69	7	Numeric	Medicaid Provider ID number	If not = 0, then this is the 2ND RX Provider ID
SURS-LOCKIN-BEGIN-DATE	70-77	8	Numeric	Format=YYYYMMDD	Begin date of the lockin
SURS-LOCKIN-END-DATE	78-85	8	Numeric	Format=YYYYMMDD	End date of the lockin
SURS-LOCKIN-LAST-ACT	86-93	8	Numeric	Format=YYYYMMDD	Last date of activity on this lockin segment.
SURS-PRE-RELEASE-DATE	94-101	8	Numeric	Format=YYYYMMDD	The recipient's pre-release date from incarceration. Can be > 0 when SURS-LOCKIN-IND = 5 or 6. Can be = 0 , if not provided.
SURS-DOC-LOCATION-	102-105	4	CHAR	DOC facility location identifier	A code that identifies the location of the

CODE					facility where the person is incarcerated.

Appendix L – Approval Codes

Approval Code	Description
002	Deprivation Based on Absence from the Home
003	Deprivation Based on Parent Incapacity
004	Deprivation Based on Death of a Parent
005	Deprivation Based on Under/Unemployment
006	Caretaker Relative for SSI Child(ren)
007	Telephone Renewal Resulting in New Cert
009	Manual Certification for SSI Eligible
010	Auto-Eligible for SSI
011	LIS Batch
012	Facility in Denial of Payment
013	Late Packet
014	Affordable Care Act - Batch
016	Kinshipcare Subsidy Program Referral
017	Qualified Medicare Beneficiary
018	Cat 15 OCS Child - LA Funded Med Benefits
019	OCS Champ, Otherwise IV-E Eligible Child
020	Out-Of-State Adoption, XIX Eligible
023	OYD Custody, IV-E Eligible
024	IV-E/SSI Adoption Subsidy Not Verified
025	IV-E/SSI Adoption Subsidy SDX Verified
026	In-State Adoption, State Funded
027	Cat 22 Type Case 7 OYD CHIP Certs
028	Single Parent Adoption
029	SSI Eligible with Medicaid Qualifying Trust
030	ExParte Renewal resulting in new cert
031	Mississippi Evacuee
032	Mississippi individual with disabilities
033	Mississippi low income Medicare recipient
034	Hurricane Rita evacuees with existing Medicaid eligibility
035	Hurricane Rita evacuees newly enrolled in Medicaid
036	Mississippi parent of child under age 19
037	Alabama evacuee(for children under age 19, pregnant women, and LTC)
038	QUALIFIED INDIVIDUAL 2
039	QUALIFIED INDIVIDUAL 1
040	SPECIFIED LOW INCOME MEDICARE BENEFICIARY
042	Alabama low income Medicare recipient

043	Alabama parent of child under age 19
044	Hurricane Katrina evacuees with existing Medicaid eligibility
045	Hurricane Katrina evacuees newly enrolled in Medicaid
046	Alabama individual with disabilities
047	Paper Form Renewal resulting in new cert
048	On-Line Renewal resulting in new cert
049	SECTION 4913 CHILD, WALKER VS BAYER/BPL
053	DISABLED ADULT CHILD/EARLY WIDOW(ER)
054	Extended Medicaid - Disabled Widow(er)
056	Extended Medicaid - Pickle
058	Refugee Medical Assistance Only (Category 05)
060	Deemed Eligible Child
061	OPEN/CLOSED CERTIFICATION
063	Pregnant Woman in a Two-Parent Household (Medicaid coverage for eligible recipients)
064	CHAMP Eligible Child Born After 10-01-83
065	PREGNANT WOMAN IN A ONE-PARENT HOUSEHOLD
066	PREGNANT MINOR LIVING W/PARENT(S)
067	PRIOR PERIOD OF MEDICAID ELIGIBILITY
068	FAILED TO CONVERT - MANUALLY ENTERED
070	NON-CUSTODY CHILD OF FOSTER CHILD
071	RESTRICTION OF STEPPARENT INCOME
072	RESTRCTED SIBLING INCOME + STATE RETIREE
073	RESTRICTION OF GRANDPARENT INCOME
074	IV-E CHILD W/ ADOPTION ASSISTANCE
075	COBRA IV-E ADOPTION SUBSIDY
077	OPTIONAL QUALIFIED ALIENS
078	REFUGEES ELIGIBLE IN CAT E (05)
079	COBRA IV-E FOSTER CARE
081	INCREASED NEED FOR MEDICAL CARE/ MNP
085	Only for Type Case 21. It is limited to one month from the start date.
086	REACHED AGE 65- CATEGORY D TO CATEGORY A
087	State Funded Regular MNP
088	Cases with Conversion Errors
090	OCS/OYD TITLE XIX ELIGIBLES
093	CERT PREVIOUSLY CLOSED IN ERROR
095	Mandatory Qualified Alien (Not for use in E category)
099	USED IF NO THER CODE APPLIES
100	Office of Juvenile Justice Restricted

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

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