LOUISIANA
Department of
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HOSPITALS

UNISYS

Louisiana Medicaid

Submitter's Companion Guide

for the

Batch MEVS (Eligibility Verification) System

MAY 14, 2009
Version 1.4

Change Log

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Author	Software Development Group, Unisys	
	Revision History	
Date	**Description of Change**	**By**
February 3, 2007	Original draft. Version 1.0.	Tommy Tran
March 17, 2007	Updated data in tables; formatted per QA standards. Version 1.1.	Kermit Patty, Randy Sheehan
May 3, 2007	3.3, updated HL02 in 2000C; 3.4 updated HL01 and HL02 in 2000B and 2000C; updated Reject Reason Codes table; 3.5, updated ISA05, ISA06, ISA09, ISA10, ISA14, GS02, GS04, GS05, GS06, GE02, TA102, TA103, ST02, and SE02. Added Change Log. Version 1.2.	Tommy Tran, Kermit Patty, Randy Sheehan
May 29, 2007	Updated verbiage in section 3; added two screenshots in section 4. Version 1.3.	Tommy Tran, Randy Sheehan
May 14, 2009	Updated 2100B NM108 and NM109 for NPI. Added NPI and Other Health Plan Identification information; removed references to version 3040. Version 1.4.	Randy Sheehan per Tommy Le and Kermit Patty

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1.0   Introduction

This companion guide is published and made available for Submitters who wish to participate in the Louisiana Batch MEVS Program sponsored by Louisiana Department of Health (DHH) and Hospitals. DHH will utilize HIPAA standard transaction sets to facilitate the exchange of eligibility verification information with Submitters.

This guide describes the billing, usage, and technical aspects of the data exchange processes, including formats, time frames, security, and technical contacts.

Please note these abbreviations used in this document:

DHH = Louisiana Department of Health and Hospitals
HIPAA = Health Insurance Portability and Accountability Act
LMMIS = Louisiana Medicaid Management Information System
MEVS = Unisys Medicaid Eligibility Verification System
TCS = Transaction Code Set

Definitions

Submitter (Information Requester) – The entity responsible for uploading batch eligibility requests on the secured LMMIS Provider web-site. This may be the Medicaid Provider or a Clearinghouse.

2.0   Billing Information

Submitter Charges for using the Unisys Batch 270/271 Application

Submitters are not required to utilize the Unisys Batch 270/271 application; their participation/usage is voluntary. If a submitter elects to use the application, Unisys will charge the submitter for the usage. This section describes the submitter charges established by Unisys, but they are subject to change with appropriate approval of the Louisiana Department of Health and Hospitals and proper advanced notification to the participating submitter.

For the purpose of this discussion, a discrete eligibility request is defined as a Subscriber loop (Recipient Information) in a batch 270 file.

There is no limit to the number of files that a submitter may submit to Unisys.

Submitters who choose to participate in the Batch 270 program will be charged at rates based on the following pricing structure:

- Flat fee of $50 per file for all files submitted to Unisys (for up to 500 records in the file)

- In addition, a fee of $0.15 for each discrete eligibility request over 500 for any given file submission

As an example, if a submitter uploads a batch 270 file containing 650 discrete eligibility requests, the following equation will be used to decide the final charge:

Price = $50 + (N * $0.15) where N is the count of discrete eligibility requests over 500

Price = $50 + (150 * $0.15) = $50 + ($22.50) = $72.50

Terminology

Recipient eligibility request - any 270 submitted to the MEVS server that results in a response other than a default MEVS system response. Each Subscriber loop found in the original batch 270 file will result in exactly one Recipient eligibility response.

Default MEVS System Response - There are situations where Unisys will not be able to process transactions. In those situations, a default response will be returned to the submitter. The format of this response is as follows:

ERRORMMISnnnneeeeeee

Where nnnn is a four-digit message identifier that identifies the reason the claim was not processed; eeeeeee is a seven-digit sequence number that identifies the transaction within the Unisys systems. There are nine spaces after the sequence number.

The message identifiers currently in use are:
• MEVS - An error occurred while processing a MEVS transaction
• 0001 - Application is not currently active
• 0002 - Application is not currently active
• 0003 - Application is not currently active
• 0004 - Network ID in envelope is not correct
• 0005 - Unable to respond within required time limits
• 0006 - Application is not authorized
• 0010 - Cannot determine the appropriate application
• 0011 - Default response not defined for this application.

Because none of these message identifiers are the result of a faulty transaction submitted by the submitter, submitters will not be charged in this case. Requests that fail because of a default system error will remain in the processing queue until the reason for the error is determined and addressed. At that time, all transactions that

failed due to the default system response error will be resubmitted and charges will be applied upon successful completion of the transaction.

Please note that any requests that fail due to a non-default MEVS system response (e.g. standard AAA segment errors in the 271 response) will still be charged at the rate(s) indicated above.

Minimizing Charges for Faulty 270 Transaction Submissions

The system will make an attempt to minimize costs to submitters by discontinuing processing on 270 transactions that have bad data in any of the segments other than the Subscriber loop segments (see TCS definition). The "non-subscriber" related information (e.g. Information Receiver [Provider Information]) appears in the batch 270 only once and therefore affects **every recipient request in the batch.** If the Provider Information is faulty and fails on the first MEVS submission attempt, processing will be terminated, and the submitter will be able to download the erroneous 271 for further interrogation. It is recommended that the invalid portions of the batch be corrected and resubmitted.

Monthly Billing Cycle

Unisys will generate monthly invoices and mail them to participating submitters who have used the application during the month. Unisys will utilize the submitter's billing (pay-to) address on our Medicaid provider enrollment files. If the submitter does not wish for Unisys to send invoices to that address, they should notify one of the support individuals indicated in Section 7 below.

3.0   Batch MEVS Transaction Data Sets Guidelines for Submitters

The DHH Batch MEVS application will utilize HIPAA standard transaction code sets (TCS) HIPAA ANSI X12N 270/271 Eligibility Benefit Inquiry and Response Code Set, Version 4010A1 to conduct data exchange with submitters.

ANSI ASC X12.281 - Eligibility, Coverage, or Benefit Inquiry (270)

The Health Care Coverage, Eligibility, and Benefit transactions are designed so that submitters can determine whether LMMIS has a particular recipient on file and, if so, the health care eligibility and/or benefit information about that recipient. Unisys will accept 270 submissions via the secured on-line Provider portal (www.lmmis.com). Unisys will also post 3 different response sets per 270 submission:

- TA1 – To report the status of processing a received interchange header and trailer
- 997 – To report transaction set specific verification results
- 271 – To report eligibility request results – including benefit information

TA1

Processing to generate a TA1 Interchange Acknowledgment file will begin as soon as the Batch 270 file is received. The TA1 Interchange Acknowledgment response file will be posted and made available to the submitter based on the order in which Batch 270 files are received. The online Transaction List will be updated when the TA1 file is posted.

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Processing to generate a 997 Functional Acknowledgment will commence upon successful completion of validation of the Interchange Control envelope. The 997 Functional Acknowledgment file will be posted and made available to the submitter after processing of the Batch 270 file. The online Transaction List is updated when the 997 Functional Acknowledgment file is posted. ***For more information, see the Submitter 270 Submission Notes.***

ANSI ASC X12.282 - Eligibility, Coverage, or Benefit Information (271)

A Batch 271 Eligibility response file will be created upon successful completion of both the TA1 Interchange Acknowledgment processing and 997 Functional Acknowledgment processing without critical errors. The Batch 271 Eligibility response file will report the eligibility status of each recipient eligibility request in the corresponding batch 270 file. The Batch 271 Eligibility Response file will be posted and made available to the submitter upon completion of eligibility verification processing.

Delimiters

The following delimiters are globally used in the implementation of this specification:

CHARACTER	NAME	DELIMITER
*	Asterisk	Data Element Separator
~	Tilde	Segment Terminator
%	Percent	Component Separator

ELIGIBILITY BATCH REQUEST ORGANIZATION

```
ISA – Interchange Control Header
     GS - Functional Group Header
           ST - Transaction Set Header
                 BHT - Beginning of Hierarchical Transaction
                       HL – (1)Information Source Loop 2000A
                             HL – (2)Information Receiver Loop 2000B
                                   HL - (3) – Subscriber Loop 2000C
                                         Eligibility or Benefit Information
                                   HL - (4) - Subscriber Loop 2000C
                                         Eligibility or Benefit Information
                                   HL - (5) - Subscriber Loop 2000C
                                         Eligibility or Benefit Information
                                   . . . .
                                   HL – (10) – Subscriber Loop 2000C
                                         Eligibility or Benefit Information
                             HL – (11)Information Receiver Loop 2000B
                                   HL - (12) - Subscriber Loop 2000C
                                         Eligibility or Benefit Information
                                   HL - (13) - Subscriber Loop 2000C
                                         Eligibility or Benefit Information
                                   HL - (14) - Subscriber Loop 2000C
                                         Eligibility or Benefit Information
                                   . . . .
                                   HL – (19) – Subscriber Loop 2000C
                                         Eligibility or Benefit Information
                             . . . .
                             HL – (20) – Information Receiver Loop 2000B
                                   HL - (21) - Subscriber Loop 2000C
                                         Eligibility or Benefit Information
                                   HL - (22) - Subscriber Loop 2000C
                                         Eligibility or Benefit Information
                                   HL - (23) - Subscriber Loop 2000C
                                         Eligibility or Benefit Information
                                   . . . .
                                   HL – (N) – Subscriber Loop 2000C
                                         Eligibility or Benefit Information
           SE - Transaction Set Trailer
     GE – Functional Group Trailer
IEA – Interchange Control Trailer
```

Each eligibility batch submission must contain only one of each of the following:
- ISA – Interchange Control Header
- IEA - Interchange Control Trailer
- GS – Functional Group Header
- GE – Functional Group Trailer
- ST - Transaction Set Header
- SE - Transaction Set Trailer
- HL - Information Source Loop

The HL for the Subscriber Loop may be repeated as many times as needed to request eligibility information about subscribers. The Hierarchical ID in HL01 must be unique for each HL segment in the Transaction Set. Each subsequent Hierarchical ID should be incremented by 1. (See the illustration above).

Each segment in the batch structure must be terminated with a tilde (~).

Please avoid using Carriage Control and Line Feed (CR/LF) sequence in the construction of the eligibility batch file.

3.1   HIPAA Transaction Code Sets (TCS)

Unisys will utilize the following HIPAA Code sets with the Batch MEVS application:

- Envelope for 270 and 271 batches
- 270 Batch Eligibility Request
- 271 Batch Eligibility Response
- 997 Transaction Set Specific Validation
- TA1 Interchange Acknowledgement

The following tables describe the format of the files that will be used for communication between the Batch MEVS system and submitters. All formats are based on HIPAA X12N Version 4010A1 Implementation Guides.

3.2 HIPAA TCS Envelope Definition for 270 and 271 batches

Loop	Segment	Field	Description (Element Name)	Element Definition/Length	Valid Values	Notes
N/A	ISA	ISA01	Authorization Information Qualifier	Code to identify the type of information in the Authorization Information Element/ **2 characters**	**00 – No authorization information present**	
	ISA	ISA02	Authorization Information	Information used for additional identification or authorization of the interchange sender or the data in the interchange/ **10 characters**	**Spaces or Zeros**	
	ISA	ISA03	Security Information Qualifier	Code to identify the type of information in the Security Information/ **2 characters**	**00 – No security information present**	
	ISA	ISA04	Security Information	This field is used for identifying the security information about the interchange sender and the data in the interchange; the type of information is set by the Security Information Qualifier/ **10 characters**	**Spaces or Zeros**	
	ISA	ISA05	Interchange Id Qualifier	Qualifier to designate the system/method of code structure used to designate the sender or receiver Id element being qualified/ **2 characters**	**'ZZ' – Mutually Defined**	
	ISA	ISA06	Interchange Sender Id	Identification code published by the sender or other parties to use as the receiver Id to route data to them; the sender always codes this value in the sender Id element/ **15 characters**	**Please use your company's Federal Tax ID**	Put spaces following Federal Tax ID to fulfill 15 characters.
	ISA	ISA07	Interchange Id Qualifier	Qualifier to designate the system/method of code structure used to designate the sender or receiver Id element being qualified/ **2 characters**	**ZZ – Mutually Defined**	
	ISA	ISA08	Interchange Receiver Id	Identification code published by the receiver of the data; when sending, it is used by the sender as their sending Id, thus other parties sending to them will use this as a receiving Id to route data to them/ **15 characters**	610551	**Put 9 spaces following Receiver Id to fulfill 15 characters.**
	ISA	ISA09	Interchange Date	Date of the interchange/ **6 characters**		YYMMDD format
	ISA	ISA10	Interchange Time	Time or the interchange/ **4 characters**		HHMM format
	ISA	ISA11	Interchange Control Standards Identifier	Code to identify the agency responsible for the control standard used by the message that is enclosed by the interchange header and trailer/ **1 character**	U	U.S. EDI Community of ASC X12, TDCC, and UCS

ISA	ISA12	Interchange Control Version Number	This version number covers the interchange control segments/ **5 characters**	**00401**	Draft Standards for Trial Use Approved for Publication by ASC X12 Procedure Review Board October 1997
ISA	ISA13	Interchange Control Number	A control number assigned by the interchange sender/ **9 characters**		Must be identical to the control number in associated Interchange Trailer IEA02
ISA	ISA14	Acknowledgement Requested	Code sent by the sender to request an interchange Acknowledgement (TA1)/ **1 character**	**0 – No Acknowledge-ment requested (for Unisys 271 response transaction sets or submitter 270 request)**	
ISA	ISA15	Usage Indicator	Code to indicate whether data enclosed is test, production or information/ **1 character**	P – Production T- Test	
ISA	ISA16	Component Element Separator	The delimiter value used to separate components of composite data elements/ **1 character**	**Component Element Separator= '%'**	
				Segment Terminator = '~'	
IEA	IEA01	Number of included functional groups	A count of the number of functional groups included in an interchange/ **1-5 characters**		
IEA	IEA02	Interchange Control Number	A control number assigned by the interchange sender/ **9 characters**		Must be identical to the header-level Interchange Control Number in ISA13
GS	GS01	Functional Identifier Code	Code identifying a group of application related transaction sets	**HB** Eligibility, Coverage or Benefit Information (271) **HS** Eligibility, Coverage or Benefit Inquiry (270)	
GS	GS02	Application Sender's Code	Code identifying party sending transmission; codes agreed to by trading partners/ **2-15 characters**	**Please use your company's Federal Tax ID.**	
GS	GS03	Application Receiver's Code	Code identifying party receiving transmission; codes agreed to by trading partners	**610551**	
GS	GS04	Date	The functional group creation date		Date expressed as CCYYMMDD
GS	GS05	Time	The functional group creation time		Time on a 24-hour clock, recommended format HHMM

GS	GS06	Group Control Number	An assigned control number for the functional group of transactions, originated and maintained by the sender		Must be identical to functional group trailer, GE02.
GS	GS07	Responsible Agency Code	Code used in conjunction with Element GS08 to identify the issuer of the standard	**X** – Accredited Standards Committee X12	
GS	GS08	Version/Release/Industry Identifier Code	Code that identifies the version of the transaction(s) in the functional group	**004010X092A1**	
GE	GE01	Number of Transactions Sets Included	The number of transactions in the functional group ended by this trailer segment/ **1-6 characters**		Total number of transaction sets included in the functional group.
	GE02	Group Control Number	Assigned number originated by the sender		Must match the control number in GS06

3.3   HIPAA X12N 270 (4010A1), Batch MEVS 270 Transaction Map

Batch 270 Transaction Sets will follow the same convention, structure, and data element definitions as those outlined in the LA MEVS Vendor specification (MEVS Vendor Specification) with one exception. This exception provides for a batch 270, where there can be multiple subscriber (recipient) loops per ST segment. The entire LA MEVS Vendor specification transaction map has been reproduced here for convenience. The exception, as noted previously, is marked in red.

Per the transmission guide:
Segments shown in bold type are required.
Fields shown in bold are required if that segment is used.
Modifications to the standard MEVS Vendor Specification in red.

Loop	Segment	Field	Description	Value or Special Instructions	
Transaction Set Header					
	ST	**ST01**	**Transaction Set Identifier Code**	**'270'**	
Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set.					
		ST02	**Transaction Set Control Number**	**Must match SE02**	
	BHT	**BHT01**	**Hierarchical Structure Code**	**'0022'**	
		BHT02	**Transaction Set Purpose Code**	**'13'**	
		BHT03	Reference Identification	Number assigned by the originator to identify the transaction within the originator's business application system	
		BHT04	**Date**	**Transaction Set Creation Date in format CCYYMMDD**	
		BHT05	**Time**	**Transaction Set Creation Time in format HHMM**	
2000A	**Information Source Level (Unisys)**				
	HL	**HL01**	**Hierarchical Level**	**'1'**	
		HL03	**Hierarchical Level Code**	**'20'**	
		HL04	**Hierarchical Child Code**	**'1'**	
2100A	**Information Source Name (Unisys)**				
	NM1	**NM101**	**Entity Identifier Code**	**'PR'**	
		NM102	**Entity Type Qualifier**	**'2' – non person entity**	
		NM103	Name Last or Organization Name	'UNISYS LAMMIS'	
		NM108	**Identification Code Qualifier**	**'PI'**	
		NM109	**Identification Code**	**'610551'**	
2000B	**Information Receiver Level (Submitter)**				
	HL	**HL01**	**Hierarchical ID Number**	**Next Hierarchical Number from the previous HL segment.**	
		HL02	**Hierarchical Parent ID Number**	**'1'**	
		HL03	**Hierarchical Level Code**	**'21'**	
		HL04	**Hierarchical Child Code**	**'1'**	
2100B	**Information Receiver Name**				
	NM1	**NM101**	**Entity Identifier Code**	**'1P'**	
		NM102	**Entity Type Qualifier**	**'1' – person identity** **'2' – non-person entity**	
		NM103	Name Last or Organization Name	Last name if person (NM102 = '1'); Organization name if non-person (NM102 = '2')	
		NM104	Name First	First name if NM102 = '1'	
		NM105	Name Middle	Middle name if NM102 = '1'	
		NM106	Name Suffix	Used if NM102 = '1' (e.g. 'SR', 'JR', 'III')	
		NM108	**Identification Code Qualifier**	**'SV' – Medicaid Provider ID** **'XX' – NPI** **'PI' – Other Health Plan ID**	
		NM109	**Identification Code**	**Medicaid Provider or Other Health Plan ID or NPI.**	

2100B			Information Receiver City/State/Zip Code (Provider)		
	N4	N401	City Name		
		N402	State or Province	Two character State Code	
		N403	Postal Code	Nine-digit Zip Code – to be used only if registered with NPI plus zip code	
2100B			Information Receiver Contact Information (Provider)		
	PRV	PRV01	Provider Code	"SB" Submitting	
		PRV02	Reference Identification Qualifier	"ZZ" Health Care Provider Taxonomy Code	
		PRV03	Reference Identification	Provider Taxonomy Code – to be used only if registered with NPI plus taxonomy code	
2000C			Subscriber Level (Recipient)		
	HL	HL01	Hierarchical ID Number	Hierarchical ID Number starting with '3'. For each subsequent subscriber loop in the transaction, increment this number by 1.	
		HL02	Hierarchical Parent ID Number	Hierarchical ID Number of the immediately previous HL segment for the Information Receiver (Level Code = 21).	
		HL03	Hierarchical Level Code	'22'	
		HL04	Hierarchical Child Code	'0' for all Subscriber loops.	
Vendor trace number is currently submitted in the transaction envelope. If it is present in the 270, it must be returned in the 271. The current format is a three-character vendor ID followed by a 6 digit tracking number.					
	TRN	TRN01	Trace Type Code	'1'	
		TRN02	Reference Identification Loop	Use this number for the trace or reference number assigned by the information receiver.	
		TRN03	Originating Company Identifier/ 10 characters	Identifies an organization. User assigned number must begin with 9.	

2100C	**Individual Name**			
	NM1	**NM101**	**Entity Identifier Code**	**'IL'**
		NM102	**Entity Type Qualifier**	**'1'**
		NM103	Individual Last Name	
		NM104	Individual First Name	
		NM105	Individual Middle Name	
		NM106	Individual Name Prefix	
		NM107	Individual Name Suffix	
Note: if either NM108 or NM109 are filled, the other must be filled as well				
		NM108	Identification Code Qualifier	'MI'
		NM109	Identification Code	Recipient ID
Situational segments – Must have at least one of the following segments (REF[SY], REF[HJ], or DMG) in addition to NM109.				
	REF	**REF01**	**Reference Identification Qualifier**	**'SY' – when access method includes SSN**
		REF02	**Reference Identification**	**Recipient SSN**
	REF	**REF01**	**Reference Identification Qualifier**	**'HJ' – when access method includes CCN**
		REF02	**Reference Identification**	**Recipient CCN**
	DMG	**DMG01**	**Date Time Period Format Qualifier**	**'D8' – when access method includes DOB (format: CCYYMMDD)**
		DMG02	**Date Time Period**	**Recipient DOB**
The current date of the processing system will be used as the subscriber DOS if this segment is not received. Switch vendors may choose to default to the current date and send this segment if the information is not received from the submitter.				
	DTP	**DTP01**	**Date Time Qualifier**	**'472' – date of service**
		DTP02	**Date Time Period Format Qualifier**	**'D8'**
		DTP03	**Date Time Period**	**Date of service (CCYYMMDD)**
	EQ	**EQ01**	**Service Type Code**	**'30' – generic eligibility request**
Transaction Set Trailer				
	SE	**SE01**	**Transaction Segment Count**	**Total number of segments included in this transaction set, including ST and SE segments.**
		SE02	**Transaction Set Control Number**	**Must be identical to ST02.**

3.4   HIPAA X12N 271 (4010A1), Batch MEVS 271 Transaction Map

Per the transmission guide:
Segments shown in bold type are required.
Fields shown in bold are required if that segment is used.
Modifications to the standard MEVS Vendor Specification in red.

Loop	Segment	Field	Description	Value or Special Instructions	
Transaction Set Header					
	ST	ST01	**Transaction Set Identifier Code**	'271'	
Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set.					
		ST02	**Transaction Set Control Number**	**Must match SE02**	
	BHT	BHT01	**Hierarchical Structure Code**	'0022'	
		BHT02	**Transaction Set Purpose Code**	'11'	
Number assigned by the originator to identify the transaction within the originator's business application system.					
		BHT03	Reference Identification	Must match BHT03 in the 270	
		BHT04	**Date**	**Transaction Set Creation Date in format CCYYMMDD**	
		BHT05	**Time**	**Transaction Set Creation Time in format HHMM**	
2000A	**Information Source Level**				
	HL	HL01	**Hierarchical Level**	'1'	
		HL03	**Hierarchical Level Code**	'20'	
		HL04	**Hierarchical Child Code**	'1'	
This segment will be returned when the system or application is not able to process the transaction.					
	AAA	AAA01	**Yes/No Condition or Response Code**	**'N' - Use this code to indicate that the request or an element in the request is not valid. The transaction has been rejected as identified by the code in AAA03.** **'Y' - Use this code to indicate that the request is valid, however the transaction has been rejected as identified by the code in AAA03.**	
		AAA03	**Reject Reason Code**	**'42' Unable to Respond at** **Current Time = "PLANNED UNAVAILABLE"**	
		AAA04	**Follow-up Action Code**	**Use this code to instruct the recipient of the 271 about what action needs to be taken, if any, based on the validity code and the reject reason code (if applicable).** **'N' - Resubmission Not Allowed** **'C' – Please Correct and Resubmit** **'P' – Please Resubmit Original Transaction**	
2100A	**Individual Source Name**				
	NM1	NM101	**Entity Identifier Code**	'PR'	
		NM102	**Entity Type Qualifier**	'2' – non person entity	
		NM103	**Name Last or Organization Name**	'UNISYS LAMMIS'	
		NM108	**Identification Code Qualifier**	'PI'	
		NM109	**Identification Code**	'610551'	

SOURCE RESPONSE RETURN CODES

Use this segment to indicate problems in processing the transaction specifically related to the information source data contained in the original 270 transaction's information source name loop (Loop 2100A) or to indicate that the information source itself is experiencing system problems.

	AAA	AAA01	Yes/No Condition or Response Code	Information will be sent in this section when a transaction is received from an unauthorized vendor. Constant 'Y'- Yes	
		AAA03	Reject Reason Code	Constant "79" Invalid Participant Identification: Error in GS02	
		AAA04	Follow-up Action Code	'N'" - Resubmission Not Allowed 'C' – Please correct and resubmit	

2000B	**Information Receiver Level**				
	HL	HL01	Hierarchical ID Number	Hierarchical ID Number will be the same number sent in the corresponding entry from the 270 transaction.	
		HL02	Hierarchical Parent ID Number	Hierarchical Parent ID Number will be the same number sent in the corresponding entry from the 270 transaction	
		HL03	Hierarchical Level Code	'21'	
		HL04	Hierarchical Child Code	'1'	

2100B	**Information Receiver Name**				
	NM1	NM101	Entity Identifier Code	'1P'	
		NM102	Entity Type Qualifier	'1' – person identity '2' – non-person entity	
		NM103	Name Last or Organization Name	Last name if person (NM102 = '1'); Organization name if non-person (NM102 = '2')	
		NM104	Name First	First name if NM102 = '1'	
		NM105	Name Middle	Middle name if NM102 = '1'	
		NM106	Name Suffix	Used if NM102 = '1' (e.g. 'SR', 'JR', 'III')	
		NM108	Identification Code Qualifier	'SV' – Louisiana Medicaid ID 'XX' – NPI 'PI' – Other Health Plan ID	
		NM109	Identification Code	Medicaid Provider Number or NPI or Other Health Plan ID	
	REF	REF01	Reference Identification Qualifier	'EO' – Submitter Identification Number	
		REF02	Reference Identification	Submitter Phone Number	
	REF	REF01	Reference Identification Qualifier	'JD' – User Identification	
		REF02	Reference Identification	Taxonomy Code or Zip Code	

RECEIVER RESPONSE RETURN CODES

	AAA	AAA01	Yes/No Condition or Response Code	'N' - No 'Y' - Yes	
		AAA03	Reject Reason Code	'43' – Invalid/missing Provider ID '50' – Provider Ineligible for Inquiries '51' – Provider Not on File	
		AAA04	Follow-up Action Code	'C' – Please correct and resubmit	

2000C	**Subscriber Level (Recipient)**				
	HL	HL01	**Hierarchical ID Number**	**Hierarchical ID Number will be the same number sent in the corresponding entry from the 270 transaction.**	
		HL02	**Hierarchical Parent ID Number**	**Hierarchical Parent ID Number will be the same number sent in the corresponding entry from the 270 transaction**	
		HL03	**Hierarchical Level Code**	**'22'**	
		HL04	**Hierarchical Child Code**	**Hierarchical Child Code set to '0'**	
	TRN	TRN01	**Trace Type Code**	**Any trace numbers received in the 270 request must be returned in the 271 response with a value of '2' – Referenced Transaction Trace Numbers.** **Maximum of two.**	
		TRN02	**Reference Identification**	**Trace number from 270 transaction. (LA MEVS envelope Trace Number)**	
		TRN03	**Originating Company Identifier**	**The value received in the original 270 transaction.**	
	TRN	TRN01	**Trace Type Code**	**Payor assigned trace numbers are designated with a value of '1' Current Transaction Trace Numbers**	
		TRN02	**Reference Identification**	**Tracking Number**	
Use this information to identify the organization that assigned this trace number.					
		TRN03	**Originating Company Identifier**	**The 10 digit-number will begin with a "9" indicating a user assigned identifier is used.**	
2100C	**Subscriber (Recipient) Name**				
	NM1	NM101	**Entity Identifier Code**	**'IL'**	
		NM102	**Entity Type Qualifier**	**'1'**	
Required unless a rejection response is generated and this element was not valued in the request.					
		NM103	**Individual Last Name**		
Required unless a rejection response is generated and this element was not valued in the request.					
		NM104	**Individual First Name**		
		NM105	Individual Middle Name		
		NM107	Individual Name Suffix		
Note: if either NM108 or NM109 are filled, the other must be filled as well					
		NM108	**Identification Code Qualifier**	**'MI'**	
		NM109	**Identification Code**	**Current Recipient Id = Identification Code Corrected or new Identification Number is returned in NM109.**	
This data element allows an additional Recipient ID to be returned. For example, both the current and original IDs will be returned if they are not the same.					
	REF	REF01	**Reference Identification Qualifier**	**'Q4' Indicates that the originally submitted Identification Number is to be returned in REF02, if the submitted Identification Number was not the current Recipient ID.** **'SY' Social Security Number, if entered in the 270** **'HJ' – Identity Card Number for Card Control Number, if entered in the 270**	
		REF02	**Reference Identification**	**Subscriber Supplemental Identifier SSN, Card Control Number, or originally submitted Identification Number, if the submitted ID was not the current**	

	AAA	AAA01	Yes/No Condition or Response Code	'Y' or 'N'	
		AAA03	Reject Reason Code	SEE REJECT REASON CODES FOR SUBSCRIBER	
		AAA04	Follow-up Action Code	'C' Please Correct and Resubmit	
	DMG	DMG01	Date Time Period Format Qualifier	'D8' – when access method includes DOB (format: CCYYMMDD)	
		DMG02	Date Time Period	Recipient DOB	
		DMG03	Gender Code	'F' – female 'M' - male	
Use when REF01 = "Q4" – Sending back current recipient ID when original or a prior recipient ID was submitted					
	INS	INS01	Yes/No Condition or Response Code	'Y'	
		INS02	Individual Relationship Code	'18'	
		INS03	Maintenance Type Code	'001' – Change	
		INS04	Maintenance Reason Code	'25' – Change in identifying data elements	
	DTP	DTP01	Date Time Qualifier	'472' – date of service	
		DTP02	Date Time Period Format Qualifier	'D8'	
		DTP03	Date Time Period	Date of service (CCYYMMDD)	
	DTP	DTP01	Date Time Qualifier	'442' – date of death	
		DTP02	Date Time Period Format Qualifier	'D8'	
		DTP03	Date Time Period	Date of death (CCYYMMDD)	
Special Programs					
2110C	**Subscriber Eligibility or Benefit Information**				
	EB	EB01	Eligibility or Benefit Information	'1' – Active Coverage (Recipient is eligible on date of service) '6' – Inactive (Recipient not eligible on date of service) 'D' – Benefit Description 'V' – Cannot process (Dual eligibility)	
		EB02	Coverage Level Code	'IND' - individual	
		EB03	Service Type Code	'30' – health benefit plan coverage	
		EB04	Insurance Type Code	'MC' – Medicaid 'HS' – Special Low Income Medicare Beneficiary 'QM' – Qualified Medicare Beneficiary	
Special program message(s) (If EB01 = 6 or V, EB05 will not be returned):					
		EB05	Plan Coverage Description	SEE PLAN COVERAGE CODES	

Lock-in Eligibility					
	EB	**EB01**	**Eligibility or Benefit Information**	'N' – Services restricted to following Provider 'V' – Cannot process (Provider Not Found)	
		EB02	Coverage Level Code	'IND' - individual	
		EB03	Service Type Code	'96' – Physician '88' – Pharmacy '45' - Hospice	
		EB04	Insurance Type Code	'OT' - other	
	MSG	MSG01	Free-Form Message Text	"ELIGIBLE FOR HOSPICE SERVICES:" "SERVICES MUST BE PROVIDED/AUTHORIZED BY HOSPICE PROVIDER" If recipient also is enrolled in Community Care, the message "SERVICES MUST BE COORDINATED WITH HOSPICE PROVIDER" is returned instead. If a lock-in or hospice provider is not found for the associate recipient, one of the following message segments will be issued: "LOCK-IN INFORMATION FOR THIS RECIPIENT IS UNAVAILABLE" "HOSPICE INFORMATION FOR THIS RECIPIENT IS UNAVAILABLE" "CONTACT UNISYS PROVIDER RELATIONS FOR DETAILS"	
SUBSCRIBER RESPONSE RETURN CODES					
	AAA	**AAA01**	**Yes/No Condition or Response Code**	'Y' - yes	
		AAA03	**Reject Reason Code**	**"15" – Required application data missing (This edit code will be returned if required data is missing in TPL info)**	
		AAA04	**Follow-up Action Code**	**'N'" - Resubmission Not Allowed**	
	LS	**LS01**	**Loop Identification Code**	**'2120'**	
2120C	**SUBSCRIBER BENEFIT RELATED ENTITY NAME**				
	NM1	**NM101**	**Entity Identifier Code**	**'1P'**	
		NM102	**Entity Type Qualifier**	**'1' – person** **'2' – non person**	
		NM103	**Individual Last Name**	**Provider's last name or Organization Name**	
		NM104	Individual First Name	Provider First Name, if NM101 = '1'	
		NM105	Individual Middle Name	Provider Middle Name, if NM101 = '1'	
		NM107	Individual Name Suffix		
	PER	**PER01**	**Contact Function Code**	**'IC'**	
		PER03	Communication Number Qualifier	'TE'	
		PER04	**Communication Number**	**Lock-in Provider Telephone Number**	
	LE	**LE01**	**LS Loop Trailer**	**'2120'**	
HMO Eligibility					
2110C	**Eligibility or Benefit Information**				
	EB	**EB01**	**Eligibility or Benefit Information**	**'MC' – Managed care coordinator** **'V' – Cannot Process (Provider Not Found)**	
		EB02	Coverage Level Code	'IND' - individual	
		EB03	Service Type Code	'1' – medical care	
		EB04	Insurance Type Code	'HM' – Health Maintenance Organization (HMO)	
		EB05	Plan Coverage Description	HMO Plan Name –LOUISIANA PACE PROGRAM	
	MSG	MSG01	Free-Form Message Text	Up to 72 characters of the PACE Exceptions message: "PACE ENROLLEE. SERVICES MUST BE AUTHORIZED/PAID BY THE PACE PROVIDER"	

	MSG	MSG01	Free-Form Message Text	If an HMO provider is not found for the associated recipient, the following message segment will be issued: "PACE PROVIDER INFORMATION FOR THIS RECIPIENT IS UNAVAILABLE" "CONTACT UNISYS PROVIDER RELATIONS FOR DETAILS"	
	LS	**LS01**	**Loop Identification Code**	**'2120'**	
2120C	**SUBSCRIBER BENEFIT RELATED ENTITY NAME**				
	NM1	**NM101**	**Entity Identifier Code**	**'PR'**	
		NM102	**Entity Type Qualifier**	**'1' – person** **'2' – non person**	
		NM103	**Individual Last Name**	**Provider's last name or Organization Name**	
		NM104	Individual First Name	Provider First Name, if NM101 = '1'	
		NM105	Individual Middle Name	Provider Middle Name, if NM101 = '1'	
		NM107	Individual Name Suffix		
	PER	**PER01**	**Contact Function Code**	**'IC'**	
		PER03	Communication Number Qualifier	'TE'	
		PER04	**Communication Number**	**HMO Provider Telephone Number**	
	LE	**LE01**	**LS Loop Trailer**	**'2120'**	
Community Care Eligibility					
2110C	**Eligibility or Benefit Information**				
	EB	**EB01**	**Eligibility or Benefit Information**	**'L' – Primary Care Provider** **'V' – Cannot Process (Provider Not Found)**	
		EB02	Coverage Level Code	'IND' - individual	
		EB03	Service Type Code	'1' – medical care	
		EB04	Insurance Type Code	'MC' – Medicaid	
		EB05	**Plan Coverage Description**	**'LOUISIANA COMMUNITYCARE PROGRAM'**	
	MSG	MSG01	Free-Form Message Text	Up to 72 characters of the Community Care basic message	
	MSG	MSG01	Free-Form Message Text	Up to 72 characters of the Community Care exceptions message	
	MSG	MSG01	Free-Form Message Text	If a PCP provider is not found for the associated recipient, the following message segment will be issued: "COMMUNITYCARE PCP INFORMATION FOR THIS RECIPIENT IS UNAVAILABLE" "CONTACT UNISYS PROVIDER RELATIONS FOR DETAILS"	
	LS	**LS01**	**Loop Identification Code**	**'2120'**	
2120C	**SUBSCRIBER BENEFIT RELATED ENTITY NAME**				
	NM1	**NM101**	**Entity Identifier Code**	**'1P'**	
		NM102	**Entity Type Qualifier**	**'1' – person** **'2' – non person**	
		NM103	**Individual Last Name**	**Provider's last name or Organization Name**	
		NM104	Individual First Name	Provider First Name, if NM101 = '1'	
		NM105	Individual Middle Name	Provider Middle Name, if NM101 = '1'	
		NM107	Individual Name Suffix		
	PER	**PER01**	**Contact Function Code**	**'IC'**	
		PER03	Communication Number Qualifier	'TE'	
		PER04	**Communication Number**	**CC PCP Provider Telephone Number**	
	LE	**LE01**	**LS Loop Trailer**	**'2120'**	

Case Management Eligibility

2110C	**Eligibility or Benefit Information**				
	EB	EB01	**Eligibility or Benefit Information**	**'D' – Benefit Description** **'V' – Cannot Process (Provider Not Found)**	
		EB02	Coverage Level Code	'IND' - individual	
		EB03	Service Type Code	'30' – health benefit plan coverage	
		EB04	Insurance Type Code	'MC' – Medicaid	
		EB05	**Plan Coverage Description**	**'CASE MANAGEMENT AGENCY'**	
	MSG	MSG01	Free-Form Message Text	If a Case Manager is not found for the associated recipient, the following message segment will be issued: "CASE MANAGER INFORMATION FOR THIS RECIPIENT IS UNAVAILABLE" "CONTACT UNISYS PROVIDER RELATIONS FOR DETAILS"	
	LS	**LS01**	**Loop Identification Code**	**'2120'**	

2120C	**SUBSCRIBER BENEFIT RELATED ENTITY NAME**				
	NM1	**NM101**	**Entity Identifier Code**	**'1P'**	
		NM102	**Entity Type Qualifier**	**'1' – person** **'2' – non person**	
		NM103	**Individual Last Name**	**Case Manager's last name or Organization Name**	
		NM104	Individual First Name	Case Manager First Name, if NM101 = '1'	
		NM105	Individual Middle Name	Case Manager Middle Name, if NM101 = '1'	
		NM107	Individual Name Suffix		
	PER	**PER01**	**Contact Function Code**	**'IC'**	
		PER03	Communication Number Qualifier	'TE'	
		PER04	**Communication Number**	**Case Manager's Provider Telephone Number**	
	LE	**LE01**	**LS Loop Trailer**	**'2120'**	

Service Limits Remaining

2110C	**Eligibility or Benefit Information**				
	EB	**EB01**	**Eligibility or Benefit Information**	**'F' – Limitations**	
		EB02	Coverage Level Code	'IND' - individual	
		EB03	Service Type Code	"98" – Physician Office Visits "44" – Home Health Visits "86" – Emergency Outpatient	
		EB04	Insurance Type Code	'MC' – Medicaid	
	HSD	**HSD01**	**Quantity Qualifier**	**'FL' – units**	
		HSD02	**Quantity**	**Number of Service Limits Remaining**	
		HSD03	Unit or Basis for Measurement Code	'VS' – visits	
		HSD04	Time Period	'29' - remaining	

Private Insurance

2110C	**Eligibility or Benefit Information**				
	EB	**EB01**	**Eligibility or Benefit Information**	**'R' – Other or additional Payor**	
		EB02	Coverage Level Code	'IND' - individual	
		EB03	Service Type Code	'1' – Medical care	
		EB04	Insurance Type Code	'C1' – Commercial	
	REF	**REF01**	**Reference Identification Qualifier**	**'N6' – Plan Network Identification Number**	
		REF02	**Reference Identification**	**Insurance Number**	
	LS	**LS01**	**Loop Identification Code**	**'2120'**	

2120C			SUBSCRIBER BENEFIT RELATED ENTITY NAME		
	NM1	NM101	Entity Identifier Code	'PR'	
		NM102	Entity Type Qualifier	'2' – non person	
		NM103	Individual Last Name or Organization Name	Insurance Company Name	
	N3	N301	Address Information	Insurance Company Street Address	
	N4	N401	City Name	Insurance Company City Name	
		N402	State	Insurance Company State Name	
		N403	Postal Code	Insurance Company Zip Code	
	LE	LE01	LS Loop Trailer	'2120'	
Private Insurance					
2110C	Subscriber Eligibility or Benefit Information				
	EB	EB01	Eligibility or Benefit Information	'R' – Other or additional Payor	
		EB02	Coverage Level Code	'IND' - individual	
		EB03	Service Type Code	'1' – Medical care	
		EB04	Insurance Type Code	'IP' – Individual Policy	
	REF	REF01	Reference Identification Qualifier	'IG' – Insurance Policy Number '6P' – Group Number	
		REF02	Reference Identification	Insurance Policy number, if REF01 = 'IG' Group Number, if REF01 = '6P'	
		REF03	Description	Policy Scope Coverage Text 1, if REF01 = 'IG' Policy Scope Coverage Text 2, if REF01 = '6P' (optional, only if available)	
	LS	LS01	Loop Identification Code	'2120'	
2120C			SUBSCRIBER BENEFIT RELATED ENTITY NAME		
	NM1	NM101	Entity Identifier Code	'IL'	
		NM102	Entity Type Qualifier	'1' - person	
		NM103	Individual Last Name	Policy Holder Last Name	
		NM104	Individual First Name	Policy Holder first name	
		NM105	Individual Middle Name	Policy Holder middle initial	
	LE	LE01	LS Loop Trailer	'2120'	
Transaction Set Trailer					
	SE	SE01	3.4.1.1.1 Transaction Segment Count	Total number of segments included in a transaction set including the ST and SE segments	
		SE02	Transaction Set Control Number	Must match ST02	

REJECT REASON CODES FOR SUBSCRIBERS

'58'	Invalid/Missing Date of Birth;	
'59'	Invalid/Missing Date of Birth (Date of Birth must not be prior to year 1875);	
'57'	Invalid/missing DOS;	
'61'	Date of Death precedes DOS;	
'63'	Date of Service in Future – Service Date may not exceed last day of current month	
'62'	DOS not within allowable inquiry period (Service more than 12 months old);	
'75'	Subscriber/Insured Not Found;	
'73'	Invalid/Missing Subscriber/Insured Name;	
'72'	Invalid/Missing Subscriber/Insured ID;	
'15'	Required application data missing;	
'56'	Inappropriate Date (Date Format Qualifier);	
'76'	Duplicate Subscriber/Insured ID Number	

PLAN COVERAGE CODES

'01'	ELIGIBLE FOR MEDICAID	
'01'	ELIGIBLE FOR CAPITATED PAYMENTS ONLY	
'01'	ELIG FOR PREGNANCY/DELIVERY SVS ONLY	
'01'	FAMILY PLANNING WAIVER SVS	
'01'	RECIP ENTITLED TO LIMITED BENEFITS	
'02'	SERV LIMIT TO AMBU PRENATAL CARE ONL	
'03'	ELIG FOR OUTPAT TB RELATED SERV ONLY	
'04'	SPENDDOWN RECIP, FILE FORM 110MNP	
'05'	ELIG FOR ER SERV FOR ILLEGAL ALIENS	
'06'	LONG TERM CARE SERVICES AUTHORIZED	
'07'	ELIG PAY OF DED/CO-INS COVD BY MCARE	
'07'	MEDICARE SPECIFIED LOW INCOME BENEFICIARY	
'07'	MEDICARE QUALIFIED INDIVIDUAL 1	
'07'	MEDICARE QUALIFIED INDIVIDUAL 2	
'07'	MEDICARE QUALIFIED DISABLED AND WORKING INDIVIDUAL	
'07'	NOT MEDICAID ELIGIBLE (may appear with any of the above four Medicare messages)	
'08'	RESTRICTED MEDICAID-RECIP WAIVER SERV	
'08'	RECIP ENTITLED TO MRDD WAIVER SVS	
'08'	RECIP ENTITLED TO PCA WAIVER SVS	
'08'	RECIP ENTITLED TO EDA WAIVER SVS	
'08'	RECIP ENTITLED TO NOW WAIVER SVS	
'08'	RECIP ENTITLED TO SUPPORTS WAIVER SVS	
'08'	RECIP ELIG FOR LA CHILDRENS CHOICE and PRIOR AUTHORIZATION IS REQUIRED	
'08'	THIS RECIPIENT IS ENROLLED IN LAHIPP	
'09'	RECIPIENT HAS PRIVATE INSURANCE	
'10'	MEDICARE PART A	
'10'	MEDICARE PART B	
'10'	MEDICARE PART A & B	
'10'	ELIGIBLE FOR MEDICARE PART D	
'11'	ADULT SERVICE LIMITS APPLY	
'12'	PREFERRED LANGUAGE: XXXXXXXXXXXXX	
'12'	ENROLLED IN LACHIP AFFORDABLE PLAN. CONTACT LA OFFICE OF GROUP BENEFITS AT 800-215-1093 OR 225-216-6955 FOR INFO	

3.5   HIPAA X12N 997 (4010A1), Batch MEVS EDI Controls Transaction Map (997 ACK)

The EDI Control Transaction Set consists of:
- **ISA** Interchange Control Header Segment
- **IEA** Interchange Control Trailer Segment
- **GS** Functional Group Header Segment
- **GE** Functional Group Trailer Segment
- **TA1** Interchange Acknowledgment Segment
- **FA** Functional Acknowledgment Set (997)

There will be two response files posted in response to the reception of a Batch 270 submission:
- TA1 Interchange Acknowledgment File
- 997 Functional Acknowledgment File

The TA1 - Interchange Acknowledgment response file acknowledges the reception of an X12 Interchange Control Header and Trailer (ISA / IEA). The status of the submission is specified in the TA1 segment in the TA1 response file. The TA1 response file will be the first response to reception of a 270 batch submission. This file will contain only an ISA, a TA1, and an IEA records.

The 997 Functional Acknowledgment will be produced if there are no errors presented in the TA1 Interchange Acknowledgment file. The 997 Functional Acknowledgment will provide status and details about the Functional Group and Trailer (GS / GE) and the Transaction Set (ST / SE). Acceptance or rejection of the Functional Group or Transaction Set is provided. Data elements in error will be identified along with the error code for each error detected in the submission. This file will contain the ISA, GS, ST, SE, GE, IEA envelopes as well as the 997 Functional Group response segments (AK1, AK2, AK3, AK4, AK5, AK9).

Unisys will store and process the batch 270 submission. The submission will then be processed to validate the file structure. The results of this validity check will be reported in the TA1 and the 997 files posted for the submitter. If the 270 submission structure is valid, the file will then be processed to produce a batch 271 response file. This file will be posted for the submitter no later than the next business day.

Unisys will NOT request an acknowledgment transmittal from each submitter for transmissions in the 271 format from DHH to each submitter.

Per the transmission guide:
Segments shown in bold type are required.
Fields shown in bold are required if that segment is used.

Loop	Segment	Field	Description	Value or Other Considerations	
Interchange Control Header					
	ISA	**ISA01**	Authorization Information Qualifier	'00'	
		ISA02	Authorization Information		
		ISA03	Security Information Qualifier	'00'	
		ISA04	Security Information		
		ISA05	Interchange ID Qualifier	'ZZ'	
		ISA06	Interchange Sender's FEIN	'610551'	
		ISA07	Interchange ID Qualifier	'30'	
		ISA08	Interchange Receiver's FEIN		
		ISA09	Interchange Date	YYMMDD	
		ISA10	Interchange Time	HHMM	
		ISA11	Interchange Control Standards ID	'U'	
		ISA12	Interchange Control Version Number	'00401'	
Note: The Interchange Control Number, ISA13, must be identical to the associated Interchange Trailer IEA02					
		ISA13	Interchange Control Number		
		ISA14	Acknowledgment Requested	'0'	
		ISA15	Usage Indicator	'P'	
Note: the component element separator is a delimiter and not a data element; this field provides the delimiter used to separate component data elements within a composite data structure; this value must be different than the data element separator and the segment terminator					
		ISA16	Component Element Separator		
Interchange Control Trailer					
	IEA	**IEA01**	Number of Included Functional Groups		
Note: The Interchange Control Number, ISA13, must be identical to the associated Interchange Trailer IEA02					
		IEA02	Interchange Control Number		
Functional Group Header					
	GS	**GS01**	Functional Identifier Code	**HS** Eligibility, Coverage or Benefit Inquiry (270)	
		GS02	Application Sender's Code	'610551'	
		GS03	Application Receiver's Code		
		GS04	Functional Group Creation Date	CCYYMMDD	
		GS05	Functional Group Creation Time	HHMM	
Note: The data interchange control number GS06 in this header must be identical to the same data element in the associated functional group trailer, GE02					
		GS06	Group Control Number	Same as GE02	
		GS07	Responsible Agency Code	'X'	
		GS08	Version / Release / Industry ID Code	**004010X092A1**	
Functional Group Trailer					
	GE	**GE01**	Number of Transaction Sets Included		
Note: The data interchange control number GE02 in this trailer must be identical to the same data element in the associated functional group header, GS06					
		GE02	Group Control Number	Same as GS06	
Interchange Acknowledgment					
Note: this should be the interchange control number of the original interchange that this TA1 is acknowledging.					
	TA1	**TA101**	Interchange Control Number		
		TA102	Interchange Date	YYMMDD	
		TA103	Interchange Time	HHMM	
		TA104	Interchange Acknowledgment Code		
		TA105	Interchange Note Code		
Note: the 997 Functional Acknowledgment will only be used in response to 834 transmittals from Insurers					
997 Functional Acknowledgment					
	ST	**ST01**	Transaction Set Identifier Code	'997'	
Note: The Transaction Set Control Numbers in ST02 and SE02 must be identical. The number is assigned by the originator and must be unique within a functional group (GS-GE)					
		ST02	Transaction Set Control Number	Same as SE02	

	AK1	AK101	Functional Identifier Code	'HS'	
Note: AK102 is the functional group control number found in the GS segment in the functional group being acknowledged					
		AK102	Group Control Number		
Note: AK2 is used to start the acknowledgement of a transaction set within the received functional group. The AK2 segments shall appear in the same order as the transaction sets in the functional group that has been received and is being acknowledged					
	AK2	AK201	Transaction Set Identifier Code	'270'	
Note: AK202 is the transaction set control number found in the ST segment in the transaction set being acknowledged					
		AK202	Transaction Set Control Number		
Note: The data segments of this standard are used to report the results of the syntactical analysis of the functional groups of transaction sets; they report the extent to which the syntax complies with the standards for transaction sets and functional groups. They do not report on the semantic meaning of the transaction sets (for example, on the ability of the receiver to comply with the request of the sender)					
	AK3	AK301	Segment ID Code		
		AK302	Segment Position in Transaction Set		
		AK303	Loop Identifier Code		
		AK304	Segment Syntax Error Code		
	AK4	AK401	Position in Segment		
		AK401-1	Element Position in Segment		
Note: Used when an error occurs in a composite data element and the composite data element position can be determined					
		AK401-2	Composite Data Element Position in Composite		
		AK402	Data Element Reference Number	'725'	
		AK403	Data Element Syntax Error Code		
Note: Used to provide copy of erroneous data to the original submitter, but this is not used if the error reported in an invalid character					
		AK404	Copy of Bad Data Element		
	AK5	AK501	Transaction Set Acknowledgment Code		
Note: AK502 is required if an error exists					
		AK502	Transaction Set Syntax Error Code		
		AK503	Transaction Set Syntax Error Code		
		AK504	Transaction Set Syntax Error Code		
		AK505	Transaction Set Syntax Error Code		
		AK506	Transaction Set Syntax Error Code		
	AK9	AK901	Functional Group Acknowledge Code		
Note: This is the value in the original GE01					
		AK902	Number of Transaction Sets Included		
		AK903	Number of Received Transaction Sets		
		AK904	Number of Accepted Transaction Sets		
Note: AK905 is required if an error exists					
		AK905	Functional Group Syntax Error Code		
		AK906	Functional Group Syntax Error Code		
		AK907	Functional Group Syntax Error Code		
		AK908	Functional Group Syntax Error Code		
		AK909	Functional Group Syntax Error Code		
Note: The Transaction Set Control Numbers in ST02 and SE02 must be identical. The number is assigned by the originator and must be unique within a functional group (GS-GE)					
	SE	SE01	Number of Included Segments		
		SE02	Transaction Set Control Number	Same as ST02	

4.0 270 Submission Guide

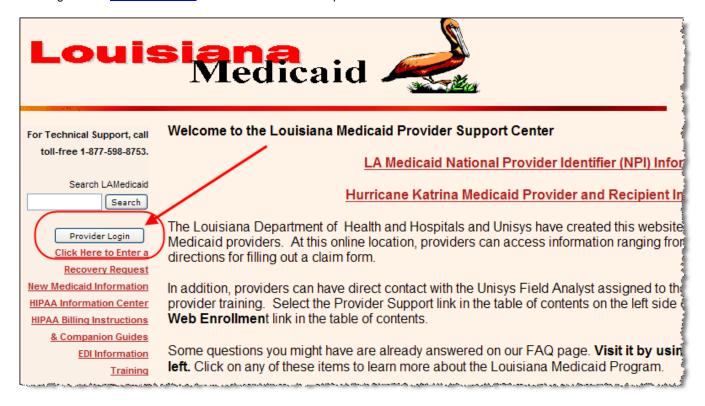1. Login to the www.lmmis.com secured on-line Provider portal:

Figure 1 - Home Screen

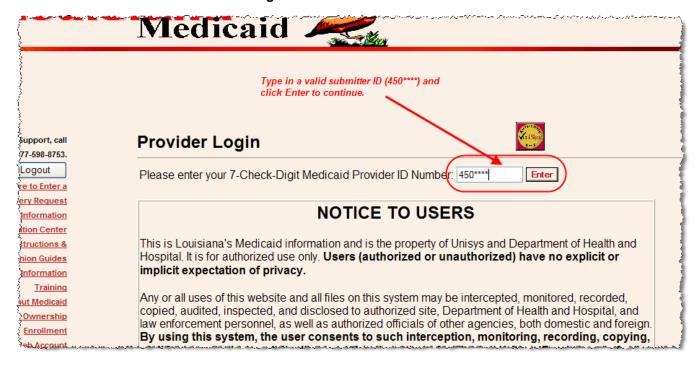**Figure 2 - Submitter Login**

Figure 3 - Submitter User Login

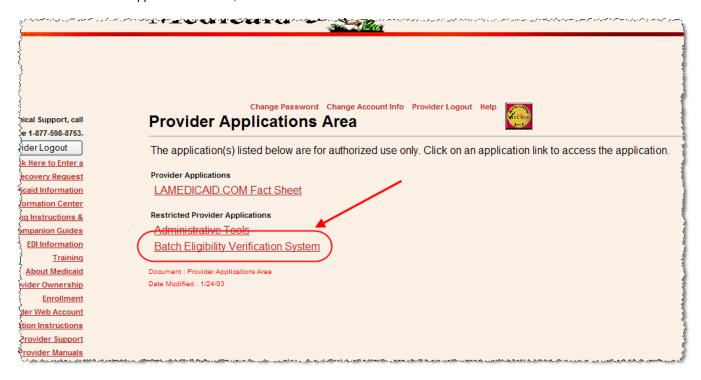2.   On the Provider Applications screen, click on the Batch 270 Submissions link:

Figure 4 - Submitter Applications Screen

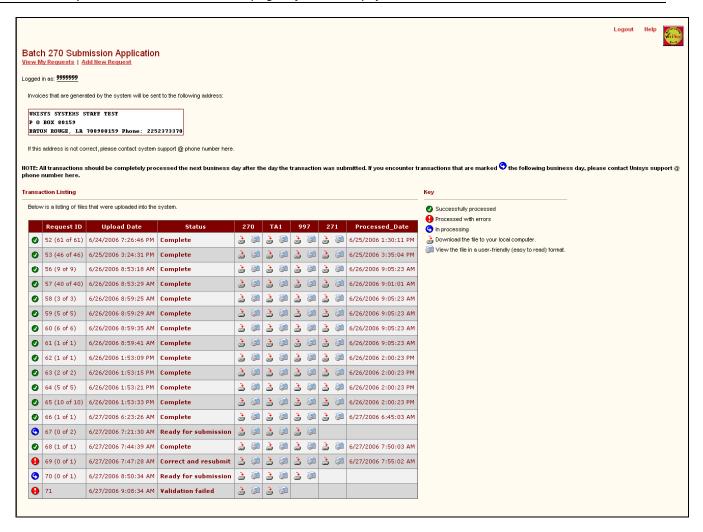3.   You will be directed to the new Batch 270 application:

Figure 5 - Batch 270 Application Default Screen

4. To get started, click on the "Add New Request" link located at the top of the page. This will direct you to the file upload screen (see Figure 3).
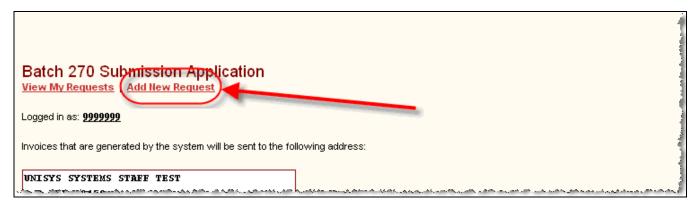

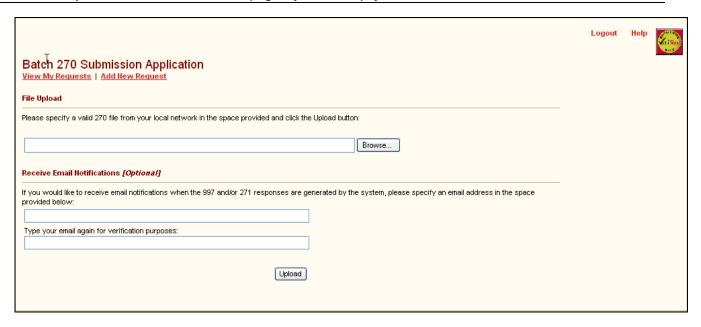**Figure 6 - Link to add a new request**

Figure 7 - File Upload Screen

5. Specify a valid 270 transaction file from your local computer or network. If you need help locating a file, use the Browse button next to the file name field.
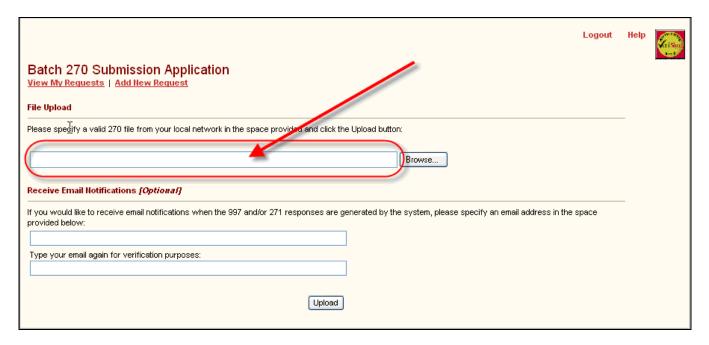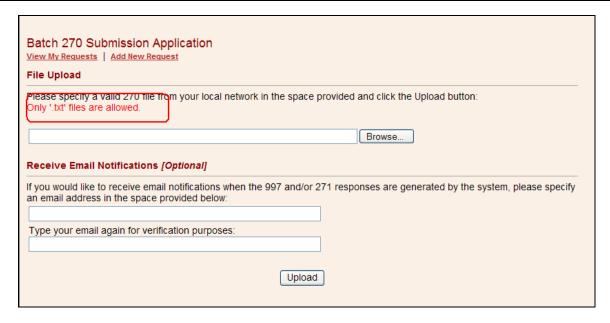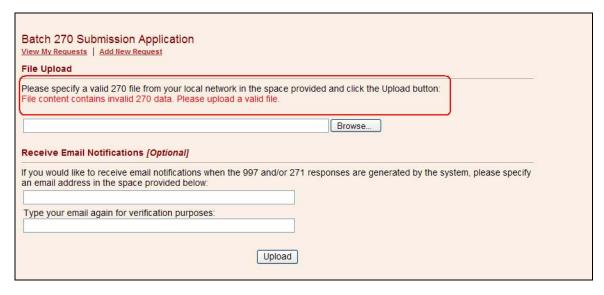

Figure 8 - Specifying a Valid 270 file

Only a valid 270 transaction file in text format, .TXT file type, is allowed to be uploaded into the system. Specifying any other file type, such as PDF, ZIP, etc., will not be allowed.

In addition to the .TXT file type validation, if you inadvertently upload the incorrect file, then the system will not allow the process to continue. This feature does not perform any 270 validation. The next step in the process will be the 270 validation. See Section 5 Submitter 270 Submission Notes.

6. **[Optional]** – If you would like to receive system notifications via email, you can enter an email address in the fields provided. You are required to enter your email address twice. This is done for verification purposes (to prevent typos).

7. Click the Upload button to upload the 270 file to the Unisys system:

Figure 9 - Upload button to submit transaction

8.   You're done! If the file you specified was a valid 270 transaction as noted in this document, you should see a new entry appear in the "Transaction Listing" located near the bottom of the screen. If, for whatever reason, the upload process fails, there will be a description of the error (marked in red).

5.0   Submitter 270 Submission Notes

The following are important processing procedures and schedules to consider when submitting 270 eligibility request files:

<u>Submission Processing</u>

- With each 270 file that is uploaded to the system, the following processes will occur:

    Step 1)   **TA1 and 997 validation** – Validation of the Interchange envelope will be posted in the TA1 file. Validation of the Functional Group will be posted in the 997 file.

    Step 2)   **Valid 270 files placed in processing queue** – Files that pass both TA1 and 997 level validations will be submitted for eligibility request processing.

    Step 3)   **The Transaction Listing (see Figure 5) will be updated** – The transaction listing will be refreshed and details about the submission will appear at the bottom of the list. Details will be posted of the available TA1 and 997 files. A 271 batch response file will be produced for a valid 270 file submission. When processing of the batch is completed the details will be posted to the Transaction Listing.

<u>Business Day Processing</u>

- Each business day the Eligibility Verification System will run the following processes:
    o Each valid Batch 270 submission will be processed to produce a Batch 271 response file. Responses to all submitted transactions will be made available by the next business day.
    o **File posted to secured on-line Provider Portal** – All batch 271 files created are stored in a secured Provider Portal access area where they will be available for immediate download by the submitter.

<u>System Notifications</u>

When uploading a file, users have the option of specifying an email address. By specifying an email address in the field provided, the user is indicating that they are interested in receiving system notifications as they occur. Below is a list of system events that generate email notifications:

- TA1 file is created and available for download
- 997 file is created and available for download
- 271 response is created and available for download

6.0   File Naming Conventions

We recommend the following naming convention be used by the submitter for their file submissions to maintain file organization and to facilitate communication with Unisys, if necessary:

Below is an example of one naming convention that might be employed:

> ***Pnnnnnnn-B270-yyyymmdd-sss.txt***
>
> where **nnnnnnn** = your 7-digit Louisiana Medicaid Provider ID number,
> **yyyymmdd** is the year, month, and day of the submission, and
> **sss** = a 3-digit sequence number for the batches sent on that date.

There is no limit to the number of files that a submitter may to submit to Unisys.

7.0   Submission Security

The on-line Louisiana Medicaid Provider Portal (www.lmmis.com) uses Verisign and SSL (secure-sockets layer) technologies to secure and encrypt all data transmissions between the Submitter Community and Unisys Corporation. Submitters who wish to use the Unisys batch 270/271 application will need to be currently enrolled in Louisiana Medicaid with a valid Louisiana Medicaid Submitter ID number, and they will need to register with the Unisys Louisiana Medicaid web site (provider portal at www.lmmis.com). The web site contains instructions about how to register.

8.0   Unisys Batch MEVS Contact Information

<u>Application Development Support</u>
(questions re 270 and 271 TCS and Unisys response files):

Kermit Patty
Unisys Corp.
8591 United Plaza Blvd, Suite 300
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1-225-216-6241
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<u>Administration</u>
(questions re access, billing, and other usage issues):

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